



BCS, The Chartered Institute for IT

BCS Health & Care Executive

Terms of Reference

Responsible Body	Community Board
Version	6.0
Prepared by	Philip Scott, Chair, BCS Health & Care Executive
Date Approved	10-21 December 2021
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Note: The control copy will be kept by the Registrar.

Summary Of Revisions Made	Version	Date
First version by Matthew Swindells and Chris Mayes	1.0	May 2010
1.1.1 Reference to ‘Society’ amended to ‘Institute’.	2.0	31 October 2012
Added VC Publications and Communications.	3.1	17 November 2015
5.4 Chair appointment process updated to reflect appointment by interview.	3.2	17 November 2015
Update to align to Community Board hierarchy of governance.	4.1	4 October 2019
Update to name to reflect coverage of the care profession.	4.1	4 October 2019
Health and CareExecutive version 4.1 approved by CommunityBoard on 11October2019in supporting paper ‘CB/2019/051App2. Health and CareExecutive ToR v4.1041019’.	5.0	11 October 2019
Corrected 1.1; decreased indent levels on sections 1-3 and 5; removed footnote on 2.1; added citizen interests to 2.2; added FEDIP to 2.3; added new 3.1; added “membership” to 3.5; changed “oversight” to “collaboration” in 3.4; changed “oversee” to “coordinate” and “vice-chairs” to “portfolio leads” in 3.6; added industry and academia (previously separate clauses) and changed “propagate” to “promote” and “progressive” to “professional” in 3.7; changed section 4 to use wording from Early Career Executive terms of reference (ECE ToR); added preamble to section 5 from ECE ToR; changed Vice Chairs to leads, removed Vice Chair (Clinical), replaced Vice Chair (Professionalism) with FEDIP liaison lead, added Early Careers lead and Healthcare Data Science lead in 5.1; added 5.4, 5.5 and 5.12; removed previous sections 5.3 and 5.7; modified 5.9, 5.10, 6 and 7 based on ECE ToR. Approved by Community Board via an electronic meeting, 10-21 December 2021 (CB/2021/113). See Community Board minutes CB/2021/128	6.0	30 November 2021

TERMS OF REFERENCE

1. Status

The BCS Health & Care Executive reports to the Institute's Community Board.

2. Purpose

The principal aims of the BCS Health & Care Executive are to:

- 2.1 Ensure that the Executive's activities support the Institute's purpose and strategic objectives.
- 2.2 To support the work of BCS in areas that influence the use of information and technology by health and care professionals and citizens in their interaction with health, care and wellbeing services.
- 2.3 Increase the standing and influence of informaticians within health and care in the UK, in collaboration with the Federation for Informatics Professionals (FEDIP).
- 2.4 Represent the informatics profession in working with government, industry, and other bodies to improve the use of informatics in health and care.
- 2.5 Support the Institute's growth and retention strategies within the health and care sector for individual and organisational membership.
- 2.6 To advise the Institute on how best to support and engage with the health and care informatics community.
- 2.7 Contribute to informing the public on how health and care informatics impacts the health and wellbeing of citizens, communities and civil society.

3. Key Responsibilities

In support of its purpose, the BCS Health & Care Executive will:

- 3.1 Ensure that the Health & Care Executive delivers its annual operational plans.
- 3.2 Manage the operations and finance of the Health & Care Executive.
- 3.3 Identify how BCS can support individuals working in health and care informatics.
- 3.4 Set BCS Health & Care Policy, in collaboration with Society Board and BCS policy team where appropriate.
- 3.5 Work to increase the membership and influence of BCS Health & Care Executive.
- 3.6 Coordinate and support the work of the portfolio leads, as listed in 5.1, and specialist groups according to the terms of reference of the individual committees.
- 3.7 Build a relationship with government, industry, academia and influential bodies in health and care to promote a professional approach to the use of informatics
- 3.8 Provide representatives for international organisations where the BCS is the UK representative organisation and the primary topic of interest is health and care informatics. Currently, these organisations are the European Federation of Medical Informatics (EFMI) and the International Medical Informatics Association (IMIA).

4. Strategic Planning and Management

- 4.1 The Executive will produce an annual operational plan, supporting the Community Board's aims, which will be reported to Community Board. It will review achievements against this plan at the end of each annual cycle.
- 4.2 The Executive will carry out an annual self-assessment of its performance and record any concerns. A summary of actions points will be reported to the Community Board.

5. Constitution and Membership

Members will be selected on the basis of their knowledge and expertise in the relevant area, to include broad representation from all stakeholder groups.

Members, in exercising their appointment, must put the interests of the Institute and the achievement of its objects above those of any constituent groups or areas of the Institute.

Members must make decisions entirely on merit. Members must publicly support Executive decisions, once taken, even if they do not privately agree with them.

5.1 Voting membership of the BCS Health and Care Executive shall comprise:

Chair

Treasurer

Technical Standards Lead

Strategy & Policy Lead

Events, Publications and Communications Lead

FEDIP Liaison Lead

Social Care Lead

Healthcare Data Science Lead

UK Representative to EFMI & IMIA

Equality & Diversity Lead

Early Career Professionals Lead.

5.2 Voting members of the BCS Health and Care Executive can serve up to a three-year term of office, with a maximum of two consecutive terms.

5.3 The Chair will be appointed through an interview panel process, overseen and ratified by Community Board. The role will be advertised on the Institute's web site. The Chair may also hold one of the other lead roles if the Executive agrees.

5.4 The FEDIP Liaison Lead shall be appointed in collaboration with FEDIP. The appointment will be made by the Chair and ratified by Community Board based on a joint recommendation from the Executive and FEDIP, following an advertisement for the role on the Institute's web site and a suitable selection process.

5.5 The Healthcare Data Science Lead shall be appointed in collaboration with the Association of Professional Healthcare Analysts (AphA). The appointment will be made by the Chair and ratified by Community Board based on a joint recommendation from the Executive and AphA, following an advertisement for the role on the Institute's web site and a suitable selection process.

5.6 All other voting members of the Executive will be appointed by the Chair and ratified by Community Board, following an advertisement for the role on the Institute's web site and a suitable selection process.

5.7 The non-voting members of the Executive are the chairs of the Primary Health Care specialist group, the Mental Health specialist group, the Nursing specialist group and active regional health & care groups.

5.8 The quorum shall be one quarter of the voting membership of the Executive, rounded up to the nearest whole number, of which a majority should be professional members of the institute.

5.9 The Executive may co-opt other, non-voting, members as they see fit.

Confidential to BCS members

- 5.10 All Members must commit reasonable time and effort to the work of the BCS Health and Care Executive and make reasonable efforts to attend Meetings. If a member fails to attend three consecutive Meetings, the Executive may terminate his or her membership of the Executive, unless the non-attendance was owing to illness or other reasonable cause.
- 5.11 On the recommendation of the Chair of the Executive, the Community Board may cancel or suspend a member of the Executive where the member's actions have, in the opinion of the Executive and of the Community Board, been detrimental to the work of the Executive.
- 5.12 In the event of a tied vote, the Chair shall have an additional casting vote.
- 5.13 In the absence of the Chair, a meeting of the Executive shall be chaired by the Strategy & Policy Lead, or in their absence the Technical Standards Lead. In the absence of any of these, the Executive shall select a chair for the meeting by consensus or simple majority vote.

6. Committees reporting to the Early Career Executive

The Executive may create standing committees or work groups for a discrete purpose provided such committees are predominately comprised of BCS members.

7. Approval and review

These Terms of Reference shall be approved by the Community Board. The Executive will review them on an annual basis.