Trust Board Report

Meeting Date: 2 December 2019

Title: Strategic Partnership Agreement between The Royal Wolverhampton NHS Trust and Keele University (a Keele Deal for health and social care)

Action Requested: Approve

For the attention of the Board

Assure
- The confirmation of the principles and practice of partnership with a key local University.

Advise
- Defines current and proposed areas of collaborative activity.
- The agreement has no financial liability and such arrangements will be covered by separate individual collaborative agreements or ventures.

Alert
- An agreement between the University and local/regional partners setting out a commitment to work together for the benefit of the local area. The CEO will provide, as part of his future reports to the Board, any items of note.

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Links to Trust Strategic Objectives
1. Proactively seek opportunities to develop our services
2. To have an effective and well integrated local health and care system that operates efficiently
3. Attract, retain and develop our staff, and improve employee engagement

Resource Implications: None.

CQC Domains
- Well-led.

Equality and Diversity Impact
- None identified.

Risks: BAF/ TRR
- None to this specific agreement.

Public or Private: Public

Other formal bodies involved: Keele University

References
- Partnership Agreement (attached)

NHS Constitution:
- In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:
  - Equality of treatment and access to services
  - High standards of excellence and professionalism
  - Service user preferences
  - Cross community working
  - Best Value
  - Accountability through local influence and scrutiny

Brief/Executive Report Details

Brief/Executive Summary Title: Strategic Partnership Agreement between The Royal Wolverhampton NHS Trust and Keele University

Item/paragraph 1.0
- The paper consists of the attached Strategic Partnership Agreement between The Royal Wolverhampton NHS Trust and Keele University for review and confirmation by the Trust Board.
Dear David and Professor Field

We are writing to invite Royal Wolverhampton NHS Trust to take part in shaping a significant new initiative with Keele – a Keele Deal for health and social care.

Keele Deals are agreements between the University and local/regional partners setting out a commitment to work together for the benefit of the local area. The first of the Deals (New Keele Deal) was launched in 2016. It set out a long-term commitment to work with partners to boost the local economy through innovation-led economic growth. Earlier this year Keele Deal | Culture was launched, with a focus on supporting the cultural renaissance of Stoke-on-Trent and Newcastle-under-Lyme. We are just starting work on Keele Deal | Inclusion, with a potential launch date of summer 2020.

We are now proposing to make the same commitment with you, our local partners, around the health and care of our local populations, with the aim of launching Keele Deal | Health, in November this year.

The Deal represents a high level commitment to work together to address local and regional priorities, with a focus on areas where Keele’s expertise can make a difference to you and your populations. It builds upon mature (and new) partnerships with key public and private sector organisation plus patient, public, carer and client groups and across Staffordshire, Stoke on Trent, Shropshire, Cheshire and Wolverhampton.

We are proposing three related areas of focus for the Deal that will support our ambitions of improving the health and care of the population:

- **Workforce development**, addressing both workforce deficits and rapidly changing skills needs across regional health and care systems;
- **Research and Innovation**, encompassing health and care innovation and innovation-led business growth to bring benefits to individuals, organisations, networks and the wider economy;
- **Evidence-based service transformation**, supporting the key agendas of Integrated Care Systems.

We would welcome a discussion with you over the coming weeks to consider the proposal and hear your views on, for example:

- Are these the right areas of focus? If not, what else needs to be considered for inclusion?
- What would we prioritise for attention?
- How would we innovate, scale up and work together in these areas to deliver impacts at the local and regional level?
- Are the proposed mechanisms for working together an effective way of making progress? What other approaches could be considered?
We propose to deliver this through the establishment of Keele Health and Social Care Partners, bringing together organisations across higher education, health and social care, and industry to drive forward innovation to address leading health and care challenges.

We would be grateful if you could advise us if you feel your organisation would sign up to become a core partner of Keele Deal | Health. We would be delighted to invite you and two guests to join us at the launch of Keele Deal | Health on the morning of Wednesday 20th November 2019 (8.15-9.30am) at Keele University, when Sir David Behan, Chairman of Health Education England will be visiting the Faculty of Medicine and Health Sciences, an electronic invite will be issued very shortly. If you have any queries relating to any aspect in this document please do not hesitate to contact Professor Walsh, Helen Duffy or Amy Farrington.

With very best wishes

Yours sincerely

Professor Trevor McMillan
Vice-Chancellor
Keele University

Professor Pauline Walsh
Pro Vice-Chancellor and Executive Dean
Faculty of Medicine and Health Sciences
Keele University

Enc: Keele Deal | Health Proposition

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Keele Deal | Health. Draft proposition

Keele Deal | Health represents a high level commitment to work together to address local and regional priorities, with a focus on areas where Keele’s expertise can make a difference. It builds on mature (and newer) relationships with key public and private sector organisations plus patient and public, carer and client groups across Staffordshire, Stoke on Trent, Shropshire, Cheshire and Wolverhampton.

We are inviting partners to work with us through a new community, Keele Health and Social Care Partners, in which we can share ideas, collaborate and innovate to address local health priorities. Keele Health and Social Care Partners will become the ‘face’ of Keele Deal | Health and the mechanism by which the partnership will operate. It will showcase both regionally and nationally our partnership strengths and ambitions.

Proposed Priorities
Building upon the strength of existing partnerships and continuing to build new relationships, Keele Deal | Health seeks to drive improvements in health and social care for our local populations, bringing additional social, cultural and economic advantages for individuals and the communities in which they live. We are proposing three potential areas of focus (see below) and are seeking your initial views on these before the proposed launch.

Priority 1: Workforce development
Rationale
Across NHS Trusts in England there is a shortage of more than 100,000 staff, with challenges around both recruitment and retention. Unchecked, this could reach between 250,000 and 350,000 by 2030. Vacancies in Adult Social Care are currently running at 110,000 across the UK, and around 1 in 10 roles in the social care sector are currently vacant. Alongside clinical and patient-focused service improvement, challenges in recruitment (such as GP shortages) are driving new models of care, as a result of which innovative new roles are emerging that redefine traditional professional boundaries in healthcare.

With very low rates of social mobility evident in the local area when compared with other parts of the country,¹ a clear shared commitment to supporting younger people to enter rewarding careers, and helping those already in the workforce to progress will provide a key means of addressing this. If we collaborate in a dynamic way this could also have a significant positive impact on capacity over the coming years.

Keele’s reputation in education, evidenced via a Teaching Excellence Framework ‘Gold’ rating at institution level² along with our rapid and pioneering approach to work-based education³ leaves us well placed to support our local partners in addressing these challenges.

Key areas of focus
We will work with our health and social care partners to develop innovative new training and education pathways supporting recruitment, retention and progression, addressing the health and social care workforce challenges of today and the future.

¹ https://www.gov.uk/government/publications/social-mobility-index
² Top 10 ranking for medicine, nursing & midwifery and allied health professionals in the Guardian 2019 league table, a top NSS 2019 rankings in nursing & midwifery and pharmacy (1) and medicine (2).
³ For example the Physician Associate career pathway apprenticeship degree, nursing apprenticeship programme, first Master’s module in the UK for Ambulatory Heart Failure, first 2 years accelerated Master’s level degree in physiotherapy launching 2020, BSc Hons degree in Radiography (Diagnostic Imaging) (first cohort graduating 2020), 25% increase in medical student numbers; expansion of Health Foundation programme; Postgraduate, accredited online learning options for health professionals including Pharmacy and Medical Education courses (Master’s); Bespoke Postgraduate courses in clinical leadership
- New routes into healthcare professions (e.g. through the expansion of the apprenticeship programme);
- Professional portfolio careers that can enhance the locality’s clinical and care reputation and its ability to recruit and retain the best health and social care staff in these fields;
- Innovative education and continuous professional development delivered in a variety of formats;
- Evidence-informed education;
- Strong influence of patients, the public, carers and clients in shaping the curriculum;
- Development of leadership opportunities.

Priority 2: Research and Innovation

Rationale
Research results in improved outcomes for patients. Evidence indicates that clinicians that participate in research have better outcome metrics for their patients than those that do not. In the UK, studies have shown that NHS Trusts that are research active have lower risk-adjusted mortality rates, and that engagement with research by individuals and organisations delivers not only better outcomes, the benefits extend beyond patients who participate in research but to their families, the wider organisation and networks. Higher performing clinicians are more likely to participate in research. Engaging the public ensures that our research is relevant and important to those who will ‘use’ its outputs and supports the early adoption of research into everyday use. Overarching health and wellbeing inequalities exist across all stages of the life course and across Staffordshire, Stoke on Trent, Cheshire and Wolverhampton our partnerships in research, education and innovation have enabled sought new ways to address many of these challenges. Our collaborative world-leading programmes have directly fed in to international and national guidelines taking research from ‘bench to consultation’, from regeneration medicine and tissues engineering through to clinical practice and training.

The benefits of patient participation in clinical research are widely understood and evidenced, and Keele and local health partners have a strong track record in engaging Public and Patient and Engagement in Research and Innovation. Developing new approaches to medical interventions, health service delivery and individual/community wellbeing, through a strong research and innovation portfolio has a major impact on the health and productivity of communities.

Impact
In partnership with our stakeholders we have already developed a strong track record in impact of health research, influencing policy such as National Institute for Health and Care Excellence clinical guidelines and quality standards, national pathways of care and Public Health England priorities. We recognise that our impacts have international reach but we wish to continue this growth and development for the benefit of our local populations.

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6 High-performing physicians are more likely to participate in a research study. Dahrouge et al. BMC Medical Research Methodology 2019, 19:171
7 This includes work around low back pain, supported self-management of joint pain, inflammatory arthritis, gout, gait, regenerative medicine and rehabilitation, including cell and tissue engineering, big data research to better understand disease aetiology, comorbidity, prescribing patterns and adverse outcomes, end of life care, digital solutions to supporting patients, the public and carers, tackling health inequalities: prioritising wellbeing, physical and mental across the age span, in partnership with Stoke Council; neurological rehabilitation: optimising physical recovery and quality of life in neurological conditions; diagnostic imaging: breast imaging (developing advanced processes and tools to increase the value of quantitative diffusion on breast cancer MRI diagnosis, prognosis, and therapy), nuclear medicine and science underpinning imaging techniques; collaborations with Ministry of Justice improving safety of handling of offenders; Strokestra® Stoke, with Midlands Partnership Foundation Trust, Royal Philharmonic Orchestra, New Vic Borderlines.
The UK’s Industrial Strategy, (including the Life Sciences Sector Deal) sets out clear priorities to drive innovation, strengthen clinical research and drive the intensity of research and innovation in the UK, supporting new business development and scale up, driving NHS innovation and collaboration and building prosperous communities.

The challenges in the local business base, particularly in Stoke-on-Trent and Staffordshire, are well documented, with levels of business investment in R&D and innovation among the very lowest in the UK, contributing to low productivity and regional income disparities. However, Keele continues to attract research-led life sciences companies to the well-established group based in the Keele University Science and Innovation Park, attracted by the high-quality research and education. Cheshire is of course home to a well-established cluster, and as such we have a strong base to build on to expand and enhance innovation to improve economic and clinical outcomes.

Business growth is already being supported through projects such as Business Bridge which provides assistance to innovators and technology companies to develop products that meet user needs, improve uptake and adoption. The project has drawn in investment totalling £1.8 million for Staffordshire and Stoke-on-Trent businesses and to date has supported over 70 SMEs in driving new products, new markets and skilled employee growth. There remains further untapped potential to exploit the wide-ranging expertise within the University, through research and innovation relationships with the existing med-tech and bio-tech sector and new company spin-outs and start-ups. With the resources available through the Midlands Innovation MICRA programme there is scope to accelerate commercialisation through our healthcare business networks.

Keele Deal | Health will draw together the scientific communities, health and social care partners to drive a broader programme of research and innovation.

Key areas of focus

- The development of an expanded programme of collaborative research and innovation with partners will broaden both the scope and opportunity for funding for our populations, bringing benefits to individuals, their families, organisations and the local economies. The development of an Innovation Academy will provide an opportunity for the early adoption of innovations in research, education and healthcare technologies.
- Supporting the development of joint professional academic pathway for all health and social care professionals and training opportunities across Keele/health and social care organisations to support research engagement, evidence based practice and to offer portfolio careers to support recruitment and retention, and growing the next generation of health and care professionals to drive research and innovation.
- Supporting organisations in ensuring high quality governance processes underpin our collaborative research portfolios.
- By increasing the number of collaborations between academic and clinical partners and industry we will support the further growth of med-tech and bio-tech companies in the region, increasing in the number of skilled jobs, helping to consolidate North Staffordshire and Cheshire as a globally significant location for life sciences sector.
- By strengthening our work with local partners, we aim to increase the uptake of cost effective innovations and facilitate the early implementation of research into clinical pathways, working to establish innovation academies with our partners.
- Working across health and social care partners (including care homes, charities, local authorities, voluntary organisations and leisure partners (e.g. gyms), we aim to improve the diversity and volume

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8 This includes strengths in assistive technology and rehabilitation, biomarkers and diagnostic engineering, and nanoscale bioscience, coupled with strengths in the Natural Sciences in cell and molecular medicine, neuroscience, molecular and structural biosciences, AI and machine learning.
of patients and carers involved in research. We will seek to expand to engage broader membership of
the public in supporting the uptake of research evidence by users and carers through the LiNK group
(Lay INvolvement in Knowledge mobilisation), harnessing ‘patient and public power’ to seek to improve
healthcare.

Priority 3: Evidence-based service transformation

Rationale
We recognise that the mission of Integrated Care Systems and Sustainability and Transformation
Partnerships (STPs), which bring health and social care leaders together to commission services via shared
budgets, is challenging in its scope, complexity and financial context. Common themes across all
partnerships include:

- Developing multidisciplinary neighbourhood teams to support patients living with long term conditions;
- Improving access and developing integrated care across primary, community, secondary care health and
care teams;
- Utilising technology to enhance service provision;
- Developing new models of care, and associated workforce models, to meet the needs of the population;
- Developing GP, community and hospital services to support delivery of the right care, at the right place,
at the right time;
- Developing mental health services to improve the quality and reach of the services they provide for
local communities;
- Supporting the use of evidence based approaches in day to day practice;
- Driving the quality of health and social care through implementation of NICE guidelines and
recommendations.

Key areas of focus
A key area of focus for Keele Deal | Health will be the development of a programme of evidence based
service transformation, pooling resource, expertise and vision across partners to add significant value
through the accelerated uptake of research into service design and practice, supported by Keele’s Impact
Accelerator Unit. Early areas for focus could include Musculoskeletal Healthcare Pathways, Improving
Physical Activity and Reducing Sickness Absence.

Keele Health and Social Care Partners
We propose to deliver Keele Deal | Health through the establishment of Keele Health and Social Care
Partners, bringing together organisations across higher education, health, industry and social care to drive
forward collaborative innovation to address leading health and social care challenges.
Keele Health Partners will become the mechanism by which the Deal achieves its goals and will provide a
platform to showcase our strengths and ambitions both regionally and nationally. To support the
partnership, we are proposing:

- One ‘Innovation Challenge’ Event to be held bi-annually.
- A network of Keele Deal Health Champions – to support the early uptake of research innovations into
practice; developing beacons of best practice to support the scaling out of innovation at a regional level.
- To establish a network of evidence-based practice groups engaging practitioners and managers in
health and social care research addressing issues of clinical/practice uncertainty.
- Driving evidence based practice through a collaborative programme of ‘best practice days’,
masterclasses and conferences.