Amendment History

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<th>Version</th>
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<tr>
<td>1</td>
<td>26/03/21</td>
<td>Draft submitted to HL7 UK Board for approval for proposed member review</td>
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<tr>
<td>1.1</td>
<td>30/3/21</td>
<td>HL7 UK internal use</td>
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<tr>
<td>1.2a</td>
<td>31/3/21</td>
<td>Revision of initial member/observer list and associated changes to membership criteria in section 6</td>
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<tr>
<td>1.3</td>
<td>8/4/21</td>
<td>Changes from NHSX: list of members, clarification of proxies, and typos</td>
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Reviewers

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Approvals

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Distribution

Member bodies and observers.

Document Status

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Definitions

member body – organisation participating in the work of the Board and sending a delegate to meetings
delegate – named person attending meetings and other functions or events on behalf of a member body
1 Purpose
This document sets out the Terms of Reference for the HL7 UK FHIR Board, defining:

- The relationship to HL7 UK
- Guiding principles
- Scope
- Membership
- Operating Model
- Funding

2 Background and Context

2.1 HL7, FHIR and the UK FHIR Board
Health Level Seven® International (HL7®) is the global authority on standards for interoperability of health technology with members in over 55 countries. HL7 UK looks after HL7 activities in the UK.

FHIR® – Fast Healthcare Interoperability Resources – is a next-generation standards framework created by HL7. FHIR combines the best features of HL7’s v2, v3 and CDA product lines whilst utilising the latest web standards and emphasising implementability.

The FHIR standard is gaining considerable traction in the UK, with suppliers, trusts and NHS agencies all developing FHIR products. In order to increase the effectiveness of FHIR implementation, there is a need to create a body to oversee development of these products, and where necessary encourage resources to be used in the most efficient way.

It was proposed during various workshops run by NHSX and meetings with interested parties that a UK FHIR Board should be formed with the aim of overseeing development of UK-wide FHIR Implementation guides and profiles. These Terms of Reference set out the role and responsibilities of this Board.

2.2 HL7 UK involvement
To ensure that the UK FHIR Board is as free as possible of partisan interests, it was suggested that the Board should be formed as part of HL7 UK. However, the rules by which HL7 UK operates would overly restrict the membership of the Board. Instead, following the example of similar bodies formed as HL7 FHIR Accelerator Programs, it was proposed the Board is constituted as an HL7 UK Project. Effectively, this means that the UK FHIR Board is branded as an HL7 UK body but is free to set its own terms of reference, as long as these are compatible with the aims and objectives of HL7 UK.

This body has, therefore, been set up as the HL7 UK FHIR Board – “the Board”.

3 HL7 UK oversight
The Board shall not be directly controlled by HL7 UK, but:

- It will be branded as an HL7 UK body. This means that output from the Board will carry HL7 UK branding, eg letterheads, webpages etc.
- Disputes over the operation of the Board may be referred to the HL7 UK Management Board for a non-binding opinion.
- The work of the Board will be subject to oversight as detailed below.

HL7 UK is a body that wishes to promote the use of FHIR in the UK, and as such is in a good position to exercise oversight of the Board. Oversight in this sense means that HL7 UK would have responsibility for making sure the Board works:

- Effectively, ie generating usable and useful output
• Correctly, ie working according to its terms of reference.

To this end, HL7 UK:

• Will automatically be a member body of, and represented on, the Board
• Will provide one of the co-chairs of the Board
• As the technical authority for FHIR in the UK, the Chair of the HL7 UK Technical committee shall be an ex officio delegate to the Board.

Note that HL7 UK will have no direct control over the Board. If the two bodies disagree to such an extent that continuing the relationship becomes untenable, HL7 UK may choose to withdraw its branding, support, membership and co-chairmanship. However, it is difficult to envisage any circumstances where this would be necessary.

4 Guiding principles

The work of the Board shall be guided by the following principles:

1. The Board sets the strategic direction for, and encourages the development of, FHIR artifacts for use in the UK
2. The Board must take into account the views of significant representative bodies with a legitimate interest in the use of FHIR in the UK
3. The Board will not directly fund, or control the funding of, development work
4. The work of the Board will be consistent with the aims and objectives of HL7 UK
5. Artifacts generated by the Board or its member bodies will, if suitable, be submitted to HL7 UK to be approved as balloted and approved as HL7 UK Standards.

Taking these in turn:

4.1 The Board sets the strategic direction for, and encourages the development of, FHIR artifacts for use in the UK

The Board will be the primary governance body regarding UK FHIR development and deployment, providing strategic oversight, direction and leadership over the development of UK-wide FHIR artifacts, including implementation guides and profiles.

The role of the Board is not to engage in development work, but to encourage other bodies to develop artifacts that fit with the strategic direction set by the Board.

4.2 The Board must take into account the views of significant representative bodies with a legitimate interest in the use of FHIR in the UK

Whether bodies that apply for membership are significant and representative and therefore should be granted membership will be determined by the Board according to its own criteria. HL7 UK may advise on these matters but will not seek to approve or disapprove membership.

4.3 The Board does not directly fund, or control the funding of, development work

The Board will not itself hold, control or disburse funds to be used for development.

4.4 The work of the Board will be consistent with the aims and objectives of HL7 UK

HL7 UK is contractually bound to HL7 International through the Affiliate Agreement, which sets out the duties and responsibilities of HL7 UK. HL7 UK can only exist if it conforms to the Agreement, therefore nothing that HL7 UK might be required to do as part of its support for and membership of the Board can be allowed to contravene that Agreement.
HL7 UK is also bound by its own Memorandum and Articles and bylaws. Changes may be made to these in certain circumstances, but HL7 UK cannot go against its own governing documents.

4.5 **Artifacts generated by the Board or its member bodies will, if suitable, be submitted to HL7 UK to be approved as balloted and approved as HL7 UK Standards**

The Board will produce, or cause to be produced, artifacts relevant to the use of FHIR in the UK. Where these are suitable, it is expected they will be passed to HL7 UK for balloting as HL7 Standards, Implementation Guides or Products. This will be done according to the HL7 UK balloting rules in force at the time.

However, not all such artifacts will be appropriate for balloting. It is solely the decision of the HL7 UK Management Board whether such artifacts are accepted into the ballot process.

5 **Scope**

As above, the Board will be the primary governance body regarding UK FHIR development and deployment, providing strategic oversight, direction and leadership over the development of UK-wide FHIR implementation guides and profiles, and other artifacts.

The Board’s role will be non-exclusive: other bodies may wish to develop such artifacts independently of the Board. The Board may encourage such work to be brought into its scope.

Its initial scope will be:

- Accelerating development of FHIR implementation guides within a UK context
- Scoping FHIR implementation guides relevant to UK as a whole and which could also be used as the basis to create derivative implementation guides that may be more specific to a region, care setting or use case
- Co-ordinating between different implementation guide development projects and minimise inconsistency between FHIR implementation guides being developed in a UK context
- Co-ordinating outreach to stakeholders and interested parties
- Promoting of the adoption of agreed UK community processes for development of FHIR profiles and implementation guides in a UK context
- Monitoring of other international/regional FHIR implementation guides that may have relevance to UK implementation guides
- Developing roadmaps for the progression of different FHIR versions, how they can coexist and interact and how they can be migrated
- Scoping and prioritising development of UK-wide tooling, FHIR Assets and development resources to ease the use and implementation of FHIR standards in the UK
- Actively supporting and encouraging the implementation of FHIR standards in use or in development within the UK.

The scope may be amended from time to time as deemed appropriate by the Board.

6 **Membership**

As described in 4.2 above, the Board must take into account the views of significant representative bodies with a legitimate interest in the use of FHIR in the UK. The bodies that will initially be approached to be members will be:

- BCS Health and Care
- Care Software Providers Association (CASPA)
- CCIO Network
- CIO Network
- Faculty of Clinical Informatics (FCI)
• Health and Social Care (Northern Ireland)
• HL7 UK
• INTEROPen
• NHS Digital
• NHS Scotland
• NHS Wales
• NHSX
• Professional Record Standards Body (PRSB)
• techUK

Additional representative organisations wishing to become member bodies will be admitted if they meet the criteria determined by the Board, which will as a minimum require that:

• The people or bodies they represent are directly affected by the use of FHIR artifacts, and
• The people or bodies they represent have the expertise to contribute to the work of the Board

Representative bodies who do not, in the reasonable opinion of the Board, meet the requisite criteria may at the Board’s discretion be admitted to meetings and may participate in activities as observers. Observers in this respect will have no rights to:

• Vote or participate in the Board’s decision making, or
• Address meetings, unless invited to do so by the chair of the meeting.

6.1 Obligations of Members

Each member body shall provide a named delegate to attend meetings and other functions or events. As well as conforming to the Guiding principles expressed herein, each delegate has a personal obligation to:

• Take ownership of any actions assigned to them and address these in a timely manner
• Own the resolution/mitigation of any risks or issues assigned to them
• Take positive action to resolve interdependencies between projects, programmes, directorates, organisations and partners
• Review and comment on relevant papers/materials in a timely manner; ensuring active, informed participation in debates and decision-making
• Make timely decisions and take appropriate actions, so as not to delay activities.

Each delegate must name a deputy who can attend meetings in their place. Such a deputy must be appropriately briefed by the member body concerned and be fully authorised to act behalf of the delegate.

6.2 Co-chairs

As the Board is constituted as an HL7 UK body, HL7 UK will have the right to appoint one of two co-chairs. The second co-chair will initially be appointed by NHSX.

The HL7 co-chair will be appointed according to HL7 UK’s internal procedures. The second co-chair will be appointed after an initial term of one year by a process to be decided by the Board.

The co-chairs shall be responsible for:

• Ensuring the Board fulfils its role and responsibilities, as defined in this Terms of Reference
• Chairing meetings, approving meeting agendas and determining meeting frequency
• Approving the attendance of deputies and any additional invitees.

The co-chairs shall take it in turns to chair the meetings or according to such a rota as they shall agree between them, with each co-chair acting as a deputy to the other to take over in the case of non-attendance or the need to resile from a discussion due to conflict of interest.
7 Operating model

7.1 Secretariat

The secretariat will provide normal secretariat function to the Board; ensuring it has the support necessary to undertake its role in an effective and efficient manner. The secretariat shall be provided initially by NHSX, subject to review after the first year of operation.

7.2 Meetings

The Board shall meet monthly, with a forward schedule of meetings actively maintained by the secretariat. Additional meetings may be requested by member bodies, as required for the timely conduct of essential business. Any such additional meetings shall be at the discretion of the co-chairs. The frequency of the meetings will be reviewed after six months of operation. Meetings shall usually be held remotely using a suitable videoconferencing service to help ensure maximum attendance.

An agenda, approved by the co-chair responsible for that meeting, with supporting papers as required shall be distributed to all member bodies at least three working days prior to each meeting. Member bodies should submit any proposed agenda items to the secretariat at least seven working days in advance of the meeting. The addition of items to the agenda shall be at the discretion of the co-chair of that meeting.

All actions and key decisions shall be recorded in an Action and Decision Log, which shall be retained as a record for audit purposes. Actions will be allocated to named individuals and the progress and status of them actively tracked by the secretariat. Action owners will be expected to keep the secretariat informed of progress and to report back against actions at meetings when required by the Chair.

7.3 Meeting Protocols

For all meetings standard meeting protocols should be followed, including:

- punctuality in attendance
- apologies submitted to secretariat before the due date
- agenda items and papers for meetings provided as far possible in advance of meetings, and at least three working days before the meeting
- meeting minutes provided no later than seven working days following the meeting.

7.4 Quorum

A quorum for all meetings shall be 40% of the current membership. If the calculation of the quorum should result in a fractional number, that number shall be rounded up to the next whole number.

In the event of the quorum not being reached the meeting may take place at the discretion of co-chair of that meeting, but no decisions shall be made or represented as having been made.

7.5 Consensus and voting

The Board is intended to be a consensus-forming body and the co-chairs should take all reasonable steps to promote consensus. In the event of consensus not being reached, the presiding co-chair, having taken into account the urgency of the task and the likelihood of reaching consensus at a future meeting, may call for a vote by show of hands of those present with a simple majority deciding the matter. In the case of a tie the presiding co-chair shall have a casting vote.

Any such vote shall be simply amongst those member bodies present, with each having a single vote. No proxy votes will be allowed.
7.6 **Conflicts of Interest**

Delegates and other attendees should declare any conflicts of interest, personal or corporate, relating to matters discussed by the Board and, where they feel it to be necessary or required by a vote of the delegates present, withdraw from discussion of the relevant agenda items.

7.7 **Agenda**

The agenda for each meeting shall include, as a minimum:

- Outstanding actions from previous meetings
- Risks and Issue Review
- Review of Programme Status (including progress against plan, resource issues and finance)
- Additional agenda items, as agreed by the Chair in advance of each meeting.

Any issues or items requiring escalation shall be channelled through appropriate governance channels or directed via relevant internal processes.

7.8 **Registers**

Registers for attendance and conflict of interest will be maintained by the secretariat.

Any actions arising from each meeting will be recorded in an Actions Register which will be maintained by the secretariat. Updating the Action Register will be a separate agenda item for discussion with the minutes.

8 **Funding**

Work done on behalf of the Board, including that necessary for the functioning of the Board, will be voluntary or funded by the member bodies. If the secretariat function cannot be fulfilled by voluntary resource or provided by a member body, member bodies may be required to pay a proportionate amount to fund it.

9 **Review**

The Terms of Reference should be reviewed six months after the initial agreement and on an annual basis thereafter.