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| **BOARD OF DIRECTORS** |
| **Date (DD/MM/YYYY)** | **11/01/2021** |
| **Venue** | **ZOOM**  |
| **Time** | **10:00 – 12:00** |

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| **Chair** | Dr Neil Goodwin | NG | Chairman, LHP |
| **Partners** | Mike Gibney, for Hayley Citrione | MB | Director of Workforce and Innovation, The Walton Centre NHS FT |
| Prof. Louise Kenny | LK | Executive Pro Vice Chancellor, University of Liverpool (UoL) |
| Jane Tomkinson | JT | CEO, Liverpool Heart and Chest Hospital |
| Seth Crofts | CA | Pro-Vice Chancellor and Dean Faculty of Health and Social Care, Edge Hill University  |
| David Lalloo | PW | Director, Liverpool School of Tropical Medicine |
| Phil Jennings | PJ | CEO, The Innovation Agency |
| Dr Liz Bishop | LB | CEO, Clatterbridge Cancer Centre NHS FT |
| Prof Enitan Carroll | EC | Clinical Director of NIHR regional research network |
| **Attendance** | Dr Dawn Lawson | DL | CEO, LHP |
| Dr Mark Jackson | MJ | Director of Delivery and Performance, LHP |
| Dr Rachel Joynes | RJ | Director of Research Infrastructure and Education, LHP |
| Karen Edge | FM | Director of Finance, LHCH |
| Roger Bickerstaff | RB | Commercial **Accountant** at **University of Liverpool** |
| Georgia Bracey | SW | Executive Office Administrator, LHP |
| Prof Terry Jones | CH | Professor of Head and Neck Surgery, UoL |
| Prof William Hope | WH | Director, Centre of Excellence in Infectious Diseases Research, University of Liverpool |
| Prof Iain Buchan | IB | Chair in Public Health and Clinical Informatics at UoL |
| Gary Leeming | GL | Director, Civic Data Cooperative |
|  | Louise Shepherd | LS | Chief Executive, Alder Hey NHS FT |
| **Apologies** | Hayley Citrine | HC | Chief Executive, The Walton Centre NHS FT |
| Raphaela Kane | RK | Dean of Faculty of Health, Liverpool John Moore’s University |
| Jan Ledward | JL | Chief Officer, NHS Liverpool CCG |
|  | Joe Rafferty | JR | CEO, Mersey Care NHS FT |
| Steve Warburton | SW | CEO, Liverpool University Hospitals NHS FT (LUFT) |
| Kathryn Thompson | KT | DoF, Liverpool Women’s NHS FT |

**DECISIONS MADE AND ITEMS NOTED AND APPROVED BY THE LHP BOARD:**

* The LHP Board minutes of 11 November 2020 were **APPROVED** as an accurate record.
* The CEO report for January was **NOTED**.
* NIHR Biomedical Research Centre (BRC) Bid: the LHP Board **NOTED** the progress to date, **AGREED** that WH, TJ and TM will take forward the discussion on LHP supporting the BRC submission going forward. It was **AGREED** that the BRC bid will be a standing item on the Board agenda from March
* The LHP board **APPROVED** the recommendation for changing the governance structure of Civic Data Cooperative.
* The LHP board **NOTED** progress on implanting the Reset recommendations previously agreed by the Board.
* The LHP Board **NOTED** the main points from the Advisory Board meeting of 4 November 2020.
* The LHP Board **NOTED** the update on the Chair appointment process.
* The LHP Ltd Statutory Accounts for the ten-month period to 1 Feb 2020 were **APPROVED**. It was **AGREED** to dissolve LHP Ltd as a dormant company
* The Board **APPROVED** the Finance Report to December 2020
* The Board **NOTED** the exceptions and risks outlined in the Performance and Risk Report.
* The Finance Performance and Risk Committee meeting minutes from 21 December 2020 were **APPROVED**.

v = verbal d = document p = presentation

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| **Ref** | **Item** | **Action** |
| **1** | **Apologies for Absence & Chair introduction** |  |
|  | Apologies were received from Jan Ledward, Steve Warburton (who lost connectivity), Joe Rafferty Raphaela Kane and Kathryn Thompson. The Chair welcomed guests and EC.  |  |
| **Ref** | **Item** | **Action** |
| **2** | **Declarations of Interest** |  |
|  | None. |  |
| **3** | **Minutes of the Previous Meeting (11 November 2020)** |  |
|  | The Minutes and action log from the last meeting were **APPROVED** as an accurate record. |  |
| **4** | **LHP CEO Report** |  |
|  | DL said that after what has been a challenging year LHP has started the business planning cycle for 2021/22. LHP will build upon the successes of 2020 to help us to continue developing as an embryonic academic health sciences system. The ambition is to build on what is ‘good’ to become ‘great’. We remain committed to bringing the outputs of academic excellence to the front line and to articulating how LHP will fit into the wider system. Our forthcoming business plan will be an opportunity to refine our strategy and approach so that we can continue to make a genuine difference to patients in the City. The CEO report was **NOTED**. |  |
| **5** | **Strategy and Operations**  |  |
|  | **Governance structure of Civic Data Cooperative**NG welcomed IB and Gary Leeming, Director of CDC. IB spoke to his paper and outlined the history of the development of the CDC. Since approval of CDC funding the global pandemic has significantly shifted both the requirement for health and social care data, and the rapid investment into the infrastructure to support its use with global attention referencing Liverpool’s efforts. Specifically: an objective is for greater alignment between the CDC and CIPHA (Liverpool City Region Civic Data Cooperative and Cheshire & Merseyside Combined Intelligence for Population Health Action) delivering best value for the ecosystem.* The CDC governance group needs to be expanded to account for significant changes that have happened during the pandemic and since submission of the CDC grant.
* Enhanced governance and alignment will support integration of innovation and research with novel population health management approaches across C&M.
 |  |
| **Ref** | **Item** | **Action** |
|  | It is recommended that the Board agree that the alignment of the CDC and CIPHA is in the best interest of the public and will deliver better value for money than developing the programmes in isolation. This will require CDC to present to the CIPHA Governance Board and agree an operating model with CIPHA.It is recommended that the Board acknowledge the requirement for an expanded strategic governance group to support the delivery of the CDC. Including a cohesive communication strategy around CDC, CIPHA and HILL for data-intensive health and social innovation as a jointed up whole for the City Region and CMHCP Integrated Care System (ICS)Furthermore, CIPHA with CDC should be presented as a Population Health Intelligence and Innovation System (System-P) to Cheshire & Mersey Health & Care Partnership (CM HCP) to agree governance for analyst networking and innovation project management including LHP SPARK interface. LS has had valuable meetings with IB recently and supported the work to-date noting that LHP’s brand should be more prominent as an integral part of the new arrangements. The LHP board **APPROVED** the recommendation for the future governance structure of Civic Data Cooperative.  |  |
|  | **LHP Reset Update November 2020** |  |
|  | Progress continues to deliver the 4 LHP Reset Recommendations. * Scientific Strategy Committee: Since the last LHP Board meeting an SLG working group has met to discuss the development and Operationalisation of the committee.
* Aligning to regional need: As per the last Board meeting, LHP programme mapping has completed with further discussion due in January Programme meetings (SLG and the Programme Director and Manager Forum).
* Empowering the LHP Programmes: As above, planned discussion due in January Programme meetings
* LHP SPARK Operational Group (SPARK OLEG) is operating as business as usual with a series of Working Groups initiating in January 2021.

The Board **NOTED** the progress report. |  |
|  | **Update on the BRC Bid** |  |
|  | Key contextual points: * + LHP Support for the BRC Bid agreed in 2019.
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| **Ref** | **Item** | **Action** |
|  | * + Liverpool BRC bid update January 2020.
	+ NIHR announcement of the new open competition for NIHR BRCs in 2022.
	+ Liverpool BRC update January 2021.

Now the NIHR BRC Competition for 2022 has been launched it is timely to 1) review progress and agree our strategic approach to infection and 2) to review and redefine the role LHP should play in supporting the submission of the bid.The LHP CEO (DL) Board paper summarised agreements and activity to date: * We have collectively agreed that successfully applying for an NIHR BRC is an important priority and we have therefore been preparing a bid since 2019.
* Since 2019 LHP has played a supporting role by engaging extensively across the City to develop a recognized narrative about the purpose and focus of the BRC:
	+ developed PPIE arrangements (and opportunities for engagement as part of the LHP PPIE programme).
	+ data & analysis of clinical needs of the LCR.
	+ clinical engagement via a series of Director/ CEO meeting and to clinical communities with an infection themed roadshow.
	+ Developing communications strategy and support for comms (including COVID activity).
	+ Support for developing capacity building plans.
	+ LHP involvement in BRC writing groups and theme workshops.

 * + provided programme management support to establish the BRC Operational Group (and subsequent action plan) & BRC Steering Group, pulling multiple LHP partners together with a focus on the BRC.
* The University of Liverpool (UoL) has established the Centre for Excellence in Infectious Diseases Research (CEIDR) which is acting as a shadow structure, representing a partnership between the UoL, Liverpool School of Tropical Medicine (LSTM), along with LHP as a strategic partner. At WH’s request CEIDR was formally adopted as an LHP Centre in July 2020.
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| **Ref** | **Item** | **Action** |
|  | The BRC Director (WH) presented progress to date, starting with noting that a single strategy model for large, strategically important awards requiring a single vision and strategy, which he suggested should be:* An NHS-HEI axis where complementary functions and strengths are twinned (or other partners as appropriate to the bid in question).
* A joined plan for scholarship, development of excellent people and improved capacity.
* A joined-up plan for investment and economic growth (in the case of the BRC this would be investment in biomedical areas related to infection).

It was noted that the timelines for the BRC process had now been announced by NIHR:* Call announced in April 2021.
* PQQ (stage 1) likely Autumn 2021.
* Full stage (stage 2) 6 weeks later.
* Interview likely end 2021.

 * 2022 start TBC.

TM emphasised that utilising key individuals in network control teams/specialists across the Trust will be critical to identify how they can best contribute. Furthermore, TJ added that NHS access to, and definition of, the clinical pool is a key issue. JT referenced WH’s request for a single strategy noting the previous external view of fragmentation in Liverpool has largely dissolved following proven unity and collaboration responding to the pandemic; asking WH what changes he envisaged when the single strategy source had been via LHP. LS welcomed the presentation and update from WH, noting that excellent work had been done to move it forward. She also welcomed the proposed reinvigoration of the connection with R&D Directors across the partnership which commences this week. As far as strategic oversight is concerned, she felt that we needed to ensure that LHP provides the wrap around and shared partnership narrative for a single strategy within which the BRC sits. This strategy should provide the anchor for all other related bids, such as the CRFs which are also coming down the track. LS added that the narrative needs to be consistent and owned by all partners. The original intention had been for this to be driven by the Steering Group, but as this had not met in recent months, she felt that it ought to be reinvigorated in some form to ensure the bid properly  |  |
| **Ref** | **Item** | **Action** |
|  | captures this important aspect.WH confirmed that there is a working group which has drafted the bid and has oversight of what is happening, which replaces what was previously in place. However, this is not a steering group but a working group to develop bid areas of practice. An operational group could also be formed to help with high level project management, for example also including Terry Jones. WH proposed that we work on the structure he has offered with the hierarchy functioning as such. NG said he was not wholly convinced that securing engagement in the way proposed, namely via R&D directors and managers, was sufficient given Liverpool’s mixed history of collaboration; and that it needed to be supported by senior partner engagement such as that provided by LHP. LB made a number of points based on her previous experience/involvement with a bid in London, which included:* Clarity of the USP with impact on patients and the public.
* Strong branding.
* Demonstrable collegiate approach from partners – talking with one voice.

The bid had also benefitted hugely from early expert external peer review by an international panel, coupled with an experienced, clear holder of ‘the pen’. In terms of making it work in practice, LB also cited the importance of taking an open book approach to the money.WH stated that an external review was planned for the Spring and that the BRC COO role will be crucial to success, matched with a proposed Chief Scientific Officer role. NG said that not securing a BRC bid could very well adversely affect LHP as well as UoL, especially in pursuing AHSC designation in 2025. He said that LHP fully recognises the proposed future legal form of the BRC but above all else, it does bring the NHS partnership to the BRC bid process, which is stronger than at any other time in Liverpool’s NHS history. The Board has been through a process to set up the structure to support the BRC already and this now needs to be refreshed to ensure the full benefits of the partnership are brought to bear on helping to create a successful bid. LK stated that in terms of the detail, there is a BRC Manager in place which is funded by the UoL and an Ops Director will also be funded by UoL. Senior posts will also be co-funded by LUHFT. There has already been some £10m investment in laboratories to underpin the bid. She welcomed the discussion and agreed that the partnership needed to refresh how their involvement will work, and felt that there were strong levels of broad agreement around this. This now needed to be built into the practical steps/next phase of the plan. | **TM/TJ/WH** |
| **Ref** | **Item** | **Action** |
|  | DL noted that clarity is required in terms of taking stock of the LHP resource already committed to supporting the BRC bid to ensure its alignment with other system activity and infrastructure. This is because it has to be clear to partners if changes are to be made to previous agreements. In summary, the Board made a number of points about ensuring there is strong, sustainable involvement from partners in supporting preparation of the bid. It became clear that there is a plan to move away from the previous engagement processes and structures, with partners now requiring clarity on changes to be made, to ensure appropriate engagement going forward (noting that the STOP COVID programme will cease from April 2021, where BRC updates are currently given when appropriate). **ACTION**: TM, TJ and WH will meet to assess the practical implications of the discussion. It was also **AGREED** that the BRC bid will become a standing item on the Board agenda from March. The LHP Board **NOTED** the report.   |  |
| **6** | **Performance** |  |
|  | Key points:* Emerging themes arising from the first round of Performance Assurance Reviews for 2020-2021.
* The communications report is now listed as a standing consent item.
* There are a number of areas of progress to note within the performance dashboard, including decreased variance in study set-up times, continued growth in recruitment and improvement in LHP’s reputation metric.
* There are 2 red rated risks reported under the Risk Report and 2 red rated objectives in the Q2 Business Plan report.
* There is a risk the attraction of new members, caused by misaligned priorities, unrealistic demands for ROI and engagement difficulties given the current COVID-19 crisis leading to inability to grow our footprint and influence, secure the income required to deliver the business plan and thereby ensure the long-term financial viability of LHP. This risk is currently controlled by a mitigated spending plan, a membership development plan with new member offer that articulates the benefits of membership, the Strategic Leadership Group and the recently developed benefits realisation process currently being implemented and the favourable re-opening of negotiations with Warrington. Discussions regarding membership remain open with Cheshire & Wirral Partnership and St Helens & Knowsley. A plan for generating additional income above
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| **Ref** | **Item** | **Action** |
|  | membership income was discussed with the LHP Advisory Board who advised against this strategy. The LHP Management Committee are currently considering the Advisory Board advice. Residual risk 16.* There is a risk that LHP's future needs for clinical leadership may not be met, caused by insufficient investment in clinical leadership time and lack of suitably developed clinical leaders, leading to disconnect between the clinical needs of the system and LHP direction & delivery. This risk is currently controlled by the Strategic Leadership Group and the Board succession plan that is currently being implemented, and the implementation of the organisation wide talent management programme approved at the September 2020 Board. Additionally, Programmes are now well on the way to establishing Programme specific leadership groups from which new leaders may emerge. A number of controls are pending implementation that include additional PA investment in Director of Research Programmes and Deputy Director of Research Programmes role development. Residual risk 16.

The LHP Board **NOTED** the exceptions and risks outlined in the Performance and Risk Report. |  |

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| **GOVERNANCE AND FINANCE** |
| **8** | **Update on Chair Reappointment Process** |  |
|  | LS thanked Board members and partners for their support in the process for appointing a new Chair. Key points: * The process has included a comprehensive dialogue with partners that has shaped the job description and person specification.
* A recruitment company is currently leading a search for prospective candidates.
* The proposed interview panel was supported.
* The interview day will be complemented by selection events yet to be determined by MJ.

The LHP Board **NOTED** the update.  |  |
| **9** | **Finance, Performance & Risk Committee** |  |
|  | **Minutes 21 December 2020**The Finance Performance and Risk Committee meeting minutes from 21 December 2020 were **APPROVED** as accurate and correct. |  |
| **Ref** | **Item** | **Action** |
|  | **LHP Finance Report** |  |
|  | **LHP Management Accounts (to December 2020)**The Board **APPROVED** the Finance Report (to December 2020) |  |
|  | **LHP Annual Accounts** |  |
|  | RB requested confirmation from the LHP Board on whether to retain LHP Ltd as a dormant company or alternatively whether they prefer to dissolve. MJ and DL confirmed that it should be dissolved. LHP Ltd - Statutory Accounts for the ten month period to 1 Feb 2020 were **APPROVED**. It was **agreed** to dissolve LHP Ltd as a dormant company. |  |
| **10** | **Items for the Corporate Risk Register** |  |
|  | None. |  |
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| **CONSENT MINUTES** (all items ‘to approve’ unless stated otherwise) |

The following items have been read by Board members and no comments or questions received.

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| **© 11** | **Communications Report** |  |
|  | It was noted that this was a comprehensive report which should be part of the performance review. MH has set up a communications network and her work continues to be exemplary.  |  |

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| **CONCLUDING BUSINESS** |
| **12** | **Any Other Business** |  |
|  | LT was thanked for her work in supporting the Board and the LHP Executive Team as she leaves her role as LHP Corporate Governance Business Manager this month.  |  |
|  | **Date & Time of Next Meeting** |  |
|  | 31 March 2021 @ 2.00pm – 4.00pm by VC |  |

*There were no Part II Items on today's agenda.*