



**Leeds Health and Care Partnership.  
Memorandum of Agreement: City Digital and Information Services  
Effective from 1<sup>st</sup> April 2018**

This Memorandum of Agreement (**MoA**) is made between:

- (1) **LEEDS CITY COUNCIL** of Civic Hall, Leeds LS1 1UR;
- (2) **LEEDS COMMUNITY HEALTH TRUST** of Stockdale House, Headingley Office Park, 8 Victoria Rd, Leeds LS6 1PF;
- (3) **NHS LEEDS CCG** of B5-B9, Wira House, Wira Business Park, Ring Rd, Leeds LS16 6EB;
- (4) **LEEDS & YORK PARTNERSHIP FOUNDATION TRUST** of 2150 Century Way Leeds West Yorkshire LS15 8ZB;
- (5) **LEEDS TEACHING HOSPITALS NHS TRUST** of Great George Street, Leeds, West Yorkshire, LS1 3EX;

and (each a “**Party**” and together the “**Parties**”).

#### **RECITALS**

- (A) In entering into and performing their obligations under this Memorandum of Agreement (MoA), the parties are working towards a ‘placed-based’ approach to the delivery of information and technology services essential to the delivery of increasingly integrated health and care services. In particular, this MoA is intended to support the Parties’ need to design, organise and integrate the full cycle of care around the needs of population groups by moving away from organisational silos towards jointly accountable local care systems and accessible specialist care, the strategy articulated for national, regional and local health and care.
- (B) The Parties acting together being the Leeds Health and Care Partnership (LHCP) agree to make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance. Making decisions through a City Digital Partnerships Team and operating as if the partners were one organisation. In addition, identifying where other economic opportunities might be progressed that individual organisations can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National ‘£’.
- (C) This MoA is focussed on the Parties’ agreement to deliver these place-based opportunities jointly and the governance and processes required to support this and the obligations placed on each Party. Primarily to ensure each party has aligned internal governance arrangements to the City governance (set-out in this MoA) for Digital and Information Services formally through their delegation schemes.
- (D) City partnership decisions will be made on the basis of a City Digital Partnerships Team working for and on behalf of all partners. The City Digital team will work with partners to join up business, information, digital architecture and infrastructure outlining standards that must be adhered to and providing assurance to support successful delivery.



City Digital Partnerships Team



## **OPERATIVE PROVISIONS**

### **1. DEFINITIONS AND INTERPRETATION**

- 1.1 In this MoA, capitalised words and expressions shall have the meanings given to them in this MoA.
- 1.2 In this MoA, unless the context requires otherwise, the following rules of construction shall apply:
- 1.2.1 words importing the singular meaning include where the context so admits the plural meaning and vice versa;
  - 1.2.2 words importing the masculine include the feminine and the neuter;
  - 1.2.3 the words "include", "includes" and "including" are to be construed as if they were immediately followed by the words "without limitation";
  - 1.2.4 references to any person shall include natural persons and partnerships, firms and other incorporated bodies and all other legal persons of whatever kind and however constituted and their successors and permitted assigns or transferees;
  - 1.2.5 references to any statute, enactment, order, regulation or other similar instrument shall be construed as a reference to the statute, enactment, order, regulation or instrument as amended by any subsequent enactment, modification, order, regulation or instrument as subsequently amended or re-enacted;
  - 1.2.6 headings are included in this MoA for ease of reference only and shall not affect the interpretation or construction of this MoA;
  - 1.2.7 references in this MoA to any paragraph or sub-paragraph without further designation shall be construed as a reference to the paragraph or sub-paragraph of the relevant schedule to this MoA so numbered;
  - 1.2.9 in the event and to the extent only of any conflict between the paragraphs and the remainder of the schedules, the paragraphs shall prevail over the remainder of the schedules
  - 1.2.11 a reference to writing or written includes faxes and e-mails.

### **2. PURPOSE AND EFFECT OF MEMORANDUM OF AGREEMENT**

- 2.1 The Parties have agreed to work together on those digital and information strategies that are required for integrated health and care services and operate as if one organisation. This means the Parties will make strategic digital and information decisions supporting the delivery of integrated health and care through city partnership governance through a City Digital Partnerships Team. In addition, where other economic opportunities might be identified that individual organisation can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National '£'.

2.2 For the purpose of integrated health and care services within Leeds, the aim is for the Parties to organise themselves around the needs of the LHCP rather than planning at an individual organisational level so as to deliver more integrated, high quality cost effective solutions.

2.3 The Parties wish to record the basis on which they will collaborate with each other through the LHCP in this MoA.

This MoA sets out:

- the key partnership objectives;
- the approach to collaboration;
- the governance structures the Parties will put in place;
- the respective roles and responsibilities the Parties will have.

2.4 The Parties agree that, other than the good faith consideration that each Party has afforded and the paragraphs referenced in paragraph 2.5 below, the terms set out in this MoA shall not be legally binding.

2.5 Paragraphs 16, 18 and 19 shall come into force from the date hereof and shall give rise to legally binding commitments between the Parties.

### **3. KEY OBJECTIVES**

- 3.1 For the purpose of integrated health and care services within Leeds, to effectively deliver the City digital outcomes and manage the associated priorities and dependencies, as well as ensuring that we make information and technology solution decisions based on the agreed place based strategy requires a City wide approach and leadership.
- 3.2 A fundamental part of our approach is that the City Digital resource to lead this change has now been funded by the LHCP. The City Digital Partnerships Team roles are being hosted by Leeds City Council but working on behalf of all organisations.
- 3.3 Working to the Chief Digital and Information Officer, and reporting to the Leeds Informatics Board, the City Digital Partnerships Team lead by the City Digital Programme Director will work collectively to ensure successful delivery of the city digital change programmes. The team will have a clear mandate and a focus on delivering better outcomes for the city. This means a focus on 'City First, Organisation Second'. All digital assets across the city will interoperate with each other and provide combined information from which we can gain new value and insight. We (the Parties) will take a 'digital first' approach to any new initiatives. We will build this incrementally by considering and incorporating "Digital by Design" in all new programmes / projects that we carry out across the city.
- 3.4 Technical strategy for integrated health and care delivery will be developed by this function in conjunction with partner organisation technology experts/teams. Accountable for making final recommendations to the City Chief Information Officers (CIOs) Group on behalf of all organisations across the partnership. The team will proactively engage the City partner CIO's and Solution Architects in the opportunities for acquiring and sharing joint solutions and services. This involves a fundamental need to understand local organisational digital and information plans and then influence and gain agreement on convergence to the agreed City shared services/solutions roadmaps.
- 3.5 All Parties will proactively engage with the City Digital Partnerships Team and involve the City team in the development and review of their organisational digital strategies, plans and business case development.
- 3.6 The Parties shall adhere to the Leeds City Design Principles in the commissioning, development and procurement of all digital and information solutions. In outline these are:
  - Think City First
  - Simplify, Standardise & Share
  - Ensure strong leadership & ownership of benefits
  - Applications are based on user/business requirements and are aligned to people's (patients/citizens) needs
  - Applications are integrated via open standards and open technologies
  - All vendors commit to open standards and interoperability
- 3.7 See Appendix 1 for the full list of Business, Information, Application and Technical principles.
- 3.8 To facilitate the delivery of any shared services a public to public cooperation agreement will be entered into by the Parties. Parties can be a provider or a receiver

of shared services. A Shared Service can be between one Party (the provider) and any number of the other partner organisations. Service schedules will describe the content of the services and also set-out the obligations of the provider and the Parties in receipt of the shared service.

- 3.9 The Parties acknowledge the current position with regard to the LHCP Digital and Information commitments and the decisions, contributions, financial and otherwise, already made by the Parties.

#### **4. APPROACH TO COLLABORATION**

- 4.1 The Parties agree to adopt the following approach to collaboration when commissioning, developing and procuring digital and information solutions (the **“Approach to Collaboration”**):

- 4.1.1 Address the vision. The Parties seek to establish arrangements where anything which is ‘place-based’, and, therefore, enables or has an impact on integrated services or care, will be decided upon a ‘Place First’ principle through a City Digital team. Where other economic opportunities might be identified that individual organisations can choose to opt-in or out of, thus benefitting the use of the Leeds, West Yorkshire or National ‘£’. Overall providing integrated solutions and delivering best value for the taxpayer and operating a financially sustainable system;
- 4.1.2 Collaborate and co-operate. Establish and adhere to the governance structure set out in this MoA to ensure that activities are delivered and actions taken as required to deliver change collectively and in partnership with each other and the wider Health and Care System nationally, regionally and locally;
- 4.1.3 Be accountable. Take on, manage and account to each other, the wider LHCP area population for performance of the respective roles and responsibilities set out in this MoA, the Leeds Informatics Board will review performance against this MoA;
- 4.1.4 Be open and transparent and act with integrity. Communicate openly with each other about major concerns, issues or opportunities relating to digital and information strategy.
- 4.1.5 Adhere to statutory requirements and best practice. Comply with applicable laws and standards including procurement rules, competition law, data protection and freedom of information legislation;
- 4.1.6 Act in a timely manner. Recognise the time-critical nature of the City Digital Programme development and delivery and respond accordingly to requests for support;
- 4.1.7 Manage stakeholders effectively. Ensure communication and engagement both internally and externally is clear, coherent, consistent and credible and in line with the Parties’ statutory duties, values and objectives.
- 4.1.8 Deploy appropriate resources. Ensure sufficient and appropriately qualified resources are available and authorised to fulfil the responsibilities set out in this MoA;

4.1.9 Act in good faith to support achievement of the key objectives and in compliance with the approach to collaboration.

## **5. GOVERNANCE**

5.1 The governance structure summarised, in appendix 2 of this MoA, provides a structure for the development and delivery of the Digital and Information Services under the LHCP;

5.2 The governance arrangements will be:

5.2.1 Based on the principle that decisions will be taken by the relevant organisations at the most appropriate level in accordance with each organisations internal governance arrangements, particularly in respect of delegated authority;

5.2.2 Entered into in the knowledge that organisations have aligned internal governance arrangements to the City governance (set-out in this MoA) formally in their delegation schemes;

5.2.3 Shaped by the Parties in accordance with existing accountability arrangements, whilst recognising that different ways of working will be required to deliver the transformational ambitions of the City Digital and Information Programme. The Parties intend that there should be as far as permissible a single governance structure to help oversee and deliver the LHCP City Digital Programme in accordance with the Key Principles;

5.2.4 Underpinned by the following principles:

(a) all Parties will remain subject to their constitution i.e. Leeds City Council and for the NHS Constitution and their provider licence and retain their statutory functions and their existing accountabilities for current services resources and funding flows;

(b) links to other partnership agreements and governance groups (e.g. West Yorkshire and Harrogate STP, Yorkshire & Humber PSN, etc) will be maintained through appropriate representation on the City Digital governance groups and ensuring that all decisions relating to any other partnership agreement are brought by these representatives to the appropriate City Digital governance forum.

## **6. ACCOUNTABILITY AND REPORTING LINES**

6.1 The Digital and Information activities required to meet the requirements of the Leeds City Health and Care Partnership are referred to as the City Digital Portfolio. Accountability and reporting of this portfolio is undertaken at the following levels within the LHCP.

6.2 Leeds Informatics Board (LIB), will act as the overall City Digital portfolio board accountable for delivering the required digital change programmes to underpin the delivery of the Leeds Health and Wellbeing Strategy, Leeds Plan, the Local Digital Roadmap and the West Yorkshire and Harrogate STP. The LIB will receive reports at each meeting from the Programme Director highlighting but not limited to; progress

throughout the period; decisions required by the LIB; issues being managed; issues requiring escalation to LHCP Executive Group; progress planned for the next period.

- 6.3 The City Chief Information Officers Group reporting to the LIB will sign-off Technical strategy and Information Governance compliance for integrated health and care delivery.
- 6.4 The City Clinical Chief Information Officers Group will review the clinical and business impact of proposals for integrated health and care delivery.
- 6.5 The partner representatives on the LIB and the City Chief Information Officers Group will ensure that where digital and information solutions should be consumed or delivered at a West Yorkshire & Harrogate STP or National level that there are links across to these agendas.
- 6.6 The LHCP Delivery Group meets and receives a consolidate Highlight Report from all Leeds Plan programmes and enabling work streams. The City Digital Programme Office produces a consolidated Highlight Report of all digital activity. This is submitted to the LHCP Delivery Group by the Programme Director highlighting but not limited to; progress throughout the period; issues being managed; issues requiring escalation to the LHCP Executive Group; progress planned for the next period.
- 6.7 Under a standing agenda item, the LIB will agree the key communications arising from its meetings that should be relayed to the Parties' respective organisations.
- 6.8 A summary report from the City Digital Programme Director will be circulated regularly to all organisational representatives on the Leeds Informatics Board. The Programme Director summary will be available for sharing with organisational boards and in the public domain.
- 6.9 The LHCP Directors of Finance group will receive all business cases and the relevant DoF (along with the designated LIB representative) commit their organisations to the financial implications of such decisions and ensure the necessary individual organisational approvals are actioned in a timely manner.

#### 7.0 LHCP Executive Group

The LHCP Executive will hold each of the Parties' Chief Executive to account for adherence to the agreed digital and information strategy, adherence to governance and the delivery of their sponsored work streams within the City Digital Programme.

### **7. DECISION MAKING**

- 7.1 The Parties intend that LHCP representatives performing City Digital governance roles will each operate under a scheme of delegation whereby each LIB member shall have delegated authority to make decisions on behalf of their organisation relating to matters falling under the scope of City Digital and Information Strategy, the devolving of accountabilities for the City Digital Principles set out in appendix 1; and in accordance with the commissioning and decision making framework set out in appendix 3.
- 7.2 Each party will reflect in its Scheme of Delegation(s) the authority delegated to its representatives in respect of City Digital and Information Strategy and governance.

- 7.3 The Parties intend that LHCP representatives performing City Digital governance roles shall report to and consult with their own respective organisations at Board level, providing governance assurance that is compliant with their regulatory and audit requirements, for organisational decisions relating to, and in support of, the City Digital Key Principles and facilitating these functions in a timely manner.

## **8. ESCALATION**

- 8.1 If any Party has any issues, concerns or complaints regarding the City Digital Programme, or any matter in this MoA, such Party shall notify the other Parties and the Parties acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.
- 8.2 Subject as otherwise specifically provided for in this MoA, any dispute arising between the Parties out of or in connection with this MoA will be resolved in the first instance by a communication between the relevant Chief Information Officer(s). Failure to resolve the issue at this level will be escalated to the LIB members and then if still unable to be resolved the relevant Chief Executive or the Partnership Executive Group as appropriate.
- 8.3 If any Party receives any formal or media enquiry, complaint, claim or threat of action from a third party (including, but not limited to, claims made by a supplier or requests for information made under the Freedom of Information Act 2000) in relation to the LHCP City Digital Programme, the matter shall be promptly referred to the City Digital Programme Director in the interests of consistency, however recognising the request remains the responsibility of the receiving organisation.

## **9 CONFLICTS OF INTEREST**

- 9.1 The Parties agree that they will:
- 9.1.1 disclose to each other the full particulars of any relevant or material conflict of interest which arises or may arise in connection with this MoA, the City Digital and Information Strategy, the delivery of the City Digital Programme (or specific programme, project or activity within it), immediately upon becoming aware of the conflict of interest whether that conflict concerns the Parties or any person employed or retained by the Parties;
- 9.1.2 not allow themselves to be placed in a position of conflict of interest or duty in regard to any of their rights or obligations under this MoA (without the prior consent of the other Parties) before participating in any action in respect of that matter.
- 9.1.3 comply with the terms of this conflict of interest protocol as set out above.

## **10. FUTURE INVOLVEMENT AND ADDITION OF PARTIES**

- 10.1 The Parties are the initial participating organisations in the LHCP but it is intended that other providers to the LHCP service area population may also come to be partners (including for example independent sector and third sector providers). Partner organisations may where appropriate be invited to meetings of the LIB or other governance groups as observers or through an additional stakeholders forum. If appropriate to achieve the key deliverables, the Parties may also agree to include an

additional party or parties to this MoA. If they agree on such a course the Parties will cooperate to enter into the necessary documentation.

## **11. COMPETITION AND PROCUREMENT COMPLIANCE**

- 11.1 The Parties are aware of their competition compliance obligations, both under competition law and, in particular under the NHS Improvement/Monitor Provider Licence for providers, and shall take all necessary steps to ensure that they do not breach any of their current or future obligations in this regard.
- 11.2 Any shared services between the Parties will be via a defined service schedule under an agreed Public-Public Collaboration agreement between all Parties.
- 11.3 The parties agree not to disclose or use any confidential information which is to be disclosed under the arrangements in a way which would constitute a breach of competition law.

## **12. REVIEW**

- 12.1 A formal review of this agreement will be undertaken annually and reported to the City Chief Information Officers Group, or sooner if deemed as required by the Parties.
- 12.2 The review and report will discuss and agree as a minimum, the principles of collaboration and the governance arrangements as set out in appendix 2.

## **13. TERM AND TERMINATION**

- 13.1 This MoA shall commence on 1<sup>st</sup> April 2018 (having been executed by all the Parties).
- 13.2 This MoA may be terminated in whole by: mutual agreement in writing by all of the parties ;
  - in accordance with paragraph 14.2; or
  - in accordance with paragraph 1.5 of schedule 3.
- 13.3 Any Party may withdraw from this MoA giving at least six calendar months' notice in writing to the other Parties. The MoA will remain in force between the remaining parties (unless otherwise agreed in writing between all the remaining parties) and the remaining Parties will agree such amendments required to the MoA in accordance with paragraph 15.
- 13.4 In the event a Party is put into administration, special measures and/or is otherwise not able to perform its role under the LHCP and this MoA, the remaining Parties shall be entitled to consider and enforce, on a case by case basis, a resolution of the LHCP Executive Group for the removal of the relevant Party from the MoA on a majority basis provided that:
  - reasonable notice shall have been given of the proposed resolution; and
  - the affected Party is first given the opportunity to address the LHCP Executive Group meeting at which the resolution is proposed if it wishes to do so.

This MoA shall be terminated in accordance with the provision at 13.2.

#### **14. CHANGE OF LAW**

- 14.1 The Parties shall take all steps necessary to ensure that their obligations under this MoA are delivered in accordance with applicable law. If, as a result of change in applicable law, the Parties are prevented from performing their obligations under this MoA but would be able to proceed if a variation were made to the MoA, then the Parties shall consider this in accordance with the variation provision at paragraph 15.
- 14.2 In the event that that the Parties are prevented from performing their obligations under this MoA as a result of a change in applicable law and this cannot be remedied by a variation or a variation is not agreed by all Parties, then the Parties shall agree to terminate this MoA on immediate effect of the change in applicable law.

#### **15. VARIATION**

- 15.1 This MoA may only be varied by written agreement of the Parties signed by, or on behalf of, each of the Parties.

#### **16. CHARGES AND LIABILITIES**

- 16.1 Except as otherwise provided, the Parties shall each bear their own costs and expenses incurred in complying with their obligations under this MoA, including in respect of any losses or liabilities incurred due to their own or their employee's actions.
- 16.2 No Party intends that any other Party shall be liable for any loss it suffers as a result of this MoA.

#### **17. NO PARTNERSHIP**

- 17.1 Nothing in this MoA is intended to, or shall be deemed to, establish any partnership or joint venture between the Parties, constitute any Party as the agent of another Party, nor authorise any of the Parties to make or enter into any commitments for or on behalf of the other Parties.

#### **18. COUNTERPARTS**

- 18.1 This MoA may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoA, but all the counterparts shall together constitute the same agreement.
- 18.2 The expression "counterpart" shall include any executed copy of this MoA transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.
- 18.3 No counterpart shall be effective until each Party has executed at least one counterpart.

## 19. GOVERNING LAW AND JURISDICTION

19.1 This MoA shall be governed by and construed in accordance with English law and, without affecting the escalation procedure set out in section 8 above, each Party agrees to submit to the exclusive jurisdiction of the courts of England.

## 20. SIGNATURES

Signed for and on behalf of <b>LEEDS CITY COUNCIL</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	

Signed for and on behalf of <b>LEEDS TEACHING HOSPITALS NHS TRUST</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	

Signed for and on behalf of <b>NHS LEEDS CLINICAL COMMISSIONING GROUP</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	

Signed for and on behalf of <b>LEEDS &amp; YORK PARTNERSHIP NHS TRUST</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	

Signed for and on behalf of <b>LEEDS COMMUNITY HEALTH TRUST</b>	
<b>Signature</b>	
<b>Name</b>	
<b>Position</b>	
<b>Date</b>	

## Appendix 1 – City Design Principles.

### Business Principles

1. City First.
2. Simplify, Standardise & Share.
3. Apply People & Process as well as Data & Technology.
4. Adopt Digital wherever it makes business sense.
5. Ensure strong leadership & ownership of benefits.
6. Apply good is good enough.
7. Apply Local Government Digital Standards (see later slide).



### Information Principles

1. Information is managed and shared.
2. Information is open and manageable.
3. Information is accurate and fit for purpose.
4. Information is protected.
5. Information is used ethically.
6. The re-use of information is encouraged.
7. Information is a key asset.



### Application Principles

1. Common use of standard, basic, utility applications/services is encouraged.
2. Applications have identified business and technical owners.
3. Applications are based on user/business requirements and are aligned to people's (citizens) needs.
4. Applications are integrated via Open Standards and Open technologies.



### Technical Principles

1. We have a 'One City' approach towards our technical vendors.
2. All vendors commit to open standards and interoperability.
3. We adopt open architectures (see separate slide) and the data and application layers are separated.
4. We adopt disciplined and responsive technology change management.
5. Our data and applications are appropriately secured in line with our risk appetite.



### Open Platform Principles

1. Be open standards based.
2. Be vendor and technology neutral.
3. Share common information models.
4. Support open data architectures.
5. Support application portability.
6. Provide open API's.
7. Be 'federateable'.



## **Appendix 2**

### **Leeds City Health and Care Partnership – City Digital Governance.**

#### **1. LHCP Executive Group**

Arbiter for a business decision with clear city-benefits but lacking of all-organisation sign-up.

#### **2. City Directors of Finance Group**

The final sign-off of City digital and information business cases, to discuss and/or approve organisational commitments to fund the revenue impact of business cases or to allocate access to dedicated city funds such as the 'pooled non-recurrent investment fund'.

#### **3. Leeds Informatics Board**

Leeds Informatics Board, chaired by the City Chief Clinical Information Officer, will act as the overall digital portfolio board accountable for the City Digital Strategies and scoping and delivering change programmes to deliver better health and wellbeing outcomes for the City. The Leeds Informatics board will be accountable for;

- Providing strategic leadership to deliver better health and wellbeing outcomes through the application of digital and information
- Ensuring our City Digital Strategies and Programmes are aligned to the business, clinical strategies and outcomes at a City, Regional and National level
- Championing the place based city digital strategy and a people centred approach
- Ensuring organisational and business change is planned for in all digital programmes
- Ensuring all initiatives, programmes and projects have effective governance in place.
- Ensuring digital programmes have clear business, clinical and/or citizen measures
- Ensuring finance, technical and affordability fit are fed in via appropriate reps
- Recommending approval to the relevant authorising body for investment cases
- Ensuring city digital strategy, plans and successes are effectively communicated within the City and outside the City
- Reviewing the status of the City Digital Portfolio and taking corrective actions as appropriate
- Acting as a point of escalation for issues and risk mitigation

In line with section 7 of the MoA, decision making members of the Leeds Informatics Board will be senior 'business' board level representatives from all partner organisations with appropriate delegated authority to make strategic and financial decisions on behalf of their respective organisation, within a specific Leeds Informatics Board meeting and also by gaining organisational agreement outside a meeting.

When a business case is considered at the Leeds Informatics Board it will already have city-CIO approval (technical strategy compliant) and stakeholder commitment (clear clinical/business benefits) relevant to the case being considered via a business programme board or the city-CCIO forum.

Leeds Informatics Board Membership;

Chair – Dr Alistair Walling, Chief Clinical Information Officer, Leeds City and Leeds CCG Partnership Executive Group & Primary care/confederation Board rep – Chris Mills  
City Chief Clinical Information Officers & Leeds & York Partnership Foundation Trust rep – Nick Venters  
Public Health – Ian Cameron  
Data Science/Information rep – Frank Wood  
Innovation and Research rep – Jo-Anne Wass  
Leeds Plan/Partnership rep – Tony Cooke  
City Chief Information Officers rep – Dylan Roberts  
City Directors of Finance rep – Doug Meeson  
Leeds Teaching Hospitals Trust rep – Richard Corbridge  
Leeds Community Health Trust rep – Marcia Perry  
NHS Leeds CCG rep - Visseh Pejhan-Sykes  
City Digital Programme Director & Digital lead West Yorkshire & Harrogate STP – Alastair Cartwright  
3<sup>rd</sup> Sector rep – Lucy Graham  
Citizen/patient rep – Healthwatch Leeds

Invited observers.

Communications representative - Rebecca Nichells  
NHS Digital – Roarke Batten  
NHS England – Angela Wood

**Board representatives** will each have delegated authority to make decisions on behalf of their organization. They shall report to and consult with their own respective organisations providing governance assurance that is compliant with their decision making processes and any regulatory or audit requirements, they will facilitate these functions in a timely manner. Health and Care Partners must send a deputy if they are unable to attend in person – the deputy must also be a colleague who can take actions requiring governance decisions back to the appropriate forum within their organisation.

The Leeds Informatics Board will be quorate if a minimum of seven designated Executive/Senior Officers (to include the Chair) are present.

**Reporting to the board**

Head of Strategy and Solutions, Head of City Portfolio, Health and Care Digital Programme Managers and City Digital PMO. The Leeds Informatics Board will be serviced by the City Digital Programme Management Office.

**Agenda**

The agenda shall be agreed a minimum 14 days in advance of the meeting date by the Chair of the Board.

**Frequency of meetings**

The Leeds Informatics Board will meet quarterly, 4 times a year.

#### **4. City Chief Information Officers (CIO) Group**

Technical strategy and Information Governance compliance for integrated health and care delivery will be signed-off by the City Chief Information Officers Group

- Champion the 'City first' approach
- Technical strategy for integrated health and care delivery will be signed-off by the City Chief Information Officers Group.
  - developing roadmaps for city wide shared solutions
  - prioritise, develop and approve investment cases for shared solutions
  - sign-off investment/business cases
- Oversee the work of the City Strategy and Solutions function ensuring:
  - adherence to the city informatics strategy and design principles
  - health and social care information governance and cyber security needs of the City are adequately considered
- Where appropriate move towards common shared infrastructure and end user computing
- Receive a status report on delivery of the following areas of work;
  - Infrastructure and IG Programme
  - Efficient and effective
  - One City Analytics
- Act as a point of escalation for issues and risk mitigation
- Receive and review minutes of the City IG Steering Group

Members will be the most senior manager responsible for the delivery of digital and information within a partner organisation [Chief Information Officer, Director, Head of Service or equivalent].

Chair: Dylan Roberts, Chief Digital and Information Officer, Leeds City Council and Leeds Clinical Commissioning Groups

Richard Corbridge, Chief Digital and Information Officer, LTHT

Richard Slough, Assistant Director, Business Intelligence, Clinical Systems and IT, Leeds Community Health

Bill Fawcett, Chief Information Officer, LYPFT

Alastair Cartwright, City Digital Programme Director

Andy Pellow, Leeds University

#### **5. City Chief Clinical Information Officers (CCIO) Group**

With regard to business change, we recognise the importance of taking the clinicians with us on the journey. Chaired by the City Chief Clinical Information Officer a City board representative of Senior Clinicians, Nurses, registered Social Worker from Leeds partner organisations with a remit to;

Reporting to the Leeds Informatics Board

- Champion the 'City first' approach;
- Input, review and endorse Digital and Information Strategies;

- Sign-off city digital and information investment/business cases from the practical delivery, business change especially around clinical fit and input to decision making and engagement.

## **6. Leeds City Health and Care Plan - Boards**

A key part of our digital strategy is that every digital or informatics enabled business/clinical change project should only be progressed if there is clear clinical/business sponsorship and resource to make the change happen. Capacity for clinicians and business managers to be involved in delivering change is a key strategic principle, supported by clinical leadership and clinical, business and digital champions.

Programme and project boards will be established to oversee delivery of key city digital change programmes and projects.

## **7. City Strategy and Solutions function**

The Head of City Strategy and Solutions (CSS) is accountable for the development the digital strategies, architectures and solutions that underpin a place based approach to integrated health and care delivery across Leeds. To fulfil this, CSS works closely with partner organisations and is responsible on behalf of the City Chief Information Officers (CIO) group for commissioning joint solutions for anything relating to the delivery of integrated health & care.

Accountable for making final recommendations to the City CIO Group on behalf of all organisations across the partnership the Head of CSS will proactively engage the City partner CIO's and Solution Architects in the opportunities for acquiring and sharing joint solutions and services. This involves a fundamental need to understand local organisational ICT plans and then influence and gain agreement on convergence to the agreed City shared services/solutions roadmaps.

Oversee the production of the corresponding business cases and work closely with the City Health and Care Programme Managers and the City Portfolio Manager (Infrastructure/IG Programme lead) to initiate and deliver corresponding projects.

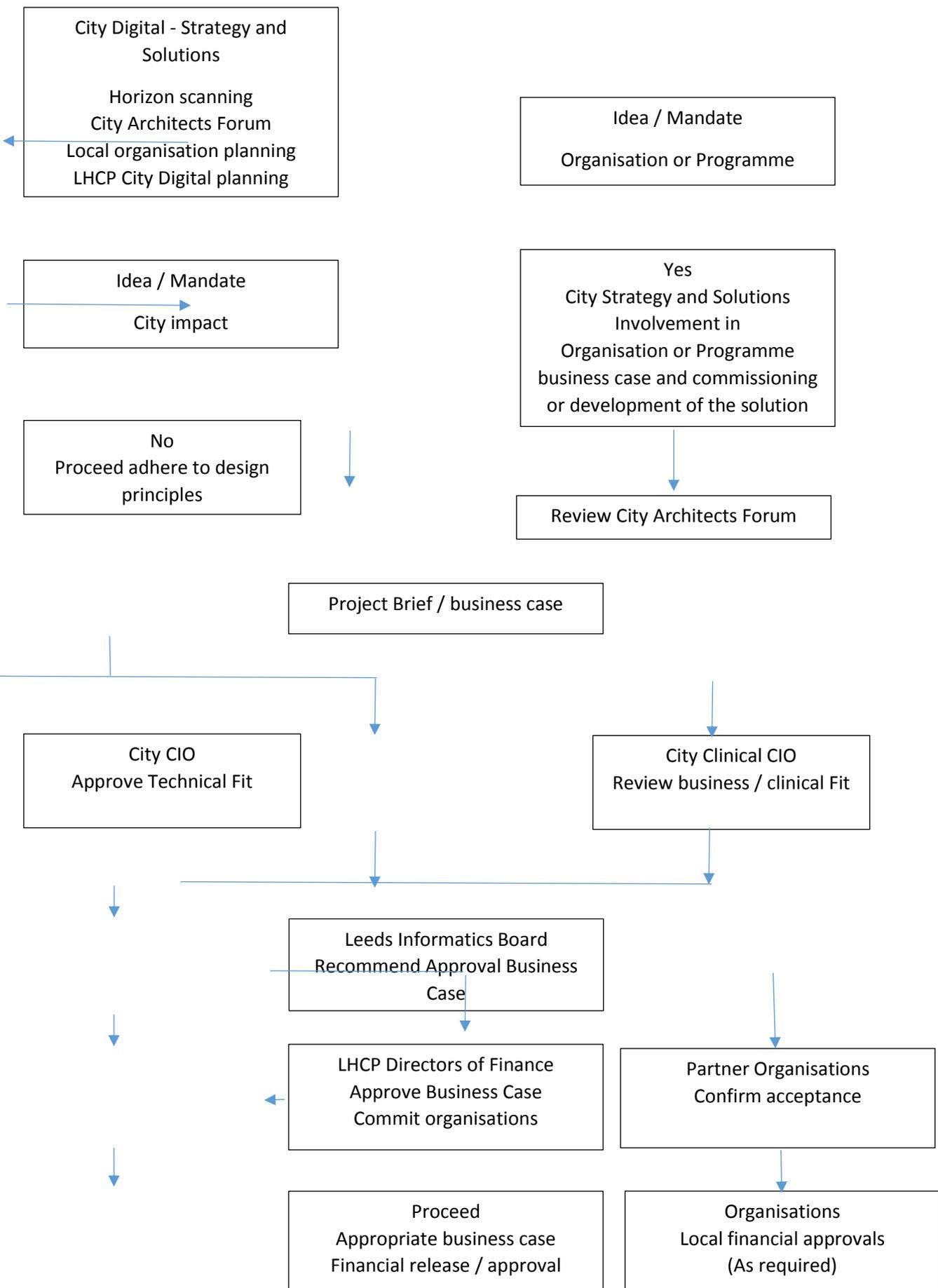
## **8. City Architects Forum**

Chaired by the Head of City Strategy and Solutions the City ICT Architects forum reviews digital strategies, roadmaps and business cases for approval at the City CIO group.

## **9. City Information Governance Steering Group**

Reporting to the City CIO Group and chaired by the City Digital Programme Director the City Information Governance Steering Group advises on issues relating to Information Governance impacting upon city wide digital and information initiatives.

**Appendix 3 – Commissioning Process and Financial Approvals**



## Appendix 3 – Commissioning Process and Financial Approvals

### Financial approvals

