University Hospitals Sussex NHS Foundation Trust

RESEARCH, INNOVATION and DIGITAL COMMITTEE

TERMS OF REFERENCE

1.00   PURPOSE

1.01   The purpose of the Research, Innovation and Digital Committee is to support the Trust in **achieving its strategic objectives:**

University Hospitals Sussex will be a place where all patients and staff have the opportunity to participate in high quality research and innovation which is relevant to them, and where we work with partners across Sussex to ensure equality of access to the benefits of health and care research and innovation for the whole population.

University Hospitals Sussex will enhance and utilise its digital capabilities to improve the safety of our care and experiences of our patients and staff.

1.02   The Committee will do this through;

- Alignment of the UHSussex Research and Innovation strategy with NHS Sussex and partner organisations, under the auspices of the Health Research Partnership.

- Support the development of the UHSussex Research and Innovation strategy in response to stakeholder and Trust Board input.

- Support the development of the UHSussex Digital and Data Strategy in response to stakeholder and Trust Board input.

- Support the Trust to enhance its digital capabilities to support innovation in patient care, experience and the experiences of staff.

- Support digital inclusion and increase understanding of the ethical use of clinical data to improve health outcomes.

- Support an approach to achieve high data quality within the Trust.

Develop an operational plan, including stakeholders to deliver the key strategic domains.

- Ensure the risk register reflects the depth and breadth of risks to delivery of the strategies, with mitigations and actions aligned to the Trust's strategies covering Research & Innovation and Digital; and

- Assist the Board in its oversight of achievement of the True North Targets, breakthrough objectives and any aligned strategic initiatives pertaining to the Research and Innovation domain and Digital aspirations.

2.00   MEMBERSHIP AND ATTENDANCE AT MEETINGS

2.01   The membership of the Committee shall be:

- Chair: a nominated non-executive Director

- At least two further nominated non-executive Directors, one of which shall be the Brighton and Sussex Universities nominated NED

- Chief Strategy Officer (Lead Executive for the Committee)

- Chief Medical Officer (Alternate Lead Executive for the Committee)

- Chief People Officer

- Chief Operating Officer

2.02   The Trust Chair shall propose which non-executive Directors will be most suitable for nomination as Chair and members of the Committee. The Trust Board shall approve the appointment of the Committee Chair and members, based on the Chair's recommendations.

2.03   In the absence of the Committee Chair one of the remaining non-executive members present shall elect themselves to chair the meeting.

2.04   Committee members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Committee secretary will maintain a register of attendance which will be published in the Trust's annual report.

(2.05)   ~~All members of the Committee shall receive training and development support before joining the Committee and on a continuing basis to ensure their effectiveness as members, supported by a performance assessment process, as agreed by the Board of Directors.~~

2.05   Core Corporate Directors attendees will be those who are presenting reports to the Committee but are not voting members of the Committee. These will include:

- Clinical Director of Research and Innovation

- Director of Operations - Research and Innovation

- Commercial Director

- Director of Integrated Education

- Managing Director of Planned Care

- Chair of Brighton and Sussex Health Research Partnership

- Chief Information Officer

- Data Protection Officer

2.06   Any member of the Board of Directors shall have the right to attend any meeting of the Committee by prior agreement with the Chair.

2.07   The executive members of the Committee may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting. Those who are in attendance may exceptionally send a deputy to the meeting.

2.08   Other Trust managers and clinicians may be invited to attend for particular items on the agenda that relate to areas of risk or operation for which they are responsible.

2.09 The Company Secretary or their nominee shall act as Secretary to the Committee and shall attend to take minutes of the meeting and provide appropriate support to the Chair and Committee members.

3.00 ROLES AND RESPONSIBILITIES

DELEGATED AUTHORITY

3.01 The Committee shall have the delegated authority to act on behalf of the Board of Directors in accordance with the Constitution, Standing Orders, Standing Financial Instructions, and Scheme of Delegation. The limit of such delegated authority is restricted to the areas outlined in the Duties of the Committee and subject to the rules on reporting, both as defined below.

3.02 The Committee is empowered to investigate any activity within its Terms of Reference, and to seek any information it requires from staff, who are required to co-operate with the Committee in the conduct of its enquiries.

3.03 The Committee should challenge and ensure the robustness of information provided.

3.04 The Committee is authorised by the Board of Directors to obtain independent legal and professional advice and to secure the attendance of external personnel with relevant experience and expertise, should it consider this necessary. All such advice should be arranged in consultation with the Company Secretary.

RESPONSIBILITIES

True North

3.05 Within the Trust's strategic framework, the Trust's True North is defined as putting the patient first and foremost so all improvements ultimately benefit the people the Trust serves. This Committee will therefore operate within that framework, following agreement of the strategy and plans prioritised and agreed by the Board.

3.06 In support of the True North strategy development the Committee will work to ensure the Trust develops and maintains appropriate annual plans which aligns to the Research and Innovation domain True North goals, breakthrough objectives, strategic initiatives and corporate projects and make relevant recommendations to the Board for approval.

3.07 Through discharge of the objectives below the Committee will support the Trust's progress towards achieving its True North goals and overseeing improvement plans when required.

Breakthrough Objectives

3.08 To receive confirmation from the Board on an annual basis, the cascade of the relevant Breakthrough Objectives which are to be held to account by the Committee.

3.09 To obtain assurance that the Breakthrough Objectives, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

Strategic initiatives

3.10   To receive confirmation from the Board an annual basis of the Strategic Initiatives for which delivery is being held to account by the Committee.

3.11   To provide assurance that the Strategic Initiatives, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

Corporate Projects

3.12   To receive confirmation from the Board an annual basis of the Corporate Projects for which delivery is being held to account by the Committee.

3.13   To provide assurance that the Corporate Projects, which the Board has delegated responsibility for oversight to the Committee, are being delivered effectively through monitoring progress, challenging management and escalating to the Board when required.

Quality

3.14   To receive incident reporting in relation of clinical trials or research which shows the level of harm and near misses, thus providing a robust picture of the quality of care provided through the research activities of the Trust. Noting the link to the Patient & Quality Committee's oversight through the high level reporting through the Quality Assurance reporting.

3.15   To receive information and reports to ensure that the patient voice is being used to influence the shape of the research programme.

3.16   To receive reporting in relation to research and innovation activity that the trust sponsors, to ensure that all regulatory responsibilities of 'Sponsor' are met.

3.17   Ensure Trust framework of policies and procedures facilitate compliance with the relevant ethical and regulatory standards.

3.18   To review the themes and trends in research outcomes in order that the learning drives improvements to the Trust's processes.

People

3.19   To link with the People Committee in the oversight of the Trust education and learning plans, in so far as they impact and enhance research and innovation.

Sustainability

3.20   To ensure that there are robust costing and contracting processes applied to research and innovation projects undertaken in the trust, including the management of commercial research and innovation.

3.21   To ensure that effective processes are established and applied for the stewardship and use of research grant income or the provision of grants to others for the purpose of research.

Information Management and Technology

3.22   To review the Digital and Data strategies and recommend to the Board for approval.

3.23   To monitor the implementation of the Trust's Digital plans as enablers to Efficiency and Transformation, and to receive regular progress reports to scrutinise delivery and the meeting of key milestones.

3.24   To review the application of the Trust's digital capabilities to drive innovation

3.25   To ensure that appropriate oversight and risk assessments are undertaken for all digital enhancements and where risks of implementation are assessed as high the Committee approval for progressing is required.

Systems and Partnerships

3.26   Receive and review reports covering the Brighton and Sussex Health Research Partnership and other networks and wider research collaborations the Trust engages and takes part in.

3.27   Review reports on joint working with BSMS in delivery of the UHSussex Research and Innovation strategy.

3.28   Receive and review reports covering the alignment of the Trust's Digital Strategy with that of the wider system and the drive for intra operability where it benefits the Sussex patient community and our staff.

Well led

3.29   To ensure the Trust's research activities are undertaken in compliance with mandated standards and requirements.

3.30   That the reputation of the Trust is protected through appropriate due diligence into planned research and digital system changes.

3.31   To maintain oversight of research and innovation activity, ensuring that it is well governed and is focused on and delivers improvement in respect of the Trust's clinical quality priorities.

3.32   To ensure that all digital activity is well governed and delivers the intended service and staff improvements.

3.33   To ensure that the EPR programme and project is given adequate and effective senior management oversight.

Risk

3.34   To review regularly the Board Assurance Framework (including through in-depth reviews of specific risks) and the High-Level Operational Risks with a significant potential for impact on the Trust's Research, Innovation and Digital objectives.

4.00   REPORTING AND RELATIONSHIPS

4.01 The Committee shall be accountable to the Board of Directors of the Trust.

4.02 The Committee shall make recommendations to the Board of Directors concerning any issues that require decision or resolution by the Board.

4.03 The Committee shall refer to the Audit Committee, Patient & Quality Committee, People Committee, or Sustainability, Systems and Partnerships Committee any matters requiring review or decision-making in that forum.

4.04 The Committee shall receive reports from all sub-groups setting out any matters requiring escalation to the Research, Innovation and Digital Committee.

4.05 On an annual basis the Committee will provide a self-assessment report to the Board detailing how the Committee has discharged its obligations as set out within its terms of reference, specifically incorporating an assessment of its effectiveness and making recommendations for improvement, where appropriate. This will form part of the assurances which support the Annual Governance Statement and the Annual report disclosures and will be submitted in the first quarter of the following financial year.

4.06 The Committee Chair shall present a report summarising the proceedings of the meeting at the next Trust Board meeting. This should draw to the attention of the Board any issues that require disclosure to the full Board or require executive action.

5.00 CONDUCT OF BUSINESS

5.01 The Committee shall conduct its business in accordance with the Standing Orders of the Trust.

5.02 The Committee shall be deemed quorate if there are at least two non-executive Directors and two executive Directors present, one of whom should be the Lead Executive for the Committee, or the alternate Lead Executive for the Committee. A quorate meeting shall be competent to exercise all or any of the authorities, powers and duties vested in or exercised by the Committee.

5.03 The Committee shall meet not less than 4 times in each financial year and dates will be set by the end of the previous financial year.

5.04 The Committee will set an annual plan for its work to form part of the Board's Annual Cycle of Business, and report to the Board on its progress.

5.05 In exceptional circumstances where delaying actions or decisions would have a negative impact on the Trust's business, certain items of business requiring an urgent decision, or the taking of the decision itself, may be conducted outside of formal meetings, in line with the requirements set out within the Trust standing orders. This will normally be agreed by the Committee in advance and executed by either: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions are to be formally ratified the Committee and/or Board at the next meeting.

5.06 The Committee business may be transacted through virtual media (using either teleconference or other collaboration and meeting tools). At the start of each meeting which is taking place without all parties being physically present the Chair shall be

responsible for determining that the quoracy arrangements has been achieved and that members can effectively contribute.

5.07 The Committee Chair, with the support of the Company Secretary, is responsible for taking appropriate actions to manage conflicts of interest (perceived and actual) during a meeting. Members conflicted on any items of business on a committee meeting agenda shall declare their conflict and withdraw from discussions and/or the decision-making as required. Conflicted members are not to be counted for quorum.

5.08 The Company Secretary is responsible for preparing the agenda and collating and circulating papers to Committee Members. Papers should be provided not less than five calendar days before the meeting and the agenda and papers should be circulated not less five calendar days before the meeting, to provide sufficient time for due consideration.

5.09 Proceedings and decisions made will be formally recorded by the Company Secretary in the form of minutes and distributed to Committee Members within 10 working days of the meeting.

6.00 TERMS OF REFERENCE

6.01 The Committee shall review its own performance, constitution and terms of reference at least every two years to ensure it is operating at maximum effectiveness. Any proposed changes to the terms of reference should be agreed by the Trust Board.

6.02 It is the Company Secretary's responsibility to make the necessary updates to the terms of reference.

6.03 Approved by the Research and Innovation Committee (the Committee to which Digital has been assigned) January 2024

6.04 Next full review: by March 2026 (recognising that these will be subject to review during the annual review of Committee effectiveness)

Appendix - Mandated reports considered by the Committee

Below is a list of the minimum reports the Committee would receive over the year

- Research & Innovation Strategy

- Annual Research and Innovation Report

- Research incident reports

- Research activity reports

- Research training reports

- Research finance reports

- Digital strategy

- Data strategy

- EPR business case delivery reports

- IM&T activity reports

- Cyber security compliance reports – Data Security Protection Toolkit (annual review)

- Information Governance reports – DPA including FOI, SAR