

NHS South East London Integrated Care Board Digital Committee

Terms of Reference

September 2024

1. Introduction

- 1.1 The NHS South East London Integrated Care Board (ICB) Digital Committee [the Committee] is established as a Committee of the ICB Board [Board].
- 1.2 The Committee has no executive powers other than those specifically delegated in these terms of reference. These terms of reference reflect the ICB's Scheme of Reservation and Delegation and Schedule of Matters Delegated to Officers and can only be amended by the Board.
- 1.3 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee under its terms of delegation from the Board.
- 1.4 All members of staff and members of the ICB are directed to co-operate with any requests made by the committee.

2. Purpose

- 2.1. Digital capabilities are fundamental to work led by the ICB and ICS to address inequalities, improve care, drive innovation, and integrate care pathways. Digital refers not just to the technology that delivers a digital platform but also covers the enablement of work practices that are supported by data, information, tools and technology. This means that digital is not limited to digital teams but is relevant to the way all health and care providers work with patients and community members to deliver care.

- 2.2. In line with the ICS's principles of partnership, the ICB and wider partners will take a strategic approach to build shared capability where it makes sense to do so, working across the ICS in south east London (SEL) and the region and beyond. Local areas must also be empowered to make relevant local decisions to meet identified need.
- 2.3. The committee will provide leadership to the development of strategic priorities for digital and analytics, and will oversee the implementation of programmes, projects and activities that will contribute to delivery against these priorities.
- 2.4. The committee will also be responsible for consideration of digital inclusion and will work to ensure that digital capabilities are utilised to reduce inequalities.
- 2.5. The committee is constituted of members from across the SEL Integrated Care System partnership, with members representing both digital and related fields (such as information technology, data collection and management, analytics, information governance, and population health), together with colleagues with leadership responsibilities for clinical and operational activities from across the ICS.
- 2.6. The committee will also be responsible for considering the risks relevant to the scope of this work, including cyber-security and resilience risks, and will ensure that management of such risks and issues is considered in the prioritisation of resources, both human and financial.
- 2.7. The wide-ranging membership of the committee is designed to secure agreement amongst SEL health and care providers with regards to the strategic direction, objectives and benefits and their commitment to the delivery of necessary business change.
- 2.8. The committee will act to hold the ICS partnership and its constituent member organisations to account for the delivery of shared commitments across an agreed portfolio of programmes which support new ways of digital working and best utilise available capability and capacity in SEL.
- 2.9. The committee will ensure alignment across initiatives, organisations and geographical locations to reduce duplication and support achievement of the highest quality and cost-effective outcomes.

3. Duties

- 3.1 The committee will represent the interests of all SEL ICS partner organisation to undertake the following activities:
- 3.1.1 Lead the coordination of strategic developments within its areas of scope, securing agreement amongst ICS partners with regards to the strategic direction, objectives and benefits and their commitment to the delivery of the benefits and necessary business change.
 - 3.1.2 Agree collective objectives and digital priorities, continue to review and refine the SEL ICS Digital Strategy to ensure that clinical, operational and digital and data strategies remain aligned across SEL for best outcomes.
 - 3.1.3 Describe, prioritise and cost the required capabilities, capacity and investment that are needed to deliver joint objectives, in health and social care.
 - 3.1.4 Oversee delivery of the digital/data strategy and associated delivery plans for south east London, agreeing the priority areas and any associated workstreams (with delivery led through a portfolio of programmes).
 - 3.1.5 Ensure alignment across initiatives, organisations and geographical locations to reduce duplication and support achievement of the highest quality and cost-effective outcomes.
 - 3.1.6 Define the budget for the delivery plan, including identifying funding opportunities and providing guidance as to which funding opportunities to pursue, taking into consideration their alignment with the strategic priorities and direction for SEL ICS.
 - 3.1.7 Provide a forum which supports operational teams in SEL to put forward new proposed digital schemes and ideas and check strategic alignment.
 - 3.1.8 Work towards aligning digital solutions and systems across SEL when possible and share good practice across the region.

- 3.1.9 Highlight and manage risks and issues relating to delivery of objectives at system level via the ICB's risk management process as specified in the ICB's Risk Management Framework 23-24.
- 3.1.10 Influence regional and national policy to support the ICS in the achievement of its strategic objectives.

4. Accountabilities, authority, and delegation

- 4.1. The authority delegated to the committee is set out in the ICB's Scheme of Reservation and Delegation (SoRD).
- 4.2. The SoRD delegates to the committee three functions of the ICB Board, which are to:
 - 4.2..1. *'Agree with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services, putting people at the centre of their care'.*
 - 4.2..2. *'Approval of plans to use joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and driver continuous performance and outcomes.'*
 - 4.2..3. *'Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data'*
- 4.3. The committee will act to agree and report against all duties within its scope as recorded in section 3 (above). It will report on its activities and update on its work to the Board.
- 4.4. As established in the ICB's Schedule of Matters Delegated to Officers, any decision related to the committee's scope requiring the commitment of ICB resources is to be taken by the ICB Board following recommendation from the Digital Committee.

- 4.5. The committee will oversee the activities of designated programmes and designated working groups established as a portfolio of programmes including those that are to be delivered via Local Care Partnerships and at SEL level.
- 4.6. Committee members are expected to represent not just their organisation, but their broader part of the system. A stakeholder engagement and communication plan will be developed for approval by the committee which will outline the strategy for achieving engagement across the system. Approaches to engagement will include roundtables or other fora for engagement throughout the year as required.
- 4.7. The committee will be additionally supported by sub-groups and expert reference groups with a specialist scope of responsibility. Sub-groups will be established by agreement of the committee. These will include but not be limited to a Digital Delivery group and a Data and Analytics group. Other groups will be utilised to ensure they are consulted and informed including the Engagement Assurance Committee.
- 4.8. The committee may establish additional working groups or task and finish groups to lead work under a defined term of reference / engagement. The committee must agree by majority on the establishment of any of the groups and formally agree their terms of reference.
- 4.9. The committee will designate members to attend the London Digital Transformation Portfolio Board (DTPB). These members will be agreed with regional colleagues on the London DTPB. Members of the DTPB will:
- Disseminate and cascade key messages, progress and updates to ICB level governance structures.
 - Work in a way that is solution and delivery focussed, being proactive in owning responsibility to find solutions.
 - Be empowered as decision makers within local systems (with ICB representatives expected to take any regional decision at DTPB through their ICB governance).

5. Membership and attendance

- 5.1. Committee members shall be approved by the Board in accordance with the ICB Constitution.
- 5.2. Committee members are assembled from across the SEL ICS system, including senior clinical and operational leaders across the clinical, digital and transformation agenda. The aim is to have multi-disciplinary representation encompassing a cross-section of professional interests and a good spread of provider and geographical representation.
- 5.3. When determining the membership of the committee, active consideration will be made to equality, diversity and inclusion.
- 5.4. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.
- 5.5. The committee will be constituted of the following members:
 - a. Nominated ICB Partner CEO (Chair)
 - b. ICB Medical Director (Deputy Chair)
 - c. ICB Chief Nursing Officer
 - d. ICB Chief Digital Information Officer
 - e. ICB Executive Director of Planning
 - f. ICB CFO
 - g. Healthwatch representative
 - h. Nominated ICS social care/local government executive representative
 - i. Nominated ICS acute provider representative
 - j. Nominated ICS local authority executive representative
 - k. Nominated ICS community executive representative
 - l. Nominated ICS mental health executive representative
 - m. SEL Primary Care Chief Clinical Information Officer
- 5.6. The following roles will be in attendance at meetings:

- a. ICB Data and Analytics SRO
- b. Nominated ICS IG representative
- c. Nominated ICS cyber security specialist
- d. Nominated ICS data, AI and innovation specialist
- e. Nominated ICS data and research specialist
- f. ICB business intelligence lead
- g. Nominated ICS population health representative

5.7. Other individuals from across the Integrated Care System may be invited to attend as required.

5.8. The committee is permitted, with agreement of the chair, and a majority of members to formally co-opt additional members and/or other subject matter specialists to broaden the range of input should this be deemed necessary.

6. Chair of meeting

6.1. At any meeting of the committee, the chair if present shall preside. If the chair is absent, the deputy chair shall preside. If the chair is temporarily absent on the grounds of conflict of interest, the deputy chair shall preside.

6.2. The Chair is responsible for ensuring that the ICB's policy, systems and processes for the management of conflicts (including gifts and hospitality and bribery) are implemented.

7. Quorum and conflict of interest

7.1. The quorum of the committee is for at least 50% of members to be present including either the Nominated ICB Partner CEO (Chair) or the ICB Medical Director (Deputy Chair).

7.1. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICB's standards of business conduct. Compliance will be overseen by the Chair of the committee.

- 7.2. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).
- 7.3. Committee members will be required to declare any interests they may have in accordance with the ICB's Conflict of Interest Policy (included within the Standards of Business Conduct Policy). Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

8. Decision-making

- 8.1. The committee is not delegated specific decision-making authority from the Board aside from that stipulated in the Board's scheme of reservation and delegation. That is for the committee to act under delegation to:
- 8.1.1.1. *'Agree with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services, putting people at the centre of their care'*.
- 8.1.1.2. *'Approval of plans to use joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and driver continuous performance and outcomes.'*
- 8.1.1.3. *'Approval of the arrangements for ensuring appropriate safekeeping and confidentiality of records and for the storage, management and transfer of information and data'*
- 8.2. Where a decision is required, it is expected that this will be reached by consensus. Where a vote is required to decide a matter, each member may cast a single vote. In the event of equal votes, the committee chair will have a casting vote.

9. Procedure of decisions made outside of formal meetings

- 9.1. The committee chair will arrange for the notice of the business to be determined and any supporting paper to be sent to members by email. The email will ask for a

response to be sent to the committee chair by a stated date. A decision made in this way will only be valid if the same minimum quorum described in the above paragraph, expressed by email or signed written communication, by the stated date for response, states that they are in favour.

- 9.2. The ICB's governance team will retain all correspondence pertaining to such a decision for audit purposes and report decisions so made to the next meeting. A clear summary of the issue and decision agreed will then be recorded in the minutes of this meeting.

10. Frequency

- 10.1. The committee will meet once every two months and a minimum of four times over the course of a year.
- 10.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3. Members are responsible for identifying a suitable deputy should they be unable to attend a committee meeting which needs to be agreed with the chair, and notified to the meeting secretariat, in advance.
- 10.4. Nominated deputies will count towards the meeting quorum if attendance has been agreed by the committee chair.
- 10.5. Members and staff from ICS partner organisations are expected to contribute to reasonable requests for information and input to the work undertaken by the committee.
- 10.6. Every October/November, the meeting will be held face-to-face, and will be extended to be a half day workshop to plan the priorities for the coming year and to discuss budget sources.

11. Reporting

- 11.1. Papers will be made available five working days in advance to allow members to discuss issues with colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 11.2. The committee will report on its activities to the Board via minutes. In addition, an accompanying report will summarise key points of discussion, items recommended for decisions, the key activities undertaken or coordinated by the committee; any actions agreed to be implemented.
- 11.3. The minutes of meetings shall be formally recorded and reported to the Board for the purposes of assurance and made publicly available as part of ICB meeting papers.

12. Board support

- 12.1. The committee will be supported by members of the ICB Digital PMO team.
- 12.2. The meeting secretariat will ensure that draft minutes are shared with the committee Chair for approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

13. Monitoring adherence to the Terms of Reference

- 13.1. The chair of the committee will be responsible for ensuring the committee abides by the terms of reference.

14. Review of Arrangements

- 14.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the Board considers this appropriate or necessary.

14.2. These terms of reference shall be reviewed by the committee chair and ICB chair on an annual basis, with changes proposed for approval by the Board.