

Medical Director and Deputy Chief Executive				
Monday, 12 <sup>th</sup> July 2021				
Key Decisions and Matters Considered by the Sub-Committee:				
Reporting Period:Meeting held on Monday, 12th July 2021Key Decisions and MattersConsidered by the Sub-Committee:				

The Research & Innovation Sub-Committee (R&ISC) last met on 12<sup>th</sup> July 2021. The purpose of this report is to provide the People, Organisational Development and Culture Committee (PODCC) with a summary of the key points against the agenda items.

## <u>Research</u>

- Team Report noted and accepted
  - Key Performance Indicators (KPI) for the research delivery teams from Health and Care Research Wales (HCRW) have changed. The focus is now on the quality of the study delivery rather than simply the number of recruits.
  - Research Facilities:
    - Glangwili General Hospital Contractors are commencing work on 19<sup>th</sup> July 2021, with a planned completion date of October 2021.
    - Bronglais General Hospital Space has been identified in Aberystwyth University and discussions are being undertaken by Estates & Shared Services colleagues. The plan is for work to be completed by the end of 2021, however this will be dependent upon the tendering process.
    - Withybush General Hospital A number of potential spaces have been identified and further negotiation is required in order to secure a space.
  - Standard Operating Procedures these will be available on the Hywel Dda University Health Board (HDdUHB) intranet site as 'pilot in use' at the end of July 2021.
  - Presentations were received from research nurses on the impact of two of the studies that have taken place in HDdUHB.
- Department Risk Register report noted and accepted
  - A meeting will be arranged to further discuss the directorate risk (highlighted below).
- The governance report from the Research Quality Management Group was noted and accepted.
- Financial report noted and accepted
  - HCRW funding allocation for 2021/22 was discussed.
  - HCRW will not fund the Development Team (circa £120k) moving forward. Research and development (R&D) funds will cover the costs for the current year, however consideration will need to be given to sourcing this in future years.
- National Developments verbal report
  - Funding approach from HCRW has changed from performance related to 'needsbased'. Details remain vague as to how this will work, however the Director of Research, Innovation and University Partnerships is a member of the Development Group.

# **Development & Innovation**

- TriTech Project
  - The TriTech Institute is sponsored, and governed, by HDdUHB and is not a commercial entity.

- The initiative is an enhanced risk from a financial perspective, however it generates opportunity for HDdUHB. The HDdUHB Finance Director will work with the Head of Clinical Engineering (and TriTech lead) on sourcing funding and managing the current risks to monitor development.
- The TriTech papers from the meeting will be shared with the Executive Team
- The TriTech Management Group Terms of Reference were presented to the R&ISC for review (Appendix 1).

# Research & Innovation Regional Mapping Report

- The Head of Research, Innovation and Improvement (RII) for the Regional Partnership Board shared a presentation on the RII mapping report. The full report has been shared with R&ISC members.
- Highlights from the discussion included the importance of identifying opportunities and highlighting areas where R&D/Finance can provide support. HDdUHB are proceeding more towards health and social well-being, although this generates many challenges from a clinical perspective. The R&D Clinical Director stressed the value of understanding what the public would like to see from HDdUHB.

# • Review of the Grant Applications over the last 2 years

- The Senior R&D manager for Grants and Innovation presented a review of the grant applications over the previous 2 years, which was noted by members.
- The Director of Finance commended the Grants Team for the Health Foundation application and, although unsuccessful, this remained something to be proud of.
- Statistical support for grant applications continues to prove difficult to source. University partners have supplied this in the past; however it is difficult to plan this around other work commitments.
- Grant applications are now expanding to include opportunities for artificial intelligence (AI) and technological advances. A specific group will be established with university partners to explore these opportunities further.

# University Partnerships

• Workplans have been agreed with partner universities and will be shared at the September 2021 R&ISC meeting.

# BioBank Paper on an options appraisal

- The facilities and staffing of the BioBank is required to be reviewed. In addition, HCRW financial support for the BioBank has been removed. As R&D do not have the BioBanking expertise to undertake the options appraisal, this work will be commissioned. This paper was submitted to enable the R&ISC to consider which options should be included in the commissioning brief.
- Advice from university partners included the requisite to decide what samples are being included in BioBanking, and who our potential customers are. Support from the Swansea University representative was offered.
- o It was agreed that options 1, 3, 4 and 5 should be considered in the appraisal.
- $\circ$   $\;$  This options appraisal paper will be shared with the Executive team  $\;$
- Strategy Work Plan
  - This will be shared at the September 2021 R&ISC meeting.

# Matters Requiring People, Organisational Development & Culture Committee Level Consideration or Approval:

1. Approval of the Terms of Reference for the TriTech Management Team (Appendix 1).

#### Risks / Matters of Concern: RISK 1160 (Directorate Risk)

ΤΟΡΙΟ	CAUSE	SCORE	ACTIONS	BY WHOM	DATE FOR COMPLETION
There is a risk of a decreasing research portfolio, both	This is caused by a lack of research leadership	12	Clinical Director will engage with the Medical Director to influence the case for protected research time for performance indicators.	SR	September 2021
in amount as well as diversity	across HDdUHB (staff able to act as Principal Investigators)		Clinical Director will engage with speciality leads to encourage them to add a section to their meeting to discuss R&I (as well as audit and quality improvement).	SR	October 2021
			Increase university posts and regionalised working.	LP	November 2021
			The Board to help drive the R&I agenda as set out in new strategy.	РК	August 2021

# Matters of Concern

- Lack of HCRW funding for the Development Team:
  - HCRW have withdrawn funding from the Development Team (circa £120k) from April 2021, with the expectation that they will cost-recover.
  - Whilst there are sufficient funds within the R&D account to cover any shortfall during 2021, this is not guaranteed moving forward.
  - The Medical Director highlighted the importance of the Development Team to the future ambitions of research, development and innovation within HDdUHB, therefore guaranteed funding is essential.
  - The Development Team lead has advised that current potential work would bring in the relevant costs, however the teams capacity to follow this through is required to be finalised.

# Planned Sub-Committee Business for the Next Reporting Period:

## Future Reporting:

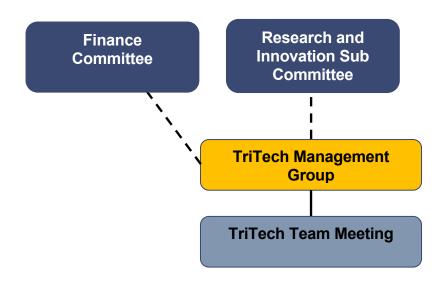
In addition to the routine business, the R&ISC will receive reports relating to:

- Outcomes from the Peer Review.
- Updates on progress surrounding the research facilities on 3 sites.
- Progress against the strategy action plan.

## Date of Next Meeting:

Monday 13<sup>th</sup> September 2021





**TERMS OF REFERENCE** 

# **TRITECH MANAGEMENT GROUP**

Version	Issued to:	Date	Comments
1.0	TriTech Management Group	24/05/2021	

## 1. Membership

1.1 The membership of the TriTech Management Group:

Director of Research, Innovation, and University Partnerships (Chair)				
(Vice-Chair) – to be appointed				
Clinical Director, TriTech				
Head of Clinical Engineering and TriTech Scientific lead.				
Senior R&D Operations Manager				
Senior Grants and Innovation Manager				
Head of Value Based Health Care				
Finance Business Partner				
Health Technology Wales (co-opted expert advisor)				
University Partnership Advisors (co-opted expert advisors)				
Secretarial Support				
Specialist support as required				

#### 2. Quorum and Attendance

2.1 A quorum shall consist of no less than one third of the total membership and must include as a minimum the Chair or Vice Chair of the Management Group.

2.2 Any member of Health Board staff may be invited to attend the Management Group by the Chair or Vice Chair where it is felt appropriate to do so.

2.3 The Management Group may also co-opt additional independent external 'experts' from outside the organisation to provide specialist skills, including specialist legal advice.

2.4 Should any Member be unavailable to attend, they may nominate a senior deputy to attend in their place.

#### 3. Purpose

- 3.1 The TriTech Management Group will assure the Research and Innovation Sub-Committee, through regular reports, that it is discharging its functions and meeting its responsibilities with regards to increasing the number of new technology developments with which the Health Board is involved and overseeing the quality and safety of said activity that is carried out within the organisation.
- 3.2 The TriTech Management Group will make strategic decisions that facilitate high quality healthcare technology developments, to maximise outcomes and impact for the Health Board and the patients it serves.

3.3 The TriTech Management Group will take strategic decisions that promote and support involvement in high quality healthcare technology developments, promoting evidence-based healthcare, build innovation capacity and foster an innovation culture.

### 4. Responsibilities

4.1 Ensure compliance with all relevant frameworks, UK Clinical Investigations and other Regulations (transposed into UK law from European Union Directives) and reporting requirements are in place and functioning appropriately.

4.2 Respond to any issues arising from relevant internal review or audit, or inspections carried out by external regulatory authorities.

4.3 Oversee the development of TriTech strategy, operational plan, and other relevant documents in line with local and national priorities and guidance, for sign off by the Board after scrutiny from the Research and Innovation Sub-committee.

4.4 Oversee the TriTech budget, ensuring it is being spent in accordance with Health Board policies and procedures.

4.5 Oversee progress of the TriTech team against the objectives of the operational plan.

4.6 Identify risks to the achievement of the operational plan that need to be escalated to the Research and Innovation Sub-committee meeting.

4.7 Provide strategic oversight of action plans that have been developed by the TriTech team to address operational problems.

4.8 Review and approve reports for relevant internal groups.

4.9 Agree the information submitted to relevant organisations.

4.10 Develop strategic partnerships with Higher Education Institutions and other external organisations critical to the delivery of the operational plan.

#### 5. Reporting

5.1 The Management Group will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into TriTech's overall risk and assurance framework.

5.2 The Management Group may establish task and finish groups to carry out specific aspects of its business on its behalf. The Management Group will receive an update following each task & finish group's meeting detailing the business undertaken on its behalf.

5.3 The Management Group Chair, supported by the TriTech's administrative support will:-

- Report monthly and on a timely basis to the Sub-committee.
- Bring to the sub-committee's specific attention any significant matters under consideration by the Management Group;

5.4 Ensure appropriate escalation arrangements are in place to alert the Medical Director of any urgent/critical matters that may compromise patient care and affect the operation and/or reputation of the Department.

#### 6. Frequency of Meetings

6.1 The Management Group will meet bimonthly, although in the initial phases it is proposed that the group meets more frequently to ensure that the strategic direction of TriTech is set correctly.

6.2 The frequency of meetings will be reviewed after 3 months and this may change and would be dependent on opportunities being identified.

## 7. Accountability, Responsibility and Authority

7.1 The Management Group will be accountable for its performance in exercising the functions set out in these Terms of Reference.

7.2 The Management Group will embed the UHB's values, vision, corporate standards, priorities and requirements, e.g. equality and human rights, through the conduct of its business.

7.3 The requirements for the conduct of business as set out in the UHB's Standing Orders are equally applicable to the operation of the Management Group.

#### 8. Secretarial Support

8.1 The secretarial support will ensure:

- agreement of the agenda with the Chair and attendees;
- collation of papers;
- taking the minutes;
- keeping a record of matters arising and issues to be carried forward within an action log; and
- advising the Executive Team on pertinent issues/areas.

8.2 All papers will require the approval of the relevant lead Executive.

#### 9. Review Date

These terms of reference and operating arrangements shall be reviewed every 12 months by the TriTech Management Group.