

Board Meeting Item 4.1

Subject: LAASP Integration: LHCH Integration - taking steps to join UHLG
Date of meeting: 23rd September 2025
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 update and suggested changes to scope and foundations of system collaborative governance and reporting in place.

Purpose of Report

The purpose of this report is to set out the arrangements for the expansion of the University Hospitals of Liverpool Group Board (the “Group Board”) to include Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH). In extending the Joint Committee arrangements, LHCH will join Liverpool University Hospitals NHS Foundation Trust (LUHFT) and Liverpool Women’s NHS Foundation Trust (LWH) on the Group Board.

Executive Summary

The adult and specialist Trusts in Liverpool have a track record of working together to benefit patients and their families across the city, and the region. Over the last year this was consolidated further following a request by NHS Cheshire and Merseyside Integrated Care Board (ICB), who asked that Trusts put arrangements in place that find solutions and have a simpler way of making decisions about the things that involve patients and their families, members of the public and NHS staff in the system. A Joint Committee for the five Adult Acute and Specialist Hospitals was established which in turn, for LHCH, supported establishment of a number of joint appointments when vacancies naturally arose over the last year.

The paper sets out details for the expansion of Group Board, named NHS University Hospitals of Liverpool (UHL) Group, to include, LHCH. The proposals are presented for review and approval by the LHCH Board of Directors in September 2025 and will be considered in parallel by LWH Board of Directors and LUHFT Board of Directors with, pending agreement, an expanded UHL coming into effect from 1 October 2025.

The Group Board committees (expanded from current LUHFT and LWH coverage) will be formally constituted as committees of the statutory LUHFT, LWH and LHCH Boards. The Committees will act under delegated authority from, and at all times remain accountable to, their respective 'parent' Trust Boards. All business conducted by each Committee will be conducted in the name of the respective Trust. Full details of the Group Governance and Assurance Framework are set out within the paper.

The paper also sets out the practical arrangements and logistics governing how the Group Board will operate in practice. It was considered by the LWH Board of Directors and LUHFT Board of Directors on 12 September 2025 who reviewed and approved the following documents subject to approval and ratification from the LHCH Board

- The expansion of the NHS University Hospitals of Liverpool Group Board to include LHCH
- The updated Provider Collaborative Agreement (PCA)
- The updated Joint Board Terms of Reference
- The proposed amendments to the LHCH Trust Constitution
- The Group Corporate Governance Manual
- UHLG Risk Management Strategy and Policy

The Terms of Reference for the UHLG Assurance and Risk Committee and UHLG Strategy and Partnerships Committee will be presented to the Group Board for review and approval, noting the additional to the membership for each with the Executive Managing Director for LHCH.

The LHCH Standing Financial Instructions and Scheme of Delegation will be presented to the LHCH Board of Directors for review and approval. This will note the changes required to align decision making across UHLG.

1. Introduction

The purpose of this report is to set out the arrangements for the expansion of the University Hospitals of Liverpool (UHL) Group Board (the "Group Board") between Liverpool University Hospitals NHS Foundation Trust (LUHFT), Liverpool Women's NHS Foundation Trust (LWH) and Liverpool Heart and Chest Hospital NHS Foundation Trust. The Group Board was originally established by LUHFT and LWH on 1 November 2024 by establishing a Joint Committee arrangement which subject to approval will be expanded to include LHCH.

The paper sets out the context, legal and regulatory requirements, practical arrangements and logistics governing how the NHS University Hospitals of Liverpool Group Board of Directors will operate in practice. It is presented to the LHCH Board on 23 September following consideration by the LWH Board of

Directors and LUHFT Board of Directors on 11 September 2025, at which time it is expected that each Board will review and approve the following:

- The expansion of the NHS University Hospitals of Liverpool Group Board to include LHCH
- The updated Provider Collaborative Agreement (PCA).
- The updated Joint Board Terms of Reference.
- The proposed amendments to the Trust Constitution.
- The Group Corporate Governance Manual
- UHLG Risk Management Strategy and Policy

2. Liverpool Adult Acute and Specialist Providers (LAASP)

The adult and specialist Trusts in Liverpool have a track record of working together to benefit patients and their families across the city, and the region. This was consolidated further following a request by NHS Cheshire and Merseyside Integrated Care Board (ICB) that the five adult acute and specialist Trusts in Liverpool establish a joint committee (see below). Its purpose is to create sustainable healthcare systems for the future with a clear focus on improving patient care and outcomes. The ICB asked the Trusts put arrangements in place that find solutions and have a simpler way of making decisions about the things that involve patients and their families, members of the public and NHS staff in the system. As such, a Joint Committee for the five Adult Acute and Specialist Hospitals was established in September 2024.

3. LAASP Joint Committee

The Chairs and Chief Executives of the five adult acute and specialist Trusts, outlined below, sit on the Joint Committee:

- Liverpool Heart and Chest Hospital NHS Foundation Trust (LHCH)
- Liverpool University Hospitals NHS Foundation Trust (LUHFT)
- Liverpool Women's NHS Foundation Trust (LWH)
- The Clatterbridge Cancer Centre NHS Foundation Trust (CCC)
- The Walton Centre NHS Foundation Trust (TWC)

This structure has enabled more streamlined decision-making and has helped to build upon existing collaboration. The focus of the LAASP Joint Committee has included:

- Transformation: Defining and implementing the five-year blueprint and roadmap (UHL), for delivering adult acute and specialist care in Liverpool.

- **Collective Accountability:** Defining and implementing controls and collaboration across LAASP where it is beneficial to operate at scale, with consistency and shared responsibility, e.g. financial management, capital planning and managing our workforce.
- **Governance:** Establishing shared leadership, governance, and decision-making across the five Liverpool adult acute and specialist providers in order to develop and implement the University Hospitals of Liverpool (UHL) Group Model. The Joint Committee approved the Terms of Reference and Joint Working Agreement on 19 September 2024, which were presented to the Board of Directors for each Trust for approval. The Board of Directors have been kept fully updated on subsequent progress and developments.

4. NHS University Hospitals of Liverpool Group Shared Board of Directors

As a means to further develop and embed shared governance for LAASP, LUHFT, LWH and LHCH continue to build upon existing arrangements, with further Joint Board appointments and the expansion of the UHL Group Board as a Joint Committee for the respective Boards of Directors. These expanded governance arrangements will support the delivery of services at the respective hospital sites. By working collaboratively and aligning governance arrangements, the Trusts will be:

- Able to address the coordination of treatment and care, across care pathways.
- Positioned to tackle endemic health issues and inequalities across the city by working together on solutions.
- Aligned to focus on service quality and deliver a more consistent experience for patients and their families.
- Positioned to offer more robust service resilience.
- Able to make the best use of the collective workforce and enhance the career prospects and learning for staff.
- Positioned to grow and strengthen our research capacity and capabilities.
- Supporting clinical services delivery with a more efficient and resilient corporate service offer, which in turn supports those staff with career development opportunities.
- An Executive Managing Director has been appointed to lead LHCH and wider services on the Broadgreen site who will sit as a voting member of this Group Board of Directors. This will ensure equity with other sites, retaining the LHCH identity, and voice and influence at board level.

5. Potential Governance Models

A range of models exist to allow Trusts to integrate governance and decision-making and no one size fits all. Sections 65Z5 and 65Z6 of the NHS Act 2006 provide the power for trusts to exercise functions jointly (Joint Functions) and to appoint a joint committee (Group Board) to exercise these but also to reserve functions to individual trusts for standalone decision-making. At the time of the Group's establishment (LUHFT and LWH), a number of models were considered to identify the best way to govern UHLG including:

- Meetings in Common
- Advisory Committees
- Shared/Joint Leadership
- Joint Committee
- Acquisition

A Joint Committee approach was recommended and has been used for approaching 12 months. The initial evaluation took into account the ability to improve patient pathways and make better use of resources, alignment with national guidance, timescale to deliver and complexity to implement, and support from NHS England/Cheshire & Merseyside ICB and was supported throughout with legal advice received via Browne Jacobson LLP who helped the Trusts understand legal aspects and constraints at each stage. Opportunities to enable further change and learning have been shared with the LAASP joint Committees as appropriate.

6. UHLG Model – Joint Committee

NHS England describes a Joint Committee within guidance as 'Arrangements for Delegation and Joint Exercise of Statutory Functions'. It describes a Joint Committee as a 'statutory basis for a group of NHS organisations to take collective responsibility for one or more of their statutory functions – enabling joint decision-making approaches (including to financial management) if they so choose while creating more transparency and clarity of accountability when organisations work together as systems'. It goes on to describe that the constituent organisations of a joint committee agree to abide by the decisions made jointly on a range of issues. These constituent organisations will determine the committee's scope of work and governance arrangements – including setting out criteria, standards, principles or success measures to which the committee operates; and deciding how and when they will review the committee's performance in respect of these. A Joint Committee was selected as the preferred model for the NHS University Hospitals of Liverpool Group Board (and has been operational for a period of time) as it is felt to have several benefits including:

- A Joint Committee has decision-making powers within the scope of delegation, as set out in each Trust's Constitution, Standing Orders, Scheme of Delegation and Standing Financial Instructions.
- It can be established without the need for organisational and structural changes.
- Less complications and time implications for implementation.
- Allows trusts to exercise functions jointly but remain separate corporate bodies (retained sovereignty and independence).
- Alignment of strategic objectives and decision-making.
- Streamlined corporate governance.
- Reduction of Board and Committee meetings.
- Allows for joint appointments – Non-Executive and Executive Directors.
- The model can be 'scaled up' so additional trusts can join the underpinning agreement.
- Clear governance arrangements for making decisions, differentiating between those individuals who should be involved in the final, formal decision-making and those who contribute to committee discussions will need to be adopted.

The Joint Committee Model is set out for approval as required by the respective Boards of Directors together with the establishment of a Provider Collaboration Agreement (PCA). (Appendix A).

7. Legal and Regulatory Considerations

The establishment of the Group Board must be consistent with the provisions of the National Health Service Act 2006 as amended by the Health and Social Care Act 2012 and the Health and Social Care Act 2022. Relevant provisions of the Health and Social Care Act 2008 also apply in terms of matters that need consideration by the Trust Board of Directors.

Statutory guidance exists that needs to be considered as part of implementing any model – there is however a high degree of flexibility based on interpretation.

The key legislation is within Section 47A of the 2022 Act which introduced a new power for Foundation Trusts to enter into arrangements for the carrying out of any of its functions jointly by a Joint Committee. The changes in the 2022 Act are crucial in that these powers allow trusts to establish joint committees that can exercise functions on behalf of participating trusts and make binding decisions – shared objectives and shared decision-making operating within shared governance arrangements.

In practical terms, joining the Joint Group arrangements for LHCH, alongside LUHFT and LWH will involve:

- Each Board establishing a new Committee of the Trust Board of Directors, which is known as University Hospitals of Liverpool Group Board.
- The University Hospitals of Liverpool Group Board has a Terms of Reference as agreed by the LUHFT, LWH and LHCH Board of Directors, set out in the PCA.
- LUHFT, LWH and LHCH authorise functions to be delegated to the University Hospitals of Liverpool Group Board.
- LUHFT, LWH and LHCH revise their respective Standing Financial Instructions and Schemes of Delegation to provide for these new delegations to the University Hospitals of Liverpool Group Board. The legal framework within which each Trust was established will continue to operate as set out in the respective Trust Constitution and Provider License.

At the time of its establishment the initial member Trusts sought legal advice on its proposals for establishing the University Hospitals of Liverpool Group Board and this advice has confirmed that the proposals set out in this paper are consistent with those arrangements and the current statutory and regulatory framework. NHS England published new statutory guidance on Arrangements for delegation and joint exercise of statutory functions: Guidance for integrated care boards, NHS trusts and foundation trusts on 27 March 2023. The proposals set out in this paper are consistent with this guidance, specifically, Sections 65Z5 and 65Z6 Joint Exercise Arrangements; two or more NHS organisations within the scope of Section 65Z5 can choose to come together (including via a Joint Committee) to make legally binding decisions and pool funds across agreed functions. Any constraints on how these arrangements are made and which functions can be part of them are set out in the 2022 Regulations and Annex E and G of the NHS England Statutory Guidance. It is noted that Local Authorities and Council Authorities can be part of the arrangements, but they cannot include their own functions in decision-making using these mechanisms.

8. Reserved Functions

Reserved Functions are any Functions of the Trust that cannot lawfully be delegated or jointly exercised or otherwise are Functions that NHS England has categorised as not 'Open to Joint Exercise of Functions' in Arrangements for delegation and joint exercise of statutory functions. Reserved Functions include:

- Standing Orders, Standing Financial Instructions and Scheme of Delegation
- Care Quality Commission (CQC) Registration
- NHS Provider Licence

- Information Commissioners Office (ICO) Registration
- NHS Resolution (NHSR) Schemes Membership
- Remuneration Committee
- Audit Committee
- Charitable Funds Committee
- Meetings that the Trusts' Boards to approve Annual Accounts and Annual Reports
- Council of Governors – Statutory Duties

The table below proposes a management approach for each of the Reserved Functions

Reserved Function	Management Approach	Executive Lead
Audit Committee	Separate Committee arrangements. The Committee can be structured as a Committee-in-Common e.g. with the same membership, shared meetings, and cycle of business	Group CFO & Group Corporate Affairs Officer
Remuneration Committee	Structured as a Committee-in-Common e.g. with the same membership, shared meetings, and cycle of business. This has been extended to include all LAASP Trusts where decisions are being made to the UHL areas.	Group Corporate Affairs Officer
Charitable Funds Committee	Separate Committee arrangements. The Committee can be structured as a Committee-in-Common e.g. with the same membership, shared meetings, and cycle of business	Group Corporate Affairs Officer / Group Chief Communications Officer
Approval of Accounts and Annual Reports	Each Trust would have a separate board meeting for approval purposes. Meetings can be aligned to take place on the same day / in common.	Group CFO & Group Corporate Affairs Officer
Council of Governors	Council of Governors cannot delegate their functions or decision-making. It is not possible to share governors, but an individual can stand for election in each Trust. The Council of Governors can be structured as a Committee-in-Common e.g. with the same membership, shared meetings, and business cycle. Governors can also work in collaboration across several areas,	Group Corporate Affairs Officer

	for example membership representation, inductions and the Annual Members Meeting.	
Membership	Each Council of Governors is accountable to each Trust's Membership. There are opportunities to deliver engagement and events collaboratively between the Trusts, however, it should be noted that each membership remains individual.	Group Corporate Affairs Officer
Standing Orders. Standing Financial Instructions and Scheme of Delegation	Standalone but aligned documents to ensure consistency in terms of authorisation.	Group Chief Finance Officer
CQC Registration	Each Trust would have a separate CQC registration and associated annual fee. Engagement and processes to be undertaken through Quality Governance.	Group Chief Nursing Officer
NHS Provider Licence	Each Trust would have an NHS Provider Licence. Engagement and processes to be undertaken through Corporate Governance and Finance.	Group Corporate Affairs Officer
ICO Registration	Each Trust would have separate ICO registration and associated annual fee. Engagement and reporting to be undertaken through Digital and aligned DPO functions.	Group Digital & Information Officer / Group Corporate Affairs Officer
NHSR Schemes Membership	Each Trust would have separate NHSR insurance policies. Engagement and reporting to be undertaken through the Liverpool Legal Services Collaborative.	Group Corporate Affairs Officer

9. Composition of the NHS University Hospitals of Liverpool Group Board

The NHS Act 2006, NHS England Code of Governance for Provider Trusts and each Trust Constitution describes the key rules trusts should follow when establishing their Board of Directors. These are summarised below:

- The board of directors and its committees should have a diversity of skills, experience, and knowledge.

- The board should be of sufficient size for the requirements of its duties but should not be so large as to be unwieldy.
- Consideration should be given to the length of service of the board of directors as a whole and membership regularly refreshed.
- At least half the Board of Directors, excluding the Chair, shall comprise Non-Executive Directors. This only affects the number of voting Executive Directors

i. Composition for Executive Directors:

- One of the Executive Directors shall be the Chief Executive and Accounting Officer.
- One of the Executive Directors shall be the Chief Finance Officer
- One of the Executive Directors is to be a registered medical practitioner (or a registered dentist (within the meaning of the Dentists Act 1984).
- One of the Executive Directors is to be a registered nurse or a registered midwife. For Non-Executive Directors:
- The board of directors should satisfy itself that at least one Non-Executive Director has recent and relevant financial experience. The composition of the Joint Board is proposed as follows:

Executive Voting Members	Executive Non-Voting Members
Group Chief Executive	Group Chief Strategy and Partnership Officer
Group Chief Finance Officer	Group Chief Transformation Officer
Group Chief Medical Officer	Group Chief Digital and Information Officer
Group Chief Nursing Officer	Group Chief Quality Improvement Officer
Group Chief People Officer	Group Chief Communications and Marketing Officer
Group Chief Delivery Officer	Group Chief Corporate Affairs Officer / Company Secretary
Royal Managing Director	Group Chief Commercial Officer
Aintree Managing Director	
Liverpool Women's Managing Director	
Liverpool Heart and Chest / Broadgreen	

Hospitals Managing Director	
Non-Executive Directors	
Chair	
10 Non-Executive Directors	
Trust Board size and membership	
28	11 Non-Executive Directors (Chair + Voting NEDs) 17 Executive Directors (10 voting)

ii. Amendments to the Constitution

Each Trust has a Constitution, which is the governing document for each Trust and sets out the legal framework, fundamental principles, and processes by which a Trust is governed. It provides the provisions and Standing Orders for the practice and procedure for both the Board of Directors and the Council of Governors. In order for the above Executive and Non-Executive Members to be appointed to the Group, an amendment will need to be made to the LHCH Constitution to include updates to:

- The composition of the Board of Directors.
- The explicit ability to work more collaboratively via joint Committees/committees in common.

As such, a review of the LCHC Constitution has been undertaken with proposed amendments detailed in the briefing paper attached at Appendix B. Alongside approval by the Board, the amendments have been presented to the Council of Governors for approval.

iii. Approval of Group Executive Directors

A LAASP Nomination and Remuneration Committee (which has delegations for joint and group related appointments) took place on 25 September 2024 for each Trust and approved the appointment of the Executive Members to the Group Board. On 16 July 2025, the Committee approved the appointment of the Executive Managing Director for LHCH and the wider Broadgreen site, who will sit as a voting member of this joint Board of Directors. This will ensure equity with other sites, retaining the LHCH identity, and voice and influence at board level.

iv. Approval of Group Non-Executive Directors

The LUHFT and LWH Council of Governors Joint Nomination and Remuneration Committee and Council of Governors approved the Non-Executive Directors to

joint roles on 21 August 2024. LHCH considerations have taken place at the COG Nomination and Remuneration Committee on 10th September 2025 and are due for discussion at the COG on 16th September.

Non-Executive Director	Term of Office Dates	Term of Office
David Flory – Chair	1 March 2024 – 28 February 2027	First term
Mike Eastwood	1 September 2024 – 31 March 2026	Second term
Geoffrey Appleton	1 September 2024 – 31 August 2027	First term
Jackie Bird – Deputy Chair	1 September 2024 – 31 March 2028	Second term
Sarah Walker	1 September 2024 – 31 August 2027	Second term
Thomas Walley	1 September 2024 – 30 June 2026	Second term
David Gilburt	1 September 2024 – 30 November 2025	First term
Su Rai	28 February 2025 – 27 February 2028	First term
Vacancy	N/A	N/A

v. Enhancing Board Oversight / NED Champion Roles

NHS England set out in guidance 'Enhancing Board Oversight' in December 2021 that board oversight would be enhanced through a change from previously established NED champion roles to committee discharge. Both UHLG and LHCH Board of Directors have identified Non-Executive Directors assigned to the five recommended Champion Roles. The below table sets out the proposition for Joint Non-Executive Directors to be allocated to the Champion Roles identified in the guidance.

Maternity Safety Champion	Wellbeing Guardian	Freedom to speak up	Doctors Disciplinary	Security Management
Jackie Bird	Sarah Walker	Mike Eastwood	Thomas Walley	Mike Eastwood

VI. Schedule of Business

The Schedule of Business informs the Board of Directors agenda, acting as a guide to schedule items to ensure meetings take place at the appropriate frequency and are of a manageable length. Mandatory items for Board of Directors to receive are detailed by NHS England, NHS Resolution, NHS Employers the Health and Social Care Act 2008, the National Institute for Health and Care Excellence and the Health and Safety Executive. A draft Schedule of Business for the Group Board has been prepared taking account of services provided by the Group and is available upon request.

10. Statutory and Mandatory Roles

There are several roles that NHS Foundation Trusts must ensure are in place as part of guidance, legislation, or regulation. These cover a wide range of portfolios, including:

- Emergency preparedness
- Medicines management
- Finance
- Information management / governance
- Health and safety
- Infection control
- Safeguarding
- Freedom of information
- Freedom to Speak Up
- Quality / patient safety
- Sustainability
- Equality and diversity
- Wellbeing
- Maternity
- Security management

To ensure compliance with all relevant legislation and guidance, a review was undertaken with Executive leads, at the time of the Group's establishment, to confirm that the most up-to-date guidance and legislation is referenced, and all relevant roles are understood. The full list of statutory roles can be found in Appendix C.

11. The Group Governance and Assurance Framework

i. Overarching Governance Framework key features of the Group Governance and Assurance Framework of the model include:

- Streamlined governance arrangements, reducing duplication in meeting attendance and reporting.
- Ensures that decisions are made in the right place and that risks and issues can be escalated and managed effectively from line of sight (ward) to the Board.
- The availability of data to be presented in a timelier manner.

Full details of the Group Governance and Assurance Framework are detailed in the Group Corporate Governance Manual, which sets out the control framework within which the Group and each Trust's objectives are delivered. The legal framework within which each Trust was established and continues to operate is set out in the respective Trust's Constitution and Provider License. The Group Corporate Governance Manual will be presented to the Group Board meeting in November 2025.

The current Governance and Assurance Framework for the University Hospitals of Liverpool Group is set out below.

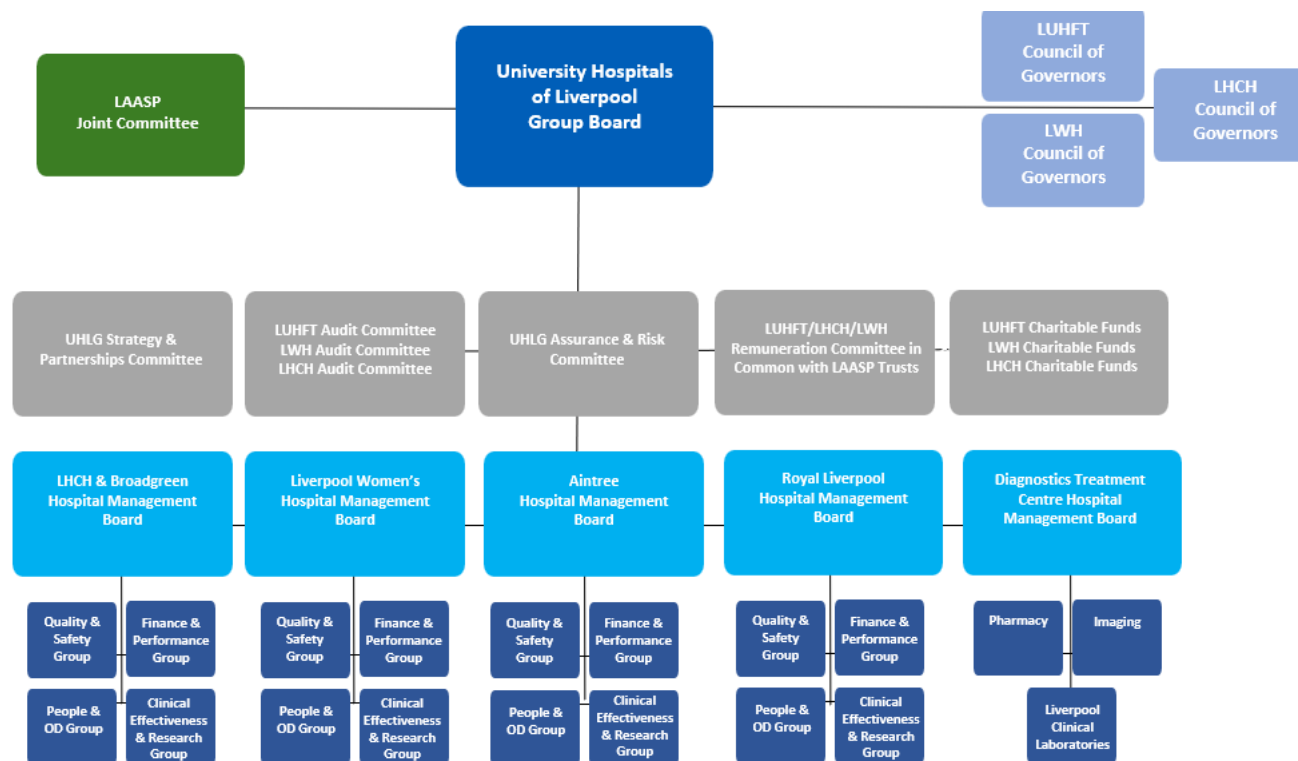


Fig1

ii. Sub-Committee Arrangements

The Group Board committees are formally constituted as committees of the LUHFT, LWH and LHCH Boards. The Committees will act under delegated authority from, and at all times remain accountable to, their respective 'parent' Trust Boards. All business conducted by each Committee will be conducted in the name of the respective Trust. Full details of the Group Governance and Assurance Framework are set out within the paper.

Committee	Arrangements
Remuneration Committee	Committee in Common. Terms of Reference revised and aligned in summer 2025.
Audit Committee	Individual Arrangements for each Trust.
Charitable Funds Committee	Individual Arrangements for each Trust
Strategy and Partnerships Committee	Joint Committee
Assurance and Risk Committee	Joint Committee

Committees-in-Common create a framework for aligned decision-making and promote consistent decisions about the exercise of functions by all participant organisations, though those decisions are separately taken. A Committee-in-Common approach is often taken where a Trust is required to have a reserved function, however a Joint Board membership is in place. To create a Committee-in-Common, each Trust will delegate decision-making for a particular function to an internal committee of that organisation. The committees of each of the organisations may have common membership, either entirely or in part hence the name 'committees in common'. Individual committees then make decisions for each Trust, essentially simultaneously and following arrangements that maximise the chances of aligned decision-making.

iii. Site Based Governance

The introduction for LHCH of a Hospital Management Board (consistent with other locations within UHLG) and a focus on site-based governance gives each site greater autonomy and increased oversight of their opportunities, risks and issues. These changes ensure that we have a clear vision of where we want to be, and the leadership capacity, capability and appropriate governance to get us there.

The governance arrangements provide strengthened control and corporate services support, with decisions made at a site level to increase responsiveness. The Executive Managing Directors of each Hospital Management Board are voting members of the Trust Board, which maintains the connectivity between the Board and site levels. Hospital Management Boards have delegated authority to make decisions affecting their sites, with a limited number of areas that will require Group-wide consultation and agreement, which are:

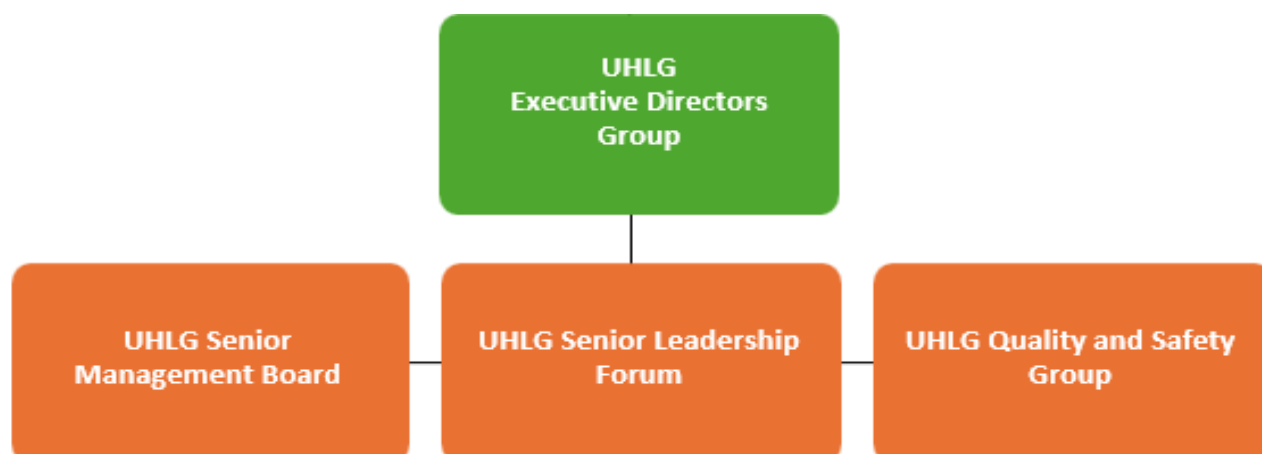
- 1 Changes to group-wide policy at site level*
- 2 Operating outside of delegated limits
- 3 Changes to the Governance and Assurance Framework
- 4 Independently changing digital or information systems
- 5 Agreeing different direction to the strategy agreed
- 6 Changes to Care Group or Divisional Operational Management Structures

*When seeking to update or review a policy (site level or Trust wide), this should consider alignment with the same policy in place at the other statutory Trust(s) within the Group to ensure consistency in standards. Opportunities should be given to introduce a 'Group' policy where applicable.

IV: Group-wide Governance

Whilst arrangements are developed to bring a focus on decision-making at the most appropriate site level, the Trusts will continue to operate within the delegated authorities and retained functions as individual organisations, each shares the same vision and values, as does each site within the model. The Group Executive Team will have oversight and make decisions that impact LUHFT, LWH and LHCH at a Trust level, and Hospital Management Boards have devolved control of aspects that impact their effective running and ability to respond. The Joint Executive Directors Group has oversight and makes decisions that impact all sites across the Group. It is the approval forum for all issues that cannot be delegated to site-based decisions. It triages key issues to (and from) the Joint Senior Management Board and Quality Standards Group. Key issues from EDG are reported to the Board through the Board Chief

Executive's report. Arrangements for the Group and Trust-wide decisions are detailed below:



12. Recommendation

- i. The Board of Directors is asked to note the update and **ENDORSE** the application of the described models for LHCH
- ii. Specifically **AGREE** to:
 - a) The expansion of the NHS University Hospitals of Liverpool Group Board to include LHCH
 - b) The updated Provider Collaborative Agreement (PCA).
 - c) The updated Joint Board Terms of Reference (as included within the PCA)
 - d) The proposed amendments to the Trust Constitution.
 - e) The proposed amendments to the LHCH Standing Financial Instructions and Scheme of Delegation Trust Constitution.
 - f) The Group Corporate Governance Framework
 - g) UHLG Risk Management Strategy and Policy