West Yorkshire Association of Acute Trusts (WYAAT)

Governing provider collaboratives: Joint committees, decision-making and testing different models

28 June 2023
What is WYAAT and why does it exist?

• Collaboration of the six acute trusts in West Yorkshire & Harrogate
• Self-funded by the trusts
• Forum for acute trusts; a single voice into the HCP
• Providing a mechanism to share best practice and learn from each other to tackle unwarranted variation or inequalities in access, outcomes and experience
• Delivery of acute trust focused change programmes
• Leadership of wider programmes on behalf of the ICS
• Facilitates clinical, operational collaboration & mutual aid
• Prioritising and planning system investments in acute services
• Only what the trusts do together and the decisions they take together
• Not an organisation
• Not “doing things to” the trusts
Evolution of WYAAT

- Small number of shared programmes
- Mutual aid, peer support and networked services
- Shared operational networks, large number of loose networks, leading on behalf of the ICS
What makes WYAAT work?

• Shared vision and common purpose
• A “compact”:
  – Expectations & behaviours
  – Communication
  – Relationships and trust
• Collaborative, system leadership

Underpinned by:
• Robust governance, systems and processes
• Sufficient resources, realistic timescales
WYAAT runs a Committee in Common structure.

Committee in Common membership includes the Chairs and the CEOs of WYAAT’s member trusts.

As a CIC, it confirms its support for business cases, investments and key decisions, with the formal approval retained by trust boards.

Chairs and NEDs as well as execs are therefore integral to collaborative decision-making.

All WYAAT papers and updates from Programme Executive (CEOs) are shared with and discussed by Trust Boards on a monthly basis.

Arrangements are formalised through the WYAAT MoU signed by Chairs and CEOs.
Working within the system
Decision making

- WYAAT uses its governance structures (Committee in Common model) to make decisions on those initiatives which do not impact patient facing services or the way in which patients access these services e.g. for programmes like imaging sharing solution, scan for safety, and pathology Laboratory Information Management System.

- For those programmes or initiatives impacting the way patients access services, WYAAT, engaging with partners, makes a recommendation with a decision taken by the Integrated Care Board or appropriate Committee with appropriate assurance from Joint HOSC e.g. vascular reconfiguration.
Reflections for Co Secs

- MoU (cited within LTHT Standing Orders as per Committee ToR)
- CiC - Rotation of Chair supported by respective Co Sec
- CiC - Consistency of one Co Sec
- WYAAT Co Sec post meeting follow up – clarity for decision to flow for approval to respective Boards. Consistency in minuted record by each Trust
- Governance and reporting of programmes to each Board, attendance by project leads – strength of reports and consistency of the report journey
- Shared learning network meetings for Never Events and Serious Incidents – mins of meeting share with QAC (assurance)
- Risk and appetite – needs more work noting differences (e.g. - opt in programmes of work - progress, operational delivery/mutual aid, capital investment)