University Hospitals Dorset
NHS Foundation Trust

TERMS OF REFERENCE

for the

University Hospitals Dorset NHS Foundation Trust

Transforming Care Together Steering Group

DOCUMENT DETAILS

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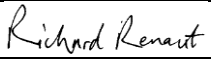
Signed:	
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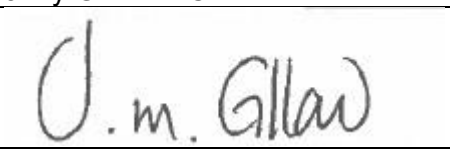
Chair:	Judy Gillow – Chair
Signed:	
Date Approved:	15 July 2026
Target Audience:	Board of Directors

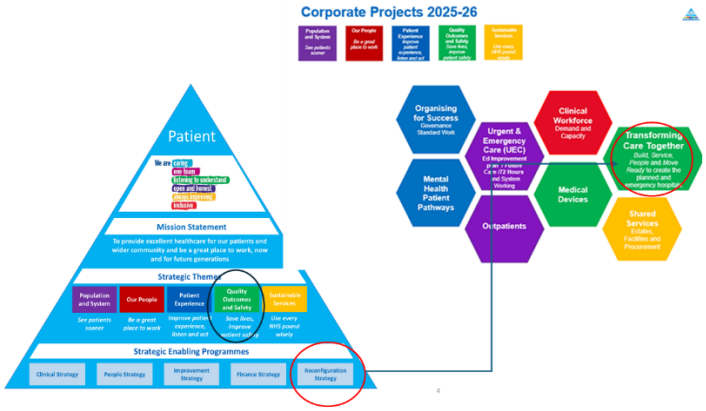
Document History

Date of Issue	Version No:	Next Review Date:	Date Approved:	Person responsible for Change	Nature of Change
December 2023	1			Director Integration	New document
December 2023	2.0			Director Integration	Adopted trust format, added in content from Liverpool, amended for Service Ready Group feedback
December 2023	2.1			CSTO/COO	Feedback from NED discussion
26/02/2024	2.2			CSTO/COO	Version following TCT Inaugural meeting for Board Approval

22/10/2025	3.0			CSTO	Adopted Trust format with full review of contents
08/05/2026	4.0			CSTO	Amended to reflect April 2026 TCT Steering Group discussion, clarifying the Group as a time-limited, internal Trust forum with revised arrangements for external stakeholder engagement.

TERMS OF REFERENCE

COMMITTEE NAME:	Transforming Care Together Steering Group
PURPOSE *(1.2)*:	The purpose of the Transforming Care Together Steering Group is to oversee delivery of the *Transforming Care Together* corporate project, which supports the Trust's *Quality Outcomes and Safety* strategic theme. The programme brings together core workstreams — *Build Ready*, *Service Ready (including Move Ready), People Ready, plus Digital* Governance to ensure the Trust is fully prepared for service moves, workforce transition and the opening of new hospital facilities. This is pictorially set out below:



The Steering Group operates as a time-limited, internal Trust forum, providing executive oversight of programme delivery, **critical path, delivery confidence, risks, issues and mitigations**, and acts as a coordinating point for assurance across the programme.

This is a multi-year, strategic enabling programme of significant scale and complexity, and so the steering group acts as a time limited Board committee. 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 unlocks the benefits, as set out in the Clinical Services Review, and subsequent business cases.

The Transforming Care Together Steering Group will do this through:

a) Providing input and recommendations direct to the Trust's Board of Directors (Board) and/or relevant Board Committees for the delivery of the Reconfiguration Ready, Build Ready, and People Ready programmes.

	b) To have oversight of the major capital investments, that includes STP Wave 1 and New Hospitals Programmes. This will include work as part of any Board Gateway Reviews. c) Maintaining oversight of the critical paths across all workstreams (*Build Ready*, *Reconfiguration Ready (including Move Ready), People Ready and allied workstreams including Digital Demand*). Monitoring risks and mitigations relating to the programme. d) Co-ordinating the formal assurance held by Board Committees, (Finance and Performance, People and Culture, Quality and Audit) e) To provide a forum for internal discussion, reflection and shared learning into the programme, taking "go out and see" approach, in line with the Patient First methodology. The Steering Group does not operate as an operational, partnership or stakeholder forum. Engagement with external partners, including Local Authorities and system stakeholders, will be undertaken through separate briefings and established system forums, rather than through attendance at the Steering Group. The Group is a time-limited sub-group of the Board, expected to operate for the duration of the Transforming Care Together programme. It has no executive powers other than those specifically delegated within these Terms of Reference and is not an executive, decision-making or operational oversight group.
RESPONSIBILITIES *(2.1)*:	• **"To provide a focused internal forum for discussion of delivery risks, dependencies and mitigations to support timely escalation and decision-making."** • 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. • To obtain assurance that the programme is being delivered effectively through monitoring progress, constructive challenge and escalation to the Board, or relevant Board Committees when required. • To maintain focus on the "wicked issues" (major challenges) identified by the work streams using the AAA approach, including key system risks, workforce challenges, and patient safety during transition and move phases. • **Delivery of the Transforming Care Together Programme** To ensure the *Build Ready*, *Reconfiguration (Service) Ready (including Move Ready), People Ready and Digital* programmes, along with associated corporate workstreams, are delivering to plan, on time and to the expected quality standards. To oversee that the Transforming Care Together Programme delivers safe, high-quality and efficient services through transformation of care and

	establishment of the Trust's planned and emergency hospital model.**This includes for these key 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. • Assure the implementation and oversight of the overarching move plan to ensure the safe and timely move of all services to deliver a Planned and Emergency site. • 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 service models and estate delivers value for money, and the overall programme realises the benefits set out in the business case. • Meeting the Trusts requirements for effective communication and engagement regarding the Transforming Care Together Programme for staff, partners, patients, the wider public and their representatives, and regulators through agreed Trust communication and engagement routes. • Preparedness of the workforce for moves including organisational development, staff engagement, workforce capacity and capability, people processes and ways of working, and our statutory compliance in the management of change. • Working with ICB system groups to ensure the CSR is implemented safely and effectively • Undertaking any other duties as advised by Non-Execs/Execs. • Overseeing the delivery of the construction programme, including compliance with the business case approval conditions and scheme of delegation set by the Department of Health and Social Care. • Oversight of the co-ordination of the construction and handover process to minimise impact on the operational running of existing services. <u>Risk Management</u>: • 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

	includes acting in accordance with Board approved risk appetite and risk tolerance levels when reviewing risks. Being kept appraised of all new and current risks rated 15-25, both clinical and non-clinical, identified on the risk register across the organisation and monitoring progress of action plans identified to mitigate these risks. • Ensuring the *People Ready* Group enables delivery of the Transforming Care Together Programme on time, supporting effective service integration, consideration of interdependencies, and readiness for safe operation of the new planned and emergency hospital configuration. • Working with the *Build Ready* Group to ensure staff relocating to a different Trust site are clear on transport and parking arrangements. • Providing assurance that each service with an agreed move plan (from the *Service Ready* Group) has a *People Ready* Plan in place, covering (but not limited to) staff engagement, rota templates, on-call arrangements, recruitment, training, staff consultation, and workforce system requirements (e.g. e-Rostering, HealthRota). • Ensuring all services have an organisational change plan in place, and that there is sufficient capability and capacity within operational management, HR, and staffside to deliver to required timelines. • Ensuring any service required to change its operating model has a clear staff readiness plan and an established “go/no-go” governance process to support safe staffing in the new configuration. • Ensuring Workforce Standard Operating Procedures, policies and processes are revised so that a single UHD version is in use, unless site-specific documents are required. • Ensuring robust monitoring is in place to capture and track all activity, including timelines, milestones, and progress updates. • Ensuring appropriate action is instigated and monitored through the relevant Trust governance forums to maintain compliance with legal, regulatory, contractual, and Trust Board requirements. Providing a focused internal forum for collective problem solving and resolution of programme-level risks and dependencies. ”For Digital Readiness: To have oversight of the digital readiness work, and that any critical path issues are being resolved at the operational and project governance levels, as appropriate.

MEMBERS *(3.1):*	The Group shall be composed of the following members:	**STANDING ATTENDEES *(3.2):***	In addition, the following will attend the Group to provide information and

	• Chair (who must be a Non-Executive Director) • Chairs of Finance and Performance Committee, Quality Committee, People and Culture Committee, and Audit Committee • Chief Executive • Chief Strategy and Transformation Officer • Chief Operating Officer • Chief Finance Officer • Chief Nursing Officer • Chief People Officer • Chief Digital Officer • Chief Medical Officer			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: • Medical Director for Transformation • Director of Integration • Director for Transformation	
CHAIR (*3.3*):	The Group will be chaired by the Chair of the Board.	**DEPUTY CHAIR** ***(3.3)*:**	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 present to chair the meeting.	**SECRETARY *(5.5)*:**	The Company Secretary (or their nominee) will maintain a register of members' attendance
MEETING TIMING (FREQUENCY AND DURATION) *(5.1)*:	The Group will normally meet bi-monthly and at such other times as the Group Chair shall require.		**QUORUM *(5.2)***	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 or their deputies. 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.	

ACCOUNTABLE TO: (the Accountable Group) ***(6)***	The Group shall be accountable to the Board. The Group shall make recommendations to the Board in relation to issues that require decision or resolution by the Board.	**REPORTING GROUPS** ***(6.5)*****:**	The Group shall refer to the Audit Committee, Charitable Funds Committee, Finance & Performance Committee, Quality Committee, People & Culture Committee any matters requiring review or decision in such forum(s). 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 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; The Group shall receive reports from sub-groups of the Trust Management Group (including the Build Ready, Service Ready, People Ready and Digital Demand 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.

UNIVERSITY HOSPITALS DORSET NHS FOUNDATION TRUST

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 Group and how it will achieve its purpose is as set out above.

1.3 The Group has no executive powers other than those specifically delegated in these terms of reference.

2. RESPONSIBILITIES

2.1 The responsibilities of the Group are set out above.

3. MEMBERSHIP/ ATTENDANCE

3.1 Membership of the Group is set out above.

3.2 Standing attendees are set out above. In addition, other individuals may be invited to attend with agreement of the Chair (or in their absence the Deputy Chair).

3.3 The Group will be chaired by the role holder above. A Deputy Chair may be nominated. In the absence of the Chair and/or an appointed Deputy Chair, the remaining members shall elect another member to present to chair the meeting (which, in the case of a Board Committee shall be a Non-Executive Director).

3.4 Subject to paragraph 3.2 above, only members of the Group have the right to attend meetings. If a standing member is unable to attend, they may exceptionally send a deputy to the meeting. (In the case of a Board Committee, a deputy will not have voting rights at the meeting). The Chair or other person chairing the meeting may ask any or all of those who attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

3.5 Group members should aim to attend all scheduled meetings but in any event are expected to attend a minimum of three quarters of all meetings. For the purposes of calculating attendance, a deputy attending on behalf of a member shall not count towards the members' attendance. A record of members' attendance shall be maintained.

4. AUTHORITY

4.1 The Group is authorised to approve its governance cycle.

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

4.3 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 Group will normally meet at the frequency set out above and at such other times as the Chair shall require.

5.2 Meetings of the Group shall be quorate if there are at least the members present set out above for a quorum.

5.3 If a meeting of the Group is inquorate, then the meeting can progress if those present determine. However, no business shall be transacted.

5.4 Meetings of the Group shall be called by the Secretary at the request of the Chair. The Secretary of the Group shall be as stated above.

5.5 The Secretary (or their nominee) is responsible for preparing the agenda for agreement by the Group Chair. The 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.

5.6 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 at the next meeting.

5.7 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.

5.8 Proceedings and decisions made will be recorded in the form of minutes or notes (as specified above), which will be submitted to the next meeting of the Group for approval.

5.9 Members will be expected to conduct business in line with the Trust's values and objectives.

6. RELATIONSHIPS AND REPORTING

6.1 The Group shall be accountable to the group set out above (the Accountable Group), to whom it shall make recommendations in relation to issues that require decision or resolution.

6.2 The Group shall present a report summarising the proceedings of each of its meetings at the next meeting of the Accountable Group. 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 may refer to the other groups specified above any matters requiring review or decision in such forum(s).

6.5 The Group shall receive reports from the Reporting Groups set out above.

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 Accountable Group 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.

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 GROUP MEETINGS

NAME OF [Amend as appropriate: **COMMITTEE/**	Transforming Care Together Steering Group											
Present (*include names of members present at the meeting)*	**Meeting Dates**											
Was the meeting quorate? Y / N (*Please refer to Terms of Reference*)												