

Meeting Title	Board of Directors		
Date	11.7.19	Agenda item	Bo.7.19.24

Report from the Partnerships Committee

Presented by	Max Mclean, Chairman		
Author	Paul Shercliff, Policy Manager		
Lead Director	John Holden, Acting Chief Executive		
Purpose of the paper	Update from the Chairman on the discussions held at the Partnerships Committee		
Key control	Strategic Objective - To collaborate effectively with local and regional partners		
Action required	To note		
Previously discussed at/informed by	Partnerships Committee held on 17 May 2019		
Previously approved at:	Committee/Group N/A	Date	

Key matters discussed

The following matters were discussed at the meeting held on 17 May 2019.

NHS Long Term Plan.

The committee received an update on the NHS Long Term Plan and the implications the plan has for partnership working. The committee discussed this topic and the response of the local WY&H Health and Care Partnership to the plan including the local five year strategy that is currently being drafted.

Vertical integration. The committee noted that the Strategic Partnering Agreement (SPA), which sets out how collaboration will work in Bradford District and Craven in future, had been signed by all partners, with the exception of Bradford Council, who could not sign until after the local elections. The committee discussed how well known the SPA was within the Trust, and the discussion concluded that knowledge of the SPA could be further embedded. The committee was provided with an update on the diabetes project.

Community Partnerships

The committee received an update on Community Partnerships and Primary Care Networks, which are an important component of the NHS Long Term Plan. The update noted that it was unclear whether the two would completely align in Bradford District and Craven in the future. The committee noted the way in which the Trust had been involved in Bradford's ten Community Partnerships for the beginning.

Airedale Collaboration. The committee noted the positive progress made recently regarding the collaboration with Airedale, noting a significantly stronger strategic alignment between the two organisations than there had been in the past. It noted that work was underway to prioritise the order specialities would be addressed by clinicians and the Project Management Office, and that an initial draft of the strategy, to help shape the collaboration, would be drafted for July.

Horizontal Integration. The committee noted the current operational pressures in vascular interventional radiology and the knock on effect this had had on the proposed West Yorkshire Vascular Network. The committee was updated on the latest position regarding a revised capital bid to access capital funding for a hybrid theatre, to support the establishment as Bradford Royal Infirmary as an arterial centre. The committee noted the latest position on the WYAAT and Health and Care Partnership programmes.

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Stakeholder engagement

The Committee received its regular 6-monthly report on stakeholder engagement, including a summary of the latest self-assessments carried out by account managers. The committee confirmed they were assured this was in line with the Clinical Services Strategy and adequately mitigates the identified risk that the Trust fails to engage key partners and misses opportunities for collaboration.

Recommendation

The Board of Directors is requested to note the work of the Partnerships Committee in scrutinising the Foundation Trust's partnership arrangements and providing assurance on its relevant strategic objective.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	No variation					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	X	
Quality implications		X
Resource implications		X
Legal/regulatory implications		X
Diversity and Inclusion implications		X

Regulation, Legislation and Compliance relevance

NHS Improvement: Code of governance
Care Quality Commission Domain: <i>Well led</i>
Care Quality Commission Fundamental Standard:
Other (please state):

Relevance to other Board of Director's Committee:

Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
			X		