

Integrated Digital Committee

Terms of Reference

1. Constitution

The Trust Board hereby resolves to establish a sub-Committee of the Trust Board to be known as the Integrated Digital Committee.

2. Authority

The prime purpose of the Integrated Digital Committee (IDC) is to provide **assurance** to the Trust Board of:

- the Trust's **Digital Strategy** which focuses on using digital technology and innovations to improve clinical pathways, safety and efficiency, and empower patients
- The **prioritisation and development** of the Trust's digital assets and programme of work in support of the Trust's strategic objectives
- how external partner activities and relationship, such as Surrey Heartland ICS, NHS Digital, NHS England and others, impact and contribute to the Trust's digital priorities.
- the **education** of staff in the benefits that technology will bring and the changes needed to **working practices** and **culture** for its effective delivery.

Limit to its Authority:

It is not the duty of the IDC to carry out any function that properly belongs to the programme team or the Trust Board.

3. Membership

Two Non-Executive Directors
Chief Financial Officer
Associate Director of Informatics
Clinical Chief Information Officer (CCIO)
Medical Director / Chief Nurse
Director of Operations (Unplanned Care)
Director of Operations (Planned Care)

Additional members will be co-opted as required.

4. Chair

The nominated Non-Executive Director will act as Chair of the Committee. In their absence, another Non-Executive Director will act as Chair.

5. Secretary

A nominated officer of the Health Informatics team will act as the secretary of the Committee whose duties

include

- Agreement of the agenda with the Chair and collation of the papers
- Taking the minutes, keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas
- Circulating papers five working days prior to the meeting.
- Call for papers five working days prior to circulation.

Membership and terms of reference will only be changed with the approval of the Board and will be reviewed and agreed annually

6. Attendance

Attendance at meetings is essential. In exceptional circumstances when a ED member cannot attend they must arrange for a fully briefed deputy of sufficient seniority to attend on their behalf. Members will be required to attend, as a minimum, 75% of the meetings per calendar year.

7. Quorum

The quorum necessary for the transaction of business shall be 1 NED and 2 EDs of the Trust Board. A duly convened meeting of the Group at which a quorum is present shall be competent to exercise all or any of the authorities, powers and directions vested in, or exercisable, by the Group.

8. Frequency and Conduct

The Committee will meet a minimum of 4 times per year on the 3RD Thursday of the month. Items for the agenda should be submitted to the Secretary a minimum of 7 days prior to the meeting.

Membership and terms of reference will only be changed with the approval of the Committee and will be reviewed and agreed annually.

9. Duties

The primary purpose of the Integrated Digital Committee is to receive assurance on the co-ordination of all digital activities and steer the Trust towards achievement of its strategic vision and goals by creating the conditions that will enable effective use of technology to benefit:

- patients through better information to improve the quality of care they receive and to support self-care wherever possible
- clinicians and administrative staff through providing them with better access to information and digital capabilities to support decision making
- clinical care pathways through the early and full adoption of new digital technologies
- staff and patients through the automation of tasks and greater time to care.

Progress in achieving the vision will be evidenced through:

- a) benefits realised for patients and staff;
- b) change in the way people work and improved working with information that provides benefits for patients and improve efficiency
- c) digital solutions becoming the natural first choice of clinicians for recording and accessing information to support decision-making about their patients and their care;

- d) IT systems that are accessible, fit-for-purpose and intuitive, configurable to local and clinical user requirements, reliable, and resilient;
- e) information made available to clinicians to inform audit, practice and clinical decision-making at the point of care delivery and clinical research;
- f) an integrated information environment with a measurable reduction in multiple data entry and the use of standalone databases and systems;
- g) measurable reduction in the use of paper-based information across the Trust;
- h) progress towards interoperability that supports integration both internally and across the Local Health Community.
- i) savings achieved through reduction in multiple data entry, improved information efficiency, reduction in paper and associated handling processes, better use of Trust resources (with service line reporting informed by clinical systems), and efficiencies in care delivery and patient pathway management;

10. Key Responsibilities

- 1) To receive and then provide assurance to the Trust Board that the digital agenda is being monitored and delivered
- 2) To provide oversight of the digital strategy and its refinements and assurance of a prioritised annual programme of work, monitoring progress and reporting at specified intervals to Trust Board.
- 3) To ensure digital capabilities are harnessed as enablers of great patient care and safety.
- 4) To act as an assurance board for existing and future projects
- 5) To review the robustness and impact of digital/IT business cases (above a value of £100k) and ensure value is being delivered to patients and the Trust.
- 6) To act as a leader and champion cultural and technological change, fostering an environment which engages clinicians and involves them in shaping the direction of the digital strategy
- 7) To be assured that outcomes are being effectively measured and monitored and risk is being managed and mitigated with programme delivery.

And specifically to:

- i) Identify the strategic risk appetite, risk, mitigations and KPIs to inform the relevant section of the BAF known as the Digital Objective and agree an appropriate scorecard/report that will be a component of the BAF.
- ii) The committee will review the BAF Digital Objective report and seek assurance on progress and effectiveness.
- iii) Define the desired and relevant KPIs associated with the strategic objective for which the committee has oversight in order to generate a scorecard. For example, those mandated by national or regulatory frameworks and those that should be monitored for improvement with defined targets (i.e. those that surveillance has identified as requiring focused improvement activity) and those that should be monitored for surveillance (assurance) with tolerance limits (i.e. those that have completed a cycle of improvement or those on the margins of requiring improvement activity). As each committee delivers its scorecard, a compilation will lead to a refreshed and strategically aligned Trust Scorecard to be reviewed at Strategic Change Committee in order to monitor progress of the Trust Strategy and for assurance to Trust Board.
- iv) The committee will review its scorecard at each meeting.

- v) The committee will implement a simple model for accountability which aligns to that currently being implemented across the organisation utilising 3 simple questions:
- (1) What are the agreed expectations for performance?
 - (2) What are the agreed monitoring mechanisms?
 - (3) What is the agreed mechanism for escalating if performance deviates significantly from expectation?

Based on the responses to these questions above the committee will identify and agree an approach to regularise a way of capturing and sharing the learning accrued by the committee.

- 8) Be assured that the Trust is adhering to Data Security and Protection requirements, including cyber security.
- 9) Be assured that the Trust is GDPR compliance during specification and implementation of new initiatives.
- 10) To work closely with other major projects and initiatives both internal to the Trust and as part of partnership working.
- 11) To work in partnership with the Local Medical Committee (LMC) ensuring that GP priorities plus outcomes from primary and secondary care interface meetings are taken into account within programme priorities.

11. Management

The Committee will report to the Trust Board.

A standard agenda will be followed to ensure the key responsibilities are met. This will provide assurance to the Committee and the Trust Board that the relevant areas are being overseen:

1. Introductions and apologies for Absence
2. Minutes and action log of Previous Meeting
3. Topics and Items to be covered
4. Any Other Business
5. Date/Time of Next Meeting

12. Reporting

The Chair shall report to Trust Board following each meeting on the proceeding of the IDC since the previous meeting.

13. Monitoring

The Associate Director of Informatics will take responsibility for monitoring progress *producing a bi-annual report to the Trust Board and TEC.*

The effectiveness of the IDC Committee will be monitored by the Trust Board via the receipt and discussion of minutes and the Bi-Annual Report