|  |  |
| --- | --- |
| **BOARD OF DIRECTORS** | |
| **Date (DD/MM/YYYY)** | **31/03/2021** |
| **Venue** | **ZOOM** |
| **Time** | **14:00 – 16:00** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Chair** | Dr Neil Goodwin | NG | Chairman, LHP |
| **Partners** | Prof Bertie Squire  (for David Lalloo) | BS | Professor of Clinical Tropical Medicine, LSTM |
| Prof Enitan Carroll | EC | Clinical Director of NIHR Regional Research Network |
| Jane Tomkinson | JT | CEO, LHCH NHS FT |
| Kathryn Thompson | KT | CEO, LWH NHS FT |
| Prof. Louise Kenny | LK | Executive PVC, UoL & Deputy Chair, LHP |
| Raphaela Kane | RK | Dean of the Faculty of Health, LJMU |
| Louise Shepherd | LS | CEO, AHCH NHS FT |
| Mike Gibney  (for Hayley Citrine) | MB | Director of Workforce and Innovation, The Walton Centre NHS FT |
| Seth Crofts | SC | PVC and Dean of the Faculty of Health and Social Care, EHU |
| Steve Warburton | SW | CEO, LUHFT |
| Tony Woods  (for Phil Jennings) | TW | Director of Operations and Digital, IA |
| **Attendance** | Dr Dawn Lawson | DL | CEO, LHP |
| Gemma Herbertson | GH | Senior EA/Office Manager, LHP |
| Prof Gregory Lip\* | GL | PD for Cardiovascular Science, LHP |
| Karen Edge | FM | Director of Finance, LHCH NHS FT |
| Dr Mark Jackson | MJ | Director of Delivery and Performance, LHP |
| Dr Rachel Joynes | RJ | Director of Research, Infrastructure and Education, LHP |
| Prof Tony Marson | TM | Director of Research Programmes, LHP |
| Prof William Hope\* | WH | Director, Centre of Excellence in Infectious Diseases Research, UoL |
| **Apologies** | Prof David Lalloo | PW | Director, LSTM |
| Hayley Citrine | HC | Chief Executive, The Walton Centre NHS FT |
| Jan Ledward | JL | Chief Officer, NHS Liverpool CCG |
|  | Joe Rafferty | JR | CEO, Mersey Care NHS FT |
| Dr Liz Bishop | LB | CEO, CCC NHS FT |
| Dr Phil Jennings | PJ | CEO, IA |

*\* Denotes partial attendance*

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

* The minutes and action log of the meeting of 11 January 2021 were **approved** as a true and accurate record.
* The Board **noted** the update and progress to date reflected in the Chief Executive Update.
* The Board **agreed** the proposal to regroup and refresh the LHP strategy, level of ambition and delivery in late Spring/early Summer.
* The Board **noted** the update and progress to date outlined within the Reset Update report.
* The Board **confirmed** that the intended direction of strategic travel remains that articulated in the organisational strategy, supplemented by learning from the pandemic.
* The Board **approved** the progression of the LHP Business Plan 2021/22 and supporting financial plan that outlined the implementation of investment scenarios linked to realisation of the assumptions presented.
* The Board **noted** the positive progress briefing provided by the Cardiovascular Theme Update presentation.
* The Board **noted** the progress update with regards to the BRC.
* The Board **approved** the Membership Fee Structure 2021/22.
* The Board **noted** the minutes of the Finance, Performance and Risk Committee meeting of 4 March 2021.
* The Board **noted** the Finance Report for the management accounts to 31 January 2021.
* The Board **noted** the progress made, and mitigating actions, taken to cover any exceptions and risks outlined within the LHP Performance and Risk Report February 2021.
* The Board **noted** and **agreed** the key messages from the Remuneration and Nominations Committee following its meeting of 18 March 2021.
* The Board **approved** the revised LHP Board Terms of Reference.
* The Board **approved** the LHP Board Evaluation of Effectiveness for 2020/21.
* The Board **approved** the LHP Board Cycle of Business 2021/22.
* The Board **approved** the LHP Board Register of Interests.
* The Board **approved** the LHP Corporate Governance Manual.
* The Board **approved** the recommendation that future SLG minutes be included as a consent item within the LHP Board papers.
* The Board **noted** the update provided pertaining to the Global Pandemic Institute.

v = verbal d = document p = presentation

|  |  |  |
| --- | --- | --- |
| **PRELIMINARY BUSINESS** | | |
| **B20-21/**  **075 (v)** | **Apologies for Absence** | **Action** |
|  | Apologies for absence were noted from Professor David Lalloo (Professor Bertie Squire attending), Hayley Citrine (Mike Gibney attending), Jan Ledward, Joe Rafferty, Dr Liz Bishop and Dr Phil Jennings (Tony Woods attending). |  |
| **B20-21/**  **076 (v)** | **Declarations of Interest** | **Action** |
|  | No declarations of interest were noted. |  |
| **B20-21/**  **077 (d)** | **Minutes of the Previous Meeting (11 January 2021)** | **Action** |
|  | It was requested that the minutes be amended to reflect the attendance of Louise Shepherd, CEO, AHCH NHS FT.  Subject to the above detailed amendment, the minutes and action log of the meeting of 11 January 2021 were **approved** as a true and accurate record.  The Board was pleased to note the appointment of Professor Eliot Forster to the position of Chair of the LHP Board. It was anticipated that Professor Forster would join LHP in mid-April 2021. |  |
| **B20-21/**  **078 (d)** | **LHP CEO Report** | **Action** |
|  | The CEO, LHP, presented the Chief Executive Update for information and highlighted the following key points:   * A two-slide presentation was given to the Board, which outlined the past accomplishments of LHP and its future projected milestones. * It was confirmed that Board members would be invited to participate in a strategy planning event, to be held in late Spring/early Summer 2021, to identify collaborative priorities and define the future focus of LHP.      * The attention of the Board was drawn to the advanced position of the North West region in respect of the recently published DHSC guidelines pertaining to the future of clinical research delivery in the UK. The importance of continued collaboration with partners to strengthen integrated working was stated.   During discussions, the Board was pleased to note the positive progress demonstrated by LHP over the preceding three-year period. Demand for the integral coordinating role of LHP, which was particularly evident throughout the pandemic, was anticipated to increase in light of the aforementioned DHSC guidance.  The Board **noted** the update and progress to date.  The Board **agreed** the proposal to regroup and refresh the LHP strategy, level of ambition and delivery in late Spring/early Summer. |  |
| **STRATEGY AND PERFORMANCE** | | |
| **B20-21/**  **079 (d)** | **Reset Update** | **Action** |
|  | The DoRIE presented the Reset Update for information and the following key points were highlighted:   * It was confirmed that a key future role of LHP would be interlinking areas of practice. As such, the reset would be prefaced to ensure its inclusivity for, and engagement with, all relevant parties. * Whilst the founding of the ICS was anticipated to generate a variety of opportunities, the resultant additional layer of complexity was recognised. Such complexity would necessitate application of an adaptable lens on its work using simple, clear and engaging language. * An agile approach would be adopted to support strategic work across the key stakeholder priorities (i) complexity and unmet need, (ii) driving equality, (iii) prevention and health improvement and (iv) new models of care. * To strengthen the existing system, the importance of sustained partnership working, maximisation of system assets and linking priority areas of practice through fora, such as the R&D DG, was stated. * The methodology and behavioural changes required to achieve system wide improvements had been discussed by the SLG on 9 March 2021 and relevant governance arrangements included:   + Rolling chair-ship across relevant groups.   + Establishment of ongoing COVID research governance arrangements following stand down of the Command structure. * Where possible, outstanding actions would be completed prior to implementation of a new suite of objectives.   During discussions the Board sought to determine whether the ICS would provide a forum for pre-existing disparate and multifaceted groups to better lever success. It was confirmed that a key function of the ICS would be workstream alignment and efforts had commenced to define its parameters and operational procedures.  The Board **noted** the update and progress to date outlined within the Reset Update report. |  |
| **B20-21/**  **080 (d)** | **LHP Business and Financial Plan 2021/22** | **Action** |
|  | The DoDP presented the LHP Business and Financial Plan 2021/22 to the Board for approval. The following key points were noted:   * The LHP Business and Financial Plan 2021/22 (‘the plan’) had been developed utilising a scenario-based approach. The scenarios would be implemented subject to receipt of the necessary income:   + Baseline - affordable based on current membership fees and income associated with the CDC.   + Priority 1 and Priority 2 - affordable following receipt of payment of increased membership fees from 2021/22 for organisations with an income of above £500m per annum. * It was confirmed that the plan had been scrutinized by the FPRC at its meeting of 4 March 2021. * The commitment to revisit and review the existing LHP strategy ahead of reimplementation in April 2022 was reiterated.      * The plan did not outline, in detail, ongoing business as usual but focused on new costs specifically associated with:   + A multi-threaded communications campaign to drive a research active culture through an appropriately formed working group.   + Enhancement of the existing SPARK resource.   + Formal onboarding of research centers over the approaching two-month period, following discussions with relevant HEI’s.   + Induction of Warrington and Halton Hospitals NHS Trust as LHP members and continued exploration of new member opportunities.   + Improved stakeholder engagement through increased visibility of the LHP Executive Team within member organisations, for which a proposal would be presented at a future meeting to outline the approach to be taken.   + Implementation of a multi-level Organisational Development Plan, for which a detailed report would be presented to the Board in May 2021. * The following LHP Programme updates were also noted:   + A new PD for Living Well would be appointed during 2021/22.   + The resource currently associated with the PM for Cancer role would be repurposed to support the existing PD and the work programme aligned to reflect the priorities shared with the LCRI.   + Work pertaining to respiratory would be subsumed into the existing Cardiovascular Programme.   + Strategies would be developed for both Neuroscience and Mental Health.   + The work of the Infection Programme would be aligned to support the BRC.   During discussions, the Board requested that the financial scenarios referenced within the report be circulated to the Board for information, which would enable review of reserve funding. It was confirmed that the LHP financial reserves, as reviewed by FPRC on 4 March 2021, included appropriate provision for all future commitments and allowed flexibility for any unexpected issues.  The Board was alerted to the work of the North West Council of Deans for Health, which included representation from all HEI’s across the region. It was advised that RK would update the Board on the innovation work conducted by the council. The opportunity to liaise with the new LHP Innovation Manager, following commencement of their post in late April 2021, was extended to RK.  The Board expressed the importance of inclusion of clearly defined roles and responsibilities for all LHP colleagues as part of the Organisational Development Plan. It was stated that the proposed approach to commit to the development of programme leaders as system influencers had been embraced by clinical academics.  The Board **confirmed** that the intended direction of strategic travel remains that articulated in the organisational strategy, supplemented by learning from the pandemic.  The Board **approved** the progression of the LHP Business Plan 2021/22 and supporting financial plan that outlined the implementation of investment scenarios linked to realisation of the assumptions presented. | **MJ** |
| **B20-21/**  **081 (p)** | **Theme Update Presentation: Cardiovascular** | **Action** |
|  | *Professor Gregory Lip joined the meeting*.  The PD for Cardiovascular Science gave a theme update presentation to the Board for information, which included the following key points:   * Following its launch in September 2018, the Liverpool Cardiovascular Centre (‘the centre’) had since been designated as a Centre of Excellence for UoL and recently moved to the final stage of centre approval for LJMU. * The scope of the Cardiovascular Programme was noted as overlapping key population health priorities such as infection, cancer, pediatrics, maternal health and informatics. * By January 2021, the programme had published over 500 research affiliated papers, had over 50 affiliated PI’s and generated in excess of £20m of funding via successful grant applications. * The work of the centre was reported to have shaped both national and international developments, particularly in the area of atrial fibrillation. * The dedicated clinical area hosted by founding partner LHCH, had facilitated post-graduate and research programmes in addition to numerous clinical trials that had enhanced the reputation of Liverpool in the Cardiovascular field. * Work being conducted in respect of mobile health screening (a cluster randomised trial) would shortly be extended into Europe. * Community engagement remained a key aspect of the programme and had been conducted via a program of talks, screening exercises, CPR training and through virtual events such as World Heart Day.      * Work had begun to recruit and develop the next group of clinical academics, which would result in team expansion over 2021/22. * Thanks were extended to the Board for its support of collaborative and progressive endeavors.   During discussions, the Board sought further information on the incorporation of respiratory into the Cardiovascular Programme and how its scope could be extended beyond the City region. It was confirmed that the Cardiorespiratory portfolio would include COPD and chronic infections and the Board was advised that a £10m proposal had been submitted to the NIHR Research Centre seeking support for a study on chronic infections in African countries. The Board requested that explorative discussions be conducted to determine how LSTM could contribute to existing and future Cardiorespiratory studies.  The Board was advised that as the region emerges from the current lockdown arrangements, conversations would recommence with key stakeholders, particularly in primary and secondary care, regarding risk factors and multi-morbidities with a view to informing and improving patient pathways.  The Board **noted** the positive progress briefing provided by the Cardiovascular Theme Update presentation and welcomed a future update.  *Professor Gregory Lip exited the meeting.* | **GL/BS** |
| **B20-21/**  **082 (d)** | **BRC Update** | **Action** |
|  | *Professor William Hope joined the meeting*.  The DoCEIDR, UoL, presented the BRC Update, for information, and raised the following key points:   * BRC working groups had been established and the overarching BRC governance structure, influenced by partnership working, would be presented to the LHP Board in May 2021 by LK. * A new website for the BRC was under construction and plans had been developed for PPIE, EDI and Education and Training, the last of which was anticipated to inspire national colleagues to increase interactivity with the Liverpool region. * Progress had been made in respect of clinical appointments which would support the alignment of biomedical, clinical and research services across the city. Work had also commenced, in collaboration with Professor Terry Jones, to establish clinics that spanned all LHP programmes. * Whilst the BRC is intended to be a generic structure that would be able to respond to arising issues, it would also be obligated to address a programme of work with a view to improving patient outcomes. * A succession plan, for implementation in 2026, was also to be drafted. This would extend the scope of the BRC through engagement with national and global partners.   During discussions, it was confirmed to the Board that the BRC PQQ would be ready for submission ahead of the earlier than anticipated deadline of May 2021.  The Board **noted** the progress update with regards to the BRC.  *Professor William Hope exited the meeting.* |  |
| **GOVERNANCE AND ORGANISATIONAL DEVELOPMENT** | | |
| **B20-21/**  **083 (d)** | **Membership Fee Structure 2021/22** | **Action** |
|  | The CEO, LHP, presented the Membership Fee Structure 2021/22 for approval. It was explained that the revision to the existing structure was being proposed in response to the impact of mergers of existing LHP member organisations.  The Membership Fee Structure had been revised to include a higher tier for members with an annual income of over £500m, resulting in a fee of circa £500k per annum. This approach would secure continued LHP resources for ongoing support of existing and forecast activity levels.  During discussions, the Board sought further information on the intended approach for demonstrating return on investment for LHP members. It was confirmed that work on LHP member benefits realisation had commenced and member feedback would be sought in respect of potential performance indicators. In addition, the LHP strategy review which would take place in late Spring/early Summer 2021 was anticipated to provide clarification on partnership priorities and outputs. The Board stated the importance of better defining qualitative partnership outcomes above quantitative individual return.  The Board noted that although the contributions of Liverpool CCG sat in the lower portion of the tier structure, their fee was time limited and would pose a minor impact to the financial plan.  The Board **approved** the Membership Fee Structure 2021/22. |  |
| **B20-21/**  **084 (d)** | **Finance, Performance and Risk Committee Minutes (4 March 2021)** | **Action** |
|  | The Chair of the Finance, Performance and Risk Committee presented the minutes of the meeting of 4 March 2021 for information.  The Board was advised that the key items for discussion at the meeting had been the LHP Business and Financial Plan 2021/22 and Membership Fee Structure 2021/22, which had now been approved by the Board.  The Board was also advised that that the Committee would continue to monitor progress towards, and the potential financial impact of, the LHP relocation to The Spine.  The Board **noted** the minutes of the Finance, Performance and Risk Committee meeting of 4 March 2021. |  |
| **B20-21/**  **085 (d)** | **Finance Report** | **Action** |
|  | The Director of Finance, LHCH, presented the Finance Report which confirmed LHP as being in a breakeven position for the reporting period. It was noted that there were no significant issues to report and known risks had been mitigated at Operational Planning Meetings.  The Board **noted** the Finance Report for the management accounts to 31 January 2021. |  |
| **B20-21/**  **086 (d)** | **LHP Performance and Risk Report February 2021** | **Action** |
|  | The DoDP presented the LHP Performance and Risk Report (February 2021) for information. The following key points were highlighted:   * It was the first occasion of the integrated report having included communications performance, which noted a dip in the LHP reputational metric over the Christmas period that had since increased. * A positive performance was reported in respect of recruitment to COVID studies, totaling circa 10k participants. * Performance Assurance Reviews had reported strong cross-programme working practices, robust capacity building and successful outcomes in respect of grant applications. * Study set up times had been impacted by internal governance issues. However, on investigation, the issues had been found to be by exception and no corrective action was required. * Some long-standing risks associated with the LHP Business Plan 2020/21 would be reduced as a consequence of the approval of the LHP Business and Finance Plan 2021/22. For completeness, a risk appetite workshop would be scheduled as part of the strategy review process during 2021/22. * Partnership growth risks would continue to be addressed throughout the approaching financial year as part of the LHP Business and Financial Plan 2021/22.   The Board sought to understand the anticipated performance challenges for 2021/22. It was noted that the recovery plan to restart the full LHP portfolio had the potential to negatively impact SPARK, but well-established processes were anticipated to mitigate any resultant risks. It was also noted that the establishment of the Living Well Programme, taking external strategies and priorities into account, would necessitate continued support.  The Board **noted** the progress made, and mitigating actions taken, to cover any exceptions and risks outlined within the LHP Performance and Risk Report February 2021. |  |
| **B20-21/**  **087 (d)** | **Key Messages from the Remuneration and Nominations Committee (18 March 2021)** | **Action** |
|  | The Chairman presented the key messages from the Remuneration and Nominations Committee, as agreed at its meeting of 18 March 2021, as follows:   * The Committee ratified the recommendation to appoint Professor Eliot Forster as the new Chair of the Liverpool Health Partners Board of Directors for an initial term of three years. * The Committee ratified the recommendation to appoint Professor Louise Kenny as Vice-Chair of Liverpool Health Partners for the remainder of an initial three-year term. * The Committee supported the application by the Chief Executive to renew the contract of Professor Tony Marson in his role as Director of Research Programmes and to make his secondment contract open ended.   The Board was pleased to **note** and **agree** the key messages from the Remuneration and Nominations Committee following its meeting of 18 March 2021. |  |
| **B20-21/**  **088 (d)** | **Board Review: Terms of Reference Review** | **Action** |
|  | The DoDP presented the revised LHP Board Terms of Reference (Standing Orders) for approval. The key updates to the document were confirmed as:     * Removal of references to LHCH as a governing body to LHP. * Removal of references to the LHP Board Secretary and reallocation of associated duties to the Director of Delivery & Performance. * An update to the timing of the LHP membership review to make it independent from Annual Reporting requirements.   The Board **approved** the revised LHP Board Terms of Reference. |  |
| **B20-21/**  **089 (d)** | **Board Review: Evaluation of Effectiveness** | **Action** |
|  | The DoDP presented the Board Evaluation of Effectiveness for 2020/21 for approval. Whilst feedback collected as part of the Board Evaluation of Effectiveness had been positive overall, some areas for improvement were identified and would be addressed during 2021/22 as outlined below:   * Assurance from the LHP Business and Financial Plan 2021/22 and associated integrated performance report, which would continue to be subject to FPRC scrutiny, were anticipated to dispel any concerns in respect of performance monitoring. * A compliance review process would be presented to FPRC in Quarter 1 of 2021/22 to determine the level of scrutiny required to provide sufficient assurance of LHP compliance with internal and external requirements.      * The refreshed LHP Board Cycle of Business had been drafted to ensure regular representation from programme leads over the approaching financial year. * With regards to external scrutiny of the performance of LHP, the following approach was noted:   + The LHP Advisory Board, which had previously met in November 2020, would be reconvened by Professor Forster in 2021/22.   + A local Scientific Committee would be established to provide further independent scrutiny of LHP performance.   + Consideration had been given to the appointment of Non-Executive Directors for 2021/22, however the proposal had been rejected due to financial constraints. The proposal was to be reconsidered as part of the 2022/23 business planning process. * Concerns raised in relation to the size of the LHP Board, were to be mitigated through a Stakeholder Engagement Plan that would be presented at a future meeting. This plan was to include a schedule of partner organisation visits to collect and collate requirements to inform a system wide approach.   The Board was pleased to note the broadly positive feedback received as part of the Board Evaluation of Effectiveness and welcomed future review of a Stakeholder Engagement Plan.  The Board **approved** the Board Evaluation of Effectiveness for 2020/21. |  |
| **B20-21/**  **090 (d)** | **Board Review: Cycle of Business 2021/22** | **Action** |
|  | The DoDP presented the LHP Board Cycle of Business 2021/22 for approval. It was confirmed that the Cycle of Business had been drafted to ensure the Board would fulfil its Terms of Reference during the approaching financial year.  The Board **approved** the LHP Board Cycle of Business 2021/22. |  |
| **B20-21/**  **091 (d)** | **Board Review: Register of Interests** | **Action** |
|  | The DoDP presented the LHP Board Register of Interests for approval. It was confirmed that no material interests had been declared.  The Board **approved** the LHP Board Register of Interests. |  |
| **B20-21/**  **092 (d)** | **LHP Corporate Governance Manual** | **Action** |
|  | The DoDP presented the LHP Corporate Governance Manual for approval. It was confirmed that the manual had been updated to reflect the formal dissolution of Liverpool Health Partners Ltd as agreed by the LHP Board in January 2021.  The Board **approved** the LHP Corporate Governance Manual. |  |
| **B20-21/**  **093 (d)** | **Strategic Leadership Group Informally Report to Board** | **Action** |
|  | The CEO, LHP, presented for approval, the proposal to include the minutes of the SLG as consent items on future Board agendas. This approach was anticipated to augment programme leader representation at future Board meetings.  The minutes of the most recent SLG meeting of 9 March 2021 were presented for information.  The Board **approved** the recommendation that future SLG minutes be included as a consent item within the LHP Board papers. |  |
| **CONCLUDING BUSINESS** | | |
| **B20-21/**  **094 (v)** | **Any Other Business** | **Action** |
|  | The Board extended its thanks to NG for his contributions during his tenure as Chair of the LHP Board. A brief presentation was given, which reflected on the progress that had been made at LHP under the steerage of NG. Personal best wishes and fond returns were proffered from members of the LHP Board to NG ahead of his retirement.   * **Global Pandemic Institute (B20-21/095 (p))**   The EPVC, UoL, gave a presentation on the Global Pandemic Institute which outlined the approach to be adopted to direct investment into the LCR. Whilst potential investors conducted a national tour to evaluate potential sites, work would be undertaken to refine the investment framework.  It was considered that the potential investment opportunities would underpin the strengths of the HEI, particularly with regards to workforce expansion and teacher training. It was expected that a report, containing contributions from all involved HEI’s, would be presented at the Board meeting in May 2021.  The Board sought an evaluation of Liverpool’s position in comparison to other viable sites. It was stated that work undertaken in collaboration with BS and PwC had confirmed the favourable position of Liverpool as a consequence of its strong performance during the pandemic and the ability to offer a holistic end-to-end solution across a wide scope, that included clinical and data management expertise.  The Board queried what potential implications could arise for LHP as a result of Liverpool being chosen as the site for the Global Pandemic Institute. It was advised that the evaluation procedure was at too early a stage to determine the potential impact to LHP, however regular updates would be provided as the process progressed.  The Board **noted** the update provided pertaining to the Global Pandemic Institute. |  |
| **B20-21/**  **096 (v)** | **Items for the Corporate Risk Register** | **Action** |
|  | No items were to be added to, or amended on, the Corporate Risk Register as a consequence of meeting discussions. |  |
|  | **Date & Time of Next Meeting** |  |
|  | Thursday 27 May 2021, 16:00 – 18:00, TBC |  |

There were no Part II items on today's agenda.

|  |  |  |  |
| --- | --- | --- | --- |
| **Abbreviations** | | | |
| AHCH | Alder Hey Children’s Hospital | LHP | Liverpool Health Partners |
| BRC | Biomedical Research Centre | LHCH | Liverpool Heart and Chest |
| CCC | The Clatterbridge Cancer Centre | LJMU | Liverpool John Moores University |
| CCG | Clinical Commissioning Group | LUHFT | Liverpool University Hospitals NHS FT |
| CDC | Civic Data Cooperative | LWH | Liverpool Women’s Hospital |
| CEO | Chief Executive Officer | LSTM | Liverpool School of Tropical Medicine |
| COPD | Chronic Obstructive Pulmonary Disease | NHS | National Health Service |
| CPR | Cardiopulmonary Resuscitation | NIHR | National Institute for Health Research |
| DHSC | Department of Health and Social Care | PD | Programme Director |
| EA | Executive Assistant | PI | Primary Investigator |
| EDI | Equality, Diversity and Inclusion | PM | Programme Manager |
| EHU | Edge Hill University | PPIE | Patient and Public Involvement and Engagement |
| FPRC | Finance, Performance and Risk Committee | PQQ | Pre-Qualification Questionnaire |
| FT | Foundation Trust | PVC | Pro-Vice-Chancellor |
| HEI | Higher Education Institute | PwC | Price Waterhouse Coopers |
| IA | Innovation Agency | R&D DG | Research and Development Directors Group |
| ICS | Integrated Care System | SLG | Strategic Leadership Group |
| LCR | Liverpool City Region | SPARK | Single Point of Access to Research and Knowledge |
| LCRI | Liverpool Cancer Research Institute | UoL | University of Liverpool |