Meeting of Lanarkshire NHS Board: 24 June 2020

Lanarkshire NHS Board Kirklands Fallside Road Bothwell G71 8BB Telephone: 01698 855500



www.nhslanarkshire.scot.nhs.uk

SUBJECT: UNIVERSITY HEALTH BOARD STATUS FOR NHS LANARKSHIRE

1. PURPOSE

| For approval | | For endorsement | | To note | |
|-----------------------|--------------|----------------------|-----------|--------------------|------------|
| | | | | | |
| This paper proposes t | that the Chi | ef Executive progres | sses disc | ussions with parts | ner Higher |
| Education Institution | s with a vie | ew to having Univer | rsity He | alth Board status | conferred |

2. ROUTE TO THE BOARD

This subject:

upon it.

Is an agenda item

From the following Committee: University Strategic Partnerships Working Group.

3. SUMMARY OF KEY ISSUES

The attainment of University Health Board status has been a strategic aspiration at the University Strategic Partnerships Working Group. This status has now been attained with two of our current University partners, Glasgow Caledonian University (GCU) and the University of the West of Scotland (UWS).

This group was set up to foster better links with Higher Education Institutions (HEIs) in order to further NHS Lanarkshire's strategic objectives through joint working opportunities. The group is chaired by the Medical Director.

One of the aims of the University Strategic Partnerships Working Group is to establish liaison groups with all HEIs and to put in place strategic partnership agreements with these institutions. A liaison group and strategic partnership agreement has been in place with the University of the West of Scotland for some time.

More recently, under the joint chairmanship of the NHS Lanarkshire Chief Executive and Dean of the School of Health and Life Sciences, a similar approach has been progressed with Glasgow Caledonian University. Close working also exists with other HEIs including University of Glasgow and Queen Margaret's University. In September 2019 a strategic partnership agreement was signed between the NHS Board and the University of Strathclyde and the Principal of Strathclyde, Prof Sir Jim McDonald, has

intimated that in view of the progress that has been made and successes achieved since then, the University would now be prepared to offer NHS Lanarkshire University Status.

As previously noted, a number of areas of mutual interest have been identified and these are being taken forward with individual HEIs. These include:

- Development of joint recruitment processes to allow students/staff to join NHSL bank
- Providing professional staff and students with opportunities to undertake research projects/dissertations/service evaluation in areas where NHSL would benefit from the output or other help e.g. with statistical analysis, introduction of technology to improve efficiency of the workplace
- Input from NHSL to shape curricula to meet service needs
- Joint mentoring opportunities
- Establishment of honorary senior academic appointments in services which would benefit from this
- Development of a joint approach to identifying the applicability of disruptive technologies to healthcare
- Joint opportunities for campus development
- Research and service review/evolution opportunities resulting from COVID 19.
- Appointment of a number of senior academic staff from university partners who
 have now gained honorary status within NHSL and are now contributing to the
 work of NHS Lanarkshire

In general terms, the development of formal academic and educational links and the associated expansion of our teaching and research portfolio and interests are potentially key factors in:

- Enhancing the reputation of NHS Lanarkshire as an innovative care provider.
- Helping the Board to improve its recruitment and retention of staff.
- Enabling our patients to access new cutting-edge treatments
- Increasing research income

In moving forward, it is felt that the benefits of partnership working with HIEs would be enhanced by University Health Board status being conferred on our organisation by the University of Strathclyde.

In addition to further fostering improved links and closer working with university partners, this would allow the NHS Board to better compete in the employment market as students and prospective clinical staff are attracted to organisations with close links to academia and concomitant research opportunities.

The University of Strathclyde is a major influencer in all of this and it is hoped that his opportunity will be warmly welcomed.

Progress and Successes with University Partners so far:

• Establishment of University status with two University partners (GCU & UWS)

- Establishment of three new University Departments with GCU University Departments of Podiatry, Stroke Care and Psychological Services, the first such departments in the UK under a non-medical school model
- Joint funding of PhD's for two of our Nursing, Midwifery and Allied Health Professional staff
- The creation of jointly funded clinical/academic posts for two Allied Health Professional staff
- Significant work undertaken with regards to Chronic Pain and Rheumatology –
 the former focusing on developing an interactive portal to support selfmanagement and the latter on service redesign by incorporating patient initiated
 follow up to help address increasing demand
- A successful joint event between NHSL and the University of Strathclyde held on 4 October 2019 reviewed progress and engaged a wider audience including clinicians across the 3 acute hospitals and primary care and noted enthusiasm for the work and a strong emphasis and support for whole system working
- Work initiated with both Gastroenterology and Respiratory services and scoping
 meetings held to explore available data and consider pathways for key topic areas,
 however, this was paused due to the COVID situation
- Extensive modelling work undertaken as a result of the partnership working, which has been very useful for local planning and decision making – initial phase provided insight into the acute bed and ITU capacity requirements; current work reviewing key questions / issues around future modelling requirements for both the COVID and non COVID pathways
- Public Health is currently supporting a PhD studentship that is exploring models
 to project the spread of Covid-19 in care home settings and anticipate the
 prevalence and incidence of infected residents, the number of Covid-19 related
 deaths among residents and the number of staff acquiring infections over time in
 a Scottish care home. This will also feed into the wider modelling work
- Public Health also supported a MSc project (Data Linkage and Analytics) in the last academic year
- New involvement with UoS Business School's Apprenticeship programme

The attached papers give further detail on aspects of this progress and milestones achieved.

Appendix 1 - Research activities

Appendix 2 - GCU collaborative Learning and Teaching subgroup update

Appendix 3 - GCU University status update

It is recommended that the Board continues to discuss and evolve in partnership with a number of university partners. It is not the intention of the Board to seek an exclusive arrangement with one HEI although the final decision on whether to enter into such an arrangement will sit with individual HEIs. Even if an HEI does not wish to confer University Health Board status on NHS Lanarkshire, this should not preclude a strategic partnership agreement being put in place.

4. STRATEGIC CONTEXT

This paper links to the following:

| Corporate Objectives | AOP | Government Policy | |
|--------------------------|-----------------------|-------------------|--|
| Government Directive | Statutory Requirement | AHF/Local Policy | |
| Urgent Operational Issue | Other | | |

5. **CONTRIBUTION TO QUALITY**

This paper aligns to the following elements of safety and quality improvement:

| Three Quality Ar. | nbitions: | | | | | |
|--|---------------|-------------------------|-------------|-----------------------------|--|--|
| Safe | | Effective | | Person Centred | | |
| Six Quality Outco | omes: | | | | | |
| Everyone has the l | pest start in | life and is able to liv | ve longer h | ealthier lives; (Effective) | | |
| People are able to live well at home or in the community; (Person Centred) | | | | | | |
| Everyone has a positive experience of healthcare; (Person Centred) | | | | | | |
| Staff feel supported and engaged; (Effective) | | | | | | |
| Healthcare is safe for every person, every time; (Safe) | | | | | | |
| Best use is made o | f available: | resources. (Effective |) | | | |

6. MEASURES FOR IMPROVEMENT

The benefits from achieving University Health Board status are wide and varied. Measures of success could include:

- Improved NHS Board profile and attraction when recruiting and retaining staff of all professions and roles
- Increased research income
- Patients accessing new cutting-edge treatments
- Indication of ambition to do leading research and apply new developments in health care
- Increased reputation with peers and communities as a centre of excellence
- Better trained workforce
- Opportunities for staff to develop clinical academic careers
- Direct and strategic influence of academics through collaborative ventures

7. FINANCIAL IMPLICATIONS

It is not anticipated that conferment of University Health Board status will have any direct additional revenue and/or capital funding impact. In the longer term, if recruitment and retention is improved the number of locum appointments may decrease with a financial saving. In addition, research income will hopefully increase over time and there may be opportunities for joint capital developments eg as part of the MRP.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

There may be a reputational risk associated with entering into any partnership but as all HIEs are highly reputable organisations the risk to the Board is deemed to be minimal.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

| Vision and leadership | Effective partnerships | Governance | and | |
|-----------------------|------------------------|----------------|-----|--|
| | | accountability | | |
| Use of resources | Performance management | Equality | | |
| Sustainability | | | | |

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

| An E&D Impact Assessment has been comple |
|--|
|--|

| Yes | | Please say where a copy can be obtained |
|-----|------------------------|---|
| No | $\overline{\boxtimes}$ | |

Having University Health Board status conferred on the organisation has not had an impact on equality & diversity and this opportunity with the University of Strathclyde is a significant step forward for the NHS Board.

11. CONSULTATION AND ENGAGEMENT

The proposal to seek University Health Board status with the University of Strathclyde has already been discussed at the University Strategic Partnerships Working Group and has the support of its members. A paper recommending that NHS Lanarkshire develops strategic partnerships with HEIs has previously been approved by the Corporate Management Team.

12. ACTIONS FOR THE BOARD

The Board is asked to:

| Approval | Endorse | Identify further actions | | | | |
|----------|----------------------------|--------------------------|-----|---|---------|--|
| Note | Accept the risk identified | Ask | for | a | further | |
| | | repor | t | | | |

1. endorse the intention of the Chief Executive to seek University Health Board status from the University of Strathclyde.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact Dr Jane Burns, Medical Director Telephone: 01698 858 193.

Dr Jane Burns Medical Director

Mr Gabe Docherty, Director of Public Health

Prof Eamonn Brankin Clinical Director, Primary Care