

**PARTNERSHIPS COMMITTEE  
MINUTES, ACTIONS & DECISIONS**

<b>Date:</b>	Tuesday, 24 September 2019	<b>Time:</b>	14:00-16:00
<b>Venue:</b>	Trust Meeting Room, Trust HQ, BRI	<b>Chair:</b>	Max Mclean, Chair
<b>Present:</b>	Non-Executive Directors: - Max Mclean, Chair (MM) - Amjad Pervez, Non-Executive Director (AP) Julie Avenue, Non-Executive Director (JA) - Laura Stroud, Non-Executive Director (LS) Executive Directors:- - John Holden, Chief Executive (JH) - Bryan Gill, Chief Medical Officer (BG) dialled in - Matthew Horner, Director of Finance (MH)		
<b>In Attendance:</b>	- Edward Cornick, Head of Policy (EC) - Aubrey Sitch (observer) - Paul Shercliff, Policy Manager (PS) - Tanya Claridge (TC)		
<b>Observers:</b>			

No.	Agenda Item	Action
<b>P.9.19.1</b>	<b>Apologies for Absence</b>	
	It was noted that Bryan Gill needed to be noted as present as he had dialled in to the meeting. Apologies were noted from Amjad Perez. A round of introductions was given and it was confirmed that no one had anything to raise under any other business.	
<b>P.9.19.2</b>	<b>Declarations of Interest</b>	
	MM asked for declarations of interest. No declarations of interest given.	
<b>P.9.19.3</b>	<b>Minutes and actions of the meeting held in 23 July 2019</b>	
	MM asked for any matters of inaccuracy or amendment needed. JH confirmed minor amendments would be circulated to PS. The committee approved the minutes.  The actions from the last meeting were discussed.  MM queried whether action regarding Primary Care Networks had been captured, it was confirmed that this was the case.  The action regarding population health management was discussed and it was confirmed that this should come back to November's committee meeting.  The action regarding due governance regarding the Airedale collaboration will be picked up in this meeting and the action can be closed.  MM asked about the final action regarding escalation to other committees. JH queried whether this was an accurate description of what had been agreed, noting that what is needed is a robust process to identify what comes through the committee and how they get picked up by other committees. TC confirmed that this could be done through the cover sheet. It was agreed that	JH

	it could be looked at through the annual report/cover sheet.	
<b>P.9.19.4</b>	<b>Matters Arising</b>	
<b>P.9.19.4.1</b>	<b>Matters arising from the Board of Directors</b>	
	It was confirmed that there were no matters arising from the Board of Directors.	
<b>P.9.19.5</b>	<b>Partnerships Committee Annual Report to the Board of Directors</b>	
	MM asked TC to pull out anything she would like to flag through the report and TC spoke to report. TC updated the committee that she will propose to board that the board sees these annual reports rather than writing two each year. TC updated committee on the progress made on the report to date. MM queried whether the committee purpose was still relevant. The committee agreed that the purpose was accurate. MM stated that the ask of the committee was to ascertain whether the annual report submission should be approved. The committee confirmed it was approved.	
<b>P.9.19.6</b>	<b>Draft Use of Resources Submission</b>	
	<p>JH apologised for the lateness of the paper and updated the group that this was the current version and acknowledged the mitigating circumstances regarding its timeliness.</p> <p>JH stated that the most helpful thing to do was for TC to talk through the paper and the context, TC did this, noting that the assessment day is 27 November and that Sandra Shannon will add her section for the committees that are being held on 25 September.</p> <p>TC noted that the Trust is working with an external party to create a supplementary information document and that the content of the report has been coordinated by TC and Matthew Howson. TC stated that a final draft should be ready for the board development day in early October.</p> <p>MM queried whether the submission was annual. TC, in response, stated that it was part of NHSI's inspection of use of resources which had recently been introduced and that it will be completed annually. JA queried whether the Trust has seen what a good submission looks like from another Trust. TC clarified that they had done this and had worked to make sure the Trust's submission was similar. JA queried how they were scored and TC stated how it will work with the CQC rating. BG talked through how this works in terms of impact on the overall CQC rating.</p> <p>TC stated that the Trust went through a mock process last December and will do this again in October, to be able to give good examples at interview. MM queried when the Trust had last undertaken a use of resources. TC confirmed that this was last December, BG clarified that this was not an assessment. MM queried whether the Trust had got the feedback from Deloitte in December. TC confirmed this was the case. MM queried what the feedback had been. TC responded by summarising the feedback, stating that there was a risk that colleagues from the Trust were not consistent, where you focus resources should be where you need to improve performance and that lived examples were important. MM thanked TC for the update. MH stated that improved is expected from last time due to EPR and the co-morbidity data of the Trust's patients which was not reflected last time. JH stated that a presentation to welcome CQC/NHSI and showcase good work. JH stated that NHSI is more interested in areas of apparent weakness and the Trust's</p>	

	<p>understanding of that and what a plan is to improve performance. MM queried where the Trust was outlier. TC confirmed that in terms of costs and in terms of some of the constitutional standards (e.g. ECS), this was the case. MM queried the timescales for the work and TC stated that it needed to be considered by committees at this point ahead of a final submission on 14 October.</p>	
<b>P.9.19.7</b>	<b>Care Group Governance</b>	
	<p>TC spoke through the item, noting that one of the concerns raised at board was what the quality governance part of the care group infrastructure looks like. TC has worked with directors and Sandra Shannon to understand how the Trust aligns what happens in care groups and assurance.</p> <p>TC spoke through the hand out the committee had received on the care group governance framework. TC explained that the care group cabinets provide the performance and assurance function for the care group. TC noted that each specialty has a governance meeting and each CBU will have its own quality, finance and performance governance.</p> <p>MM queried whether the committee was being asked to note the item. TC confirmed this was the case. MH queried the SLT shown on the handout. TC confirmed this was the operational SLT. TC noted that there were two committees that needed to be added to the document.</p> <p>BG queried whether a point had been reached where representation at the sub committees was resolved. TC stated that this should be picked up in the other committee meetings taking place tomorrow, in particular at the quality committee.</p> <p>MM stated that he was content that the committee had noted this item, but that it feels like a more detailed discussion is needed. TC stated she needed to pick it up again with Sandra Shannon. MM confirmed the committee had noted the Care Group Governance.</p>	
<b>P.9.19.8</b>	<b>Strategic Risks relevant to the Committee</b>	
	<p>JH spoke through the three topics that the committee covers including vertical integration, the collaboration with Airedale and horizontal integration, and that the committee periodically looks at stakeholder engagement. JH's view was that the committee should consider them in detail in each substantive item. JA stated that it would be helpful to understand the context and that this was in line with her view of how the Trust does business. MM stated that the updates are to note and sequenced so vertical is discussed first.</p>	
<b>P.9.19.9</b>	<b>Vertical Integration update</b>	
	<p>PS provided the update for this item. PS described the associated strategic risk for this item (3090).</p> <p>PS noted that a 6-month review of Strategic Partnering Agreement (SPA) is due in October, and that additional parties are interested in joining the SPA. He noted a review of programmes associated with happy health and at home strategy.</p>	

	<p>It was noted that Primary Care Networks (PCNs) are now officially established with their Clinical Directors in post. PS explained PCNs and Community Partnerships continue to develop as two distinct entities with PCNs as the network of GP practices contracted to deliver the new GP contract and Community Partnerships as the partnership approach to improving services for local communities. Other places do not make this distinction and over time it may be the case that PCNs and Community Partnerships will evolve to become one and the same thing.</p> <p>The discussion of this item noted the Trusts needs to develop its strategy and approach to interacting, supporting and influencing the development of PCNs (and some discussion having already occurred at a senior leadership level). It was agreed the Trust CBU clinical directors should lead this on the Trust's behalf, but with adequate support at a senior leadership level to create a joint approach.</p> <p>It was noted by MM that the wording of the risk associated with this item seemed defensive and needed to take greater account of the opportunities vertical partnership working could bring.</p> <p>ACTION: Strategy and Integration to look at rewording risks associated with this item to more fully reflect opportunities associated with this work area, and for reworded risk to be approved using usual governance processes.</p>	Director of Strategy
<b>P.9.19.10</b>	<b>Airedale Collaboration update</b>	
	<p>MM noted the slides and JH asked EC to talk through the slides.</p> <p>EC stated that there is a substantial programme of collaboration with Airedale Foundation Trust, to improve sustainability and transform and improve the two Trusts' services. EC introduced the two risks – the first around strategic alignment and the second around interdependencies the services have.</p> <p>EC stated that the main mitigating action is the programme of collaboration itself, noting the strategy which is planned between the two organisations and the detailed work being undertaken between them. EC stated that there is a process in place to create a shared clinical strategy which will oversee the programme over the next two years, and it will look to define what the operational model will be in terms of developing services.</p> <p>EC noted that the next key milestone in the development of the strategy will be the clinical summit in October. EC updated the committee that a baseline of information will be looked at in each specialty which should help assure the risk. MM asked whether there were any questions or clarifications.</p> <p>JA asked whether the Trust is clear on what problems workstreams underway will improve. EC stated that it was still early in many specialities but noted positive progress in gastroenterology. MM asked whether the team were using a structured methodology. EC stated that they were using a typical project management approach and that each specialty would have its own project plan.</p>	

	<p>JA asked whether cost savings from the programme would be included in CIP plans by 2021, EC stated that would be the ambition but would be ambitious. MH stated that the Trusts have started in areas with the most immediate pressures. JH noted that the Trust does not have the luxury of starting with areas where there might be more financial opportunities. EC stated that many of the starting specialties were based on sustainability and some based on transformation.</p> <p>LS queried how the programme linked to the use of resources. JH stated that this was a really good question and stated he was unsure the Trust had maximised this as an opportunity. MM asked whether resources were permanently committed to this piece of work. EC responded by explaining that programme leads were in place for a number of the different specialties. JH added that there four clinical leads. MM queried whether a list was available and EC stated that there was and that this could be shared.</p> <p>BG noted that there is still a difference in culture between the two organisations and that 16 October was an important day to help address this. JH noted that culture is very important and addressing the history and creating trust will be important.</p> <p>EC spoke about the action from the last meeting – around ensuring good governance around how we discuss risks. This incorporates two parts: 1) ensuring risks are flagged to other committees appropriately and 2) ensuring informal governance is in place. MM queried whether Airedale do the same thing. EC stated that the Trust could let Airedale know that this is the approach the Trust is taking.</p> <p>TC stated that sharing a paper with each committee would not be an approach the Trust would normally take, rather that something could be taken to board when all the committee chairs are present.</p> <p>EC explained that the proposal for addressing the second part of this was to have an informal executive meeting every two months, which would take place before the strategic collaboration board. MM asked the committee if it was supportive of this proposal. The committee confirmed that it was. MM asked if there was anything else to raise under this item and EC responded that there was not.</p>	
<b>P.9.19.11</b>	<b>Horizontal Integration update</b>	
	<p>JH asked EC to introduce the item.</p> <p>EC explained that horizontal integration encompasses partnership working on a wider footprint – with the integrated care system and the West Yorkshire Association of Acute Trusts.</p> <p>The first risk relates to the overall strategy at a West Yorkshire level, this is risk 3091. This risk will always remain relatively high as there always going to be potential for decision to made that has negative impact. The mitigating activity has been to respond to WYAAT's proposed secondary care strategy, EC spoke through the work done to date, including the creation of speciality</p>	

	<p>on a page for the 26 services WYAAT are looking at. EC stated that conversations are being held with CBUs and at an exec level to understand whether the Trust is content with what WYAAT is proposing and what the risks and opportunities are in the new models. EC updated the committee on the ICS strategy in response to the NHS Long Term Plan. EC stated that there is little in this local strategy that impinges on the Trust's strategy. EC noted that alongside this narrative there is an ask to submit plans for workforce and finance. EC stated that there is a risk that the Trust commits to something that it is managed against in the future which is hard to deliver against. EC invited comments. JA queried whether MH was bringing a paper on this to the finance committee tomorrow, she also stated that there might need to be some compromises on this as the Trust is a part of both collaborations. EC stated that there was always a risk as only one partner.</p> <p>EC then spoke through the two risks relating to vascular and pathology services reconfiguration. EC noted that NHSE are actively consulting on the Trust becoming the second vascular centre in NHSE and praised the consultation document.</p> <p>EC explained the risk on pathology stating that there is a risk that the new network undermines the joint venture. EC noted that it will be important to ensure that that whatever network is created, works for our organisation. EC stated he was happy to take any questions. BG noted that the chair of the joint venture has written a paper which will be brought to the major projects committee in October. MM asked whether the committee was content on the updates, the committee confirmed that it was and JA praised the slides.</p>	
<b>P.9.19.12</b>	<b>Partnership Committee Dashboard</b>	
	<p>JH introduced the dashboard and explained how it was used. JH stated that he considered the Airedale collaboration to be green, vertical integration to be amber in terms of risks, and horizontal integration to be amber. JH noted that it was not appropriate to change stakeholder engagement as it had not been discussed in this meeting. JH asked if the committee was content. The committee confirmed that it was. The committee briefly discussed how these were determined. JH stated that they were pushing for an objective rating for Airedale and MM stated that this can be considered outside of the meeting with TC and Cindy Fedell. JH noted that there may be a new risk to consider for vertical integration at the next meeting.</p>	
<b>P.7.19.13</b>	<b>Board Assurance Framework</b>	
	<p>JH spoke through the Board Assurance Framework, explaining that the risk appetite is to seek. JH queried if this was right and the committee agreed that it was. TC noted that the appetite aspect of this will be important at November's board meeting. JH stated that the highest risk on the register is a 12, currently a 10, JH would propose this should be a nine, given the way the scoring works. Committee agreed with JH, who stated that the likelihood is 3 and the impact is 3, giving a score of nine for the composite risk. JH was confident that the committee had a reasonable level of assurance, so proposed a green rating for the assurance. The green level of assurance and nine principal risk score were both agreed by the committee. MM thanked JH.</p>	
<b>P.7.19.14</b>	<b>Any Other Business</b>	
<b>P.7.19.15</b>	<b>Matters to share with other committees</b>	
	None.	

<b>P.7.19.16</b>	<b>Matters to Escalate to the Strategic Risk Register</b>	
	MM confirmed that the committee had considered one new risk and that this will go through the correct process.	
<b>P.7.19.17</b>	<b>Matters to Escalate to the Board of Directors</b>	
	MM noted the item for closed board and stated the process had been described earlier in the meeting.	
<b>P.7.19.18</b>	<b>Items for Corporate Communications</b>	
	None.	
<b>P.7.19.19</b>	<b>Date and time of next meeting</b>	
	26 November 2019 2-4pm, Trust HQ meeting room.	



### Outstanding actions

Date of Meeting	Agenda Item	Required Action	Lead	Timescale	Comments/Progress
24/9/2019	<b>P.9.19.9</b>	Strategy and Integration to look at rewording risks associated with this item to more fully reflect opportunities associated with this work area, and for reworded risk to be approved using usual governance processes	Director of Strategy & Integration	TBC	In progress
23/7/2019	<b>P.7.19.6</b>	An item on data and population health management to come to a future meeting	Director of Strategy & Integration	November 2019	To be tabled in November's meeting.
23/7/2019	<b>P.7.19.7</b>	An overview of what Partnerships Committee has raised to other committees to be brought to a future committee meeting	Director of Strategy & Integration	TBC	Covered through cover sheets and annual report (see minutes) – no longer needed to be addressed at the meeting.