

ITHealthBoard

Health Sector Architecture Governance Terms of Reference

V 0 7



Versions

Version	Date	Name	Reason for Change
0.1	25/5/10	Darren Douglass	Updated following Sector Architects Group workshop
0.2	13/8/10	Darren Douglass	Updated governance and HGG membership as per discussion with Tony Cooke
0.3	30/8/10	Tony Cooke	Updated to reflect fit with National Health IT Board and Plan
0.4	8/9/10	Darren Douglass	Updated following feedback from MOH
0.5	13/9/10	Darren Douglass	Sector Architects Group review
0.6	24/11/10	Darren Douglass	Sector Governance Group feedback
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Approval & Signoff

Name	Organisation	Signature	Date
Graeme Osborne, Director	NHITB		
Darren Douglass, Chairperson	Health Sector Architects Group		

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1 Background

1.1 Strategic Context

The requirement for a Health Sector Architecture is endorsed in the National Health IT Plan which was published in July 2010.

The Ministerial Review Group (MRG) report recommended in July 2009 that: 'The National Health IT Board will, on behalf of the NHB, work with the sector to develop a National Health IT Plan (including a national IT architecture framework)'

The strategic context of this requirement arises from another MRG report recommendation:

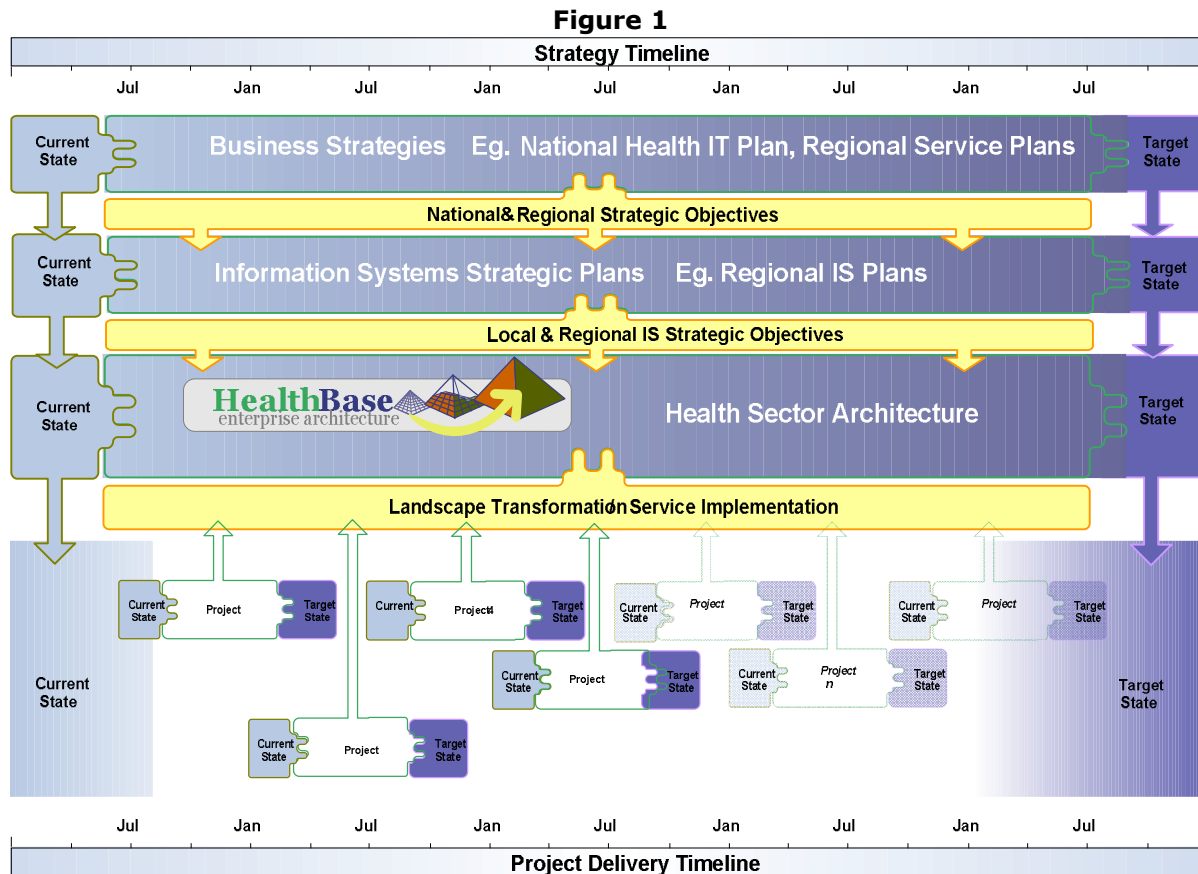
'The implementation of a safe, shared and transferable patient electronic health record for the NZ health sector, using a distributed approach based on interoperability standards set by the Health Information Standards Organisation (HISO)'

1.2 Enterprise Architecture

Enterprise Architecture (EA) is the methodology used to align Information and Communications Technology (ICT) solutions with business and information requirements.

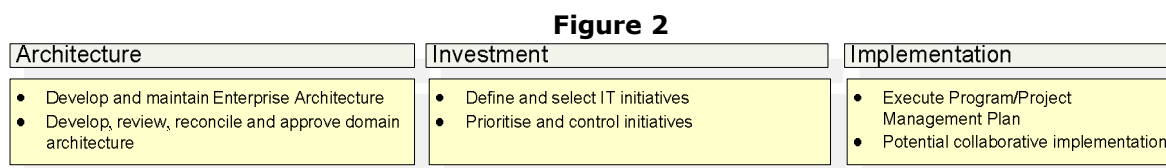
EA provides tools and methodologies that model business information requirements with the underlying technological and information components that exist within an ICT environment. Such an architecture model guides the selection, creation and implementation of information technology solutions, and provides a roadmap and transition path to the target state (see Figure 1).

EA also streamlines design and maximises opportunities for re-use and standardisation of components. This results in better operational efficiencies and effectiveness in the long term.



1.3 Lifecycle View

The following high-level generic lifecycle process illustrates where Enterprise Architecture fits.



The lifecycle is broken up into three phases - architecture, investment and implementation.

Architecture is the primary domain for the Health Sector Architecture. The work done in this phase will have implications for the design of national, regional and local systems.

Investment is informed by the Health Sector Architecture. The National Health IT Plan and Regional IT Plans will determine the priorities for investment and hence what architectural components need to be prioritised and developed.

Implementation is executed at a local, regional or national level. This involves the actual delivery of initiatives and projects and will be led by programme or project teams.

1.4 NZ Health Sector Architecture

The National Health IT Plan articulates the following vision for the NZ health sector:

*“To achieve **high quality health care and improve patient safety**, by 2014 New Zealanders will have a core set of personal health information available electronically to them and their treatment providers regardless of the setting as they access health services.”*

To support the delivery of that vision the plan states that the National Health IT Board will work with the sector `to develop a common architecture for national and regional information systems and infrastructure¹.

The HealthBase Enterprise Architecture Framework is the national IT architecture framework. It is based on the industry “best practice” TOGAF methodology and was specifically created for the NZ health sector and has been made freely available to NZ public health sector organisations. It is already in use across a number of DHBs and is provided to the NZ health sector under an agreement between the National Health Board (Ministry of Health) and HIQ Limited.

2 Document Purpose

This document is a terms of reference for how the Health Sector Architecture will be governed to ensure that it is applied consistently, continues to evolve to meet sector and participating organisations needs, and demonstrably contributes to sector outcomes in support of the National Health IT Plan.

3 Definitions

The term **HealthBase** refers to the Enterprise Architecture framework and includes the blueprint, reference guides, key principles, structured templates and methodologies.

The term **Health Sector Architecture** refers to the enterprise architecture framework and architectural artefacts (for example, reference architectures) agreed by the Health Sector Architects Group and endorsed through the Health Sector Architecture Governance Group and the National Health IT Board.

The term **HealthBase workspace** refers to the online website containing the Health Sector Architecture and other architecture tools and content (for example, solution architectures) that support collaboration and reuse. All participating organisations have access to the workspace.

The term **Health Sector Architecture Governance** refers to the structures (section 5), principles (section 4) and processes (section 6) through which Health Sector Architecture will be governed.

The term **Health Sector Architects Group** refers to the group of IT solutions experts and architects drawn from all parts of the public health sector including Ministry, DHBs and primary/community care. All participating organisations are members of the Health Sector Architects Group.

The term **Participating Organisations** refers to NZ public health sector organisations, and any other organisations approved by the Health Sector Governance Group.

¹ National Health IT Plan, 30 July 2010, Section 4.7.2 Sector Architecture

4 Health Sector Architecture Principles

A number of principles have been defined to ensure that a robust and effective Health Sector Architecture is developed and maintained and is accessible to the sector. These principles are:

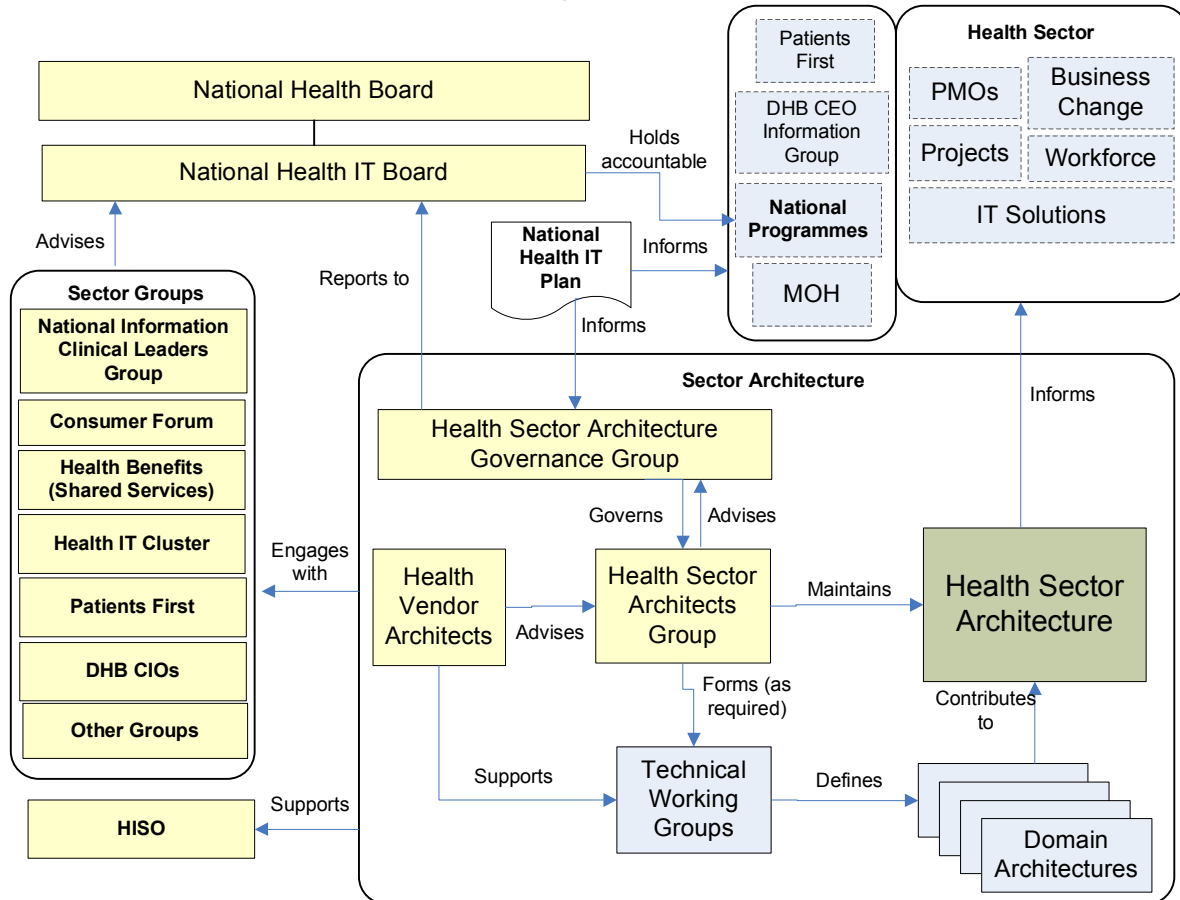
- Access to the Health Sector Architecture is available to all participating organisations.
- The Health Sector Architecture will be governed by the Health Sector Architecture Governance Group (see Section 5 for further details) and any major changes to the methodology and high level domains will be agreed through this group.
- HealthBase must be used in accordance with the documented methodology and not be customised or altered.
- To ensure a free flow of information, participating organisations agree that all architecture content developed using the Health Sector Architecture will be shared with other participants via the HealthBase Workspace.
- Participating organisations must only use the Health Sector Architecture for internal business and technology purposes. Any use by 3rd parties must be appropriate and authorised by the Health Sector Architecture Governance Group.
- The cost of managing, administering and supporting the Health Sector Architecture at a national level will be funded jointly by the National Health Board Business Unit and DHBs. Funding for specific activity will be tied to key projects and will be considered on a project by project basis by the Health Sector Architecture Governance Group.

5 Governance Structure

5.1 Sector Relationships

The following is a depiction of the groups and entities associated with sector architecture and their inter-relationships.

Figure 3



Based on the National Health IT Plan and the direction provided by the National Health IT Board, the Health Sector Architecture Governance Group will define and agree the priorities to be developed by the Health Sector Architects Group.

The Health Sector Architecture will then inform and support the sector implementation of the National Health IT Plan.

The Health Sector Architecture Governance Group is responsible for the overall governance of the Health Sector Architecture. This group oversees the ongoing development of the Health Sector Architecture and manages related change. The terms of reference for this group is contained in section 5.2 of this document.

The Sectors Architects Group provides the operational oversight and review of the Health Sector Architecture and is responsible for its development and ongoing maintenance. The terms of reference for this group is contained in section 5.3 of this document.

Health Vendor Architects will provide advice to the Health Sector Architects Group and directly support the work of the Technical Working Groups.

Technical Working Groups are formed on a case by case basis by the Health Sector Architects Group to provide a specialist focus on a particular domain area or to progress a specific technology initiative or innovation.

5.2 Health Sector Architecture Governance Group Terms of Reference

Background The National Health IT Plan articulates the following vision for the NZ health sector:

“To achieve high quality health care and improve patient safety, by 2014 New Zealanders will have a core set of personal health information available electronically to them and their treatment providers regardless of the setting as they access health services.”

To support the delivery of that vision the plan states that the National Health IT Board will work with the sector `to develop a common architecture for national and regional information systems and infrastructure.

The HealthBase Enterprise Architecture Framework is used as the national IT architecture framework. HealthBase will be used under the leadership of the National Health IT Board and by architects across the sector to develop and maintain a Health Sector Architecture that supports the National Health IT Plan.

Purpose The Health Sector Architecture Governance Group (“The Group”) provides leadership in the promotion of the Health Sector Architecture. The Group provides overall governance of the Health Sector Architecture and oversees its ongoing development, manages related change and co-ordinates priorities.

Principles The Group will apply and uphold the Health Sector Architecture Principles outlined in section 4 of this document.

Objectives The Group is responsible for the following high level objectives:

1. Provide leadership in the promotion of the Health Sector Architecture and its role in informing and supporting implementation of the National Health IT Plan.
2. Ensure a Health Sector Architecture is built using HealthBase methodologies and frameworks that enable the delivery of the National Health IT Plan.
3. Prioritise the work of the Health Sector Architects Group.
4. Provide an escalation point for issues that cannot be resolved by the Health Sector Architects Group.
5. Engage with sector groups as appropriate to support the development of a Health Sector Architecture.
6. Review any proposed changes to the Health Sector Architecture from the Health Sector Architects Group and make recommendations to the National Health IT Board.

7. Resolve architecture disputes eg. between customers and vendors.

Membership

The following members will be nominated by the appropriate sector function, and appointed by the National Health IT Board:

- A member representing the Director of the National Health IT Board;
- Two DHB CIOs (or their delegate) to be nominated by the National DHB CIO group;
- a Primary Care representative to be nominated by Patients First;
- a representative from the National Health Board Information Strategy Group;
- an HIQ representative;
- one additional representative nominated by the Health Sector Architecture Governance Group.

The following sector architecture roles will be members:

- The Chairperson of the Health Sector Architects Group;
- The Chairperson of the Health Vendor Architects Group, or nominated delegate.

Chairs and membership may be reviewed by the Group itself, provided that the changes are endorsed by the National Health IT Board. The Ministry of Health and HIQ will provide support services to the Group.

A register of members conflicts of interest will be maintained and made available at every meeting.

Membership will be reviewed annually.

Accountability

This group is accountable for the governance and oversight of the Health Sector Architecture.

The Group reports to the National Health IT Board.

HIQ is accountable for managing, administering and supporting the Health Sector Architecture as directed by the Group.

Measures of

Success

The following measures of success will be utilised:

- % of domain reference architectures published on the workspace
- % of sector solution architectures for National Health IT Plan priorities published on the workspace
- % of published solution architectures aligned with the Health Sector Architecture
- % of HISO standards supported by the Sector Architects group

It is noted that the reporting against these measures of success will be developed over time.

Attendance 50% of the Group members are required to be in attendance either in person or via tele or video link in order to make decisions. Decisions will be based on a simple count of votes. All decisions will be recorded in a decision register which will be made available to all participants.

Members are expected to bear all costs associated with attendance

Meetings The Group will meet monthly via teleconference, videoconference or face-to-face. Meeting agendas will be published five working days in advance of each meeting. Meeting minutes will be published, and made available to all participants, no more than seven working days following the meeting.

Review This Terms of Reference will be reviewed annually.

5.3 Health Sector Architects Group Terms of Reference

Background The National Health IT Plan articulates the following vision for the NZ health sector:

“To achieve high quality health care and improve patient safety, by 2014 New Zealanders will have a core set of personal health information available electronically to them and their treatment providers regardless of the setting as they access health services.”

To support the delivery of that vision the plan states that the National Health IT Board will work with the sector `to develop a common architecture for national and regional information systems and infrastructure.

The HealthBase Enterprise Architecture Framework will be used as the national IT architecture framework. HealthBase will be used under the leadership of the National Health IT Board and by architects across the sector to develop and maintain a Health Sector Architecture that supports the National Health IT Plan.

Purpose The Sectors Architects Group (“The Group”) is responsible for the development, promotion and ongoing maintenance of the Health Sector Architecture.

Principles The Group will apply and uphold the HealthBase principles outlined in section 3 of this document.

Objectives The Group is responsible for the following high level objectives:

1. Provide leadership in promoting the Health Sector Architecture and its role in informing and supporting implementation of the National Health IT Plan.
2. Build a Health Sector Architecture through the use of HealthBase methodologies and frameworks.
3. Support Technical Working Groups to develop components of the Health Sector Architecture.

4. Follow priorities set by the Health Sector Architecture Governance Group and escalate issues to the governance group that cannot be otherwise resolved.
5. Review and propose changes to the Health Sector Architecture to ensure a whole of sector view.
6. Pro-actively identify and explore issues and challenges to be resolved, drivers and opportunities for positive change, and opportunities for sector co-operation.

Membership

Membership to the Group is open to any representatives nominated by the CIO (or equivalent) of any of the participating organisations.

The Group will adopt a nominated chair person to be reviewed on a 12 monthly cycle. The Health Sector Architecture Governance Group will resolve any issues around the Chair or membership.

Accountability

This group is accountable for the operational use of HealthBase and for the development and maintenance of the Health Sector Architecture.

Members will be accountable for following the HealthBase principles and will sign an agreement or code of conduct to show their commitment to membership responsibilities.

HIQ is accountable for supporting the Group.

The Group reports to the Health Sector Architecture Governance Group on a monthly basis.

Measures of

Success

The following measures of success will be utilised:

- % of domain reference architectures published on the workspace
- % of sector solution architectures for National Health IT Plan priorities published on the workspace
- % of published solution architectures aligned with the Health Sector Architecture
- % of HISO standards supported by the Sector Architects group

It is noted that the reporting against these measures of success will be developed over time.

Meetings

The Group will meet quarterly face to face and more frequently as required (using e-mail, videoconferencing, teleconferencing and online collaboration) depending on the decisions needed and the status of work in progress.

50% of the Group members are required to be in attendance either in person or via tele or video link in order to make decisions.

Decisions will be based on a simple count of votes. All decisions will be recorded in a decision register which will be made available to all participants.

Meeting agendas will be published five working days in advance of each meeting. Meeting minutes will be published, available to all participants, no more than seven working days following the meeting.

Members are expected to bear the total costs associated with attendance.

Review

This Terms of Reference will be reviewed annually.

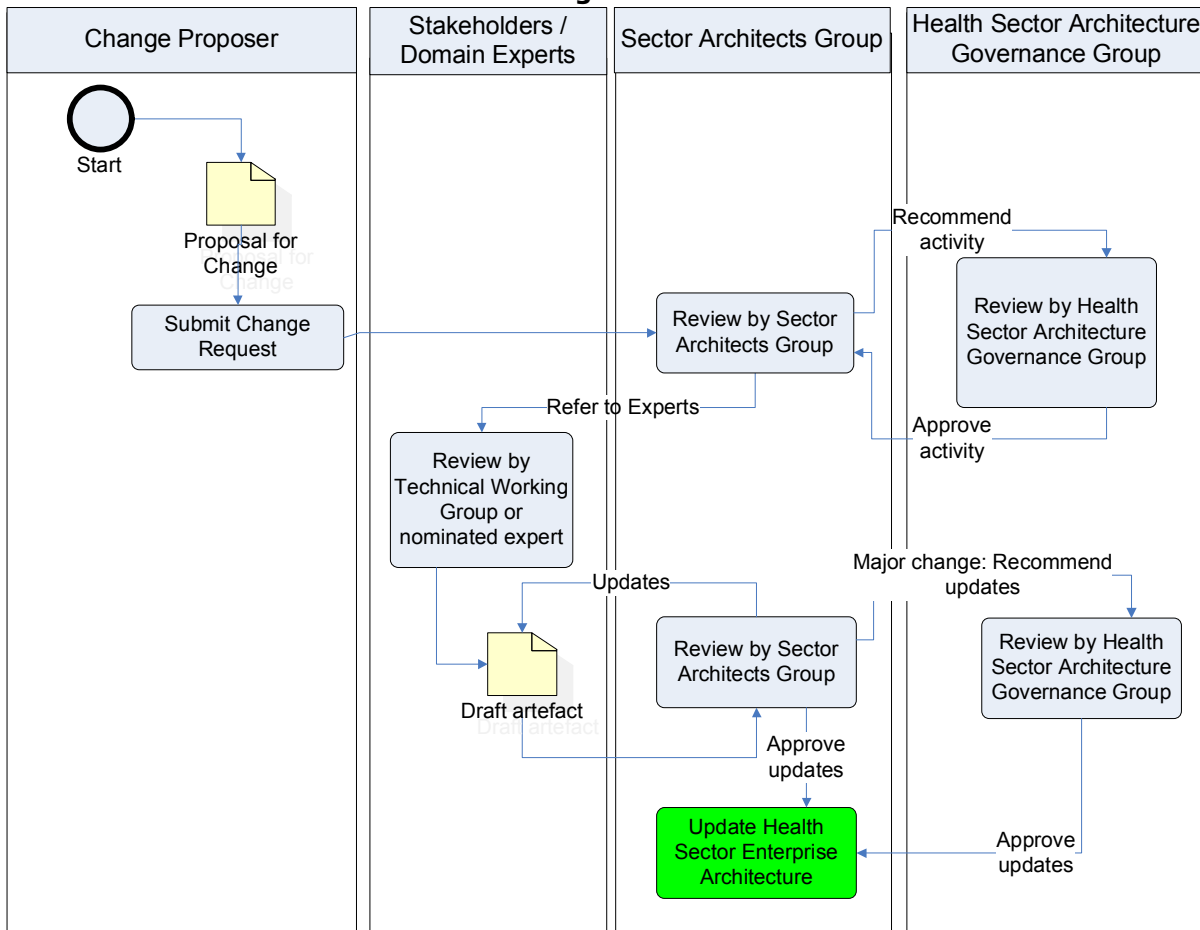
6 Change Process

Changes to the Health Sector Architecture will be endorsed by the Health Sector Architects Group. Changes to the EA methodology, high level domains or approach will be endorsed by the Health Sector Architecture Governance Group.

Note that changes to the architecture content for an individual organisation is not subject to this process.

The process ensures that changes which need wider consultation, and socialisation, are visible to all without 'swamping' all participants with decisions which are not directly related to them.

Figure 4



Note: Review by Health Sector Architecture Governance Group is only required for major changes to subject areas or methodology.