

**Cover Sheet**

**Trust Board Meeting in Public: Wednesday 21 January 2026**

**TB2026.12**

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**Title:** **NHS Partnerships Update**

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**Status:** **For Information**

**History:** **This is a first paper on partnerships**

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**Confidential:** **No**

**Key Purpose:** **To provide an initial consideration of partnership within OUGH**

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## NHS Partnerships Update

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### 1. Purpose

- 1.1. To share an initial exploration of NHS associated Partnerships which OUH participate in, contribute to or benefit from.
- 1.2. The current partnership arrangements below are significant but not exhaustive, as there is further partnership work both within and outside the NHS.
- 1.3. Partnership has considerable breadth and depth for an organisation of this size. This paper is the start of a proportionate consideration of partnership working and its current & potential contribution and benefit to OUH.

### 2. Background

- 2.1. Oxford University Hospital Foundation Trust has made a public commitment to partnership through its inclusion in the Strategic Frameworks four strategic pillars; People. Patient Care, Performance and Partnerships. We are currently in the process of refreshing our Trust wide Strategy and need to reflect the OUH position regarding partnerships.
- 2.2. How partnership is defined or framed in an OUH context is currently fluid, this paper takes the opportunity to start the conversation on how this could be approached. It is a work in progress.
- 2.3. Fundamental to OUH as a provider of health care is the partnership with our patients, residents and staff, clinical and non clinical. This partnership depends upon trust, built upon openness, transparency and integrity. These principles could be applied more widely as we discuss the multitude of partnerships that OUH is part of and participates in.

### 3. Range of NHS connected Partnerships

#### 3.1. Strategic Partnerships

- 3.1.1. **Shelford Group:** OUH as a leading teaching, & research hospital is a member of the Shelford Group, the collaboration of ten leading academic NHS trusts which collectively represent a substantial proportion of the NHS budget and clinical research infrastructure. Participation has strengthened OUH's influence on national policy and benchmarking across operational performance and research. The Shelford Group's 2024 Impact Report evidences cross member achievements in clinical academic workforce, research, and service improvement. This opportunity to

share learning and challenge, supports and inspires its membership. The Shelford Group also provides opportunities for closer dialogue with government as they develop policy and seek solutions to the challenges of NHS provision.

- 3.1.2. **Integrated Care Systems:** Thames Valley ICB (BOB ICB) will have an increased focus on strategic commissioning, long term strategy and maximising value for money taking an evidence based, population health management approach via the strategic commissioning framework its commissioning. ICBs are expected to have delivered an integrated needs assessment, five year strategy and population health implementation plan by January 2026. *Responsibilities now allocated to the NHS at Region will require the building of the partnership working whilst respecting their performance remit.*
- 3.1.3. **Acute Provider Collaborative:** Thames Valley Acute Provider Collaborative is comprised of Buckinghamshire Healthcare NHS Trust (BHT), Frimley Health NHS Foundation Trust (FHFT), Oxford University Hospitals NHS Foundation Trust (OUH) and Royal Berkshire Hospitals NHS Foundation Trust (RBFT). It formed in November 2022, with Frimley Health NHS Foundation Trust joining in September 2025, in line with the clustering of Integrated Care Boards. The Thames Valley Acute Provider has four programmes: Clinical Services Programme improves the quality and resilience of services to reduce variation in access, outcomes and experience for the population; Corporate Services Programme identifies and implements opportunities for the trusts to work together to drive greater economies and efficiencies. The aim is to maximise value for money whilst improving the quality of services provided; Elective Care Board supports recovery of elective care performance through a common approach to triage and patient optimisation, balancing demand and capacity, and implementing new pathways for challenged specialties across the trusts; The fourth programme supports the delivery of system savings through productivity and efficiency programmes that maximise the benefits delivered by individual trusts.
- 3.1.4. **Oxfordshire Place Based Partnership Board** convenes representatives from; Country and District Councils, Oxfordshire / BOB ICB, primary, secondary and community health care providers, Care Home Providers, Healthwatch and the community voluntary infrastructure organisation Oxfordshire Community & Voluntary Action. The Place Board provides connection to the Community & Primary Care Board, the work being developed on

Neighbourhoods, as per the 10 Year Health Plan and the annual Better Care Fund allocation prior to agreement at the Health and Wellbeing Board.

3.1.5. **Public Sector & Local Authority:** Positive partnership working exists with the Public Health function at Oxfordshire County Council which supports via grant funding areas of preventive work for example the former Here for Health now Waiting Well provision. Partnership working facilitated through the Health & Wellbeing Board for example a shared response to a local independent patient voice. There has been limited partnership working with the economic development remit of local authority or Enterprise Oxfordshire formerly Oxfordshire Local Enterprise Partnership which would be valuable to explore. Opportunities are coming through the Get Oxfordshire Working (Oxfordshire response to government policy initiative) connecting via the joint Marmot County work to address health inequalities. Close working relationships are in place with Oxfordshire Inclusive Economic Partnership (OIEP) which provides connection for Oxfordshire Anchor Institutions to align activity for greater impact.

3.1.6. **Oxford University & Oxford Brookes University** deliver world class research and education including Oxford Biomedical Research Centre, joint medical school and nursing education. There is an established Strategic Partnership Board co chaired by OUH Chair Professor Sir Jonathan Montgomery and Professor Irene Tracey which identifies joint strategic goals and supports all major Partnership initiatives. There is a specific focus on the Oxford Biomedical Centre (OxBRC).

#### 4. Next Steps

- 4.1. Complete a comprehensive scoping of partnership for OUH.
- 4.2. Agree definitions or framing of partnership type.
- 4.3. Work on clustering partnership type and align them to OUH strategic objectives.
- 4.4. Examine how current partnerships facilitate wider NHS duties as well as the value to patients, staff and our local community.
- 4.5. Examine existing partnership from a risk perspective and link to Board Assurance Framework through department risk registers.
- 4.6. Consider the opportunity value vs cost of partnerships and complete a gap analysis.

## **5. Conclusion**

- 5.1. Partnership has considerable breadth and depth for an organisation of this size. This paper is the start of a proportionate consideration of partnership working it's current & potential contribution and benefit to OUH.

## **6. Recommendations**

- 6.1. The Trust Board is asked to note the content of the paper.