

The Innovation and Adoption Committee of the Board (IAC) - Terms of Reference 7 October 2019

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Agenda Item No: 8.6

Trust Board	
Meeting Date:	7 October 2019
Title:	Terms of Reference- The Innovation and Adoption Committee of the Board (IAC)
Executive Summary:	The Innovation and Adoption Committee of the Board (IAC) will promote and encourage digital innovation and adoption across all areas of services from primary to tertiary care.
Action Requested:	For approval for the group to be established as a formal Committee of the Trust Board with oversight for digital innovation.
For the attention of the Board	
Assure	
Advise	
Alert	
Author + Contact Details:	Sultan Mahmud Director of Integration Tel 01902 695963 s.mahmud@nhs.net
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 4. Attract, retain and develop our staff, and improve employee engagement 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	Revenue: None Capital: None Workforce: None Funding Source: Central funding
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p>

	Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.
Equality and Diversity Impact	None identified
Risks: BAF/ TRR	
Risk: Appetite	
Public or Private:	Public
Other formal bodies involved:	Non-Executive Directors
References	Next steps on the NHS Five Year Forward View NHS Long Term Plan (published 7 th January 2019)
NHS Constitution:	In determining this matter, the Board should have regard to the Core principles contained in the Constitution of: <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Context

Digital technology underpins some of the NHS Long Term Plan's most ambitious patient-facing targets. From 2024, patients will have a new 'right' to access digital primary care services (eg, online consultations), either via their existing practice or one of the emerging digital-first providers. By the end of the 10-year period covered by the NHS Long Term Plan, the vision is for people to be increasingly cared for and supported at home using remote monitoring (via wearable devices) and digital tools. Digital technology will be key in service transformation, including the redesign of general practice, emergency portals, outpatient services and re-organisations of pathology, diagnostic imaging services.

To deliver 'digitally enabled care' as envisaged, NHS providers will need to become 'fully digitised' by 2024. This will involve NHS organisations putting in place electronic records and a range of other digital capabilities. The Global Digital Exemplars programme will admit new organisations and create models for technology adoption and a shared record through Local Health and Care Record Exemplars. RWT and the local placed based Integrated Care Alliance (ICA) has made significant progress in the development of a data ecosystem which will soon be capable of live integrated patient record with primary and secondary care usage functionality across all care settings.

The Royal Wolverhampton NHS Trust (RWT) as an anchor organisation in the Black Country has invested in this area with director portfolios being refreshed to prioritise this work programmes. The Trust with its partners across industry, academia, local authority and the NHS has the potential to be a national leader in this area. RWT already has in place agreements with leading companies with potential to enhance the Trust's reputation for outstanding care delivery and innovation.

This paper sets out the Terms of Reference for the establishment of The Innovation and Adoption Committee of the Board (IAC) as a formal Committee of the Trust Board to oversee, promote digital innovation and to maximise R&D opportunities.

Appendix 1- Sets out the draft terms of reference for The Innovation and Adoption Committee of the Board (IAC).

Action Required

The Trust Board is asked to formally approve the establishment of The Innovation and Adoption Committee of the Board (IAC).

Appendix 1

Royal Wolverhampton Hospitals NHS Trust Innovation and Adoption Committee of the Board DRAFT Terms of Reference

For the purposes of this paper, the following definitions are used:

Innovation: Any process, service or tool that is not currently in use within the Trust.
(i.e. not necessarily 'new')

Adoption: Implementing an innovation that has been successfully implemented and proven elsewhere

Purpose

The Innovation and Adoption Committee of the Board (IAC) will promote and encourage digital innovation and adoption across all areas of services from primary to tertiary care. The group will provide strategic oversight and report progress regularly to the Board. It will recommend to the Board business cases that will deliver innovations and adoptions that improve the health and wellbeing of our patients and workforce and/or improve the efficiency, safety and cost-effectiveness of our services.

Principles

To optimise the use of time and resources, the IAC will adopt the following principles:

Problem driven

Ideas or innovations for their own sake very rarely flourish. Successful innovations begin with a clearly defined problem to be solved. The IAC will set a programme based process by which key problems will be identified and assessed using agreed criteria e.g. poor quality outcomes, high cost, harm, inconvenience and inequalities. This will require the contributions of those affected or involved e.g. clinicians, patients, technology professions, budget managers. Once the problem is fully mapped the next step is to research all possible solutions focusing on innovation and adoption.

Innovation research, co-design and adoption.

Everybody affected by the problem must be involved in researching and implementing the innovation. This will typically involve clinicians, managers, staff and patients. Where an innovation involves a supplier (e.g. a technology company), they should be active participants in the co-design process. Adopting an existing innovation that has been developed and proven elsewhere will nearly always be more cost-effective than developing our own. Before developing any new solution, we will thoroughly explore the market for existing solutions.

Return on Investment

The IAC will ensure there is a governance process that ensures innovation and adoption is managed in way that controls costs and pursues rigorously qualitative and financial benefits.

Synergy

The IAC will ensure synergy with existing Trust priorities and specialist working groups including the Digital Innovation Forum (DiF) and Patient and Service User Innovation Group.

Membership

- Roger Dunshea (Chair)
- Associate NED- (Vice Chair)
- Neil Mortimer- WM AHSN Digital Lead
- Mike Sharon- Director of Strategy/ Trust Strategic Advisor
- Sultan Mahmud- Director of Innovation and Integration
- Professor Ann-Marie Cannaby- Chief Nursing Officer
- Professor Baldev Singh- Chief Clinical Information Officer
- Nick Bruce- Associate Chief Technology Officer
- Professor James Cotton- Clinical Director of R&D
- Dr Jonathan Odum/ Dr Brian McKaig- Medical Director/Deputy
- Associate NED- TBC
- University/Research Advisor- TBC
- Gwen Nuttall/Lewis Grant- Chief Operating Officer/ Deputy Chief Operating Officer Div 1
- Patient/Citizen Representative-TBC

Quoracy

As the IAC is advisor to the Trust Board, this will not normally be pertinent. Where recommendations are contentious, consensus will be sought