Bradford Teaching Hospitals
NHS Foundation Trust

PARTNERSHIPS COMMITTEE
MINUTES, ACTIONS & DECISIONS

Date:	Friday, 17 May 2019	**Time:**	14:00-16:00
Venue:	Trust Meeting Room, Trust HQ, BRI	**Chair:**	Max Mclean, Chair
Present:	Non-Executive Directors: - Max Mclean, Chair (MM) - Amjad Pervez, Non-Executive Director (AP) - Professor Laura Stroud, Non-Executive Director (LS) Executive Directors:- - John Holden, Chief Executive (JH) - Bryan Gill, Chief Medical Officer (BG) - Chris Smith, Deputy Director of Finance (CS)		
In Attendance:	- Edward Cornick, Head of Policy (EC) - Alison Smith, Head of Partnerships (AS) - Paul Shercliff, Policy Manager (PS) - Tanya Claridge, Director of Governance and Corporate Affairs (TC)		
Observers:			

No.	Agenda Item	Action
P.5.19.1	**Apologies for Absence**	
	Apologies were noted from Matthew Horner, Chris Smith was deputising for Matthew in this meeting.	
P.5.19.2	**Declarations of Interest**	
	Laura Stroud noted that she is the representative who represents Leeds University on the board. *Tanya Claridge joined the meeting*.	
P.5.19.3	**Minutes and actions of the meeting held on 22 March 2019**	
	MM asked if there were any concerns with the minutes from the last meeting. JH stated that there were a couple of minor changes that he will address outside the meeting. MM queried whether Well Bradford should be a standing item. JH responded that he thought it would be disproportionate for Well Bradford to be a standing item, but that it should periodically be brought as an update. He noted that it was planned to come to the next board development session. AS agreed with the view that a periodic update was more appropriate. The minutes were approved. MM queried whether the action around bringing a discussion of the strategic risks regarding the collaboration with Airedale to a board development session was concluded. EC confirmed that this had been covered at the board development session 11 April and it was agreed that the action could be closed.	

P.5.19.4	**Matters arising from the Board of Directors**	
	It was confirmed that were no matters arising from the last Board of Directors. JH stated that there might be a need to consider what aspects of the Partnership Committee work might need to be considered by other committees.	
P.5.19.5	**Strategic Risks relevant to the Committee**	
	JH asked EC to provide an update on the strategic risks that were relevant to the committee, following a request by MM. It was noted that these would be discussed in further detail later in the meeting. EC talked through strategic risk 3293 regarding our ability to deliver vascular services, and noted that two risks have merged, to create a new risk, 3395. BG confirmed that he would provide the Partnerships Committee with an update on the latest operational aspects of this under the horizontal integration item. EC talked through strategic risk 3255, regarding collaboration with Airedale. He updated the committee that this was about whether the scope of collaboration is right, the collaboration aligns with the Trust's clinical strategy and whether it is effectively delivering against the clinical strategy. EC noted that governance between the two Trusts had been set up, including the strategic collaboration board. TC queried whether that board had a risk register. JH confirmed that this was not yet the case, but that it would be important for this to be created. EC noted that the joint risk register would capture different risks, as they would not be BTHFT specific. AS provided an update on strategic risk 3090, which is the risk regarding vertical integration, and the Trust's work with partners in Bradford District and Craven. There is a risk that some of the proposals may destabilise BTHFT, mitigations and further detail would be provided later in the meeting. EC provided a brief overview of strategic risk 3091, regarding the work that is taking place between partners at a West Yorkshire and Harrogate level. He updated the committee that this risk is about whether it will have an impact of on the achievement of the clinical strategy. The mitigation for this risk is generally engaging in the governance and influencing at a WY&H and WYAAT level. MM thanked EC for this update, and, in response, MM queried the specifics behind what a hybrid theatre is, and BG provided a brief overview. EC provided an update on strategic risk 3153, noting that this is the risk around the impact NHSI's national policy proposals might have on the Trust's joint venture with Airedale, and with the WYAAT pathology programme.	
P.5.19.6	**NHS Long Term Plan – implications for partnership work** PS spoke through a slide set about the Long Term Plan and its implications for Partnership Working. MM asked whether the committee had any specific comments they would like	

	to raise in the discussion. JH queried whether the ICS will complete a more comprehensive strategy in response to the Long Term Plan, or whether it will look to simply refresh what it already had – this might be a missed opportunity. EC agreed with this point, but stressed that from the Trust's point of view, this was not a very risky approach, although conversely, nor does it advance some of the questions the Trust needs answer on regarding future delivery of services. BG noted that the Long Term Plan could present a challenge in terms of its focus on primary and community care. BG also noted that often work at ICS/WYAAT becomes focused on crises rather than on a strategic approach to future service development. MM asked whether there were any specific points on Community Partnerships, AS confirmed that she would provide a greater update under a separate item. JH confirmed that it could mean a significant amount for our partnership work, depending on how five year strategy for the ICS was developed. JH noted that arguably the Trust's responses to the work with Airedale was answering some of the bigger questions around the future model for services, compared to the ICS response to the Long Term Plan. MM queried how the Strategic Partnering Agreement linked to this work, and AS confirmed this would form part of her update under vertical integration, later in the meeting.	
P.5.19.7	**Vertical Integration update**	
	AS provided an update on integrated care and partnership working in Bradford District and Craven. She spoke through the risks associated with this area, including strategic risk 3090 AS noted that the Strategic Partnering Agreement (SPA) had been signed by all partners, with the exception of Bradford Council, who could not sign until after the local elections. AS updated the committee on the review of the Bradford District and Craven local plan, Happy, Healthy at Home and the approach being taken to reviewing programmes against the Long Term Plan. AS provided a brief update on the diabetes project, noting that this was a test case for how partners could work with each other, and that implementing the new model continued to be challenging. MM asked the committee if there were any questions or comments. JH noted that he was confident that adequate assurance against the risk was in place, through the Trust's engagement in the programmes. BG queried how confident the Trust is that its staff are engaged in this work. MM asked whether the organisation is fully behind the SPA and whether it was fully embedded in this work. AS, in response noted, that due to the SPA being a new document, this is unlikely to be case, but that the Trust's community staff are most likely to be involved, through their representation on Community Partnerships. JH stated that this was a good challenge from MM and that it will be important for the Trust's staff to understand that the Trust is working in a different way with its partners; this was perhaps more important than that they had explicit knowledge of the SPA. JH stated that the Trust could explicitly ask the question about whether staff were taking account of partnership considerations, for example by requiring this to be addressed in cover sheets on Trust papers, and MM noted that he was pleased that this may be considered.	

	TC asked whether the way two services between organisations are going to be regulated by the CQC in the future, means that this should come within the remit of the quality committee. LS supported this view and stated it will be important to consider what the role of the quality committee will be in this area in the future. **Community Partnerships** MM asked AS to introduce the item under vertical integration. AS provided the committee with an update on Community Partnerships and Primary Care Network. AS updated the committee that the Long Term Plan sets out big ambitions for Primary Care Networks. AS updated the committee that the clinical service strategy did refer to the predecessor to Community Partnerships, that they served populations of 30-50,000 people and that there are 13 in Bradford District and Craven. She updated the committee that it was positive that the voluntary sector was represented on Bradford's Community Partnerships and that the model in Bradford has been recognised nationally. AS updated the committee that BTHFT had been involved in all ten Bradford Community Partnerships from the beginning. AS updated the committee that it was unclear whether Primary Care Networks and Community Partnerships will completely align in the future. LS queried how Community Partnerships will reduce inequalities. In response, AS stated that the establishment of three CPs that cover central Bradford was positive. AS confirmed to LS that she would feedback on the specific query LS had regarding Bevan House. AS stated that a significant amount of money is attached to Primary Care Networks, worth £1.8bn over five years, which will be used to recruit staff to multidisciplinary teams. LS thanked AS for the SWOT analysis, which she had found very useful. BG raised the concept of the Trust's virtual services, and that it will be important for these to work well with Community Partnerships. AS noted some of the questions for PCNs for BTHFT, including whether they will be able to reduce A&E attendances. MM thanked AS for the update and asked whether there are any specific comments or questions. BG stated that he thought it would be important for the Trust's approach to community services and what the Trust's role will be regarding both providing community services and its community workforce.	
P.5.19.7	**Airedale Collaboration update**	
	EC introduced the item and noted that the Trust had been working to collaborate with Airedale for a significant period of time, but that good progress had been made recently and there was stronger strategic alignment between the two Trusts than there had been in the past. EC spoke through risk 3260 to assess whether the committee is assured, noting that there was good alignment strategically. EC then spoke to risk 3255 and noted that though the programme of collaboration that was in place, the risk of the Trust not fully understanding its interdependencies should reduce over time. EC spoke through the mitigating activities, including the governance arrangements for the programme that are in place, and he noted that key decisions will still go to each organisations board for decision.	

	EC noted that one of the first pieces of work that would need to be completed would be to produce a joint strategy setting out what the collaboration is aiming for. MM acknowledged this. EC stated that this would include a view on what the different types of model that could be adopted in each area could be. MM asked the committee if it had any specific comments. BG updated the committee that there was considerable interest in the clinical lead and that multiple appointments were expected to be made. LS praised BG's leadership, particularly in relation to collaborative working and the example he had set in his work on stroke services. JH stated that in any given specialty there will be a single unified approach, the way in which this is done will vary from specialty to speciality but that is the vision for the work.	
P.5.19.8	**Horizontal Integration update**	
	EC talked through the slides and noted that integration at a West Yorkshire and Harrogate ICS level and West Yorkshire Associate of Acute Trusts, were the areas which were covered by horizontal integration. EC updated the committee on strategic risk 3091, noting that he hoped it would become easier to track the risks as the governance becomes clear, he updated the committee on the mitigating activity, which includes engaging in the WYAAT and ICS governance and being actively involved in the programmes that have the biggest impact on the Trust. EC updated the committee on risk 3395, updating the committee on the latest regarding the establishment of an arterial centre at BRI and the need to build a hybrid theatre. BG provided an update on the operational pressures related with this risk, including the crisis in CHFT's ability to deliver vascular interventional radiology and the knock on effect to the proposed West Yorkshire Vascular Network. AP queried issues with the workforce and whether the Trust would be able to recruit. BG responded by stating that when the Trust last went out to advert for interventional radiologists, no applicants were received. MM asked if there were any further comments. EC noted that there will still be some behaviours between the Trusts that were more competitive than collaborative, and that this is a challenge in this area.	
P.5.19.9	**Stakeholder engagement**	
	MM introduced the questions in the paper on stakeholder engagement. AS explained that this is a routine update to the committee, which it will receive twice a year. AS explained that the context to this item was that the Trust had agreed it needed a more systematic approach to stakeholders. AS explained the process by which relationships with stakeholders were addressed and noted the process to gain feedback on the key stakeholder relationships. AS confirmed the committee was being asked whether they had sufficient assurance on stakeholder engagement. AP fed in to the discussion that it was	

	important to note that the Council of Mosques does not represent the whole Muslim population in Bradford, and that this should be addressed by the Trust. AP declared an interest due to his involvement with the council. LS noted that Bradford University and Leeds University were potentially more important stakeholders than how they had been captured in the paper. MM asked whether the committee was assured and the committee confirmed that it was.	
P.5.19.10	**Partnership Committee Dashboard**	
	EC updated the committee that a separate segment has been introduced to separate acute collaboration from horizontal integration, and explained that this was why they appeared in draft form. JH noted that there was an enduring question as to whether the committee would benefit from monitoring a more "numbers- based" KPI, recognising the difficulty of coming up with a meaningful metric for "partnerships". JH stated this was a topic to which the Committee could return. LS supported this. MM asked whether there were any concerns and the committee confirmed it was assured.	
P.5.19.11	**Board Assurance Framework**	
	EC talked the BAF and updated the committee on the risk ratings and residual risk ratings and how the Trust is attempting to lower the risks. TC clarified that the purpose of this discussion was to seek assurance for quarter one. MM asked the committee if it was assured. JH responded that he was content with the assurances that have been given and suggested that the level of assurance should be green. The committee confirmed it was assured.	
P.5.19.12	**Any Other Business**	
	The committee discussed whether the timings of the meetings should be moved from a Friday afternoon to another time during the week. It was agreed that this would be looked at.	
P.5.19.13	**Matters to share with other committees**	
	The need to reflect on the piece for regulation of joint services and CQC regulation and the links this could have to the quality committee was noted. It was noted that at the next Partnerships Committee there should be a discussion on whether Airedale collaboration needs to be considered at other committees.	
P.5.19.14	**Matters to Escalate to the Strategic Risk Register**	
	None	
P.5.19.15	**Matters to Escalate to the Board of Directors**	
	BG queried whether the current situation in vascular should go to the closed board for update. This was agreed.	
P.5.19.16	**Items for Corporate Communications**	
	None	
P.5.19.17	**Date and time of next meeting**	
	26 July 2019 2-4pm, Trust HQ meeting room.	

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
22/3/2019	**P.3.19.7**	Bring a discussion to the next available board development session about some of the strategic risks associated with the collaboration with Airedale	Director of Strategy & Integration	30/04/2019	Session delivered at board development session held 11 April 2019. Action concluded.
17/5/2019	**P.3.19.6**	AS confirmed to LS that she would feedback on the specific query LS had regarding Bevan House	Head of Partnerships	26/7/2019	
17/5/2019	**P3.19.14**	Bring a discussion to the next Partnerships Committee on whether the Airedale collaboration needs to be considered at other committees.	Head of Policy	26/7/2019	