

Draft No: 2
Date of Draft: June 2025

Dated 2025
**CHESHIRE & MERSEYSIDE PROVIDER
COLLABORATIVE (CMPC)
JOINT WORKING AGREEMENT**

Between

- (1) BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST
 - (2) CHESHIRE AND WIRRAL PARTNERSHIP NHS FOUNDATION TRUST
 - (3) COUNTESS OF CHESTER HOSPITAL NHS FOUNDATION TRUST
 - (4) LIVERPOOL UNIVERSITY HOSPITALS NHS FOUNDATION TRUST
 - (5) WARRINGTON AND HALTON TEACHING HOSPITALS NHS FOUNDATION TRUST
 - (6) WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FOUNDATION TRUST
 - (7) THE CLATTERBRIDGE CANCER CENTRE NHS FOUNDATION TRUST
 - (8) LIVERPOOL HEART AND CHEST HOSPITAL NHS FOUNDATION TRUST
 - (9) THE WALTON CENTRE NHS FOUNDATION TRUST
 - (10) LIVERPOOL WOMEN'S NHS FOUNDATION TRUST
 - (11) ALDER HEY CHILDREN'S HOSPITAL NHS FOUNDATION TRUST
 - (12) MERSEY CARE NHS FOUNDATION TRUST
 - (13) EAST CHESHIRE NHS TRUST
 - (14) MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST
 - (15) MID CHESHIRE HOSPITALS NHS FOUNDATION TRUST
 - (16) WIRRAL COMMUNITY HEALTH AND CARE NHS FOUNDATION TRUST
- and
- (17) NORTH WEST AMBULANCE SERVICE NHS TRUST

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1 Introduction

1.1 In this Agreement, the following words bear the following meanings:

Agreement	this agreement signed by each of the Trusts in relation to their joint working and the operation of the <u>CMPC</u> CiCs;
<u>CMPC</u> CiCs	the committees established by each of the Trusts to work alongside the committees established by the other Trusts and " <u>CMPC</u> CiC" shall be interpreted accordingly.
<u>CMPC</u> Leadership Board	the <u>CMPC</u> CiC's meeting in common.
Confidential Information	all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Agreement;
Competition Sensitive Information	means Confidential Information which is owned, produced and marked as Competition Sensitive Information including information on costs by one of the Trusts and which that Trust properly considers is of such a nature that it cannot be exchanged with the other Trusts without a breach or potential breach of competition law;
Dispute	any dispute arising between two or more of the Trusts in connection with this Agreement or their respective rights and obligations under it;
Meeting Lead	the <u>CMPC</u> CiC Member nominated (from time to time) in accordance with paragraph 7.6 of the Terms of Reference, to preside over and run the <u>CMPC</u> CiC meetings when they meet in common;
Member	a person nominated as a member of a <u>CMPC</u> CiC in accordance with their Trust's Terms of Reference and " Members " shall be interpreted accordingly;
Terms of Reference	the terms of reference adopted by each Trust (in substantially the same form) more particularly set out in the Appendices 1-14 to this Agreement;
Trusts	the Countess Of Chester Hospital NHS FT, Liverpool University Hospitals NHS FT, , Warrington And Halton Teaching Hospitals NHS FT, Wirral University Teaching Hospital NHS FT, The Clatterbridge Cancer Centre NHS FT, Liverpool Heart And Chest Hospital NHS FT, The Walton Centre NHS FT, Liverpool Women's NHS FT, Alder Hey

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	Children's Hospital NHS FT, East Cheshire NHS Trust, Mersey and West Lancashire Teaching Hospitals NHS Trust, Mid Cheshire Hospitals NHS FT, Mersey Care NHS Foundation Trust , Bridgewater Community Healthcare NHS Foundation Trust , Cheshire and Wirral Partnership NHS Foundation Trust , Wirral Community Health and Care NHS Foundation Trust and "Trust" shall be interpreted accordingly.
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- 1.2 Each Trust is putting in place a governance structure which will enable it to work together with the other Trusts to implement change and develop [CMPC](#) as a provider collaborative.
- 1.3 Each Trust has agreed to establish a committee which shall work in common with the other [CMPC](#) CiCs, but which will each take its decisions independently on behalf of its own Trust. North West Ambulance Service NHS Trust is a party to this Agreement as a participant in [CMPC](#) but is not forming a [CMPC](#) CiC and will be in attendance at meetings of the [CMPC](#) CiC's but not a member Trust.
- 1.4 Each Trust has decided to adopt terms of reference in substantially the same form to the other Trusts, except that the membership of each [CMPC](#) CiC will be different.
- 1.5 The [CMPC](#) Trusts agree that, notwithstanding the good faith consideration that each Trust has afforded the terms set out in this agreement, this agreement shall not be legally binding. The [CMPC](#) Trusts enter into this agreement with the approval of their boards and intending to honour all their obligations to each other.

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2 **Background**

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Vision

- 2.1 Our vision did span a range of time horizons. However as we have become more confident, [clear](#) and cohesive we have summarised it to: Our vision is to work collectively for a single healthcare system to provide high quality, timely, efficient and productive services to everyone in Cheshire and Merseyside.

Key functions

- 2.2 The key functions of [CMPC](#) are to:
- 2.2.1 Deliver the [CMPC](#) vision;
- 2.2.2 Support the delivery of the ICS triple aim in Cheshire and Merseyside;
- 2.2.3 Align priorities across the member Trusts,
- 2.2.4 Support delivery by ICBs with the capacity to support population-based decision-making, and working with other collaboratives and partners to develop and support ICS maturity and encourage wider system working and collaboration
- 2.2.5 Direct operational resources across Trust members to improve service provision;
- 2.2.6 Prioritise key programmes for delivery on behalf of the Cheshire and Merseyside system; and
- 2.2.7 Create an environment of innovation, challenge and support in order to deliver improved performance and quality of service provision.

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2.3 [CMPC](#)'s stated priorities are to strengthen each of the Trusts by sharing collective expertise and knowledge to deliver:

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2.3.1 Clinical Improvement and Transformation

2.3.2 Sustainability and Value

By achieving this we believe we will:

2.3.3 Reduce health inequalities;

2.3.4 Improve access to services and health outcomes;

2.3.5 Stabilise fragile services;

2.3.6 Improve pathways;

2.3.7 Support the wellbeing of staff and develop more robust workforce plans; and

2.3.8 Achieve financial sustainability.

2.4 The Trusts have identified that a preferred model for their closer collaboration and joint working is to establish a governance structure that, so far as possible within the legislation, enables "group" and common decision making structures; the [CMPC](#) CiCs acting through the [CMPC](#) Leadership Board.

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2.5 More specifically the [CMPC](#) CiCs and the [CMPC](#) Leadership Board will facilitate the Trusts' work in the following key work programmes at this initial stage of [CMPC](#) development:

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2.5.1 Delivery and coordination of the C&M Elective Recovery Programme;

[2.5.2 Delivery and co-ordination of the community programme to support alignment with other programmes;](#)

[2.5.3 Further development of community based alternatives to hospital admission and standardisation of the community services offer in Cheshire and Merseyside as per the Neighbourhood health guidance;](#)

2.5.4 Cancer Alliance delivery and enablement – subject to requests of the Alliance;

2.5.5 Delivery and coordination of the C&M Diagnostics Programme including system decision making on pathology optimisation following existing C&M case for change and OBC;

2.5.6 Initiation of proposals and case for change for clinical pathway redesign - subject to discrete decision making as may be appropriate;

2.5.7 Coordinating and enabling [CMPC](#) members contribution and response to collective system wide workforce needs, pressures and the People agenda;

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2.5.8 Coordinating and enabling [CMPC](#) members contribution and response to system wide financial decision making, pressures and financial governance;

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2.5.9 Responding to and coordinating [CMPC](#) action in response to any national, regional or ICB initiated priorities for example TIF, system or elective capital prioritisation, reduction in long waiters; and

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2.5.10 The [CMPC](#) Trusts are part of the C&M ICS. Regional and inter regional relationships should first and foremost be guided by the ICB. To support this [CMPC](#) will provide

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both intelligence to the ICB and respond to ICB calls for action. Where necessary and appropriate [CMPC](#) may seek to develop relationships with peers or for trusts, across other ICS's and ICB's (for example, related to specialised commissioning). This will be notified and communicated between the [CMPC](#) Trusts in accordance with the principle outlined in clause 4.6.

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The areas within scope of this Agreement may be amended through variation, by Trust Board resolutions or agreement of the annual [CMPC](#) workplan.

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- 2.6 The Trusts will remain as separate legal entities with their own accountabilities and responsibilities. The priorities for [CMPC](#) will be complementary to (and do not revise or replace) the existing statutory duties of the Trusts (such as the delivery of NHS Constitutional Standards or equivalent). For avoidance of doubt there is no intention that the governance structure outlined in this Agreement will lead to a statutory merger or acquisition under section 56 or section 56A of the National Health Service Act 2006 (as amended).

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3 Rules of working

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- 3.1 The Trusts have agreed to adopt this Agreement and agree to operate the [CMPC](#) CiCs as the [CMPC Leadership Board](#) in line with the terms of this Agreement, including the following rules (the "Rules of Working"):

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3.1.1 Working together in good faith;

3.1.2 Putting patients interests first;

3.1.3 Having regard to staff and considering workforce in all that we do;

3.1.4 Consider the wider system impact and perspective and discuss proposals before any unilateral Trust action which may impact other Trusts;

3.1.5 Airing challenges to collective approach / direction within [CMPC](#) openly and proactively seeking solutions;

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3.1.6 Support each other to deliver shared and system objectives;

3.1.7 Recognising the relationship between acute, mental health, community and specialist providers ensuring that information is shared where this impacts on other sectors;

3.1.8 Empower and expect our professional (executive) groups to think from a system perspective and to develop proposals with this in mind;

3.1.9 Recognising and respecting the collective view and keeping to any agreements made between the [CMPC](#) CiC's;

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3.1.10 Maintain [CMPC](#) collective agreed position on shared decisions in all relevant communications;

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3.1.11 Be accountable. Take on, manage and account to each other for performance of our respective roles and responsibilities; and

3.1.12 Appropriately engage with the ICB and with other partners on any material service change.

4 Process of working together

4.1 The [CMPC](#) CiCs shall meet together as the [CMPC](#) Leadership Board in accordance with and discuss the matters delegated to them in accordance with their Terms of References (attached here as Appendices 1-18).

4.1.1 Meetings of the [CMPC](#) Leadership Board will be categorised under three types of business, dependent on the agenda to be discussed and whether any formal decisions are required to be taken:

- A. [CMPC](#) Leadership Board – Operational business - Informal CEO discussions and representing the standard regular meeting structure; ¹
- B. [CMPC](#) Leadership Board – Decisions to be made under the [CMPC](#) CiC delegations - CiC CEOs;
- C. [CMPC](#) Leadership Board – CiC CEOs and Chairs discussion (or NED designate)

4.2 The [CMPC](#) CiCs shall work collaboratively with each other as the [CMPC](#) Leadership Board in relation to the committees in common model.

4.3 Each [CMPC](#) CiC is a separate committee, with functions delegated to it from its respective Trust in accordance with its Terms of Reference and is responsible and accountable to its Trust. Acknowledging this and without fettering the decision-making power of any [CMPC](#) CiC or its duty to act in the best interests of its Trust, each [CMPC](#) CiC shall seek to reach agreement with the other [CMPC](#) CiCs in the [CMPC](#) Leadership Board and take decisions in consensus, in light of its aims and Rules of Working set out in clauses 2 and 3 above.

4.4 When the [CMPC](#) CiCs meet in common, as the [CMPC](#) Leadership Board, the Meeting Lead shall preside over and run the meeting. The intention is that the lead arrangements will be reviewed periodically reflecting the will of the membership. The next review point is expected to be no later than 2026.

4.5 The Trusts agree that they will adopt a tiered approach to bringing decisions which come within the Terms of Reference to the [CMPC](#) Leadership Board which will reflect the principle of subsidiarity (that issues should be dealt with at the most immediate level that is consistent with their resolution) in the following approach:

Scale of involvement/impact	Approach to decision
Matter under discussion has no involvement or impact on other CMPC Trusts (e.g. local issue related to place)	Matter for the Trust involved and notified to the CMPC Leadership Board if appropriate.
Matter only involves or impacts a smaller group of CMPC Trusts and not all (e.g. specialised commissioning issue for specialist trusts)	The CMPC CiC's for the Trusts involved shall consider the required decision if it is within their delegation as set out in the Terms of Reference. Notify the CMPC Leadership Board.
Matter involves or impacts all CMPC Trusts and comes within the delegation under the	Matter to be dealt with through the CMPC CiCs at the CMPC Leadership Board in

¹ Chairs will be invited to [CMPC](#) Leadership Board meetings, at least quarterly.

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<u>CMPC</u> CiCs (e.g. collaborative approach to non-clinical services or workforce)	accordance with this Agreement and the Terms of Reference.
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4.6 Each CMPC Trust will report back to its own Board and the CMPC Leadership Board will be responsible for transparent information sharing in the form of common briefings and updates to each of the CMPC Trust Board meetings. The CMPC Trust chairs may (as well as their quarterly CMPC meetings - clause 4.1.1 above) meet regularly as a group to share information and for general discussions on CMPC on an informal basis. In addition, the CMPC Leadership Board will seek to ensure that each CMPC programme has the opportunity for a Chair sponsor to be appointed whose role will include updating the chairs meetings on the progress of the relevant programme.

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4.7 When CMPC CiC meetings are intended to take decisions under the delegations made to those committees (in accordance with clause 4.1.1 B) then the meeting of CMPC (or if relevant, section of the meeting), may be held in public except where a resolution is agreed by the CMPC Leadership Board to exclude the public on the grounds that it is believed to not be in the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time. Papers and minutes of CMPC meetings held in public will be published.

5 Future Involvement and Addition of Parties

5.1 Subject to complying with all applicable law, and the Trusts' unanimous agreement, third parties may become parties to this Agreement on such terms as the Trusts shall unanimously agree.

5.2 Any Trust may propose to the other Trusts that a third party be added as a Party to this Agreement.

6 Exit Plan

6.1 Any exit plan, when required or proposed by a Trust, will be drafted for consideration by the Leadership Board with support by the CMPC DoFs. it is a necessity that an agreed exit plan deals with, for example, the impact on resourcing or financial consequences of:

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6.1.1 termination of this Agreement;

6.1.2 a Trust exercising its rights under clause 7.1 below; or

6.1.3 the Meeting Lead and the CMPC CiC Chairs varying the Agreement under clause 10.6.2.

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6.1.4 cost apportionment, where appropriate, will be applied on a proportionate fair shares basis

6.2 An exit plan approach is drafted shall be inserted into this Agreement at Appendix 18 and the Trusts shall review and, as appropriate, update the exit plan on each anniversary of the date of this Agreement.

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7 Termination

7.1 If any Trust wishes to revoke the delegation of functions to the relevant CMPC CiC committee and exit this Agreement ("**Exiting Trust**"), then the Exiting Trust shall, prior to such revocation and exit:

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7.1.1 send a written notice from the Chair of the Exiting Trust to the other Trusts' Chairs and the [CMPC](#) Leadership Board of their intention to do so; and

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7.1.2 if required by any of the other Trusts (by sending a written notice within ten (10) business days of receipt of such notice) meet with the other Trusts' Chairs within ten (10) business days of the notice given under clause 7.1.1 to discuss the consequences of such revocation and exit.

7.2 If:

7.2.1 no other Trust sends a notice to the Exiting Trust within the time limit referred to in clause 7.1.2; or

7.2.2 following the meeting held under clause 7.1.2 the Exiting Trust still intends to exit the Agreement,

then the Exiting Trust may (subject to the terms of the exit plan at Appendix 1⁹) exit this Agreement.

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7.3 If following the steps and meeting (if any) pursuant to clause 7.1.2 above the Exiting Trust revokes its delegation to its [CMPC](#) CiC and exits this Agreement then the remaining Trusts shall meet and consider whether to:

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7.3.1 Revoke their delegations and terminate this Agreement; or

7.3.2 Amend and replace this Agreement with a revised Agreement to be executed by the remaining Trusts and to make such revisions as may be appropriate in the circumstance.

8 Information Sharing and Competition Law

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8.1 For the purposes of any applicable data protection legislation the Trusts shall be the data controller of any Personal Data (as defined in the UK General Data Protection Regulation (UK GDPR)) created in connection with the conduct or performance of the principles of this Agreement.

8.2 Where appropriate the [CMPC](#) Trusts agree to use all reasonable efforts to assist each other to comply with their respective responsibilities under any applicable data protection legislation. For the avoidance of doubt, this may include providing other Trusts with reasonable assistance in complying with subject access requests and consulting with other Trusts, as appropriate, prior to the disclosure of any Personal Data (as defined in the UK GDPR) created in connection with the conduct or performance of this Agreement in relation to such requests.

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8.3 All Trusts will adhere to all applicable statutory requirements regarding data protection and confidentiality. The [CMPC](#) Trusts agree to co-operate with one another with respective statutory obligations under the Freedom of Information Act 2000 and Environmental Information Regulations 2004.

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8.4 Subject to compliance with all applicable law (including without limitation competition law and obligations of confidentiality (contractual or otherwise)) the Trusts agree to share all information relevant to the operation of this Agreement in an honest, open and timely manner. The Trusts, shall not, (save as permitted by this [clause 8](#)) either during or after the period of this Agreement divulge or permit to divulge to any person (including the other Trusts) any information acquired from other Trusts in connection with this Agreement which concerns:

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8.4.1 any matter of commercial interest contained or referred to in this Agreement;

8.4.2 Trusts' manner of operations, staff or procedures;

8.4.3 the identity or address or medical condition or treatment of services received by any client or patient of any of the Trusts;

unless previously authorised by the Trusts concerned in writing, provided that these obligations will not extend to any information which is or shall become public information otherwise than by reason of a breach by a Trust of the provisions of this Agreement.

CMPC is committed to clear, consistent and transparent communication across the CMPC Trusts and with system partners' where appropriate. It is specifically recognised that CMPC Trusts are part of the ICS and members of Place Based Partnerships and will be working with their local partners and other collaboratives. Communication to and from Place Based Partnerships will be key for CMPC and the CMPC Trusts may be asked to represent both their own organisations and CMPC in such local place-based discussions.

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8.5 For the avoidance of doubt, nothing in this Agreement shall be construed as preventing any rights or obligations that the Trusts may have under the Public Interest Disclosure Act (1998) and / or any obligations to raise concerns about any malpractice with regulatory or other appropriate statutory bodies pursuant to professional and ethical obligations including those obligations set out in the guidance issued by regulatory or other appropriate statutory bodies from time to time.

8.6 The Trusts acknowledge and agree that each may be required to disclose Confidential Information to others. For the purpose of this Agreement "Confidential Information" means all information provided in connection with this Agreement which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-know or trade secrets, in all cases whether disclosed orally or in writing before or after the date of this Agreement.

8.7 The Trusts undertake for themselves and their respective Boards and employees that:

8.7.1 the disclosing Trust shall confirm whether information is to be regarded as confidential prior to its disclosure by clearly marking all such documents with 'Confidential';

8.7.2 they will use no lesser security measures and degree of care in relation to any Confidential Information received from the other Trusts than they apply to their own Confidential Information;

8.7.3 they will not disclose any Confidential Information of the other Trusts to any third party without the prior written consent of the disclosing Trust; and

8.7.4 on the termination of this Agreement, they will return any documents or other material in their possession that contains Confidential Information of the other Trusts.

8.8 The Trusts agree to provide in a timely manner and without restriction all information requested and required by the relevant designated CMPC Programme Support team (either internal team or external contractor where agreed) to carry out work including but not limited to relevant detailed financial, activity, workforce and estates related information pertaining to CMPC activities.

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8.9 The Trusts will ensure they share information, and in particular Competition Sensitive Information, in such a way that is compliant with competition law to the extent applicable.

8.10 The Trusts commit to agreeing a protocol to manage the sharing of information to facilitate the further operation or development of CMPC across the Trusts as envisaged if and when required.. Once agreed by the Trusts (and their relevant information officers) , this protocol shall be

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inserted into this Agreement at Appendix 1⁹ and the Trusts shall review and, as appropriate, update the exit plan on each anniversary of the date of this Agreement².

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9 Conflicts of Interest

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9.1 Members of each of the [CMPC](#) CiCs shall make arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by the [CMPC](#) Leadership Board will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of [CMPC](#)'s decision-making processes.

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9.2 The [CMPC](#) Leadership Board will, where relevant, agree policies and procedures for the identification and management of conflicts of interest which will be published on the [CMPC](#) website. It is proposed that such policies will either be [CMPC](#) developed or [CMPC](#) will support the adoption and application of the policy of the [CMPC](#) Chair and/or Meeting Lead.

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9.3 All [CMPC](#) Leadership Board, committee and sub-committee members, and employees acting on behalf of [CMPC](#), will comply with the [CMPC](#) policy on conflicts of interest in line with their terms of office and/ or employment. This will include but not be limited to declaring all interests on a register that will be maintained by [CMPC](#). Reuse / resubmission of host employer or home trust data, where applicable, will be supported

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9.4 All delegation arrangements made by the Trusts will include a requirement for transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures agreed by the [CMPC](#) Leadership Board.

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9.5 Where an individual, including any individual directly involved with the business or decision-making of the [CMPC](#) Leadership Board and not otherwise covered by one of the categories above, has an interest, or becomes aware of an interest which could lead to a conflict of interests in the event of the [CMPC](#) Leadership Board considering an action or decision in relation to that interest, that must be considered as a potential conflict, and is subject to the provisions of this Agreement and any agreed [CMPC](#) Conflicts of interest Policy and Standards of Business Conduct Policy.

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10 Dispute Resolution

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10.1 The Trusts agree to adopt a systematic approach to problem resolution which recognises the Rules of Working set out in clause 3 above.

10.2 If a problem, issue, concern, or complaint comes to the attention of a Trust in relation to any matter in this Agreement, that Trust shall notify the other Trusts in writing and the Trusts each acknowledge and confirm that they shall then seek to resolve the issue by a process of discussion.

10.3 If any Trust considers an issue identified in accordance with clause 10.2 to amount to a Dispute requiring resolution and such issue has not been resolved under clause 10.2 within a reasonable period of time, the matter shall be escalated to the Meeting Lead who shall decide in conjunction with the [CMPC](#) CiCs at the [CMPC](#) Leadership Board the appropriate course of action to take.

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10.4 If the Meeting Lead and the [CMPC](#) Leadership Board reach a decision that resolves, or otherwise concludes a Dispute, the Meeting Lead will advise the Trusts of the decision by written notice. Any decision of the Meeting Lead and the [CMPC](#) Leadership Board will be final and binding on the Trusts once it has been ratified by the Trusts' Boards (if applicable).

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² To date (2022 – 2024) it has been considered unnecessary and unwarranted by virtue of ICS facilitated and governed ways of working

10.5 If the matter referred to in clause 10.3 above cannot be resolved by the Meeting Lead and the CMPC Leadership Board, within fifteen (15) Working Days, the Trusts agree that the Meeting Lead and the CMPC Leadership Board, may determine whatever action they believe necessary to resolve the Dispute which may include:

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10.5.1 appointment of a panel of CMPC Leadership Board members who are not involved in the dispute to consider the issues and propose a resolution to the Dispute;

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10.5.2 mediation arranged by C&M ICB for consideration and to propose a resolution to the Dispute; or

10.5.3 if considered appropriate selecting an independent facilitator and utilising the Centre for Effective Dispute Resolution (CEDR) Model Mediation Procedure. Unless otherwise agreed between the CMPC Trusts, the facilitator will be nominated by CEDR to assist with resolving the Dispute;

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and who shall:

- be provided with any information they request about the Dispute;
- assist the Meeting Lead and CMPC Leadership Board to work towards a consensus decision in respect of the Dispute;
- regulate their procedure and, subject to the terms of this Agreement, the procedure of the Meeting Lead and CMPC Leadership Board at such discussions;
- determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Working Days of their appointment; and
- where appropriate have their costs and disbursements met by the Trusts in dispute equally.

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10.6 The above process (10.5) will seek to be addressed within one calendar month and no longer than 6 weeks unless, in such circumstances, as all parties agree to a longer time frame,

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10.7 If the independent facilitator proposed under clause 1.5 cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this clause 10 and only if after such further consideration the Trusts again fail to resolve the Dispute, the Meeting Lead and CMPC Leadership Board may decide to recommend their Trust's Board of Directors to:

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10.7.1 terminate the Agreement;

10.7.2 vary the Agreement (which may include re-drawing the member Trusts); or

10.7.3 agree that the Dispute need not be resolved.

11 Variation

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No variation of this Agreement shall be effective unless it is in writing and signed by the Trusts (or their authorised representatives).

12 Counterparts

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12.1 This Agreement may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Agreement, but all the counterparts shall together constitute the same agreement.

12.2 The expression “counterpart” shall include any executed copy of this Agreement transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

12.3 No counterpart shall be effective until each Trust has executed at least one counterpart.

13 **Governing law and jurisdiction**

This Agreement shall be governed by and construed in accordance with English law.

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This Agreement is executed on the date stated above by

.....
For and on behalf of **BRIDGEWATER COMMUNITY HEALTHCARE NHS FT**

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This Agreement is executed on the date stated above by

.....
For and on behalf of **CHESHIRE AND WIRRAL PARTNERSHIP NHS FT**

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This Agreement is executed on the date stated above by

.....
For and on behalf of **COUNTESS OF CHESTER HOSPITAL NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **LIVERPOOL UNIVERSITY HOSPITALS NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **WARRINGTON AND HALTON TEACHING HOSPITALS NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **WIRRAL UNIVERSITY TEACHING HOSPITAL NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **THE CLATTERBRIDGE CANCER CENTRE NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **LIVERPOOL HEART AND CHEST HOSPITAL NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **THE WALTON CENTRE NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **LIVERPOOL WOMEN'S NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **ALDER HEY CHILDREN'S HOSPITAL NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **MERSEY CARE NHS FT**

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This Agreement is executed on the date stated above by

.....
For and on behalf of **EAST CHESHIRE NHS TRUST**

This Agreement is executed on the date stated above by

.....
For and on behalf of **MERSEY AND WEST LANCASHIRE TEACHING HOSPITALS NHS TRUST**

This Agreement is executed on the date stated above by

.....
For and on behalf of **MID CHESHIRE HOSPITALS NHS FT**

This Agreement is executed on the date stated above by

.....
For and on behalf of **WIRRAL COMMUNITY HEALTH AND CARE NHS FT**

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This Agreement is executed on the date stated above by

.....
For and on behalf of **NORTH WEST AMBULANCE SERVICE NHS TRUST**

APPENDIX 1– TERMS OF REFERENCE FOR BRIDGEWATER COMMUNITY HEALTHCARE NHS
FOUNDATION TRUST CIC

[Insert Terms of Reference for the Bridgewater Community Healthcare NHS
Foundation Trust CIC]

APPENDIX 2 – TERMS OF REFERENCE FOR CHESHIRE AND WIRRAL PARTNERSHIP NHS
FOUNDATION TRUST CIC

[Insert Terms of Reference for the Cheshire and Wirral Partnership NHS
Foundation Trust CIC]

**APPENDIX 3– TERMS OF REFERENCE FOR THE COUNTESS OF CHESTER HOSPITAL NHS
FOUNDATION TRUST CIC**

**[Insert Terms of Reference for the Countess of Chester Hospital NHS
Foundation Trust CiC]**

**APPENDIX 4 – TERMS OF REFERENCE FOR THE LIVERPOOL UNIVERSITY HOSPITALS NHS
FOUNDATION TRUST CIC**

**[Insert Terms of Reference for the Liverpool University Hospitals NHS
Foundation Trust CiC]**

**APPENDIX 5– TERMS OF REFERENCE FOR WARRINGTON AND HALTON TEACHING
HOSPITALS NHS FOUNDATION TRUST CIC**

**[Insert Terms of Reference for Warrington and Halton Teaching Hospitals
NHS Foundation Trust CiC]**

**APPENDIX 6 – TERMS OF REFERENCE FOR THE WIRRAL UNIVERSITY TEACHING HOSPITAL
NHS FOUNDATION TRUST CIC**

**[Insert Terms of Reference for the Wirral University Teaching Hospital NHS
Foundation Trust CiC]**

**APPENDIX 7 – TERMS OF REFERENCE FOR THE CLATTERBRIDGE CANCER CENTRE NHS
FOUNDATION TRUST CIC**

**[Insert Terms of Reference for The Clatterbridge Cancer Centre NHS
Foundation Trust CIC]**

**APPENDIX 8 – TERMS OF REFERENCE FOR THE LIVERPOOL HEART AND CHEST
HOSPITALS NHS FOUNDATION TRUST CIC**

**[Insert Terms of Reference for the Liverpool Heart and Chest Hospitals NHS
Foundation Trust CiC]**

**APPENDIX 9 – TERMS OF REFERENCE FOR THE WALTON CENTRE NHS FOUNDATION
TRUST CIC**

**[Insert Terms of Reference for The Walton Centre NHS Foundation Trust
CIC]**

**APPENDIX 10 – TERMS OF REFERENCE FOR THE LIVERPOOL WOMEN'S NHS FOUNDATION
TRUST CIC**

**[Insert Terms of Reference for the Liverpool Women's NHS Foundation
Trust CiC]**

APPENDIX 11 – TERMS OF REFERENCE FOR THE ALDER HEY CHILDREN'S HOSPITAL NHS
FOUNDATION TRUST CIC

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[Insert Terms of Reference for the Alder Hey Children's Hospital NHS
Foundation Trust CiC]

APPENDIX 12– TERMS OF REFERENCE FOR MERSEY CARE NHS FOUNDATION TRUST CIC

[Insert Terms of Reference for the Mersey Care NHS Foundation Trust CIC]

APPENDIX 13 – TERMS OF REFERENCE FOR THE EAST CHESHIRE NHS TRUST CIC

[Insert Terms of Reference for the East Cheshire NHS Trust CiC]

APPENDIX 14 – TERMS OF REFERENCE FOR THE MERSEY AND WEST LANCASHIRE
TEACHING HOSPITALS NHS FOUNDATION TRUST CIC

[Insert Terms of Reference for the Mersey and West Lancashire Teaching
Hospitals NHS Foundation Trust CiC]

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**APPENDIX 15 – TERMS OF REFERENCE FOR THE MID CHESHIRE HOSPITALS NHS TRUST
CIC**

[Insert Terms of Reference for the Mid Cheshire Hospitals NHS Trust CiC]

APPENDIX 16– TERMS OF REFERENCE FOR WIRRAL COMMUNITY HEALTH AND CARE NHS
FOUNDATION TRUST CIC

[Insert Terms of Reference for the Wirral Community Health and Care NHS
Foundation Trust CIC]

**APPENDIX 17 – TERMS OF REFERENCE FOR THE NORTH WEST AMBULANCE SERVICE NHS
TRUST CIC**

[Not applicable]

APPENDIX 18 - EXIT PLAN

1 In the event of termination of this Agreement by all parties, the Trusts agree that:

1.1 each Trust will be responsible for its own costs and expenses incurred because of the termination of the Agreement up to the date of termination UNLESS it is agreed between the Trusts that the costs and expenses are to be borne equally between the Trusts;

1.2 upon reasonable written notice, each Trust will be liable for one seventeenth of any professional advisers' fees incurred by and on behalf of CMPC in relation to the termination of this Agreement (if any) up to and including the date of termination of this Agreement;

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1.3 each Trust will revoke its delegation to its CMPC Committee in Common (CiC) on termination of this Agreement;

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1.4 termination of this Agreement shall not affect any rights, obligations or liabilities that the Trusts have accrued under this Agreement prior to the termination of this Agreement; and

1.5 there are no joint assets and resources but should these be identified in the future, Trusts will need to confirm agreement at termination of this Agreement how any joint assets or resources will need to be dealt with on termination of the Agreement.

2 In the event of an Exiting Trust leaving this Agreement in accordance with clause 7, the Trusts agree that:

2.1 a minimum of six months' notice will be given by the Exiting Trust and they shall pay to the other Trusts all reasonable costs and expenses incurred by the other Trusts as a consequence of the Exiting Trust's exit from CMPC and this Agreement up to and including the Exiting Trust's date of exit from this Agreement. Notwithstanding this, the Exiting Trust's total aggregate liability, in respect of such reasonable costs and the expenses, shall be capped at the value of their annual contribution of resources that are agreed to remain for the financial year or term of any agreement being overseen by the CMPC CiC;

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2.2 upon reasonable written notice from the other Trusts, the Exiting Trust shall be liable to pay [one thirteenth of] any professional advisers' fees incurred by and on behalf of CMPC as a consequence of the Exiting Trust's exit from the Working Together Partnership and this Agreement up to and including the date of exit of the Exiting Trust from this Agreement;

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2.3 the Exiting Trusts will revoke its delegation to its CMPC CiC on its exit from this Agreement;

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2.4 the remaining Trusts shall use reasonable endeavours to procure that the Agreement is amended or replaced as appropriate in accordance with clause 7.3.2;

2.5 subject to any variation to or replacement of this Agreement in accordance with paragraph 2.4 above, and clause 7.3.2, this Agreement shall remain in full force and effect following the exit of the Exiting Trust from this Agreement

APPENDIX 19 - INFORMATION SHARING PROTOCOL

[to be inserted once deemed necessary and agreed]

SUGGESTION from one Trust that - Competition-sensitive information needs inclusions: How will the CMPC ensure compliance with competition law, especially in the absence of a finalised Information Sharing Protocol (Appendix 19)?

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Is there a boiler plate ISA that could be provided? The CEOs (while there has been some change within the group) were mainly of the view that this was not a necessity nor deal breaker however the comment suggests to me we may be entering territory where ISA could be used as a reason not to as vs to do something

FURTHER safeguards are in place to ensure that shared data (especially financial or workforce-related) is handled in compliance with GDPR and FOIA obligations? Should a breach of data submitted by a Trust to CMPC occur who is liable. I think my response to this is the hosts of CMPC functions have to declare the breach but costs associated with CMPC activities are not borne by the host alone but by all members as this is a shared / membership endeavour? Fyi – we have 3 host employers atm.

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