

Board Meeting Item 5.2

Subject: System Governance Update
Date of meeting: 24th September 2024
Presented by: Ben Vinter, Director of Risk and Corporate Governance
Purpose: To Note and Agree where required

BAF Reference	Impact on BAF
BAF 8	Provides an overview of the system governance and reporting in place.

1. Executive Summary

System governance arrangements continue to evolve and embed. The duty to collaborate along with the Health and Care Act 2022 brought about models of governance which include Committees in Common and Joint Committees. A committee in common means that members make decisions at the same time rather than 'joint decisions', whereas a joint committee means that joint decisions are taken together.

The key areas covered in this paper are the emerging Liverpool Adult Acute and Specialist Trusts collaboration and CMAST developments as well as how these relate and link to previously established city based governance arrangements.

The Board of Directors is asked to receive these updates and to consider the recommendations as referenced in the appropriate sections of the report.

2. System Governance

As the Board will be aware System governance arrangements continue to evolve and embed. The establishment of the Integrated Care System (ICS), Integrated Care Board (ICB), and the Cheshire and Merseyside Acute and Specialist Trust Provider Collaborative (CMAST) saw some of the newer models and ways of working being adopted and applied within Cheshire and Merseyside in 2022/23. Since this period governance has continued to evolve alongside developing expectations and emerging issues.

2.1 ICS and ICB

LHCH is part of the Cheshire & Merseyside ICS with updates and information being provided through executive structures and reporting.

The Liverpool Clinical Services Review (LCSR) was commissioned by the ICB, through Liverpool Place and resulted in the establishment of a Liverpool Trust Joint Committee (LTJC) and a 'Broadgreen Site Committee' which later became a sub-committee of the LTJC (in 2023). Since this time the ICB has become clearer about its expectations of the system and its priorities and has indicated a preference for collaboration grouped around the 5 adult acute and specialist Trusts within Liverpool¹ (LAASP)

The TOR for the Broadgreen Site committee and subsequently LTJC were approved by the Board of Directors. Chairs reports and minutes from the Broadgreen site committee have been formally shared with the Board of Directors. Assurance reports were to be provided from the LTJC with sub-committees reporting to the LTJC. Following discussions with the ICB these committees have been paused during summer 2024.

Given the above and what follows (section 2.2) it is proposed that the Board agree to dissolve the LTJC and the Broadgreen Site Committee with the knowledge that areas of focus for collaboration and increasing shared decision making will be taken forward through the work of:

- Operationally focussed Broadgreen Site discussions (which existed to support the work of the Broadgreen site committee) which will continue and be reported to the Board, as appropriate, through the CEOs report
- Many of the areas of discussion envisaged to take place through the LTJC will when and as established be progressed through LAASP shared governance.

Recommendation

The Board of Directors is asked to:

1. **AGREE** to the dissolution of the established Liverpool Trusts Joint Committee as per system discussions and therefore cease LHCH participation in the committee it established on 26/07/23
2. **AGREE** to the dissolution of the Broadgreen 'site' committee originally established as a Joint Committee between LUHFT and LHCH (April 2023) but later established as a sub committee of the LTJC with new TOR to be approved through the LTJC.

2.2 LIVERPOOL ADULT ACUTE AND SPECIALIST TRUSTS JOINT WORKING (LAASP)

A first and formative meeting of the Liverpool Adult Acute and Specialist Trusts is expected to take place in mid September. This meeting has been called because the Trusts have identified a need to work together to:

1. Manage financial planning, resources and risk as one
2. Deliver efficient and effective Corporate and Support Services
3. Strategically think as one to develop the LAASP Strategic Case
4. Leading as one to make shared decisions to implement the LAASP Strategic Case

In so doing the Trusts recognise there is a need to work together to develop and define this agenda including any delegations that are likely to be necessary to enable and enact any city decision making envisaged.

¹ This work and area of focus is supplemented by a Women's Services workstream – a sub committee of the ICB which involves LWH, LUHFT, CCC, and AH.

Developing and defining this scope will necessarily take time and require a work plan. It is therefore expected that this meeting will consider and may recommend to Trust Boards the adoption of a Joint Working Agreement which will seek to describe the requirements and scope of working together and anticipated journey and any proposed shadow Joint Committee arrangements that may be required to support the development and later delivery of a workplan.

Should such a recommendation be forthcoming as requiring a Board decision a supplementary dispatch will be required owing to the timing of scheduled meetings. Any recommendations associated with this section of the report will be set out and described with any further circulation of papers.

2.3 CMAST

CMAST has established a governance structure with the key focal point being the CMAST Leadership Board, which is primarily a meeting of CEOs with periodic engagement of Trust Chairs but which has the potential to meet as a Committees in Common (CiC), when matters are delegated to it by member Trusts. The LHCH Chief Executive Officer and Chair attend the CMAST Leadership Board. (Refer CMAST governance structure at Appendix A).

Following a request from the membership the Joint Working Agreement (JWA) and TOR for the CMAST Leadership Board CiC have been reviewed and updated to reflect changes over the successful first two, formal, years of operation. These changes were reviewed by the CMAST Leadership Board on 6th September and recommended to Trusts Boards for endorsement. A summary of the changes and issues considered is supplied at Annex B alongside an updated version of both of these documents with track changes,

Recommendation

The Board of Directors is asked to:

3. **AGREE** to and adopt the updated CMAST Joint Working Agreement and Committees in Common terms of reference.

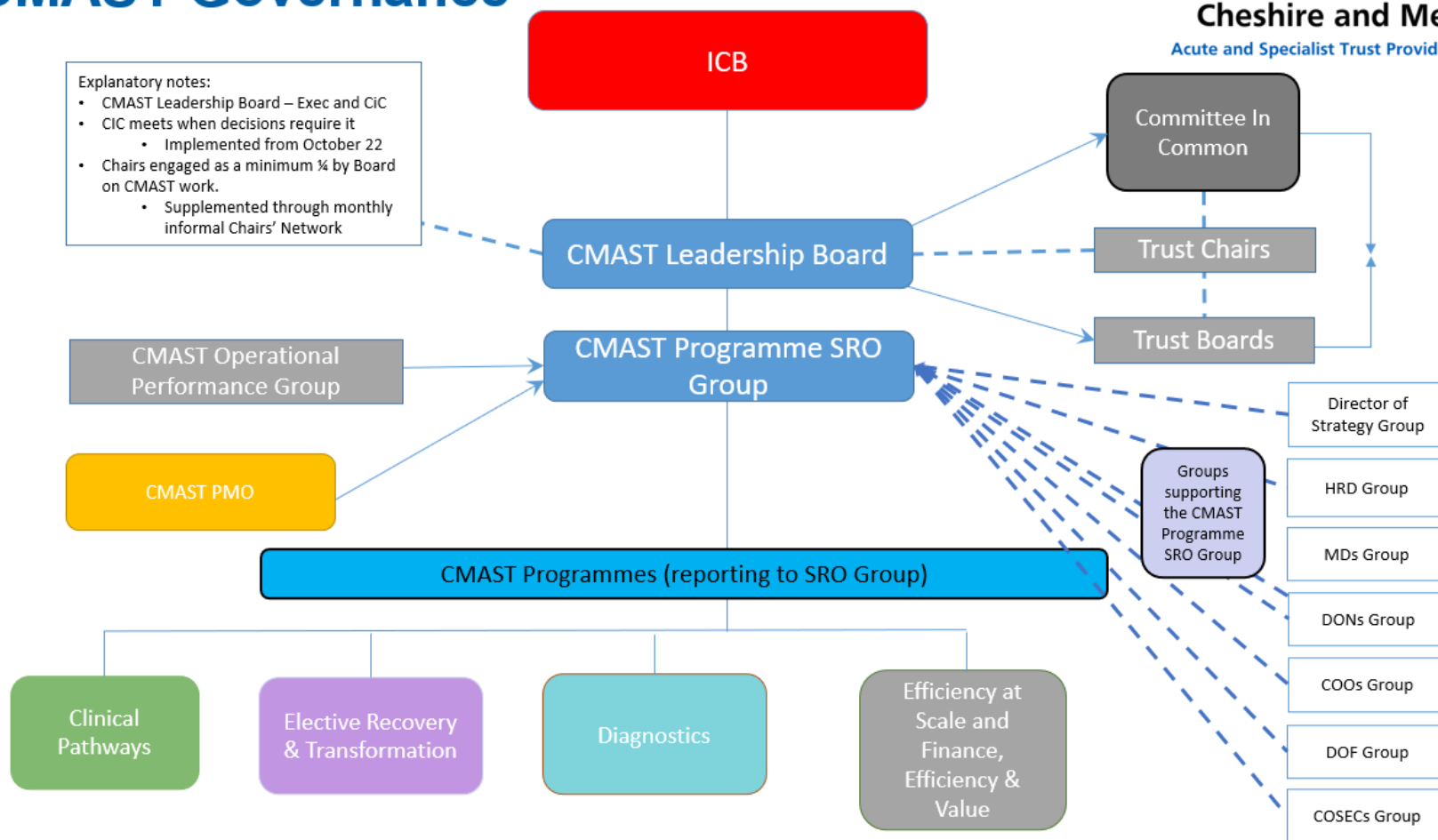
3. Conclusion

We continue to ensure that where appropriate we formally connect the governance and reporting from system structures to our Trust governance structures. The approach and reporting has been subject to change and we have continued to be agile in the way we have approached this whilst still ensuring information is shared. Formal delegations and decision making will evolve further as the work of the Committee in Common or Joint Committees progress, and it will be important to revisit the reporting mechanisms to ensure these remain fit for purpose.

CMAST Governance



Cheshire and Merseyside
Acute and Specialist Trust Provider Collaborative



Appendix B – Updated CMAST Governance documents