Strategic Improving Information Programme

Programme Board Terms of Reference

1st May 2009

Document Control

Change Control History

Revision	Date	Author	Change Summary
0.1	15th Dec 2008	L Whalley	
0.2	19 Feb 2009	L Whalley	Reflecting discussion at first board meetinng
1.0	1 may 2009	L Whalley	Submitted to SIIP for sign off

Quality Assurance and Review

The following people / groups are designated as document reviewers:

Reviewer / QA	Role	Review Purpose
Board Members		To propose acceptance or amendments to the Terms of Reference

Approvals

Signatory	Name	Position	Date
	Glen Mason	Department of Health	
	David Johnstone	ADASS	

Review and future changes

Date	Purpose
January 2019	Review

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Programme Board Terms of Reference

Background

1. The Department of Health (DH) initiated a discussion period during 2008 exploring the need to develop a more strategic approach to the way in which information of used to support the planning, commissioning and delivery of adult care and support services in the light of the personalisation agenda

2. The DH also undertook a review of health and social care informatics issues, which confirmed the need for a more integrated approach to the use of information across health and social care. In particular, the Review identified that the quality of data used to support policy, service planning, commissioning and performance management decisions is often inadequate.

3. Also during 2008, a number of key projects and programmes have been launched, which confirmed the need for improved integration. These include:

   o The call for expressions of interest and the consultation on the Common Assessment Framework for adults.

   o The call for expressions of interest to develop integrated care pilots, as part of the Next Stage Review of the NHS led by Lord Darzi.

   o The review of annual data collections and their relevance to the National Indicator Set.

   o The launch of a programme to identify a set of potential indicators which may support the Personalisation of care and support services;

   o The launch of an Informatics Data Standards Programme which includes a social care component.

   o The launch of a Data Quality (DQ) Programme to give a national focus to data quality issues.

4. This Strategic Information Programme has been established to bring a coherent governance structure to these (and other) activities.

Document Purpose

5. The purpose of this document is to set out the Terms of Reference for the Programme Board (the Board).

Document Status

6. This document has been reviewed by the Board at its meeting in March 2009. Board members were asked to submit any final comments prior to signing off these terms of reference in May 2009

Strategic Information Programme - vision

7. The programme vision is to bring a coherent governance structure to the range of activities being undertaken which support the strategic information agenda for adult social care, and in relation to interfaces with other services, most notably healthcare and children's services.

Programme Scope

8. The programme will engage with all organisations involved in the planning, commissioning or delivery of adult care and support services.

9. The programme will engage with all activities led and managed at national level, and with key activities being undertaken locally.

10. The programme will:

    *   Act as focal point for co-ordinating and giving direction to the range of activities which relate to information for adult social care;

    *   Provide strategic direction on information-related issues, and make key policy decisions required to meet the strategic objectives;

    *   Facilitate the alignment of the health and social care information agendas, and work with other services and organisations which have an interest, including Children's services, and other central government departments which interact with local government;

    *   Ensure that activities are coherent and mutually beneficial, minimising duplication and maximising benefits of individual activities.

    *   Raise awareness, sustain attention, purposeful activity and encourage culture change – so that people and organisations recognise the importance of information as an asset which has an impact on care, money, reputation, resourcing and planning

    *   Receive updates from the workstreams, organisations and bodies also active in the information arena , flagging up Key issues requiring resolution

    *   Discuss strategic issues

    *   Receive proposals for approving new projects needed to progress the information agenda, and assigning them to the relevant workstream

    *   Commission new projects, research, etc as required to progress the information agenda;

    *   Agree business cases for potential new projects

    *   Identify data gaps where developments are needed and bridge those by commissioning new work, or extending the scope of existing activities

    *   Address problems that have no clear owner. The Programme will identify resolution processes and maintain pressure, and visibility on these issues until they are resolved

- Identify requirements for long term, strategic improvements to infrastructure; and fix immediate tactical issues
- Support continuous data quality improvement in Health and Social Care.

11. The programme will not:

- supersede or replace existing projects, quality initiatives or similar
- duplicate existing governance or reporting structures
- increase the burden on organisations with unnecessary additional processes

Programme Governance

12. The Board reports to the Management Board of the Directorate for Social Care, Local Government and Care Partnerships.

13. It also reports in to the Informatics Executive Group, chaired by Christine Connelly, NHS Chief Information Officer. The Board will submit a summary report of progress and achievements every six months aligned to the IEG schedule.

14. In addition, the Board will co-ordinate reporting arrangements across the range of programmes and activities currently being delivered across health and social care, as considered necessary.

Board Responsibilities

15. The Board is responsible for the overall governance of the Programme:

- Setting direction
- Guiding the programme
- Making key policy decisions
- Reviewing and monitoring programme plans, products and progress
- Deciding programme priorities
- Determining key communications messages.

16. Board members will have additional responsibility for :

- Representing the Strategic Information Programme in their own organisation or group
- Representing the Strategic Information Programme in other H & SC programmes and projects, on behalf of the Board
- Communicating the aims, objectives, and achievements of the programme in their organisations, programmes and projects.

17. Board members are responsible for using their influence and position in Health and Social Care organisations, programmes, projects and networks to align activities outside the programme.

Board Membership

18. The membership of the Board is drawn from a diverse stakeholder community to give as wide a representation and viewpoint as possible. Members are listed in the annex to this document.

    This is subject to further review every 6 months.

19. Glen Mason and David Johnstone will act as joint chair for the Board.

20. Board Members may be substituted from time to time, although the Chair must agree to the substitution. If substitution is proposed on a permanent basis, then final agreement is required from the Board.

21. The members of this group can terminate their membership at any time by agreement with the Chair. Similarly new members can be added to the Board, if agreed by the Chair, with final agreement from the Board.

22. If a Board Member is unable to attend a meeting, they may nominate a deputy to attend on their behalf.

Board Meetings

23. The Board is expected to meet at least bi-monthly. Papers for the meeting will be provided to Board Members at least three working days before each board meeting.

24. The standard agenda for each meeting will include:

    - Actions from Previous Meeting
    - Status Report covering:
        - o Status against milestones and key deliverables
        - o Programme risks and issues
        - o Actions and key decisions required
    - Resources
    - Communications

25. Minutes will be drafted within 5 working days of meetings, for approval by the Chair, or a nominated Board Member, and will be circulated to Board Members for sign off. The minutes will be approved at the next meeting.

26. The minutes will generally be discursive in their content, as they will be the basis of extensive communications and feedback to other groups and organisations.

General Conduct of the Board

27. In conducting its business, the Board and Board Members are expected to adhere to a simple code of conduct:

   - The Board operates as the key governance vehicle for the Programme and as such is in a position to receive materials and consider matters which might be sensitive in nature. Board Members are required to keep such matters confidential

   - The Board is obliged to keep records of its considerations and recommendations, although the exact form of these records can be determined by the Board itself

   - The Board is required to act in the best interests of the Programme at all times, except where this conflicts with any in-force legislation, or where there is a greater national interest at stake

   - Board Members must declare any conflicts of interest which might affect the matter being considered, or their general objectivity as a Board Member, as soon as that conflict becomes apparent

   - Board Members should not engage in discussions with consultants, suppliers, or potential suppliers of solutions and/or services which might commit, or be construed to commit the Programme to any particular course of action without prior authorisation from the Board

28. These terms may be varied by the Board from time to time, by agreement amongst Board Members, and acceptance of the variation by the Board. They will be reviewed annually, in January.

29. The NHS IC will provide the Board with logistical support for its activities.

ANNEX –MEMBERS OF THE STRATEGIC IMPROVING INFORMATION PROGRAMME BOARD

Glen Mason	Director for Strategic Leadership and Performance, Department of Health
David Johnstone	Director of Adult Services, Devon County Council Member of ADASS Executive and Chair of ADASS Standards and Performance Committee
Jeff Jerome	Director for Transformation, Department of Health/ADASS
Carl Evans	Social Care Policy & Innovation, Department of Health
Simon Medcalf	Social Care Performance Strategy Manager, Department of Health
Robert Lake	Director of Adult Social Care Information, The NHS Information Centre for Health and Social Care
Linda Whalley	Policy/Customer lead for adult social care, The NHS Information Centre for Health and Social Care
Richard Hamblin	Care Quality Commission
Robert Cleary	Data Strategy lead, NHS Choices
Carol Lupton	Policy Research Programme, Department of Health
Carol Clark	Head of stakeholder engagement and Care Record Service, NHS Connecting for Health
Steve Smith	Programme Lead, NHS Connecting for Health
Diane Gwynne-Smith	Social Care Institute for Excellence
Tim Hind	Local Government Association

The following receive the papers for the SIIP for their information:

John Bolton	Department of Health
Alexandra Norrish	Department of Health
Samantha Booth	Care Quality Commission
Antonio Irrancia	Department for Communities and Local Government (agenda only)
Marc Williams	Department for Communities and Local Government (agenda only)
Stuart Blake	Programme Manager for the NHS Number Programme, NHS Connecting for Health
Kate Anderson	Programme Head, NHS Information Centre for Health and Social Care