

**UHL/UHN Partnership Board
Upward Report to Boards of Directors**

Date of reporting group's meeting: 23 April 2024

Reporting Group Chair: John MacDonald

Agenda Item	Description and summary discussion	Decision / Actions and timeframe	Assurance level *
UHN/UHL Strategy	The Board considered and endorsed a single page statement setting out the purpose (high quality care for all, a great place to work, financially sustainable), focus (nine key workstreams – see below) of UHN/UHL collaboration and key beliefs underpinning the approach: 1. By looking after our people we will improve the quality of care we provide 2. By working together, we can deliver more than the sum of our parts 3. Long term radical change is required, and we are committed to delivering it. The Board asked the Chief Executive to ensure that vertical integration and opportunities for wider partnerships were reflected in the final draft, and that 'financially sustainable' could be clarified to be understood in the context of agreed deficit positions for 2024-25.	-	-
Terms of Reference	Received, following Boards' approval; the Partnership Board noted feedback from members on specific elements, which would be taken into account as part of the scheduled three-month review of the revised governance arrangements.	July / August 2024 Boards	-
Collaboration Agreement	Endorsed, with comments, for subsequent recommendations to Boards as a final draft at the next meeting. The Board was strongly supportive of establishing a Programme Management Office, with the proviso that its scope and objectives were clear and aligned to the collaboration and to existing Trust programmes.	30 July Partnership Board	-
Collaboration Programme Year One	The Board considered and endorsed Year 1 priorities for the collaboration, developed following Non-Executive and Executive Director development sessions held since February 2024 and comprising eight themes: improving safety rating, fragile services, new hospitals programmes, culture and leadership, shared capacity, productivity, digital roadmap, research and innovation. The appendix to the report set out work in progress for each workstream. Going forward, alignment with medium term strategy and identification of business benefits would be required	-	-
Building an approach to a UHL/UHN Group Clinical Strategy	The Board indicated its in-principle support for the development of a UHL/UHN Strategy which built on existing foundations (for example the university academic partnership) and showed how, where and when care could be standardized across the three organisations, and how this would demonstrably benefit patients and colleagues within meaningful timeframes. The strategy must also be informed by robust engagement with clinicians and wider stakeholders and requested a further paper to the next meeting, outlining preferred methodology, linked to the strategy item (above). The anticipated development period for the strategy, incorporating engagement, was 12 months.	30 July Partnership Board	-

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Date of reporting group's meeting: 23 April 2024 (2 of 2)

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Developing a unified approach to research and innovation	The Board supported a proposal to create, and recruit to, a new role of Director of Research and Innovation for UHN and UHL. The new role would be cost-neutral (and, in the longer term, able to deliver net surplus income) and offered new opportunities for collaborative working across R&I, sharing of best practice, harmonisation of processes, maximising existing resources and delivering important joint objectives where commitments have already been made to funders and regulatory bodies.	-	-

*The Committee will indicate the level of assurance it is able to provide to the Boards of Directors using the definitions below. **Committee Chairs will be asked to determine the level of assurance the committee is able to provide following the conclusion of discussion of each item.**

Substantial Assurance	There is evidence of a clear understanding of the matter or issue to be addressed; there is evidence of independent or external assurance; there are plans in place and these are being actively delivered and there is triangulation from other sources (e.g. patient or staff feedback)
Reasonable Assurance	There is evidence of a good understanding of the matter or issue to be addressed; there are plans in place and these are being delivered against agreed timescales; those that are not yet delivered are well understood and it is clear what actions are being taken to control, manage or mitigate any risks; where required there is evidence of independent or external assurance.
Limited Assurance	There is partial clarity on the matter to be addressed; some progress has been made but there remain a number of outstanding actions or progress against any plans so will not be delivered within agreed timescales; independent or external assurance shows areas of concern; there are increasing risks that are only partially controlled, mitigated or managed
No Assurance	Management cannot clearly articulate the matter or issue; something has arisen at Committee for which there is little or no awareness and no action being taken to address the matter; there are a significant number of risks associated where it is not clear what is being done to control, manage or mitigate them; and the level of risk is increasing