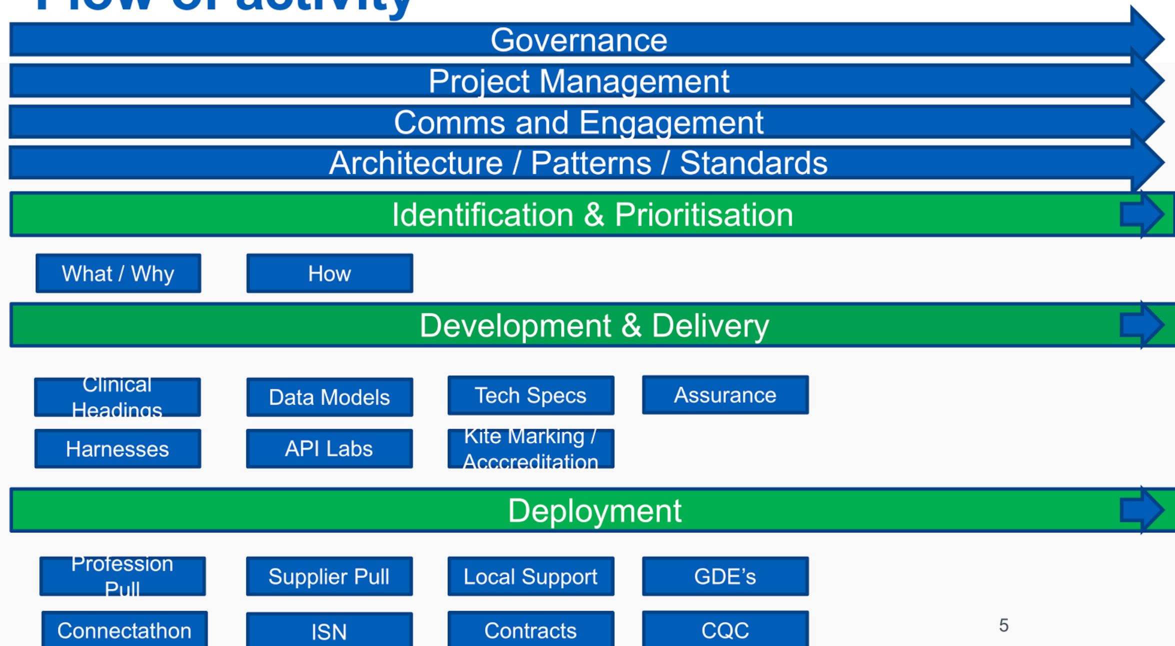
28th April 2017

The following interoperability networks BCS, CCIO/CIO Network, C4H, HL7UK, IHE, NHS Digital, NHS England, NHS Hack Days, OpenEHR, PRSB and techUK have all joined INTEROPen, agreeing to its terms and conditions.

Discussions amongst leaders of these networks have led to the following agreement:

1. The need to work together drawing on each other's expertise to drive the interoperability/data sharing agenda to support the service's needs for new models of care.
2. A single governance structure is necessary to oversee the work given the number of stakeholders.
3. The INTEROPen brand will be used to align members to the common "interoperability" cause, and to provide clarity of communication to the wider community. Individual organisations will still retain their own brand and marketing wherever appropriate, but will always seek to ensure clarity of message in line with INTEROPen and the ambition to engage seamlessly with the wider community.
4. The current INTEROPen membership terms and conditions, including its primary focus, continue to represent important areas of interoperability on which INTEROPen will focus.
5. In accepting the current INTEROPen T+Cs, it is acknowledged that as INTEROPen matures, more detailed Terms of Reference will be needed and can be developed via an INTEROPen subgroup.
6. At this stage INTEROPen will not pursue CIC status, as there is no demonstrable need, but this may be necessary over time to aid finances.
7. All of the components of the flow of activity diagram could potentially be met by members of the group.



8. Members bring additional expertise through their extended networks.

9. NHS Digital and NHS England aim to provide initial funding of these components and whilst they will look at how national funding may provide longer term sustainability it is clear that this can only be offered in conjunction with some form of equivalent funding from other members of INTEROPen and that routes to achieve this needed to be explored.
10. The Project Management and Communications components are key capabilities that INTEROPen will need to call upon. INTEROPen will operate on the principle of keeping these core functions as small as possible whilst leveraging resources from members wherever possible and appropriate. Some core capability, however, is seen to be critical to ensure continuity and focus on the agreed objectives.
11. Sub-groups (e.g. architecture, IG, connectathons, etc) will be established as necessary either as short-lived or more long standing task as finish groups, to encourage wider INTEROPen member participation but also to ensure that board meetings are not consumed by technical conversations. Sub-groups will present their findings to the board.
12. As INTEROPen is still maturing, it was viewed that we cannot yet be 100% clear which members will be involved in which functions, how all the work will be funded, and there will need to be a degree of learning-by-doing with support from the membership in various ways (e.g. funding, knowledge transfer, projects, human resource, etc). However, it is agreed that a clear roadmap is needed to be produced to communicate to the NHS and social care services.
13. Richard Kavanagh on behalf of NHS Digital will propose a process flow of the downstream task / activity pipeline to determine how INTEROPen optimises the handoffs in the flow of new requirements, and which organisations fit in where.
14. NHS Digital has already started to provide resource to support the Curation team work, and will engage the community with a CareConnect API (webex recording from Thursday 27th April due to be released) and tooling programme.
15. NHS England will provide resource to INTEROPen to engage the service to identify key care priorities and work with the new INTEROPen executive board to identify a priority list of work.
16. The INTEROPen board needs to represent its members, with commercial interests aside, in the development of national interoperability standards. These include service users, industry, standards organisations, national organisations, etc, all of whom have important contributions. However, it has been proposed that INTEROPen members should be able to discuss generic principles around commercial issues on RYVER (or through its comms channels) - these will develop on a case by case basis. The board, in conjunction with the members, will provide appropriate oversight.
17. It was agreed that open elections and voting to board positions should become part of “business as usual”, however, currently INTEROPen has grown organically allowing quite a flexible level of engagement from members. Despite formal elections, the current executive activity and openness/transparency sees membership continue to rise.
18. Comments from INTEROPen members in the GOVERNANCE forum supports both a co-opting and voting approach.
19. It was proposed, therefore, that the current INTEROPen executive (Paul Cooper, Dunmail Hodkinson, Amir Mehrkar), working with the Code4Health interoperability community board chair, Luke Readman, agree an interim governing board to mature and extend the work of INTEROPen with plans for open board elections by at least June 2019.
20. To retain board membership, individuals will be expected to demonstrate that the organisations they represent are working with their members and extended networks to

drive the INTEROPen membership T+C. An advisory council was discussed as being important to support INTEROPen functions as they become agreed.

21. The proposed new INTEROPen board structure to lead the community in delivering on its aims is:
    a. INTEROPen clinical joint chair (Amir Mehrkar, GP)
    b. INTEROPen non-clinical joint chair (Luke Readman, former C4H board chair)
    c. BCS (1 seat)
    d. HL7 UK (1 seat)
    e. INDUSTRY/VENDOR (3 seats) One nominated by techUK H&SC council. Two seats open to any supplier and voted on by all suppliers that are members of INTEROPen [Process managed by Paul Cooper]
    f. IHE (1 seat)
    g. PRSB (1 seat)
    h. CCIO Network (1 seat)
    i. CIO Network (1 seat)
    j. OpenEHR (1 seat)
    k. NHS Digital (1 seat)
    l. NHS England (1 seat)
22. David Stables, through Endeavour, will step down from an executive position but still remain engaged through advisory implementation support.
23. The new INTEROPen board will be delegated to quickly establish its TOR - perhaps enlisting members via a task and finish group. The need to define governing principles will be address on a case-by-case basis.
24. The 'Strategic Needs' team running under the national Domain D programme will continue to act as the conduit for understanding the system wide needs and priorities. This team will manage priorities in conjunction with the INTEROPen board. Details of how this will work needed to be thought through in subsequent meetings once the board forms.
25. The meeting of the new INTEROPen board is proposed for the week of 5th June.
26. The key next step for the new INTEROPen board will be to support the CareConnect FHIR profiling, tooling and API programmes as well as to identify a handful of interoperability projects needed by the service to drive through the flow of activity processes, taking a service need from a requirement to implementation stage.
27. INTEROPen will support local proposals for interoperability development using FHIR. We will make a regular call to members & the service so we can gauge need and tailor delivery accordingly. Project information and documents will be shared via the website and RYVER. Google documents will be used for now to allow the community to review content.
28. Announcements and presentations of the new INTEROPen governance will be made at EHealth week (Thursday 4th May, 130pm). Lou Sinclair has agreed to provide support to INTEROPen to shaping this.

Amir Mehrkar
GP, Acting Chair INTEROPen