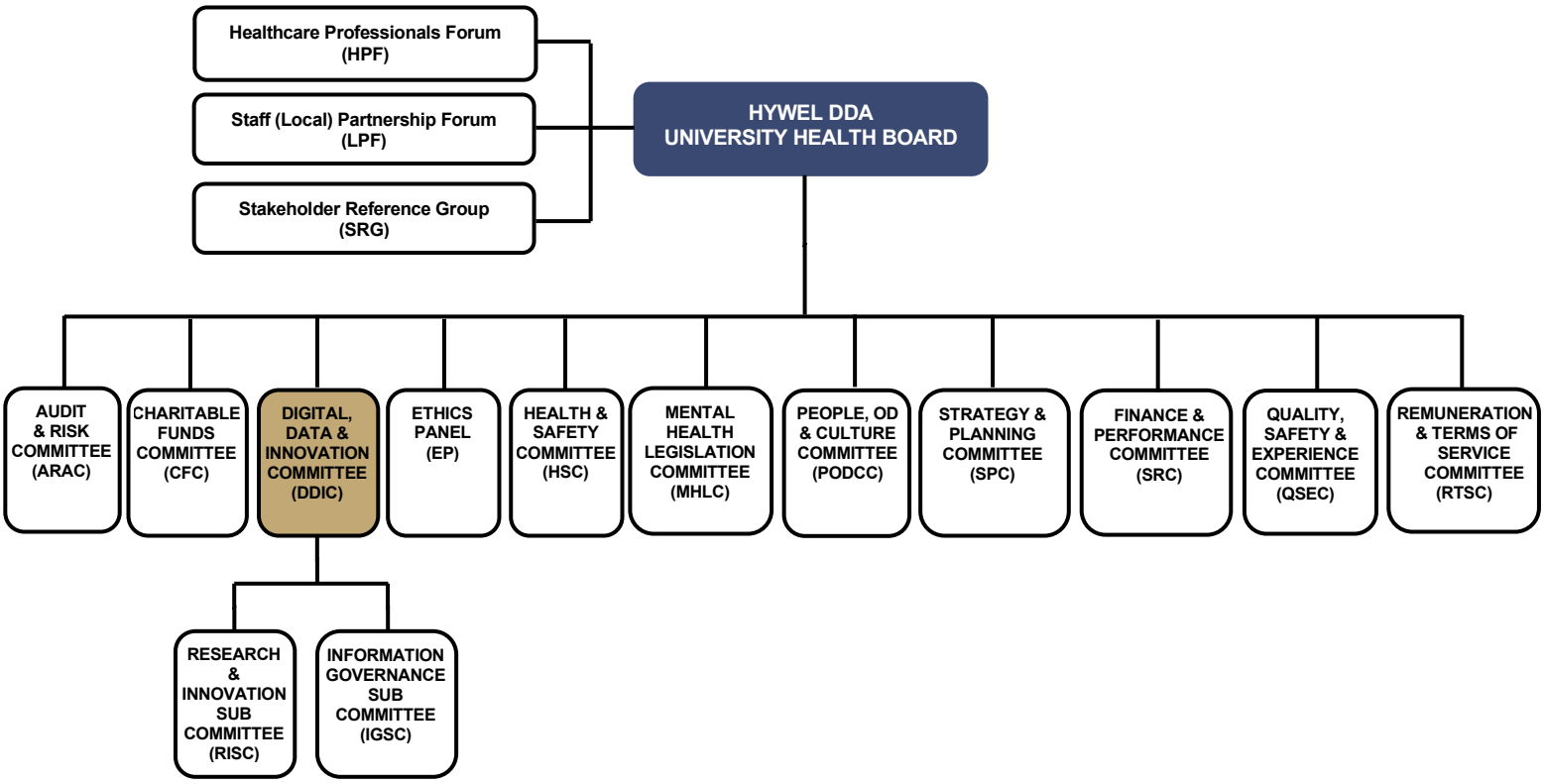

TERMS OF REFERENCE

DIGITAL, DATA AND INNOVATION COMMITTEE

Version	Issued to:	Date	Comments
V1	**Board**	30/01/2025	Approved
V2	**Digital, Data and Innovation Committee**	22/04/2025	Approved
V2	**Board**	29/05/2025	Approved
V3	**Digital, Data and Innovation Committee**	21/04/2026	Approved
V3	**Board**	28/05/2026	Approved

DIGITAL, DATA AND INNOVATION COMMITTEE

1. Constitution

1.1 The Digital, Data and Innovation Committee (the Committee) was established as a Committee of the Hywel Dda University Local Health Board (the Health Board) and constituted from 1 April 2025.

2. Principal Duties

2.1 The purpose of the Digital, Data and Innovation Committee is to provide *advice* and *assurance* to the Board on the following:

2.1.1 That the direction, development and delivery of the Digital Strategic Plan is to drive continuous improvement and support digitally enabled health care through a digitally enabled workforce to achieve the objectives of the Health Board's Annual Plan/Integrated Medium-Term Plan (IMTP).

2.1.2 That the organisation is discharging its responsibilities with regard to the quality and integrity; safety, security and appropriate access and use of information and data, to support health improvement and the provision of high-quality healthcare.

2.1.3 That the Board's arrangements for information governance including creating, collecting, storing, safeguarding, disseminating, sharing, using and disposing of information is in accordance with its stated objectives; legislative responsibilities, listed in Appendix 1; and any relevant requirements, standards and codes of practice.

2.1.4 That the organisation is discharging its functions and meeting its responsibilities with regards to research and innovation activity carried out within the organisation.

3. Operational Responsibilities

3.1 The Committee will, in respect of its provision of advice and assurance to the Board:

3.1.1 Seek assurance on the direction, development and delivery of the Health Board's digital, data and information governance strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP) that will support modernisation through the use of information, data and digital technology.

3.1.2 Seek assurance on the direction, development and delivery of the Health Board's research and innovation strategies to drive change and transformation in line with the Health Board's Annual Plan/Integrated Medium Term Plan (IMTP).

3.1.3 Seek assurance that the digital, data and information governance implications and risks arising from the development of the Health Board's corporate strategies and plans or those of its stakeholders and partners are considered and mitigated.

3.1.4 Seek assurance on the development of the Health Board's strategies and plans for maintaining the trust of patients and public through its arrangements for research and innovation, and handling and using information, including personal information, safely and securely, consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.

3.1.5 Review and scrutinise business cases, and associated revenue implications, and associated revenue implications, relating to digital and research and innovation activities, and ensuring there are robust contracting processes and procedures are in place, prior to Board approval.

3.1.6 Seek assurance that there is a robust information governance and security framework within the UHB and encourage a strong information governance and security culture across the organisation.

3.1.7 Seek assurance that the Health Board is meeting its responsibilities with regard to the General Data Protection Regulations, the Freedom of Information Act, Caldicott Principles, Records Management, Clinical Coding, Information Sharing, national Information Governance policies and the Information Commissioner's Office guidance.

3.1.8 Seek assurance of the Health Board's compliance against relevant statutory requirements, internal and external standards and assessment criteria, via the Information Governance Toolkit, Cyber Assessment Framework (CAF) any other relevant requirements / assessments, and audits, inspections and reviews, including the implementation of Audit Wales, Health Inspectorate Wales and Internal Audit recommendations.

3.1.9 Seek assurance that the data on which performance is assessed is reliable and of high quality and that any issues relating to data accuracy are addressed.

3.1.10 Seek assurance of the organisation's arrangements for managing information and cyber security incidents including emergency preparedness, resilience and response and business continuity.

3.1.11 Seek assurance on the development, procurement and implementation of national and local digital systems.

3.1.12 Ensure that there is a process of Data Protection Impact Assessment in place in accordance with the Information Commissioner's guidance.

3.1.13 Seek assurance that the Health Board is meeting its responsibilities to ensure compliance with all relevant frameworks, UK Clinical Trials, Clinical

Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements.

3.1.14 Seek assurance on the promotion and support of Health Board's involvement in high quality, multi-disciplinary and multi-agency healthcare research and innovation, the promotion of evidence-based healthcare, the building of research and innovation capacity and fostering a research and innovation culture, including patient/public involvement where appropriate.

3.1.15 Receive the Research & Innovation Annual Report for approval prior to submission to the Health and Care Research Wales, to ensure the Health Board increases it research and innovation capacity, research output and research income.

3.1.16 Seek assurance that the university partnership arrangements are operating effectively and continue to protect the Health Board's 'university' designated status.

3.1.17 Seek assurance that the commercialisation of research, innovation, related developments are appropriately risk assessed and in accordance with health board duties, policies, and procedures.

3.1.18 Receive assurance on the delivery against the areas of escalation, and the required elements for de-escalation, that are aligned to the Committee.

3.1.19 Seek assurance on delivery against all Planning Goals aligned to the Committee, in accordance with the Board approved timescales, as set out in the Health Board's Annual Plan, considering, and scrutinising the plans and programmes that are developed and implemented, supporting and endorsing these as appropriate.

3.1.20 Seek assurance on the delivery of the requirements arising from the Health Board's regulators, WG and professional bodies.

3.1.21 Seek assurance on the management of risks within the Corporate Risk Register (CRR) and Directorate Risk Registers (including for hosted services and through partnerships and Joint Committees as appropriate) aligned to the Committee and its sub-committees, and report any areas of significant concern e.g. where risk tolerance is exceeded, lack of timely action. Where risks cannot be brought within the Health Board's risk appetite/tolerance, recommend acceptance of risks to the Board.

3.1.22 Receive assurance through Sub-Committee Update Reports and other management/task & finish group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate).

3.1.23 Seek assurance that recommendations made by internal and external reviewers are considered and acted upon on a timely basis.

3.1.24 Approve organisational policies, procedures, guidelines and codes of practice (within the scope of the Committee) to support consistent standards-based processing of data and information to meet legislative responsibilities.

3.1.25 Review and approve the annual work plans for any Sub-Committee which has delegated responsibility from the Digital, Data and Innovation Committee and oversee delivery.

4. Membership

4.1 The membership of the Committee shall comprise:

Member
Independent Member (Chair)
Independent Member (Vice-Chair)
2 x Independent Members

4.2 The following should attend Committee meetings:

In attendance
Executive Director of Finance (Senior Risk Information Officer (SIRO))
Executive Medical Director (Caldicott Guardian)
Executive Director of Strategy and Planning
Associate Medical Director Professional Standards/ Deputy Caldicott Guardian
Digital Director (Deputy SIRO)
Director Research, Innovation and Value
Chief Clinical Information Officer
Chief Nurse Information Officer
Allied Health Professions and Health Science representative
Workforce and Organisational Development representative

4.3 The membership of the Committee will be reviewed on an annual basis.

5. Quorum and Attendance

5.1 A quorum shall consist of no less than two of the membership and must include as a minimum the Chair or Vice Chair of the Committee and one other Independent Member, together with a half of the In attendance Members, which must include SIRO or Deputy SIRO, Caldicott Guardian or Deputy Caldicott Guardian, and Director Research, Innovation and Value or Deputy.

5.2 The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board – taking into account the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

5.3 Any senior officer of the Health Board or from a partner organisation may, where appropriate, be invited to attend, for either all or part of a meeting to assist with discussions on a particular matter.

5.4 The Committee may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills.

5.5 Should any officer Member be unavailable to attend, they may nominate a deputy, with full voting rights, to attend in their place subject to the agreement of the Chair.

5.6 The Chairman of the Health Board reserves the right to attend any of the Committee's meetings as an ex officio member.

5.7 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

5.8 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5.9 The Committee may ask any or all of those who normally attend but who are not Members to withdraw to facilitate open and frank discussion of particular matters.

6. Agenda and Papers

6.1 The Committee Secretary is to hold an agenda setting meeting with the Chair and the Lead Director (Executive Director of Finance) at least **six** weeks before the meeting date.

6.2 The agenda will be based around the Committee work plan, identified risks matters arising from previous meetings, issues emerging throughout the year and requests from Committee Members. Following approval, the agenda and timetable for request of papers will be circulated to Committee Members.

6.3 All papers must be approved by the relevant Lead Director.

6.4 The agenda and papers for meetings will be distributed **seven** days in advance of the meeting.

6.5 A draft Table of Actions will be issued within **two** days of the meeting. The minutes and Table of Actions will be circulated to the Lead Director within **seven** days to check the accuracy, prior to sending to Members (including the Committee Chair) to review within the next **seven** days.

6.6 Members must forward amendments to the Committee Secretary within the next seven calendar days. The Committee Secretary will then forward the final version to the Committee Chair for approval.

7. In Committee

7.1 The Committee can operate with an In Committee function to receive updates on the management of sensitive and/or confidential information.

8. Frequency of Meetings

8.1 The Committee will meet quarterly and shall agree an annual schedule of meetings. Additional meetings will be arranged as determined by the Chair of the Committee in discussion with the Lead Executive.

8.2 The Chair of the Committee, in discussion with the Committee Secretary, shall determine the time and the place of meetings of the Committee and procedures of such meetings.

9. Accountability, Responsibility and Authority

9.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

9.2 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

9.3 The Committee shall embed the Health Board's vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

9.4 The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee.

10. Reporting

10.1 The Committee, through its Chair and Members, shall work closely with the Board's other Committees, including joint and Sub-Committees and groups to provide advice and assurance to the Board through the:

10.1.1 Joint planning and co-ordination of Board and Committee business.

10.1.2 Sharing of information

10.2 In doing so, the Committee shall contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

10.3 The Committee, may, subject to the approval of the Board, establish Sub-Committees or task and finish groups to carry out on its behalf specific aspects of Committee business. The Committee will receive an update following each meeting providing an assurance on business undertaken on its behalf. The Sub-Committees reporting to this Committee are:

10.3.1 Research and Innovation Sub-Committee
10.3.2 Information Governance Sub Committee

10.4 The Committee Chair, supported by the Committee Secretary, shall:

10.4.1 Report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes the submission of a Committee update report, as well as the presentation of an Annual Report within **six** weeks of the financial year.
10.4.2 Bring to the Board's specific attention any significant matter under consideration by the Committee.
10.4.3 Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive or Chairs of other relevant Committees of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Health Board.

10.5 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self assessment and evaluation of the Committee's performance and operation including that of any Sub-Committees established. In doing so, account will be taken of the requirements set out in the NHS Effective Board Committees Guide.

11. Secretarial Support

11.1 The Committee Secretary shall be determined by the Director of Corporate Governance/Board Secretary.

12. Review Date

12.1 These terms of reference and operating arrangements shall be reviewed on at least an annual basis by the Committee for approval by the Board.

Appendix 1

List of Legislative Responsibilities

- Caldicott Guardian Principles
- Cyber Security and Resilience Bill
- Data Protection Act 2018
- Environmental Information Regulations 2004
- Freedom of Information Act 2000
- Human Rights Act 1998
- Information Commissioner's Office Codes of Practice
- Public Records Act 1958
- Telecommunications (Security) Act 2021
- the Common Law Duty of Confidentiality
- The Network and Information Systems Regulations 2018
- The section 46 Code of Practice on Record Keeping
- UK General Data Protection Regulation
- Wales Accord on the Sharing of Personal Information (WASPI) Framework

List of Legislative Responsibilities for Research

- UK Policy Framework for Health and Social Care Research (v3.3, 07/11/2017)
- The Medicines for Human Use (Clinical Trials) Regulations 2004 (and all subsequent amendments)
- ICH E6 (R3) Guideline for good clinical practice (GCP) (and all subsequent amendments)

List of Legislative Responsibilities for Medical Technologies, Software and AI within Healthcare

- The Medical Devices Regulations 2002 (SI 2002 No. 618) as amended. This also includes Artificial Intelligence (AI) as a Medical Device (AIaMD) and Software as a Medical Device (SaMD)