

**BOARD OF DIRECTORS**  
**WEDNESDAY 11 NOVEMBER 2020**  
**Via Video Call**  
**MINUTES**

<b>Chair</b>	Dr Neil Goodwin	NG	Chairman, LHP
<b>Partners</b>	Mike Gibney, for Hayley Citrione	MB	Dir of Workforce and Innovation, The Walton Centre NHS FT
	Prof. Louise Kenny	LK	Executive Pro Vice Chancellor, University of Liverpool (UoL)
	Joe Rafferty	JR	CEO, MerseyCare
	Louise Shepherd	LS	CEO, Alder Hey Children's NHS FT
	Kathryn Thompson	KT	DoF, Liverpool Women's NHS Foundation Trust
	Jane Tomkinson	JT	CEO, Liverpool Heart and Chest Hospital
	Steve Warburton	SW	CEO, Liverpool University Hospitals (LUH) NHS FT
	Seth Crofts	SC	Pro-Vice Chancellor and Dean Faculty of Health and Social Care, Edge Hill University
	Hayley Citrine	HC	Director of Workforce and Innovation
	David Laloo		Director, School of Tropical Medicine
	Phil Jennings	PJ	CEO, The Innovation Agency
	Raphaella Kane	RK	Dean of Faculty of Health, Liverpool John Moore's University
<b>Apologies</b>	Jan Ledward	JL	Chief Officer, NHS Liverpool CCG
<b>In attendance</b>	Dawn Lawson	DL	CEO, LHP
	Mark Jackson	MJ	Director of Delivery and Performance, LHP
	Rachel Joynes	RJ	Director of Research Infrastructure and Education, LHP
	Karen Edge	KE	Chief Finance Officer, LHCH
	Liz Taylor	LT	Corporate Governance Business Manager, LHP
<b>Guests</b>	Andy Pettitt	AP	Programme Manager, Cancer
	Matina Tsalavouta	MT	Programme Director, Cancer

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

- The LHP Board Minutes of the last meeting of 16<sup>th</sup> September 2020 were **APPROVED** as an accurate record.
- The Board **AGREED** that Prof. Enitan Carrol, newly appointed Clinical Director for the NWC CRN, should be invited to join the LHP Board as an Associate Board member.
- The Board **NOTED** the Cancer Theme presentation
- The Board **APPROVED** the LHP Reset Plan paper noting the next iteration of the paper will go to SLG before Board in January
- The Board **APPROVED** the recommendations in the LHP Capacity and Capability development paper.
- The Board **NOTED** progress made in the performance and risk report and mitigating actions to cover any exceptions and risks.
- The Board **APPROVED** the Finance Performance and Risk Committee Minutes from 23<sup>rd</sup> October 2020.
- The Board **APPROVED** the LHP Management Accounts (to September 2020).

- The LHP Board **AGREED** to add commercial studies impact to the wider system to the risk register.

Ref	Item	Action
1	<p><b>Apologies for Absence</b></p>	
	<p>Apologies were received from the following members:</p> <ul style="list-style-type: none"> <li>• Hayley Citrine, (CEO, The Walton Centre NHS FT) – nominated Mike Gibney, Director of Workforce and Innovation</li> <li>• Jan Ledward, Chief Officer, NHS Liverpool CCG</li> </ul>	
2	<p><b>Declarations of Interest</b></p> <p>To receive declarations of interest in agenda items and/or any changes to the register of directors' declarations of interest.</p> <p>None noted.</p>	
3	<p><b>Minutes of the Previous Meeting (16 September 2020)</b></p> <p>The Minutes of the last meeting of 16<sup>th</sup> September 2020 were <b>APPROVED</b> as an accurate record.</p> <ul style="list-style-type: none"> <li>• <b>Action Log update</b></li> </ul> <p>No actions were discussed as all completed or covered in today's agenda.</p> <p>NG welcomed both Melanie Harvey, LHP Communications Manager and Karen Edge, Chief Finance Officer, LHCH.</p>	
4	<p>The Board received the CEO update.</p> <p>It was <b>NOTED</b> that:</p> <p>(i) The STOP COVID approach we have taken has enabled excellent recruitment to COVID treatment and vaccine studies for example, LUHFT was the third highest recruiter to COVID studies between 1<sup>st</sup> Sept and 31<sup>st</sup> Oct. The collaboration that we have built will enable us to continue to strengthen our research standing as COVID recedes. But, to achieve this LHP has to take a medium term view, which is why the agenda today is focused on the recommendation as part of the re-set following COVID and on research capacity building as we recognising that growing our own local capacity and capability is critical for us to work towards Academic Health Science Centre status. Research has never had the profile it has now with neither NHS England or the public and it is important that we capitalise on this. We believe NHS England are considering how to grow research that answers clinical questions and changes clinical practice as we have seen in the recovery trial. We understand that research maybe included as part of the forthcoming NHSE National Framework.</p> <p>(ii) The four high level recommendations agreed in July are still in development. We are working collaboratively to build the detail with our research colleagues and Programme Directors. We are very aware that whilst 'command' language and behaviours were appropriate to respond to the urgent need of COVID, going forward this is not appropriate. We are making a conscious effort to ensure we change the language to reflect collaboration and ensure we are</p>	

Ref	Item	Action
	<p>inclusive in developing recommendations.</p> <p>(iii) To celebrate its first anniversary of SPARK a full communication and engagement campaign ran throughout October and November, including a campaign webpage: <a href="https://liverpoolhealthpartners.org.uk/the-single-point-of-access-to-research-and-knowledge-celebrates-landmark-first-year/">https://liverpoolhealthpartners.org.uk/the-single-point-of-access-to-research-and-knowledge-celebrates-landmark-first-year/</a> with a suite of resources and marketing.</p> <p>(iv) SPARK study set-up median times have been reduced to 7.5 days from a pre-SPARK median of 40. Wider working with LHP OLEG and clinical leadership means that we have a genuine system wide approach to COVID research. We have costed and supported a record number of study bids for COVID funding, and are collating feedback on the bids to support future learning.</p> <p>(v) The maturity of the wider OLEG and leadership is shown in the agility of how we work with the taskforce and the input of clinical services across the Trust. We are aware that this partnership working has had an impact on individual performance. Thanks were noted to those who have been involved so far and the success of OLEG is due to operational and clinical input from the partnership which has enabled rapid changes in working. Freeing up clinical time from clinical R&amp;D Directors is making a positive impact on the ways we have even able to work through the oversight group. The weekly cadence of activity and the sub working groups are helping us travel in the same direction.</p> <p>(vi) LHP has coordinated a collaborative bid to the Health Foundation 'Adopting Innovation Programme'. The programme supports local health systems across the UK to facilitate effective adoption of health care innovations. The hub awards are worth up to £475,000 in funding over two and a half years and are expected to bring a level of matched contribution. If we are unsuccessful the work done will be repointed to later bids and the work with the innovation agency has helped with this.</p> <p>(vii) LHP are delighted that Professor Enitan Carrol has recently been appointed as the Clinical Director for the NIHR North West Coast CRN. Professor Carrol, along with Dr. Chris Smith recently appointed as the Chief Operating Officer, have been very supportive of, and played a critical role in, STOP COVID work. We have agreed to have a team to team discussion to explore opportunities for collaboration, alignment and joint working. Board were asked whether Prof. Carrol can join Board as an Associate Member to help working.</p> <p><b>ACTION: The outputs of the team to team discussion will be reported back in January.</b></p> <p>We are also delighted that Dr. Phil Jennings has recently been appointed as the Chief Executive of the Innovation Agency (NWC AHSN). LHP has worked collaboratively over the last 2 years with the Innovation Agency to establish the innovation pipeline (as we agreed at a previous Board meeting). We are also co-funding a post to support this as well as working collaboratively on funding bids.</p> <p>NG emphasised the great work of SPARK as a very positive reflection of how far the partnership has developed, and particularly the strength of relationships across the partnership. SPARK is a unique partnership in the UK, which was acknowledged at</p>	

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	<p>the recent LHP Advisory Board. Establishing SPARK took a year, and then the last year has seen its implementation. The next year SPARK will look to improve even further. All members should be congratulated on its success.</p> <p>PJ noted the shared ambition between LHP and the Innovation Agency. PJ noted that the LHP CEO was one of the first stakeholders the Innovation Agency has met with, demonstrating how important the joint work and synergy between the two organisations is. PJ thanked NG for his well wishes on his new role.</p> <p>The Board <b>AGREED</b> that Prof. Enitan Carroll should attend the LHP Board.</p>	
5	<p><b>Strategy and Operations:</b></p> <ul style="list-style-type: none"> <li>• Cancer presentation – Andy Pettitt, Matina Tsalavouta.</li> </ul> <p>AP and MT presented to the LHP Board, commenting that:</p> <ul style="list-style-type: none"> <li>• There is higher cancer mortality in Liverpool due to higher cancer incidence compared to similar cities.</li> <li>• An outcome focused approach in defining aims has been taken with the underpinning theme, based around using research as a health improvement tool.</li> <li>• Strategy development for this will be inclusive with the framework for the consultation being based on a discovery phase workshop and partner contribution.</li> <li>• Engagement has been encouraging across the community and partner organisations. The community is supportive of the overall aims and the collaborative network approach.</li> <li>• Programme themes are based on the patient pathway in alignment with the NHS long term plan. Each lead will form the cancer leadership programme theme.</li> <li>• Areas of focus will attract inward investment and high-calibre researchers to the region by creating research epi-Centres focusing on strategic themes and initiatives.</li> <li>• The Liverpool Cancer Research Institute demonstrates a transitional research engine for patient benefit.</li> <li>• Clinical trial activity in all tumor types is to be increased by nurturing leadership and teamwork across partner organisations. Working with the NIHR CRN NW Coast, the Cheshire &amp; Merseyside Cancer Alliance and LHP Partner organisations to develop the research capability within the strategy.</li> <li>• Research capacity will be built into sustainable research for all cancer-related specialties across the region by embedding research in the clinical service through collaborative education programmes and the joint development of course content to complement existing educational programmes.</li> <li>• Success will be measured through system level targets for cancer outcomes as agreed by partner organisations.</li> <li>• The specific contribution of LHP will be facilitatory and should be a metric that stands outside of what would have been achieved without it. Examples of this function are to help build a single and improved narrative for cancer research in the region and to provide a single narrative for cancer outcomes in the region.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• COVID has had a massive impact on cancer in many ways. Bringing activity together to develop research has included portfolio development integrating cancer COVID studies with 10 approved by the STop Covid structure supporting new cross-organisational collaborations and external funding awards.</li> <li>• The recruitment of a Cancer Programme Manager is necessary. AP noted the work of MT in her 15 months at LHP and thanked her for her impact and effort.</li> <li>• AP noted that a leadership group needs to be established and operationalised.</li> <li>• Operational delivery should continue in all areas so as not to lose momentum.</li> <li>• Risk and risk management, particularly around the impact of COVID needs to be monitored and challenges met.</li> <li>• AP concluded his presentation welcoming comment noting that a truly collaborative approach to meeting challenges was welcomed to best support and help evolve organisational strategies.</li> </ul> <p>The Chair noted that the approach presented represented a good example of focusing on the ‘depth’ and ‘breadth’ approach of AHSCs, namely pursuing academic excellence at the same time as other objectives for the benefit of the wider partnership, an approach commented on by the LHP Advisory Board.</p> <p>A discussion about early diagnosis took place covering LHCH pathways and GP early diagnosis.</p> <p>LS noted her support of the collaborative approach taken. AP confirmed that this is demonstrated with Neuro-oncology and supporting the development of succession plans in this area Partners could continue this collaborative approach. LB concurred that innovation and research had to come together with screening being the worst in the country. LB welcomed the idea that there is one go-to place that covers the varied work of the cancer theme across all Centres and members. KT noted the great progress being made noting that LWH is looking to further research into gynecology cancers. RK noted the progress made by the theme.</p> <p><b>ACTION:</b> RK to pick up discussions offline on clinical trials with AP to explore linking the Mersey School of Endoscopy educational initiative with the program as there are opportunities for research.</p> <p>Board members were keen to further support the development of the cancer theme. <b>ACTION:</b> AP to let Board members know if he requires any support for the Cancer theme.</p> <p>MT thanked the Board for the collaborative approach noting the collective effort to move things forward.</p> <p>The Board <b>NOTED</b> the Cancer Theme presentation</p> <ul style="list-style-type: none"> <li>• <u>LHP Reset Plan</u></li> </ul> <p>The Board received the Reset Plan Paper from RJ which was a progress update on the four recommendations from the September paper. TM summarised discussions from the recent Strategic Leadership Group meeting. The feedback from the SLG was that the four areas of re-set were the right ones, but that is some of the areas, particularly the proposed Scientific Advisory Group and Empowering Programmes needed further development. It was agreed that we will work in a ‘task and finish’ style</p>	<p>RK AP</p> <p>AP</p>

Ref	Item	Action
	<p>way to work up this detail.</p> <p>LK stated that performance management of UoL Centres and their scientific direction fell to the UoL, but that the SSC would be valuable to support LHP Programmes. Some Centres will have independent Strategic Advisory Boards and that additional governance would be burdensome.</p> <p>TM reported that a discussion had taken place at SLG, with Programme Directors, noting that Academic Centres needed to fit into this system-wide approach to ensure that LHP and partners had sight on activity across the partnership. LK and NG noted that this was about developing the quality of relationships and understanding of opportunities not directing the operations of the Centres. TM confirmed that this is not about directing but about joining up approaches to provide full assurance of system working to the LHP Board. NG confirmed that the LHP Advisory Board had welcomed the SSC as a good idea as, among other things, it afforded the opportunity for international input which would help overcome the perception that Liverpool has been historically too insular.</p> <p>LS referenced a discussion that had taken place at Gold last week noting TM's approach that the SSC develops itself as outlined in the paper with programmes at the heart of the approach. LS welcomed TM's pragmatic and sensible approach to developing the detail of the proposals.</p> <p>The Board <b>APPROVED</b> the LHP Reset Plan paper noting the next iteration of the paper will go to SLG before Board in January.</p> <ul style="list-style-type: none"> <li>• <u>LHP Research capacity and capability development</u></li> </ul> <p>Having recognised that historically building research capacity and capability across the City has been limited and patchy, the Board had agreed that LHP should explore the 'added value' of understanding the opportunities for building research capacity and capability across the system. The paper described the progress so far. The first step was to review individual organisation strategies to look for alignment and differences before undertaking a survey of to build a more detailed picture.</p> <p>It was noted that in 2020 new strategies have been developed and actioned for a number of Trusts, with other new strategies in development. All cite research capacity building as key. LHP have mapped strategic ambition from members and started discussion around need, including from within LHP Programmes and Centres.</p> <p>We have opportunity, need and complexity and next steps are to identify where LHP can be added value to the system falls under 2 main areas:</p> <ol style="list-style-type: none"> <li>1) at the level of the workforce e.g. mentoring, cultural work &amp; shared strategy, time for research – also how services and infrastructures can be key enablers (e.g. SPARK, expertise from partners and LHP programmes, NIHR CRFs, BRC and CRN)</li> <li>2) the individual researchers e.g. new talent though to senior research roles, working with RCP support pathways (e.g. credentialing programme) and supporting new PIs &amp; Cis</li> </ol>	

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	<p>A short life working group is proposed to build a consensus view for consultation in early 2021 to guide business planning and deliverables.</p> <p>One key cohort for discussion at the Board is the Academic Clinical Lecturers (ACL). In addition to supporting the BRC and increasing time for research in general, these posts with national profile are key to us levelling up over the next few years.</p> <p>There is a national expectation for match funding of these roles (1:1) which will require both an opportunistic approach (based on funding, quality clinical academics) and a need for a system-wide approach. LK noted the overall lack of 1:1 match-funding with the exception of a few partners. UoL are aligning academic lecturers with clinical need for a more strategic approach. RJ said this was being noted today as there is a timeline and clarity is required on what we can achieve by next March for the NIHR submission by the integrated academic training team.</p> <p>LHP is currently balancing the offer working with programmes to ensure capacity is focused on programme areas but also supporting the wider system, aiming to avoid a two-tier system. MG and RK noted the importance of non-medical research capacity building. RJ confirmed that non-medical research development was key as was ensuring parity between research, innovation, clinical quality and education. <b>ACTION:</b> The draft strategy and plan will be presented to the Board following consultation in Q4.</p> <p>It was noted that lifting the system up is important. DLaL commented that there are quick wins within the system if it is a streamlined approach. KT supported the paper noting it as a starting piece detailing how to improve and level up year on year. Understanding the landscape of the wider workforce and what is being invested in is important. KT confirmed that LWH is keen to develop and grow its cancer research activity. MT noted that through direct involvement and contribution we have already introduced Christian Ottensmeier and Dharani Hapangama and earlier the year brought together Dale Vimalachandran and Dharani for the SAFE-surgery study; agreeing that there is potential to use this nucleus to grow desired capacity.</p> <p>The Board <b>APPROVED</b> the recommendations in the LHP Capacity and Capability development paper.</p>	<p>RJ</p>
6	<p>The Board received the Performance and Risk Report.</p> <p>It was <b>NOTED</b> that:</p> <ul style="list-style-type: none"> <li>(i) There are a number of areas of progress to note within the dashboard including Research Awards and both Innovation Agency metrics exceeding the target set for this year. The dashboard for August and September 2020 demonstrates progress around Research Awards which have exceeded the target set for this year, Innovation Agency metrics which have also exceeded their local targets and recruitment numbers to COVID-19 studies which remain positive.</li> <li>(ii) Data for SPARK COVID-19 data can be accessed by visiting their comprehensive <a href="#">Power BI dashboard</a>. Additionally, the SPARK COVID Report was included in the pack.</li> <li>(iii) At the time of writing this report on the 12<sup>th</sup> October 2020, LHP organisations have recruited a total of 4146 participants to COVID studies</li> </ul>	

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	<p>(iv) Recruitment under the CRN NWC infection sub-theme includes COVID-19 studies. Additionally, the children’s recruitment figures continue to be high due to the ongoing Dynamic Electronic Tracking and Escalation to reduce Critical Care Transfers (DETECT) study at Alder Hey Children’s Hospital NHS Foundation Trust.</p> <p>(v) Three exceptions are noted in this report and relate to the number of industry collaborations which remain low due to COVID-19, increased variance in study setup times and a drop in LHP’s reputation metric in August.</p> <p>(vi) A low figure for Q2 has again been recorded which was expected following Q1’s report and is a result of the impact of COVID-19 and the prioritising of UPH badged COVID-19 studies. This meant commercial studies were initially halted. Although Commercial submission routes have been re-opened and the backlog of studies that needed support are being attended to, the impact of prioritising COVID-19 studies means it is likely that the number of commercial submissions will be affected into the next year</p> <p>(vii) CRN NWC study setup times across August and September are significantly higher compared to previous figures.</p> <p>(viii) LHP’s reputation metric points system demonstrates that there was less engagement with LHP’s social media and LHP’s website in August.</p> <p>(ix) There are currently two “red” rated risks scoring 15 or more: There is a risk to 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.</p> <p>(x) 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 &amp; delivery.</p> <p>(xi) As the Board continues to meet virtually, we have been unable to progress the work on risk appetite. The Finance Performance &amp; Risk Committee will take a view on the urgency of this work at its December meeting and offer a suggestion for the future.</p> <p>(xii) Exceptions from previous meeting: The Civic Data Cooperative contract remains under negotiation and there have been further delays due to staff leave at Liverpool City Region Combined Authority. However, the contract is now in its final stages of negotiation.</p> <p>The Board <b>NOTED</b> the progress made and mitigating actions to cover any exceptions and risks.</p>	
7	<p><b>Finance Performance &amp; Risk Committee Minutes 23 October 2020</b></p> <p>LS noted that MJ had developed a comprehensive and accurate overview of the Committee’s discussion in his report and this was endorsed as the work of the Committee.</p> <p>LS highlighted the report from Bronze on commercial studies as being helpful, noting</p>	

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	<p>that this is not a risk to LHP but to all partners individually totalling £2.5m. There were conversations at FP&amp;R about how genuine support in terms of active help and collaboration via OLEG/Bronze would help partners.</p> <p>The Key messages were:</p> <ul style="list-style-type: none"> <li>• The Committee had noted the LHP Performance &amp; Risk Report and accompanying LHP Performance Dashboard which demonstrates continued strong performance during the COVID period.</li> <li>• The Committee had noted the LHP Finance Report, notably the LHP Management Accounts (to October 2020) and supported the continued stay on new recruitment pending resolution/clarity on future sustainable income to support the investment</li> <li>• The Committee had noted the Financial Impact of COVID on NHS RD paper and supported the proposal by “Bronze” for all parties to work together to ensure research staff working on Commercial Studies are retained pending an upswing in these studies. Furthermore, this was encouraged by LS at today’s meeting.</li> <li>• The Committee had agreed that there were no additions to the Risk Register</li> </ul> <p>The Board <b>APPROVED</b> the Finance Performance and Risk Committee Minutes from 23<sup>rd</sup> October 2020.</p>	

**GOVERNANCE AND FINANCE**

8	<p><b>LHP Finance Report</b></p> <ul style="list-style-type: none"> <li>• <b>LHP Management Accounts (to September 2020)</b></li> </ul> <p>The Board received the report.</p> <p>It was <b>NOTED</b> that:</p> <p>LHP are reporting a break-even position, with a YTD increase to reserves of £24k. The increase in reserves is mainly due to nine vacant posts being delayed until later in the financial year or into 21/22. This is offset against additional potential partners’ income not materialising as planned</p> <ol style="list-style-type: none"> <li>a) Income is £98k behind plan YTD (£177k for subscriptions), due to a shortfall of income from planned potential new partners. This is being offset by reductions in expenditure.</li> <li>b) Pay is £55k behind plan year to date, due to the planned posts not yet commencing until later in the year, or deferred into 21/22. One new post has commenced in August - Communication Manager.</li> <li>c) Non Pay variances; Establishment costs are £49k favourable YTD, due to reduced spend on advertisement and training. Consultancy fees are £28k adverse YTD, of which £11k relates to invoices received from 19/20. An additional invoice from Harvey Walsh was receipted in September for £19k, £38k in total. This additional invoice is an error, and will be corrected in month 7. Other consultancy fees include Matchstick Creative £1k in month, £23k</li> </ol>	
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	<p>YTD. Non Clinical Expenses £15k favourable YTD – transfer of budget from general services to a pay line, for a head and neck post.</p> <p>d) To note a reserve position of £1.16m, as at 30th September 2020. This is a slight increase in reserves compared to the opening position due to vacant posts not yet recruited to.</p> <p>e) Balance Sheet debtors - of the £1.9m invoices raised for yearly subscriptions, £1.1m has been paid to 30<sup>th</sup> September, and £0.8m is outstanding of which £510k relates to one Trust. Follow up emails have been sent to the three outstanding organisations.</p> <p>f) LHP currently has a cash position of £1.2m, this will be finalised once the accounts for 19/20 have been audited and remaining balances transferred from the University of Liverpool. A further update will be provided once the accounts are received.</p> <p>g) Currently due to vacancies LHP is breakeven and has increased its reserves by £24k YTD. However there will be a call on reserves if all the vacant posts are recruited to and no new members join. The mitigation plan continues to be implemented to reduce this risk.</p> <p>The Board <b>APPROVED</b> the LHP Management Accounts (to September 2020)</p>	
10	<p><b>Items for the Strategic Risk Register</b></p> <p>No items were noted to LHP itself but the risk to the system detailed in the Finance Performance and Risk Committee item with the report from Bronze on commercial studies which could impede the ability to deliver on the business plan. This has not been added formally to the risk register and is not a risk to LHP but to the system.</p> <p>The LHP Board <b>AGREED</b> to add commercial studies impact to the wider system to the risk register.</p>	

**CONSENT MINUTES** *(all items 'to approve' unless stated otherwise)*

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

© 11	There were no consent items at today's meeting	
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**CONCLUDING BUSINESS**

12	<b>Any Other Business</b>	
	<p>NG discussed the feedback from the first LHP Advisory Board meeting on 4 November 2020. The meeting was constructive yet challenging and there was a general view that LHP had developed very well, and the direction of future ambition is on the right track.</p> <p>In particular, it was noted that including mental health in the strategy was very important; developing a coherent view of member benefits and building on the relationship between LHP and the Innovation Agency (as discussed earlier); and whether, in the fullness of the time the Board would consider appointing NEDs to</p>	

	<p>contribute to strengthen strategic discussion and provide constructive challenge and support.</p> <p>There will be an additional Advisory Board meeting in approximately six months' time. There were no questions or comments from the LHP Board.</p> <p>The Board <b>NOTED</b> the report.</p>	
	<p>LS updated the LHP Board on the LHP Chair Appointment process with Remuneration and Nominations members' meeting last week to confirm the recruitment process. LS, LB and SC are working on this. A timetable and process schedule will be shared this week for meetings to take place by 26 November. The JD and process will be finalised by then with advertising by December, for the appointment process to begin mid-January.</p> <p>NG suggested that an important part of the process is defining what the LHP Board would require the Chair to focus on and add to the partnership, for example leading LHP to a successful application for Academic Health Science Centre designation. This is an important part of the recruitment process because it will help define the type of person to recruit.</p> <p><b>ACTION:</b> LT to circulate Chair process outline and schedule.</p>	<p>LT</p>
	<p>NG noted that January Board will focus on the BRC and CDC.</p>	
	<p><b>Date of Next Meeting:</b> Wednesday 11 January 2021 10-12pm (Zoom)</p>	

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

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