TERMS OF REFERENCE

for the

University Hospitals Dorset NHS Foundation Trust

Transforming Care Together Group

February 2025

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December 2023	2.0			Director Integration	Adopted trust format, added in content from Liverpool, amended for Service Ready Group feedback
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INDIVIDUAL APPROVAL

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BOARD OF DIRECTORS/COMMITTEE APPROVAL

If the Board/Committee has approved this document, please sign and date it and forward copies for inclusion on the Intranet.

Name of approving body	Board of Directors	Date	5 March 2025
Print Name	Rob Whiteman	Signature of Chair	

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

TRANSFORMING CARE TOGETHER GROUP

TERMS OF REFERENCE

1.	PURPOSE

1.1 The Trust's **vision** is to positively transform its health and care services as part of the Dorset Integrated Care System. Its mission is to "provide excellent healthcare for its patients and wider community and be a great place to work now and for future generations."

1.2 The purpose of the Transforming Care Together Group is to support the Trust in achieving its **Patient First strategic themes.** The key theme of "Sustainable Services" requires implementation of the Transforming Care Together Programme corporate project. This has three workstreams to ensure the transformation is "Build Ready," "Service Ready," and "People Ready." Explicit reference to the other corporate projects will also be made, as they are also mutually supportive of the Trust objectives, and progress against all the strategic themes. This is pictorially set out below:
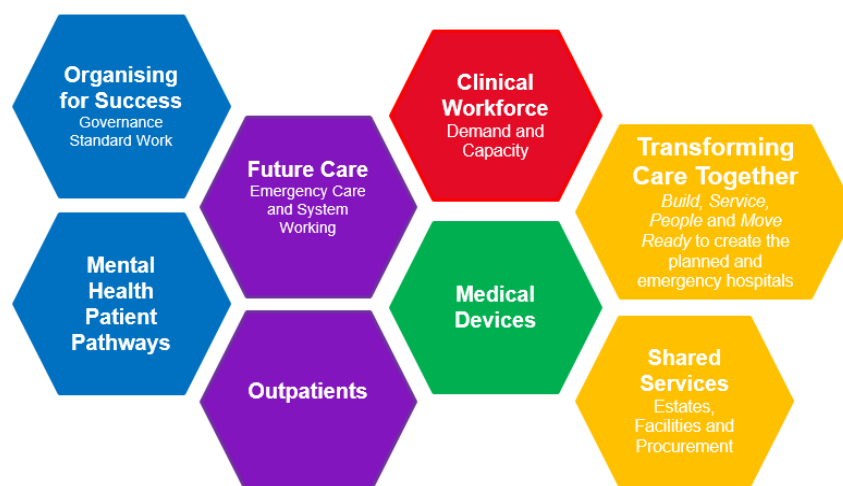
1.3 The **objective** of the Transforming Care Together Programme is to deliver safe, high quality and sustainable services by transforming care and establishing our Planned & Emergency Hospitals. This in turn unlock the benefits, as set out in the Clinical Services Review, and subsequent business cases.

1.4   The Transforming Care Together Group will do this through:

a) Providing input and recommendations to the Trust's Board of Directors (Board) and/or relevant Board Committees for the delivery of the Service Ready (to include Move Ready and Digital readiness), Build Ready, and People Ready programmes. Build Ready includes STP Wave 1 and New Hospitals Programmes. This will include work ahead of any Board Part 2 Gateway Reviews.

b) Assisting the Board in its oversight of the overall programme, and specifically achievement of the relevant breakthrough objectives and strategic initiatives relating to the Transformation elements of Sustainable Services.

c) Having oversight of the critical paths for both Service Ready (to include Move Ready and Digital readiness), Build Ready and People Ready and workstreams.

d) Having oversight of the strategic benefits and associated CIP's relating to the overall programme.

e) Monitoring risks and mitigations relating to the programme.

f) Co-ordinating the formal assurance held by Board Committees, (Finance and Performance, People and Culture, Quality and Audit)

g) To provide a forum for discussion and input into the programme, taking "go out and see" approach, in line with the Patient First methodology.

h) To link frontline services and wider system partners into the transformation programme in a co-ordinated way.

i) Group to link to ICB CSR Service Change Steering Group.

1.5   The Group is a time limited sub-group of the Board, planning to run 2024-2026 in line with the vast bulk of service moves, and building works. The Group has no executive powers other than those specifically delegated in these terms of reference. The steering group is not an executive, decision making meeting, and not an operational oversight group.

2.   RESPONSIBILITIES

Strategies and delivery of the strategic agenda

2.1   To receive confirmation from the Board, on an annual basis, of the relevant breakthrough objectives, strategic initiatives, and corporate projects within the remit of the Group, for which it is to be held to account.

2.2   To obtain assurance that the programme is being delivered effectively through monitoring progress, appropriate challenge and escalating to the Board, or relevant Board Committees when required.

Delivery of the Transforming Care Together Programme

2.3.   Ensure the Service Ready (to include Move Ready and Digital readiness), Build Ready and People Ready programmes and associated groups and corporate workstreams are delivering activities on time and to expected quality to ensure the Transformation Programme delivers safe, high quality and sustainable services by transforming care and establishing our Planned & Emergency Hospitals. These are set out in the structure diagram below:

UHD Integrated Governance Approach (Updated Nov 2024)
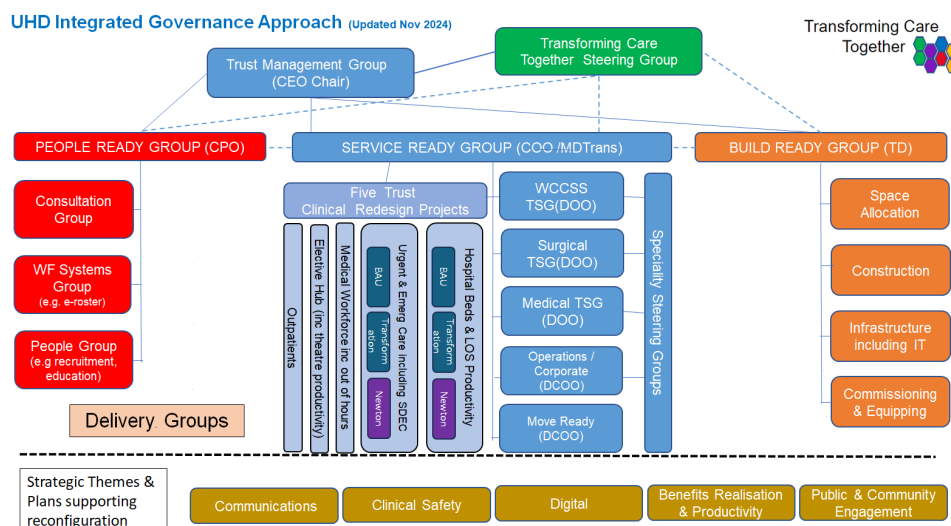
2.4   This includes for the Service Ready aspects:

- Assure the implementation of the future operating model, ensuring there is oversight of the wider project incorporating clinical redesign projects, service reviews and associated actions, integration activities and corporate transformation activities.

- Application of the principles of the Quality Strategy to ensure there is a single integrated approach to transformation that delivers safe, effective, and caring services from day one and supports staff throughout the transition.

- Work with the Finance and Performance committee to ensure that future clinical and administrative space is effectively utilised, and that the estate delivers value for money.

- CSR Service Change Steering Group: Working with ICB system groups to ensure the CSR is implemented safely and effectively.

- The TCT programme will oversee the work of the Service Ready Group, which includes Move Ready. This is to ensure operational teams are aware of onsite changes and impacts from estates work (Build Ready). The group will ensure that operational, clinical, and non-clinical services are fully prepared for safe moves into new locations, with focus on moving into the BEACH building (Move Planning). This includes pre-move planning, the move process itself, and post-move service delivery. Clinical services will be appropriately supported, and all relocations will be well-organised and controlled.

- Digital elements of the TCT portfolio will be delivered to support the Service Ready, Build Ready and People Ready parts of the programme. This includes ensuring IT systems and other digital infrastructure are in place to support safe and effective service moves ensuring technical readiness for transitions into new locations such as the BEACH building. The Digital Governance Board will be the means by which this is managed and the TCT programme update will be delivered as part of Service Ready in line with the governance process, with any major risks or dependencies escalated through the appropriate governance routes.

- Any other duties as advised by Non-Execs/Execs.

2.5.   For the Build Ready aspects:

- The delivery of the construction programme, including compliance with the business case approval conditions and scheme of delegation set by the Department of Health.

- Co-ordination of the construction and handover process to minimise impact on the operational running of existing services.

2.6   For the People Ready aspects:

- Preparedness of the workforce for moves including organisational development
- Staff engagement
- Workforce capacity and capability
- People processes and ways of working
- Statutory compliance with the management of change.

Risk Management

2.7.1   To regularly review the Board Assurance Framework (including through in-depth review of specific risks) and to ensure that it reflects the assurances for which the Group has oversight, with risks highlighted being appropriately reflected on the risk registers. This shall include, but not be limited to the Group acting in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks.

2.7.2   To be kept appraised of all new and current risks rated 15-25, clinical and non-clinical, identified on the risk register across the organisation and progress of action plans identified to mitigate these risks.

3.   MEMBERSHIP/ ATTENDANCE

3.1   The Group shall be composed of the following members:
- Chair (who must be a Non-Executive Director)
- Chairs of Finance and Performance Committee, Quality Committee, People and Culture Committee, Population Health and System Committee and Audit Committee
- Chief Executive
- Chief Strategy and Transformation Officer
- Chief Operating Officer
- Chief Finance Officer
- Chief People Officer

3.2   In addition, the following will attend the Group to provide information and advice with prior agreement of the Group Chair and/or to present a report to the Group or a Chief Officer is unable to attend:
- Chief Nursing Officer
- Chief Medical Officer
- Chief Digital Officer
- Member from Executive Team DHC/DCH [Rep TBD]

- Senior BCP representative [Rep TBD]
- Deputy CEO – NHS Dorset
- Director of Integration
- Director for Transformation
- Medical Director Strategy & Transformation.

3.3 The Group will be chaired by the Chair of the Board. A Non-Executive Deputy Chair should be nominated. In the absence of the Group Chair and/or any appointed Deputy, the remaining members shall elect one of the Non-Executive Directors to chair the meeting.

3.4 Subject to paragraphs 3.2 above and 3.6 below, only members of the Group have the right to attend Group meetings. If a standing member is unable to attend, they may exceptionally send a deputy to the meeting, but the deputy will not have voting rights at the meeting.

3.5 Group members should aim to attend all scheduled meetings but must attend a minimum of two thirds of meetings. The Company Secretary (or their nominee) will maintain a register of members' attendance.

3.6 Any member of the Board may attend any meeting of the Group with prior agreement of the Group Chair.

4. AUTHORITY

4.1 The Group is authorised by the Board to investigate/review any activity within the Terms of Reference.

4.2 The Group is authorised to approve its governance cycle.

4.3 The Group is authorised by the Board to obtain any external advice it requires to discharge its duties and to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.

4.4 The Group is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.

5. CONDUCT OF BUSINESS

5.1 The Constitution, Scheme of Delegation and Standing Orders of the Trust, as far as they are applicable, shall apply to the Group and any of its meetings.

5.2 The Group will meet bi-monthly and at such other times as the Group Chair shall require.

5.3 Meetings of the Group shall be quorate if there at least five members present, which will include the Chair (or a Non-Executive Director deputy), and two Executive Directors. For the avoidance of doubt, an Officer in attendance who has been formally appointed by the Board to act up for an Executive Director shall count towards the quorum.

5.4 If a meeting of the Group is inquorate, then the meeting can progress if those present determine. However, no business shall be transacted; items requiring approval may be submitted to the next meeting of the Board as an urgent item.

5.5   Meetings of the Group shall be called by the Company Secretary at the request of the Chair.

5.6   The Company Secretary (or their nominee) is responsible for preparing the agenda for agreement by the Chair, with the Chair consulting with the Chief Strategy and Transformation Officer and the Chief Operating Officer, as considered appropriate. The Company Secretary (or their nominee) shall collate and circulate papers to Group members. Unless otherwise agreed by the Group Chair, papers should be provided not less than seven working days before the meeting and the agenda and papers should be circulated not less than five working days before the meeting.

5.7   The agenda and papers shall be made available upon request to members of the Board.

5.8   Under exceptional circumstances, in the case of emergency or urgency, items of business may be conducted outside of formal meetings. This should normally be agreed by the Group in advance and carried out either by: Chair's action, calling an extraordinary meeting or reaching consensus on a decision by e-mail. Any decisions made in this manner must be formally ratified by the Group and/or Board at the next meeting.

5.9   Group business may be transacted through virtual media (including, but not limited to video conferencing). At the start of each meeting taking place without all parties physically present, the Chair shall be responsible for determining that the meeting is quorate.

5.10   Proceedings and decisions made will be formally recorded by the Company Secretary team (or their nominee) in the form of minutes, which will be submitted to the next meeting of the Group for approval.

6.   RELATIONSHIPS AND REPORTING

6.1   The Group shall be accountable to the Board.

6.2   The Group shall make recommendations to the Board in relation to issues that require decision or resolution by the Board.

6.3   The Chair shall present a report summarising the proceedings of each Group meeting at the next meeting in public of the Board. For the avoidance of doubt, where practicable, this shall be a written report, with a verbal update being provided as necessary.

6.4   The Group shall refer to the Audit Committee, Charitable Funds Committee, Finance & Performance Committee, Quality Committee, People & Culture Committee and/or Population Health & System Committee any matters requiring review or decision in such forum(s).

6.5   For the avoidance of doubt:
- the People and Culture Committee will have oversight of the development by the Trust of an effective staff structure and workforce operating model across the organisation; and
- the Population Health and System Committee will have oversight of health inequalities.
- the Quality Committee will have oversight of quality and safety issues including private patient care as part of the quality governance process; and

- The Finance and Performance Committee will have oversight of the financial (capital and revenue) plans, and the operational performance.
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6.6   The Group shall receive reports from sub-groups of the Trust Management Group (including the Build Ready, Service Ready and People Ready highlight reports). The Group shall also receive, from time to time, such reports from such sub-groups as it may require to provide it with assurance relating to matters within the scope of the Group's responsibilities.

7.   MONITORING

7.1   Attendance will be monitored at each Group meeting. A matrix (see example at Appendix A) of membership attendees will be used for monitoring purposes.

7.2   The Trust's Annual Report will include attendance of members, frequency of meetings and whether meetings were quorate.

7.3   On an annual basis, the Group will provide a self-assessment report to the Board detailing how the Group has discharged its obligations as set out within its terms of reference, specifically incorporating an assessment of its effectiveness, and making recommendations for improvement, where appropriate. This will form part of the assurances which support the Annual Governance Statement and the Trust's Annual Report disclosures.

8.   REVIEW

8.1   These Terms of Reference will be reviewed annually or sooner if appropriate.

8.2   The position of the Chair of the Group will be reviewed at least every three years.

APPENDIX A

ATTENDANCE AT TRANSFORMING CARE TOGTHER GROUP MEETINGS

NAME OF GROUP:	Transforming Care Together Group								
	Meeting Dates								
Present (include names of members present at the meeting)									
In Attendance									
Was the meeting quorate? Y / N (*Please refer to Terms of Reference*)									