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This Document Supports: *standards and legislation – include exact details of any CQC*	NHS Improvement in year and annual reporting
Key Associated Documents:	DN142 Standing Orders DN140 Standing Financial Instructions DN137 Scheme of Delegation TOR002 Quality & Risk Committee Terms of Reference TOR001 Audit Committee Terms of Reference TOR017 Performance Committee Terms of Reference
Keywords	Strategy, Strategic Projects, Sustainability, Green
Counter Fraud in creating/revising this document, the contributors have considered and minimised any risks which might arise from it of fraud, theft, bribery or other illegal acts, and ensured that the document is robust enough to withstand evidential scrutiny in the event of a criminal investigation. Where appropriate, they have sought advice from the Trust's Local Counter Fraud Specialist (LCFS).	

Key points of this document

- Terms of Reference for the Strategic Projects Committee of the Board of Directors.

- These terms of reference will be available on the Trust's intranet.

Version Control table

Date Ratified	Version Number	Status
07/11/2024	1009	Approved

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1   Constitutional Authority:

1.1   The Strategic Projects Committee is a Committee of the Board of Directors. The Committee has no powers, other than those delegated in these terms of reference.

2   Purpose/Objectives:

2.1   The Strategic Projects Committee exists to provide a formal forum for the collective ownership and oversight, by senior clinical and non-clinical leads, of the Trust's strategic projects/transformation plans in respect of the following programmes:

- PFI Building issues and Estates Action Plan escalations
- Sustainability/Green Plan and Estates Strategy
- Working with our Partners
- Integrated Care System Development
- Heart and Lung Research Institute including the Clinical Research Facility
- Strategic Digital Projects,
- The deployment of the Nexus including the (Electronic Patient Record) Programme

and any other projects upon the request of the Executive Committee or that the Board of Directors may determine.

2.2   To receive and review comprehensive project plans and performance metrics in respect of quality and finance and to oversee the suitability of programme and project arrangements.

2.3   To monitor and review performance against agreed transformation plans and to provide critical challenge and support to colleagues in pursuit of their delivery within agreed deadlines.

2.4   To limit the realisation of adverse impacts on the quality of care through robust quality impact assessments and early identification of risks and issues.

2.5   To receive regular reports on the action being taken to remove or mitigate the principal risks, and to review and approve updates, monitor controls and examine assurance sources.

2.6   To ensure alignment of key programmes and projects to Trust strategyStrategy, ensuring opportunities for cross-organisational projects are identified and enabled, utilising the corporate Risk Register and the Board Assurance Framework.

2.7   The Strategic Projects Committee will provide assurance to the Board of Directors that strategic projects/transformation plans are being progressed as required and will advise the Board of Directors of significant concerns or variance to plan that have the potential to adversely impact delivery of the Trust's clinical vision and strategic plans.

3   Delegated Authority:

3.1   The Strategic Projects Committee is authorised by the Board of Directors to investigate any activity within its terms of reference, and to seek any information it requires from staff, who are requested to co-operate with the Committee in the conduct of its inquiries.

3.2   The Strategic Projects Committee reports to the Board of Directors.

4   Duties:

4.1   Promote an integrated approach to the achievement of delivery targets through adoption of the principles of collective accountability.

4.2   Role model the leadership, values, beliefs and behaviours set out in the NHS Constitution to optimise staff engagement in all service developments and improvements that impact patient outcomes and experience and/or the Trust's strategic direction.

4.3   Consider recommendations in respect of initiation or cessation of transformation plans, informed by the findings of robust quality impact assessments, and their alignment with the Trust's Strategy.

4.4   Maintain and review an action checklist in respect of transformation plans.

4.5   Hold one another to account for delivery of agreed plans within deadline and in accordance with agreed escalation arrangements.

4.6   Provide challenge and suggestion in respect of the identification and mitigation/control of related risks and issues and report issues/concerns to the Board.

4.7   To ensure strategies and plans are fully aligned with plans in the wider health economy, and there is a demonstrated commitment to system-wide collaboration and leadership.

4.8   Be the Committee which monitors the procurement and progress of the Electronic Patient Record implementation programme. The overall governance of the programme shall be monitored by the Audit Committee, while the Performance Committee monitors the financial delivery of programme.

4.9   Be the Committee which will recommend to the Board for approval the Sustainability and Green Plan. The Performance Committee shall monitor the delivery of the Plan.

5   Membership/Attendance:

Voting Membership

5.1   The Chair and members of the Strategic Projects Committee shall be appointed by the Board of Directors.

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5.2   The Committee shall be made up of:

        Chair: Non-Executive Director
        All Executive Directors
        Representative Non-Executive Directors

        <u>In Attendance</u>
5.3   Director of Strategic Projects
        Associate Director of Estate and Facilities
        Project leads as required
        Associate Director of Corporate Governance

        <u>Quorum</u>

5.4   The Strategic Projects Committee requires a minimum of two Executive Directors who are voting members of the Board, one of whom should be the Chief Operating Officer, and two Non-Executive Directors one of whom will be the Committee Chair. It will be necessary that the Programme Owner and the Programme Manager, or their designated representatives, to be present at all meetings.

5.5   No resolution of the Committee shall be passed if it is unanimously opposed by all of the Executive Directors or all of the Non-executive Directors present. Any such matter would be referred for resolution to the Trust Board.

        <u>Membership Attendance Requirements</u>

5.6   The Committee will be required to have a minimum attendance level of 50% from members in a rolling twelve-month period.

5.7   Attendance will be recorded during the year and reported in the annual report.

        <u>Attendance</u>

5.8   Only members of the Committee have the right to attend Committee meetings; however other staff will be invited as necessary.

5.9   A full set of agenda papers will be sent to all members of the Board and Associate Director of Corporate Governance; this may be by electronic copy.

        <u>Lengths of Term of Committee Chair and Members (excluding posts filled by Papworth Hospital staff)</u>

5.10   The Committee will review its membership annually as part of a general review of its terms of reference. This review will be reported to the Board of Directors through the Committee's minutes.

6   Meetings:

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6.1   In the event of the Chair of the Committee being unable to attend, the remaining members should elect a remaining NED as Chair for the meeting.

6.2   The Strategic Projects Committee will meet on a bi-monthly basis and an annual schedule of meetings circulated three months in advance of the previous year end.

6.3   The Strategic Projects Committee will last no longer than two hours.

6.4   Attendance will be a priority for all members.

6.5   Members will nominate a deputy to attend in their absence.

6.6   Meetings will start and finish at the agreed time.

6.7   Agendas and briefing papers should be prepared and circulated by the Strategic Projects Office in sufficient time for the members to give them due consideration, normally four working days in advance.

6.8   Each Programme Manager will provide and present a highlight report to every meeting of the Strategic Projects Committee.

6.9   The programme managers will provide risk management reports and issues log to every meeting of the Strategic Projects Committee to ensure that risks are identified and managed and issues resolved.

6.10   Strategic Projects Committee action notes will be circulated within 3 working days.

Minutes of the Strategic Projects Committee meetings should be formally recorded and distributed to members within 10 working days of the meetings.

7   Equality Statement:
The Strategic Projects Committee will ensure that these terms of reference are applied in a fair and reasonable manner that does not discriminate on such grounds as age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality and ethnicity, religion or belief, sex, or sexual orientation.

8   Monitoring/Reporting:

Minutes of Committee meetings should be formally recorded and distributed to Committee Members and Attendees. The Chair will present a written Chair's Report to the Board. Subject to the approval of the Chair, the Minutes will be submitted to the Board of Directors at its next meeting and may be presented by the Committee Chair.

The Chair of the Committee or Executive Lead shall draw to the attention of the Board of Directors any issues that require disclosure to the full Board of Directors or require executive action.

9   Relationships with other Board Committees:
Board Committees have a shared responsibility to provide assurances to the Board of Directors. As such Board Committees need to work collaboratively, to ensure that all

aspects of governance are covered and that the Board receives comprehensive assurances on Royal Papworth Hospital's activities.

Monitoring Table

What key element(s) need(s) monitoring as per local approved policy/ procedure or guidance?	Who will lead on this aspect of monitoring? Name the lead and what is the role of the multidisciplinary team or others.	What tool will be used to monitor/check/ observe/assess/ inspect/ authenticate that everything is working according to this key element from the approved policy/ procedure?	How often is the need to monitor each element? How often is the need complete a report? How often is the need to share the report?	Who or what committee will the completed report goes to. How will each report be interrogated to identify the required actions and how thoroughly should this be documented in e.g. meeting minutes.	Which committee, department or lead will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes?	How will system or practice changes be implemented the lessons learned and how will these be shared?
Element to be monitored	**Lead**	**Tool**	**Frequency**	**Reporting arrangements**	**Acting on recommendations and Lead(s)**	**Change in practice and lessons to be shared**
All	Associate Director of Corporate Governance	N/A	Annually	Strategic Projects Committee	Strategic Projects Committee	Any changes in practice and lessons shall be shared with the relevant internal stakeholders

Rapid Equality Impact Assessment Tool

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

EQUALITY IMPACT ASSESSMENT – WHAT IS THE IMPACT TO DIFFERENT GROUPS IN SOCIETY?		
If you believe there has been No impact or a Positive impact, please choose Yes for Negative impact please choose No. **Please provide supporting comments, both on positive and negative impacts. You may be asked to complete a FULL EQUALITY IMPACT ASSESSMENT to understand the impact further.**		**COMMENTS**
Age: Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare.	Yes	N/A
Disability: Consider and detail on attitudinal, physical and social barriers.	Yes.	N/A
Race: Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.	Yes	N/A
Sex: Consider and detail on men and women	Yes	N/A
Gender reassignment: (including transgender) Consider and detail on transgender and transsexual people. This can include issues such as privacy of data and harassment	Yes	N/A
Sexual orientation: Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people.	Yes	N/A
Religion or belief: Consider and detail on people with different religions, beliefs or no belief.	Yes	N/A
Pregnancy and maternity: Consider and detail on working arrangements, part-time working, and infant caring responsibilities.	Yes	N/A
Marriage and civil partnership status	Yes	N/A
Environment: Consider impact on transport, energy and waste	Yes	N/A
Other identified groups: Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.	Yes	N/A
Were any NEGATIVE impacts identified?	No	
If YES, you will need to complete a full Equality Impact Assessment. Please contact the Equality, Diversity and Inclusion team papworth.edi@nhs.net for the full assessment template.		N/A