Bradford Teaching Hospitals
NHS Foundation Trust

# PARTNERSHIPS COMMITTEE
# MINUTES, ACTIONS & DECISIONS

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| **Date:** | Tuesday, 26 November 2019 | **Time:** | 14:00-16:00 |
| **Venue:** | Trust Meeting Room, Trust HQ, BRI | **Chair:** | Max Mclean, Chair |
| **Present:** | **Non-Executive Directors:**<br>- Mr Max Mclean, Chair (MM)<br>- Ms Julie Lawreniuk, Non-Executive Director (JL)<br>- Ms Laura Stroud, Non-Executive Director (LS)<br><br>**Executive Directors:**<br>- Ms Mel Pickup, Chief Executive (MP)<br>- Mr John Holden, Director of Strategy and Integration (JH)<br>- Mr Matthew Horner, Director of Finance (MH)<br>- Mr Bryan Gill, Chief Medical Officer (BG) | | |
| **In Attendance:** | - Ms Alison Smith, Head of Partnerships (AS)<br>- Mr Edward Cornick, Head of Policy (EC)<br>- Ms Tanya Claridge, Director of Governance and Corporate Affairs (TC) | | |
| **Observers:** | | | |

| No. | Agenda Item | Action |
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| **P.11.19.1** | **Apologies for Absence**<br><br>Apologies were received from:<br><br>- Mr Amjad Pervez, Non-Executive Director | |
| **P.11.19.2** | **Declarations of Interest**<br><br>The Committee noted that Laura Stroud declared an interest in the item that she tabled for Any Other Business P.11.19.13. This item was later deemed to be 'business as usual' and not necessary for discussion at this Committee. | |
| **P.11.19.3** | **Minutes and actions of the meeting held on 24 September 2019**<br><br>Minutes were accepted as an accurate record of the meeting subject to JH making non-substantive changes in the interest of being more succinct, accurately spelling names and to reflect Laura Stroud's presence at that meeting. | JH |
| **P.11.19.4** | **Matters Arising**<br><br>The Committee reviewed the action log and discussed progress against each item:<br><br>- **P9.19.9 (24/09/19) Strategy and Integration rewording risks.** This will be discussed at agenda item P.11.19.7.1 Action Closed. | |

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| | - **P7.19.6 (23/7/19) Population Health**. This will be discussed at agenda item P.11.19.9. Action Closed.<br><br>- **P.7.19.7 (23/7/19) Items raised by Partnership Committee.** JH stated that there was not yet a concrete example of an item being escalated from the Partnership Committee to another committee and then receiving sufficient feedback to close the loop. The Committee agreed to close the action and to monitor and observe the way in which Partnership Committee business is related to by other committees. Action Closed. | |
| **P.11.19.4.1** | **Matters arising from the Board of Directors**<br><br>The Committee noted the requirement to review the risk appetite when discussing item P.11.19.12 in accordance with normal procedures of the Committee. | |
| **P.11.19.5** | **Strategic Risks relevant to the Committee**<br><br>JH presented a report on six current strategic risks for the Committee's attention. The Committee noted the risks presented in the report and that they would be discussed throughout this agenda. | |
| **P.11.19.6** | **Airedale Collaboration update**<br><br>JH introduced the Airedale Collaboration update report to the committee to highlight and scrutinise the way in which two particular risks are being managed.<br><br>EC reported that the two risks in question were:<br><br>- 3255, Ensuring the Airedale Collaboration meets BTHFT's strategic clinical needs without compromising them. Currently rated as a '9' but expected to be managed down to a '6'.<br><br>- 3260, Understanding the unknown risks associated with unstable or unsustainable services. Currently rated as a '12' but expected to be managed down to a '6'.<br><br>Recent work to mitigate these risks included the clinical summit to improve collaborative culture and creating the next level of detailed strategy between the organisations. The Acute Provider Collaboration (APC) PMO have developed criterion to measure the programmes impact which will highlight concerns earlier and help keep the program on track with a firmer grip and greater oversight.<br><br>Before entering the collaboration, a clinical and financial review was conducted. Since then, more areas of service instability have been identified at the partner Trust. Questions have now arisen as to whether the APC should continue to be used as an 'operational rescue vehicle' as and when | |

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| | the need arises or whether a different approach should be taken.<br><br>Discussion between the Committee arrived at several key points<br><br>- APC needs closer direction from the Strategic Collaboration Board. A stronger lead and steer should be provided with clear goals, outputs and outcomes in order to serve the needs of the Trusts.<br><br>- There is a need for a clearer distinction between what are 'business as usual' service issues for operational management to address, and the transformation work that should be the responsibility of the APC. This includes defining when to hand over services from the APC, whose duty is to set up collaborative services, to the operational teams whose duty is to keep those services working once new models have been established.<br><br>- There needs to be a balance of the programme being clinically led and having managerial and executive steer and oversight.<br><br>The Committee noted the contents of the report and was assured of the direction of travel being taken in pursuing the Collaborative Services with Airedale while also managing the associated risks. | |
| **P.11.19.7** | **Vertical Integration update**<br><br>AS presented a report to the committee on work being done to mitigate Risk 3090 – Bradford Integrated Care proposals potentially destabilising existing BTHFT arrangements. This work is broadly about working effectively with local partners, building alternatives to hospital care while managing demand for traditional services to avoid a situation where patients don't follow where the resources are moving to.<br><br>AS reported three significant areas of work:<br><br>- Strategic Partnering Agreements were signed by 13 partners across Bradford and Airedale who recently got together and informally pledged support for the initiative. BTHFT remains well linked in to the current review of all the programs supporting the Happy Healthy At Home strategy in order to represent its' views.<br><br>- Working with Primary Care Networks and Community Partnerships to deliver the new GP contract. BTHFT's key links into the community partnerships are the delivery of community services including diabetes service, dieticians, therapists etc. BTHFT has been working with PCNs primarily around first contact Physiotherapists and clinical Pharmacists. Bradford Care Alliance has agreed that BTHFT would deliver the community diabetes service on a PCN footprint.<br><br>- Reducing inequalities in City funding. Overall, 22 projects have been approved for funding and BTHFT has particular interest in four of | |

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| | those:<br>o A Proactive Care team (£2m a year funding)<br>o Bowell Screening that will require additional endoscopies<br>o Tier 3 Obesity project<br>o Psychological support for homeless people that could reduce A&E admissions.<br><br>AS detailed a joint Health and Care Partnership idea the 'the People Committee' to look at workforce issues across the system. The People Committee will be focussed on local developments with initiatives such as 'grow your own' and 'keeping it local'.<br><br>MM referred to the informal pledge 'to make it happen and make a difference' and asked for an example of what this means in practical terms for BTHFT. JH described the Population Health Management as example of BTHFT leading across the system. MP described the Trust's support to making a success of a proposed pilot program in Keighley for prevention and early intervention work with families in crisis.<br><br>The Committee noted the contents of the report. | |
| **P.11.19.7.1** | **Re-framing the Vertical Integration risk**<br><br>AS presented a summary of the report to the Committee. The wording of Risk 3090, written 2 years ago, is considered to be negative and defensive and no longer reflects the position of the Committee or the environment BTHFT now partners in.<br><br>AS offered the following suggested text as a starting point for discussion:<br><br>There is a risk that implementation of the strategic partnering agreement and other elements of local system integration such as Community Partnerships and Primary Care Networks do not succeed in better integrating care and as a result do not improve out-of-hospital care, risking a shift in resources without an equivalent shift in demand.<br><br>The significant points of discussion focussed around:<br>- The aspiration is for seamless, integrated care.<br>- The language needs to be positive and proactive in encouraging and influencing behaviour beyond BTHFT.<br>- There are resourcing and capacity impacts, but the potential benefits are broader than these two fields. | |

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| | The Committee noted the contents of the report and the points of discussion. The Committee approved the new wording of the risk subject to it being recirculated amongst the group by email with minor changes by the end of the week.<br><br>The Committee agreed that the old risk should be closed and that a new risk be opened. | AS<br><br><br><br>TC |
| **P.11.19.8** | **Horizontal Integration update**<br><br>EC presented the report to the committee highlighting three key risks:<br><br>- 3091 is regarding the risk to the Trust of decisions being made that BTHFT don't have sufficient sight on or control over that may lead to enforced actions or other adverse impact on the Trust.<br><br>Mitigating activity has included WYAAT drawing up a secondary care strategy and related conversations with CBUs and the Senior Leadership Team about what BTHFT wants in that strategy. The ICS has updated its memorandum of understanding and completed its own secondary care strategy. MP will continue on the Oversight and Assurance Group for West Yorkshire.<br><br>- 3395 is regarding BTHFT's non-compliant Vascular Services that could undermine the proposal to be an Arterial Centre and pose operational risks to patients and staff by not meeting the service specifications.<br><br>Mitigating activity has been delayed as consultations have paused during the Purdah period in the run up to the election. A lower response rate from Bradford than in Huddersfield has resulted in an extension. Conversations are continuing with Leeds, Calderdale and other service partners to develop the Vascular Single Service Network and remedy the associated operational risks.<br><br>- 3153 is regarding NHS Improvement's proposal to consolidate West Yorkshire Pathology Services around a single Leeds Hub while BTHFT is pursuing a Joint Venture with Airedale NHS FT.<br><br>- WYAAT is moving the Trust to a network Pathology Solution without undermining the Joint Venture but some operational and implementation issues remain likely. A substantial governance framework exists across WYAAT that mitigates much of this risk.<br><br>BG informed the Committee that Harrogate FT is now also part of the Joint Venture that strengthens BTHFTs position across WYAAT as the 2nd largest single entity Pathology service next to Leeds. Interventional Radiology in Calderdale has recently lost a consultant which puts strain on the system and tests the partnership. | |

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| | The Committee noted the contents of the report. | |
| **P.11.19.9** | **Population Health Management**<br><br>JH presented his report to the Committee informing them that Population Health Management refers to data driven interventions rather than untargeted interventions such as adding Fluoride to the water. There is an opportunity to combine the power of Artificial Intelligence with the available 'Big Data' information to target scarce resources at the biggest risks in a preventative, proactive way. Local Health Care Record Exemplar (LHCRE) is not only a Shared Care Record, but also a platform for Public Health Management and a base for individuals to manage their personal health records that is being put in place across Yorkshire and Humber. It has an added advantage of Central funding rather than BTHFT paying for additional bolt-ons to EPR in the alternative scenario.<br><br>JH highlighted some of the challenges ahead being: technical issues, bringing the right organisations together, streamlining the right governance arrangements etc. At these early stages of development, big questions remain such as how you achieve focus with such a vast amount of data available and what role BTHFT should play in any partnership arrangement.<br><br>LS stated an ethical dimension to be considered. With pressure to lower the cost of healthcare and information to determine who costs the most in a healthcare system, how do you prevent the health inequality gap widening between those who can take action to protect and preserve their health and those who can't. Care needs to be taken in what is done with all this available data and ensuring values are shared and communicated from the start.<br><br>The Committee noted the report, its contents and subsequent discussions and welcome the Executive to consider leadership in relation to population health management and the way in which it is integrated into the Trust's overall system discussions. | |
| **P.11.19.10** | **Stakeholder Management – November update**<br><br>AS presented her report to the Committee. She described Risk 3225 'The Trust fails to sufficiently identify and engage key partners and cultivate relationships leading to missed opportunities for collaborative work.' She highlighted from the report the work that had been done with 55 stakeholders by each account manager to do a self-assessment on the relationship. Health Education England commented that it was both a unique and a valuable tool. Of the 53 stakeholder relationships assessed, 46 were deemed to be at a desirable level and 7 needed improvements.<br><br>The Committee noted the report and was assured that appropriate action was being taken to mitigate the risk described. They recommended that Primary Care Networks and Bradford Council be considered for inclusion and an | AS |

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| | appropriate level of engagement determined. | |
| **P.11.19.11** | **Partnership Committee Dashboard**<br><br>EC presented his report to the Committee to highlight four key metrics and asked whether the board agreed that the selected colours correctly reflected the subjective nature of those areas given the discussion and reports that had been had.<br><br>- Stakeholder Engagement – Green<br>- Vertical Integration – Amber<br>- Horizontal Integration – Amber<br>- Airedale Collaboration – Green<br><br>EC also described the work being undertaken to provide a more substantive metric to support the RAG rating based on whether the various programs are contributing to the Trust operationally, financially or from a workforce perspective.<br><br>MH asked whether the discussions around the Airedale Collaboration and associated risks would change the view on the green rating. EC replied that he was assured by the greater level of influence BTHFT has over that collaboration than it does over either the Vertical or Horizontal programs. The Committee agreed to leave it as green.<br><br>The Committee noted the report and determined that there were no escalations to be made to the Board of Directors. | |
| **P.11.19.12** | **Board Assurance Framework**<br><br>JH presented his report to the Committee and highlighted the previously agreed risk appetite of 'Seek'. Balanced between what the Trust is trying to achieve against the likelihood of harm caused, 'Seek' is at the higher end of willingness to take risks. The Committee agreed that 'Seek' remained an appropriate level of risk appetite.<br><br>JH also drew attention to the composite risk rating which is currently rated as a '9' based mostly on the principal risk of the failure to deliver strategic partnerships. The Committee agreed that the risk rating also remains a '9'.<br><br>JH stated that for the last three quarters the assurance level had been 'confident' based on the mitigating work that had taken place in respect of the partnership work. The Committee agreed that it remained 'confident' of the assurance provided by the mitigating actions being taken.<br><br>The Committee noted the contents of the report and agreed no change to the risk appetite, the composite risk rating or the assurance level. | |

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| **P.11.19.13** | **Any Other Business**<br><br>LS raised an issue for any other business at the start of the meeting. On further discussion it was determined that this was 'Business as usual' that can be dealt with directly, but that if there was anything to be brought to the Partnership Committee that that would happen at another time. | |
| **P.11.19.14** | **Matters to share with other committees**<br><br>No matters were shared with other committees | |
| **P.11.19.15** | **Matters to Escalate to the Strategic Risk Register**<br><br>One new risk would be added and one would be closed in accordance with P.11.19.7. | |
| **P.11.19.16** | **Matters to Escalate to the Board of Directors**<br><br>No matters were escalated to the Board of Directors | |
| **P.11.19.17** | **Items for Corporate Communications**<br><br>No Items were discussed for Corporate Communications | |
| **P.11.19.18** | **Agenda items for the Partnerships Committee scheduled 21 January 2020** | |
| **P.11.19.19** | **Date and time of next meeting**<br><br>21 January 2020 2-4pm | |

**Actions from Partnerships Committee – November 2019**

| Date of Meeting | Agenda Item | Required Action | Lead | Timescale | Comments/Progress |
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| 26/11/2019 | **P.11.19.7.1** | **Re-framing the Vertical Integration risk.**<br>Risk 3090 to be closed and a new risk opened, reworded by AS to better reflect aspiration, a positive and proactive approach and broader benefits. | Head of Partnerships | 29th November 2019 | Risk ID 3090 closed 6.1.20. New risk ID 3516 opened. Action closed |
| 26/11/2019 | **P.11.19.3** | **Minutes and actions of the meeting held on 24 September 2019**<br>JH to reword the minutes and note LS being present at the meeting. | Director of Strategy & Integration | 21 January 2020 | Action closed |
| 26/11/2019 | **P.11.19.10** | **Stakeholder Management**<br>AS to add Primary Care Networks and Bradford Council to the list of Stakeholders. | Head of Partnerships | 21 January 2020 | Action closed |