

BOARD OF DIRECTORS

Friday 31 January 2020

Derby Suite, Foundation Building, University of Liverpool

MINUTES

Chair	Dr Neil Goodwin	NG	Chairman, LHP
Partners	Liz Bishop	LB	CEO, Clatterbridge Cancer Centre NHS FT
	Seth Crofts	CA	Associate Dean for Research & Innovation, Edge Hill University
	Prof Louise Kenny	LK	Executive Pro Vice Chancellor, University of Liverpool (UoL)
	Dr Cecil Kullu	CKu	MerseyCare NHS FT
	Jan Ledward	JL	Chief Officer, Liverpool Clinical Commissioning Group
	Dr Marga Perez-Casal	MPC	Director of Research & Innovation, Liverpool Heart & Chest (LHCH) NHS FT
	Jan Ross	JR	Director of Operations & Strategy, The Walton Centre NHS FT
	Louise Shepherd	LS	CEO, Alder Hey Children's Hospital (ACH) NHS FT
	Kathryn Thomson	KT	CEO, Liverpool Women's Hospital (LWH) NHS FT
	Peter Winstanley	PW	Director, Liverpool School of Tropical Medicine (LSTM)
In attendance	Dr Dawn Lawson	DL	CEO, LHP
	Roger Bickerstaff	RB	UoL Finance Dept., LHP Company Secretary
	Dr Mark Jackson	MJ	Director of Delivery and Performance, LHP
	Dr Rachel Joynes	RJ	Director of Research Infrastructure and Education, LHP
	Caroline Keating	CK	Director of Corporate Services, LHP
	Dr Liz Mear	LM	CEO, Innovation Agency
Guests	Dr Stacy Todd	ST	Programme Director, Infection, LHP (Consultant in Infectious Diseases, LUH)
	Elizabeth Collins	EC	Programme Manager, Infection, LHP

DECISIONS MADE

- LHP Organisational Strategy approved
- Infection Leadership Group supported for delivery and capacity for NHS Infection Research with Board members agreeing to facilitate ways to make the path easier within individual organisations
- LHP Communications Strategy approved
- System-wide Delivery Plan approved
- Revised Governance Structure approved
- Approval of key documentation relating to the transfer of hosting arrangements to Liverpool Heart & Chest NHS FT:
 - Business Transfer Agreement
 - Members Agreement
 - LHP Variation Agreement to vary the Members Agreement
 - LHP Board Terms of Reference

Ref	Item	Action
PRELIMINARY BUSINESS		
1.	<p>Apologies for Absence</p> <p>Received from Hayley Citrine (Walton Centre); Raphaela Kane (Liverpool John Moores University; David Laloo (Liverpool School of Tropical Medicine); Tony Marson (LHP); Joe Rafferty (MerseyCare); Jane Tomkinson (Liverpool Heart & Chest); Steve Warburton (Liverpool University Hospitals)</p>	
2.	<p>Declarations of Interest</p> <p>MPerez-Casal, Director of Research & Innovation, LHCH – Item 11 (Hosting Update)</p>	
3.	<p>Minutes of the Previous Meeting (29 November 2019)</p> <p>Minutes from the last meeting were APPROVED as a correct record.</p> <p>The Action Log was reviewed and NOTED.</p> <p>There were no matters arising.</p>	
4.	<p>Chief Executive's Report</p> <p>DL highlighted the following key points:</p> <ul style="list-style-type: none"> • Civic Data Co-operative: LHP’s application to the Strategic Investment Fund at the Liverpool City Region Combined Authority had been recommended for £5.3m funding. This would provide a platform for further investment and influence nationally. Details of the key deliverables would be taken forward at a system level • LHP Organisational Strategy: this received positive feedback from partners and would align with the One Liverpool Strategy and feed into the Business Plan, due to be submitted in March 2020 	MJ

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	<ul style="list-style-type: none"> • Protected Time for Research: a recently published national report¹ described the increasing challenge of protecting time for research active NHS staff, suggesting that 20% of clinicians should have 20% of their time protected. This concept continued to be tested through the Single Point of Access for Research & Knowledge (SPARK) which was referenced in the report as an example of good practice. The CEO advised she was exploring how Liverpool could be part of the £25m pilot scheme • SPARK: collaborative working on changing the culture was continuing with researchers coming to LHP early to seek support and advice. KT supported this approach and suggested that other institutions involved in research could be invited to present on their activities to the Board. This would also provide an opportunity for increased understanding of LHP's role and help the cultural shift required. CKu commented that it would be helpful to raise building capability e.g. recruiting senior investigators as part of these discussions. MJ advised this would be addressed in LHP's Business Plan • New members: LHP was working with Warrington NHS FT to co-create a business case for their Board, and discussions were continuing with St Helens. It was anticipated that on-boarding would be Summer 2020. Engagement with other Trusts e.g. Wirral University Hospital and Cheshire & Wirral Partnership was moving forward. DL advised that the University of Chester and the Countess of Chester Hospital NHS FT were of a different mindset currently but that LHP would continue to focus on the Cheshire & Merseyside STP footprint. <p>The Board NOTED the CEO's report.</p>	DL
STRATEGIC CONTEXT AND DEVELOPMENT		
5.	<p>LHP Organisational Strategy</p> <p>MJ advised that some consultation with partners had taken place and their comments incorporated. He further advised that all Year 1 deliverables would be identified in the LHP Business & Financial Plan.</p> <p>LM commented on the need to work together to develop and support the innovation pipeline. This would also involve the Applied Research Centre.</p> <p>The Board APPROVED the LHP Organisational Strategy subject to some minor amendments in relation to the AHSC application.</p>	

¹ 'Transforming health through innovation: Integrating the NHS and Academia', Academy of Medical Sciences, January 2020

Ref	Item	Action
6.	<p>Infection – Programme Update</p> <p>Dr Stacy Todd gave a presentation to the Board on the challenges presented by a constantly shifting infection landscape. To ensure patient need came first required good clinical commitment and understanding. LHP’s aim was to bring in all views and ensure there was alignment between the LHP Strategy, the CEIDR (Centre of Excellence in Infectious Diseases) Strategy and the Bio-medical Research Centre (BRC) application in April 2021.</p> <p>ST reinforced the need for the approach on infection to be recognised as requiring inter-disciplinary and inter-organisation buy-in. She cited the achievements in Respiratory and Cancer and emphasised the benefits of a fitter population in improving survival rates from surgery, and lessening the impact on the social care budget by enabling patients to return to their own home from hospital. Dr Todd highlighted the number of bed days arising from in-hospital infections; the high level of community antimicrobials, the complex regional problems arising from patients moving around the region. She also referenced the need for systems to be linked to ensure overall solutions were identified, not only to the benefit of patients but also to deliver reductions in cost and resources.</p> <p>This would all require an increase in NHS-facing research and research capacity to explore these key issues in a more imaginative way. To that end, all organisations were to be approached to identify those interested in exploring infection research themes. The LHP/BRC Roadshows would be used to seek feedback from stakeholders.</p> <p>ST asked the Board to communicate the message wider; to support the Infection Leadership Group, to support delivery and capacity for NHS Infection Research and facilitate ways to make the path easier within individual organisations.</p> <p>The Board raised the following points:</p> <ul style="list-style-type: none"> • BRC Steering Group Membership: although there was a range of expertise on the Group, it was suggested that more NHS representation was required • Mersey Care/Community Microbials: further work was required with Primary Care to evidence how this was driven by excess ill health in the city <p>The Board NOTED the presentation.</p>	<p>ST</p> <p>All</p>

Ref	Item	Action
	<p>BRC Status Update</p> <p>The Board discussed the latest position and agreed to receive regular progress reports on the application. It noted the launch of the CEIDR by the University of Liverpool and the Liverpool School of Tropical Medicine. NG, on behalf of the Board, congratulated Professor William Hope on being appointed the Dame Sally Davies Chair of Antimicrobial Resistance (AMR) research.</p>	<p>RJ</p>
<p>7.</p>	<p>LHP Communications Strategy</p> <p>CK presented the Strategy which set out how LHP proposed to engage, involve and communicate with its staff, partners and other key stakeholders, providing a flexible framework to support the delivery of LHP’s vision and strategic objectives.</p> <p>NG commented on the need to grow LHP’s social media audience and improve the alignment with partners across Cheshire & Merseyside. LM suggested that closer working with the Innovation Agency would be worth exploring. CK agreed to take this forward.</p> <p>The Board APPROVED the Communications Strategy.</p>	<p>CK</p>
<p>8.</p>	<p>System-wide Delivery Management</p> <p>MJ presented the paper on improving Academic Health Science System (SS) Productivity: moving from Initiation to Delivery.</p> <p>The Board discussed the paper and raised the following points:</p> <ul style="list-style-type: none"> • Research studies: There was some discussion around the number of research studies and the complexity of studies which always has to be balanced against population need and local capacity. PW commented that, if the ambition was to improve the average set up time, this should be stated • Collaborative working: the alignment of the Clinical Trials Unit and SPARK was welcomed; however, further work was required to consider how best to approach collaboration with Clinical Research Facilities (CRF) and link with the Clinical Research Network (CRN). RJ advised that this was in train. <p>The Board APPROVED the plan and NOTED its implementation was a major component of the 2020/21 Business Plan.</p>	<p>MJ</p>
<p>GOVERNANCE AND ORGANISATIONAL DEVELOPMENT</p>		
<p>9.</p>	<p>Governance Committee Minutes (14 January 2020)</p> <p>The Board welcomed LS as the new Chair of the Committee and noted the minutes. LS highlighted the following items:</p>	

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	<ul style="list-style-type: none"> the Governance Review and Hosting Arrangements which had been submitted to the Governance Committee earlier in January for scrutiny and challenge LHP Business Plan 2020/21: a Task & Finish Group would be set up to look at the detail and resolve the current draft budget overspend, being mindful of the need to keep £400k reserves to cover close down costs, should this be necessary. There were implications for member subscriptions and a review would be required in due course as new members came on board. DL advised that she would take discussions forward in her meetings with each partner CEO. <p>In response to a query about prioritisation, LS confirmed that there were some strategic priorities and that these align with the LHP Business Plan.</p> <p>The Board NOTED the minutes.</p>	<p>MJ</p> <p>DL</p>
10.	<p>Governance Review</p> <p>The Board received the paper which identified the work undertaken to date on the governance structure, ensuring that it aligned sensibly with external expectations and ensuring robust systems and processes were in place to support that structure.</p> <p>A further phase of work (Phase 2) was now required to assess the Board structure as the membership grew to ensure that it remained sufficiently agile and fit for purpose. LS commented that this might require a formal external review, looking at tighter governance arrangements. NG supported this approach, maintaining that partnership-based organisations needed to be more transparent and rigorous than traditional single organisations.</p> <p>The Board APPROVED the revised governance structure and agreed to the on-going review into Phase 2, overseen by the Governance Committee.</p>	
11.	<p>LHP Hosting Arrangements</p> <p>The Board was advised that the proposal set out arrangements which preserved the autonomy, integrity and decision making of the LHP partnership. It also made clear how LHP would align with the governance arrangements of the host organisation, Liverpool Heart & Chest Hospital NHS FT.</p> <p>LS confirmed that the Governance Committee saw no cause for concern from a partnership perspective and that there were not outstanding financial issues. MPC requested some minor amendments to the paper</p>	

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	<ul style="list-style-type: none"> • Outcome data was improving with links with Public Health and One Liverpool refreshed on an annual basis • Study Set up Times: the process control chart evidenced the improvements being made • Recruitment to CRN Portfolio studies: there was an ambitious 35k target to attain by year end from a current position of 11k. SW and JT, in conjunction with LHP, would be developing an improvement plan, a longer-term strategy and funding model. <p>MJ agreed to amend the reputational metric to more accurately reflect the position.</p> <p>Programme Assurance Reviews</p> <p>The Board received details of the outputs of the reviews on CVD and Infection. NG requested that future reports focussed more on delivery across the partnership. MJ advised that LHP Board members would be invited to future reviews.</p> <p>The Board NOTED the dashboard and the progress made.</p>	<p>MJ</p> <p>MJ</p>
14.	<p>Finance</p> <p>The Board received the Management Accounts to 31 December 2019. RB advised that at the end of the nine months to end December, there was a small surplus against a planned deficit with the full year position forecast to be a deficit of £37k against a planned deficit of £340k.</p> <p>RB further advised the Board that work had been undertaken with LHP’s legal advisors, Hill Dickinson, to draft the Business Transfer Agreement which included asset identification. RB asked the Board to note that, at the end of January 2020, reserves of £1.1m, cash and fixed assets of £90k would transfer to LHCH. Any remaining balances would be settled in February by LHP Ltd.</p> <p>The Board APPROVED the Accounts.</p>	
CONCLUDING BUSINESS		
15.	<p>Any Other Business</p> <ul style="list-style-type: none"> • Academic Health Science Centre: notification of the next step was expected early February • Integrated Clinical Academic Development: Applications had been invited for the prestigious 2021 & 2022 NIHR funded Academic Clinical Fellow (ACF) and Academic Clinical Lecturer (ACL) awards. LK highlighted this investment to improve research capacity and capability and emphasised its importance in supporting Liverpool’s future application for Biomedical Research Centre status. All 	

Liverpool Health Partners

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	Partner CEOs were asked to encourage their organisations to respond to Liverpool’s disappointing track record. It was suggested that a more detailed paper should be submitted to the Board. It was also suggested that Prof T Marson liaise with Zarko Alfirevic, Associate Pro-Vice-Chancellor (Clinical Affairs), University of Liverpool and Paul May, Director of Clinical Academic Development, University of Liverpool to discuss this further.	All TM
16.	Items for the Strategic Risk Register There were no items identified.	
17.	Date and Time of Next Meeting Friday 27 March 2020: 2.30 – 4.30pm, Derby Suite, Foundation Building, University of Liverpool	

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