NHS
Manchester University
NHS Foundation Trust

MINUTES OF THE BOARD OF DIRECTORS' MEETING

Meeting Date: 13th November 2017

(Held in Public)

10/17 Apologies for Absence

Apologies were received from Mr Barry Clare (Deputy Group Chairman), Mr Trevor Rees (Non-Executive Director) and Mr Adrian Roberts (Chief Finance Officer)

11/17 Declarations of Interest

There were no declarations of interest for this meeting.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

12/17 Patient Story – 'What Matters to Me'

The Chief Nurse introduced a patient story in the form of a DVD clip. The Board did not debate or discuss the clip, preferring to use the story and the imagery to keep the business of the Board focused on the patient experience.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

13/17 Minutes of the Board of Directors Meeting held on 9th October 2017

The minutes of the meeting held on the 9th October 2017 were agreed as a correct record.

14/17 Matters Arising

The Board reviewed the actions from the Board of Directors meeting 9th October 2017 and noted progress.

15/17 Group Chairman's Welcome and Opening Remarks

i) The Group Chairman reported that several awards and acknowledgement had been received by MFT Staff in recognition of their response to the Manchester Terrorist Attack in May 2017. Particular attention was drawn to Ms Shobha Manesh, a Scrub Practitioner in the Acute Block Theatres at Wythenshawe Hospital, and, Miss Naomi Davis, Consultant in Paediatric Orthopaedic Surgery at RMCH, who both received Women of the Year awards on behalf of all female colleagues in the Trust. It was also noted that ITV's Pride of Britain Awards was televised, with MFT colleagues collecting a special award along with representatives from other Manchester health and emergency services. It was further reported that the Lord Mayor of Manchester had held a Civic Reception the previous week to thank those involved in the attack with up to 80 staff from MFT attending.

The Group Chairman also reported that Professor Cheryl Lenney and Ms Mandy Bailey had accepted an award at the Nursing Times Awards ceremony on 2nd November on behalf of all the NHS staff who were involved in the response.

ii) The Group Chairman announced that the 2017 Greater Manchester Clinical Research Network Awards had been held on 9th November with several winners from the former UHSM & CMFT (now MFT), namely, the Community Lung Health Study (Best Community Research Contribution); the Public Programmes Team (Public Engagement); Gemma Donohoe (Research Administrator/Coordinator of the Year); Richard Clark (Research Nurse/Midwife of the Year); and, the Sexual Health Team, Hathersage Centre (Outstanding Industry Collaboration)

iii) The Board noted that voting was now underway for MFT's new Council of Governors for public and staff members in those constituencies where Governor seats were contested. The Group Chairman explained that the deadline for voting was 17:00hrs on Monday, 27th November 2017 and that a Special Members Meeting would be held on Wednesday, 6th December 2017, during which the results from the elections would be announced.

Decision:	The Chairman's Report was noted	**Action by:** n/a	**Date:** n/a

16/17 Group Chief Executive's Report

i) The Group Chief Executive reported that appointments to the Hospital Chief Executive roles across the MFT Group was progressing. In addition, he also confirmed that the roles of Director of Operations for Wythenshawe, MRI and RMCH were also being progressed along with the Directors of Nursing for Wythenshawe, Withington, Trafford and Altrincham Hospitals and RMCH.

ii) The Group Chief Executive reported that Sir Bruce Keogh was visiting Greater Manchester (inc. MFT) on 14th November 2017 as part of his UK wide tour before stepping down as the National Medical Director of NHSE at the end of December.

iii) It was also reported that Baroness Dido Harding (the new Chairman of NHSI) was visiting MFT on 17th November 2017 as part of a wider 'Programme of Visits' to key NHS facilities in the UK.

Decision:	CEO's Report was noted	**Action by:** n/a	**Date:** n/a

17/17 Operational Performance

Board Assurance Report

The Group Joint-Medical Director reported that following on from the 3 Never Events in August and September a further wrong site surgery Never Event occurred in October 2017 in Royal Manchester Children's Hospital Site. It was noted that Working Groups in each Division were reviewing local risks and implementing solutions to reduce harm with the ongoing implementation of Local Safety Standards for Invasive Procedures (LocSSIPs).

The Group Chief Operating Officer reported that the new combined report was still being developed. She highlighted some of the key operational targets; paying attention to RTT. It was noted that in September 2017, the Oxford Road site, the standard was achieved by 92.00% and the Wythenshawe was 87.61% (with a Wythenshawe improvement trajectory to 92% by March 2018). In terms of diagnostics, it was reported that the Trust achieved 3.5% (3.2% Oxford Road and 3.8% Wythenshawe) and it was anticipated the organisation would be at 2.8% by October.

The Group Chief Operating Officer explained that in terms of the A&E trajectory, Oxford Road site was (Q2) 92.98% to end 89% at Wythenshawe. It was noted that from October onwards there was a joint trajectory (90.8%) and the organisation was currently at 88%. It was further noted that further details by hospitality site was available within the report.

The Group Executive Director of Workforce & OD reported that it was widely recognised that September was traditionally a month with higher turnover with some staff moving on to other employment following the summer break coupled with newly qualified staff not expected to commence work until October. Particular attention was drawn to areas with the highest turnover (MRI Surgery & Acute Medicine, Wythenshawe, Trafford and R&I). It was noted that MRI Medicine & Trafford were also experiencing heightened levels of vacancy and it was recognised that there was a need to increase focus and energy on retention in these particular 'hot spots'. It was also reported that the Trust would also be exploring the use of additional NHSI developed research tools (and other approaches) to improve retention across the organisation.

The Group Executive Director of Workforce & OD reported that in terms of sickness absence, most Divisions were maintaining their positions or showing signs of improvement but further focus was required at Trafford, MREH and Surgery (MRI). She also reported that whilst clinical staff appraisals (inc. medical staff appraisals) were better than previously reported position, non-medical appraisal compliance was an area of concern which required heightened focus.

The Board noted the Board Assurance Report (September 2017)

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Progress Report on the Single Hospital Service

The Programme Director for the Single Hospital Service provided an update on the SHS Programme activities. He reminded the Board that the transaction to merge CMFT and UHSM to create Manchester University NHS Foundation Trust (MFT) had been successfully completed on 1st October 2017 and all formal transaction business was now complete.

The Programme Director for the SHS explained that the Post Transaction Integration Plan (PTIP) had been developed as part of the preparations for merger and was now being applied across a range of activities to ensure the successful integration of the former UHSM and CMFT. It was noted that this included leadership from Group Executive Directors across a variety of work streams driven by previously reported Steering Groups. The Board was advised that as at 26th October 2017, 80 delivery plans had been uploaded and were operational on WAVE (an online programme management system utilised by MFT for performance and transformation activities), with over 2,250 milestones recorded and being tracked on the system. The Programme Director for the SHS confirmed that in terms of progress, Day 1 PTIP plans were fully delivered and the focus of work was now concentrated on deliverables that fell before Day 100 and also in refining / enhancing integration plans for Year 1.

The Chief Nurse reported that she had led a meeting, supported by the Single Hospital Team, between the CQC and senior representatives from MFT at the end of October 2017. It was noted that the purpose of the meeting was to provide the CQC with an opportunity to learn more about the Trust's integration plans. It was further noted that the meeting had been constructive and an agreement reached that routine regulatory activities would continue.

The Programme Director for the SHS reported that communications and engagement activities with staff and stakeholders regarding the creation of the new Trust had continued in the weeks following the merger. He explained that in particular, Group Executive Directors had led designated staff engagement sessions and a range of web based and similar communication methods have also been adopted to ensure staff were kept briefed and had the opportunity to feedback to Board members of any concerns or suggestions they may have.

The Board was advised that following the successful delivery of 'Project One', work to deliver 'Project Two' (the transfer of North Manchester General Hospital (NMGH) into MFT) had now commenced. It was noted that the dedicated SHS Team who led the CMFT/UHSM merger process remained in place to support the transfer of NMGH to MFT and the anticipated timeframe for the completion of the acquisition remained set at 12-18 months post the establishment of MFT.

The Board noted the current position of the Single Hospital Service Programme.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Transforming Care for the Future 2017/18 Plan and Commitments (October 2017 to March 2018)

The Group Chief Operating Officer reminded the Board that the organisation's ambition was to lead healthcare in the NHS and be in the top decile for quality in its broadest sense not only on outcomes and safety but patient and staff experience and operational efficiency. She explained that the aim of the MFT transformation strategy was to ensure that the organisation continued to build and strengthen the transformation work already in place; continue to build the capability of staff to ensure a culture of continuous improvement; ensure the organisation was making best use of existing resurces and corporate teams to support improvement and support the clinical teams and Divisions/Hospitals in a coherent way; and, continue to co-ordinate projects to ensure lessons are shared.

The Board was also reminded that there were four 'Transforming Care for the Future Programme objectives for the next 3 years, namely, Culture for Change; Build Capability; Delivery; and, Governance. The Group Chief Operating Officer described the 3-year roadmap and particularly drew attention to the deliverables during the period from October 2017 through to March 2018. It was noted that the aim was to focus on the delivery of existing programmes of work whilst bringing together a single transformation programme.

The Board noted the timescales and commitments to develop a single programme of work and the workstreams opver the following six months under the key headings of Outpatients; Elective; Non-Elective; Integration; and, Culture Change & Capability Building.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Update Report on the Turnaround Programme

The Turnaround Director provided an update report on the progress made with the Trust's Turnaround Programme for the 2017/18 financial year. He explained that the programme focused on four key areas for cost improvement and income generation, including run rate projects, management spend controls, cross cutting workstreams and divisional trading gap projects.

The Board was reminded that for 2017/18, the organisation had a trading gap target of £80m, with the full year effect of prior year schemes contributing £18m to this target. It was further noted that this left a net trading gap target of £62m for 2017/18.

The Turnaround Director explained that at present, the Turnaround Programme had plans to the value of £62m, all of which were recorded and tracked through on WAVE. The Board was advised that there were a number of hospitals with gaps between trading gap targets and identified plans, including across the MRI, Saint Mary's Hospital and Trafford Hospitals. It was noted that the Turnaround and Transformation Team were supporting these Hospitals in the identification of new opportunities and development of plans.

Particular attention was drawn by the Turnaround Director to the Month 6 internal turnaround programme delivery of £19m of cost savings and additional income against a plan of £26m. He explained that this showed a negative variance to plan of £7.6m.

The Board noted that the slippage to plan had been primarily due to underperformance of elective and outpatient projects as well as the medical and nursing workforce projects, across the MRI, RMCH, Saint Mary's and Trafford Hospitals. The Turnaround Director explained that based on current performance, the Turnaround Programme was forecasting to deliver £51m across 2017/18 (excluding FYE of prior year schemes), leaving a gap of up to £11m.

The Turnaround Director confirmed that the Executive and senior management teams had put in place a level of intervention and support to Hospitals and workstreams to improve turnaround performance and recover slippages. He also explained that in addition, weekly Turnaround progress updates were continuing to be held across all Divisions as well as Run Rate projects, led by a Divisional Director.

The Group Chairman and Group Chief Executive emphasised that the Finance Scrutiny Committee had continued to review progress of the Turnaround Programme and delivery of the additional actions and interventions. It was noted that as part of this process, the Committee had convened an additional meeting on the 10th November 2017, to scrutinise progress over the previous six week period and to further understand the next steps to improve turnaround delivery.

The Board noted progress of the Turnaround Programme and delivery of actions to improve performance.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Chief Finance Officer's Report

The Group Director of Finance reported that the consolidated financial performance at Month 6 was a bottom line deficit (on a control total basis) of £1.2m (0.2% of operating income), itself reliant upon £9m of Sustainability funding over the first half-year, without which there would have been an operating deficit of £10.2m. She also explained that both predecessor Trusts remained on trajectory for their respective Control Total requirements at the end of September, with CMFT delivering a £4.7m surplus (inclusive of £7m of Sustainability funding) and UHSM delivering a £5.9m deficit (inclusive of £2m Sustainability funding).

It was noted that these results had been consolidated into the starting point for the financial plan agreed with NHS Improvement for the new Trust - with the remaining respective Control Total trajectories through to March 2018 now combined to define the performance required over the remaining 6 months of the 2017/18 financial year.

The Group Director of Finance reported that the Finance Scrutiny Committee (FSC) held on 10th November 2017 had noted that there had been some progress with recovery plans reported in the very recent Month 7 summary report. However, the Group Chairman & Group Chief Executive reported that the FSC had noted the run-rate financial performance for the first half of the year was significantly worse than the average results achieved over the final months of 2016/17.

In response to a question from the Group Chief Executive, the Group Director of Finance explained that the month-by-month run-rate delivery required over October-March would need to improve by an average of £1.5m per month to sustain delivery of Control Total and to access the remaining £20m of Sustainability funding (with 30% of the fund also further dependent upon delivering against agreed A&E performance improvement milestones).

The Group Chairman emphasised the importance of maintaining heightened focus, energy and momentum across the organisation during the remaining four months of 2017/18 in order to secure a string platform to meet the additional challenges expected in 2018/19 going forward.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

18/17 Strategic Review

Update on Key Strategic Developments

The Group Executive Director of Strategy provided an update on a range of key strategic issues which were currently being progressed. Particular attention was drawn to the Greater Manchester Health and Social Care Devolution agenda.

The Board noted that with regards to the GM Transformation Fund, funding for Bury, Rochdale, and Trafford locality plans had been approved with all ten localities in GM having now had Transformation Fund applications approved, totalling £275m. It was recognised that this was in addition to investment in areas such as mental health, primary care and population health. It was also further noted that Trafford had been awarded funding of £22m over three years to secure a sustainable health and social care system by 2021 with the development of a Local Care Organisation being one of the key elements of the Trafford transformation programme.

It was confirmed by the Group Executive Director of Strategy that the Theme 3 finance workstream had commenced and an initial workshop had taken place on 11th October 2017. The Board also noted the four MFT-led projects, namely, Vascular Services; Paediatrics; Breast Cancer Services; and, Urology Cancer Surgery. The Board also noted progress with the other Theme 3 projects (OG Cancer Services & Benign Urology).

The Group Executive Director of Strategy described progress made with Healthier Together and the agreed funding with the GMH&SC Partnership. He also reported on the Haematological Cancer Diagnostic Service in GM which is not compliant with NICE Improving Outcomes Guidance. The Board noted that an independent external review commissioned by GM Cancer recommended that an IOG compliant service should be developed with MFT as lead provider and The Christie providing some service elements. The Group Executive Director of Strategy confirmed that the recommendation was ratified at the PFB meeting on 20th October 2017 and the new service will be known as HCDP (Haematological Cancer Diagnostic Partnership). He also explained that alongside this, the PFB had supported the proposal for MFT to develop a GM wide digital biopsy service for cancers.

The Group Executive Director of Strategy went on to report that the NHSE would shortly be publishing its decision regarding the future configuration of adult congenital heart disease services in November. He also reminded the Board that the Trust had established relationships with services in Leeds and Newcastle to mitigate, as far as possible, the impact of the reduced workforce on services in Manchester.

The Board received an overview of the programme of work which had commenced to develop the MFT service strategy has commenced. The Group Executive Director of Strategy explained that this would comprise an over-arching group service strategy that would outline the long term vision and ambitions of the organisation. It was noted that the initial Pre Phase was the development of a programme plan and it was expected to take two to three weeks. It was further noted that this would be followed by a period of information gathering and prioritisation which would take around two months (phase 1). In Phase 2, it was noted that the service strategies would be developed and the order in which individual services would be addressed would be based on the outcome of the prioritisation process. It was also pointed out that the programme of work and timings would be closely aligned with the GM level work.

The Board of Directors noted progress and the current position in relation to the Greater Manchester Devolution (including Theme 3) and Specialised Services.

Decision:	Noted	**Action by:** n/a	**Date:** n/a

Update on the Local Care Organisation (LCO)

The Interim CEO of the LCO provided an update on progress regarding the development of the organisation. He explained that the first LCO Partnership Board meeting between the four partners had met on 26th September 2017 with further meetings scheduled and this would continue on a monthly basis at present. He also explained that members of the wider Manchester Provider Board (MPB) who did not make up the four main partners, had also met in September 2017 to review their future role, function and objectives. It was noted that a proposal paper had been drafted following this meeting and was due to be discussed to ensure that this would assist with the development and feed into the overarching governance arrangements.

The Board was also advised that work was ongoing to ensure that the new models of care received their respective transformation funding approvals, and, as such, since the last Board update, the following models of care business cases had been approved at the Health and Care Reform Board: Early Help, Assistive Technology and the Front Door pilot in North Manchester.

The Interim CEO also confirmed that the final proposition which comprised of three sections (Service Delivery Model, Quality and Performance, Finance and Contracting) was submitted to MHCC on 30th October 2017. It was noted that this submission was the final requirement of the procurement process, with MHCC expected to notify the MPB regarding the outcome of the procurement exercise by the end of November 2017. It was also confirmed that MFT was currently in the process of responding to the due diligence request from the MPB.

The Board was informed of the next steps in developing the LCO which included the continued implementation of the governance arrangements, governance principles and the interim governance arrangements which would see the LCO through to service commencement in April 2018; following the receipt of information requested from partners, undertake the due diligence exercise; build upon the work in the Final Proposition document to develop into a full business case; continue to develop and progress the work around Integrated Neighbourhood Teams across the city, developing both the city wide and individual neighbourhood service strategy and care plans; and, undertake further engagement work with key stakeholders of the LCO to ensure that both future staff and citizens were informed and assist with the development of the organisation.

In response to questions from Dr Benett, Ms McCall & Professor Bailey, discussion centred on the importance of maintaining heightened levels of interface and consistency in pathways between hospital-based, community, some Primary Care and social care services across the City and Trafford. It was noted that a Clinical Advisory Group (CAG) had been established with clear Terms of Reference and an inaugural meeting scheduled before Christmas.

The Board of Directors noted the progress made to date along with the next steps.

Decision:	Update Report Noted	**Action by:** n/a	**Date:** n/a

19/17 Governance

Register of Directors' Interest – October 2017

The Board of Directors, in line with the MFT constitution and standing orders, received a declaration of its register of interests. It was noted that the register included details of all directorships and other relevant and material interests which had been declared by both Executive and Non-Executive members.

Decision:	Register of Directors' Interest (October 2017) received and noted	**Action by:** n/a	**Date:** n/a

The Leadership & Culture Strategy

The Group Executive Director of Workforce and OD reported that preparation for the merger of the Trusts had engaged in and collaborated on a significant programme of work to build on the best of what each organisation achieved. She explained this also served to align and further develop the culture and the capabilities of people to lead and manage change.

Particular attention was drawn to the MFT Leadership and Culture Strategy which was the next stage of the programme and was an evidence based strategy which described the kind of leadership and culture MFT needed to develop to achieve the transformation; successfully ensure the acquisition of North Manchester General Hospital (NMGH), and, sustain high performance in the future. The Group Executive Director of Workforce and OD confirmed this was a key enabler for implementing the new organisational form and operating model.

The Board was advised that the strategy sets out how this leadership and culture is developed, practised and maintained and it builds on the already successful leadership and culture programme of work developed in partnership with NHS Improvement and The Kings Fund.

It was also recognised that the MFT Leadership and Culture Strategy was an internal strategy that supported the Greater Manchester wide transformation under Devolution Manchester and delivery of the Manchester Locality Plans.

The Group Executive Director of Workforce and OD explained that the strategy sets the standard, expectations and framework for leadership and culture for the Group Board and hospital leadership teams. However, she also explained that it applied to all staff and would underpin and inform the strategies and decisions on leadership and culture development across all hospital sites.

The Board supported the three core principles which underpinned MFT's Leadership and Culture Strategy, namely, Compassionate leadership; Inclusive Leadership; and, Staff Engagement. It was acknowledged that this would require a leadership culture where everyone took responsibility for ensuring high quality, continuous improvement and compassionate care; this is shared in teams and where there is a continual focus on the development of team working; where leaders work together across boundaries prioritising patient care overall and not only in their area of responsibility; and, leadership which is consistent in its approach – characterised by authenticity, openness, curiosity, kindness, appreciation and above all compassion.

Mr Amaechi & Professor Bailey welcomed the Leadership and Culture Strategy and emphasised the importance of setting clear expectations and providing evidence of effective leadership at all levels throughout the organisation. The Chief Executive highlighted the need for effective implementation in order to realise the principles outlined in the document.

The Group Executive Director of Workforce and OD confirmed that the MFT Leadership and Culture Strategy was a key enabler for the SHS OD programme and implementation would be monitored through the Corporate Workstream and HR Governance arrangements.

The Board was advised of the next steps which included a launch of the Leadership and Culture Strategy alongside the MFT Transformation Strategy during NHS Change Week, and, further development of key work streams for delivery including leads, roles and responsibilities at Group and hospital level. It was also agreed that members of the Board of Directors would consider how they adopted the principles of this strategy in the way they worked and the starting point would be the Board development session scheduled in early December 2017.

The Board of Directors approved the MFT Leadership and Culture Strategy.

Decision:	MFT Leadership and Culture Strategy approved by the Board of Directors	**Action by:** n/a	**Date:** n/a

<u>Complaints Report – Legacy Documents – CMFT Quarters 1&2 (2017/18) and UHSM Quarters 1&2 (2017/18)</u>

The Group Chief Nurse invited the Board of Directors to note the legacy complaints reports for the former Central Manchester University Hospitals NHS Foundation Trust and University Hospitals South Manchester NHS Foundation Trust covering the period April 1st 2017 – September 30th 2017. She explained that notably, the style and format of the reports differed, however, the overall content was not dissimilar in terms of providing a commentary on complaints and PALS cases received and managed during the reporting period. She also explained that the reports also provided examples of the learning that had taken place as a result of the patient and service user feedback that complaints provided.

The Group Chief Nurse reported that both former Trusts had measures and KPIs in place to monitor complaints and PALS performance, however, as these measures were different in each Trust, it was not possible to undertake a comparison of performance over the first six months of 2017/18. The Board was advised that over the course of Quarters 3 and 4 2017/18, work would be undertaken to integrate the two central complaints functions and develop a set of single performance metrics.

It was further noted that this would enable comparisons to be made between the Hospitals/MCS across the Group in the future. The Board was advised that the baseline Group report for the Manchester University NHS Foundation Trust would commence 1st April 2018 with key outcome and performance measures provided for each hospital/MCS.

The Group Chief Nurse explained that during Quarters 3 and 4, it was intended that aspects of the complaints management process would be devolved from corporate services to the Hospitals and Managed Clinical Services. She confirmed that this would include delegation of the Chief Executive's sign off of complaint responses to Hospital Chief Executives. However, it was also noted that receipt, acknowledgement, escalation, monitoring and reporting would remain central functions within the Corporate Service. It was further noted that Parliamentary Health Service Ombudsman (PHSO) cases and complaints received via Members of Parliament (MP) would also continue to be handled centrally to ensure consistency.

The Board was reminded that Complaints remained a key indicator of the quality of the Trust's services and, accordingly, complaints processes and services had been prioritised in the PTIP to ensure the continued development and transformation of complaints services.

The Board of Directors noted the information within the reports and plans for integration and devolution of the processes from 1st April 2018

Decision:	Both reports noted	**Action by:** n/a	**Date:** n/a

<u>To Note Committee meetings which had taken place</u>:

- CMFT Trust Risk Management Committee held on 4th September 2017 (Legacy Document)
- CMFT Finance Scrutiny Committee Meeting held on 28th September 2017 (Legacy Document)
- Quality & Performance Scrutiny Committee held on 13th October 2017
- HR Scrutiny Committee held on 17th October 2017
- CMFT Board of Directors Public Meeting held on 11th September 2017 (Legacy Document)
- UHSM Board of Directors Public Meeting held on 28th September 2017 (Legacy Document)
- CMFT Board of Directors Private Meeting held on 11th September 2017 (Legacy Document)
- UHSM Board of Directors Private Meeting held on 28th September 2017 (Legacy Document)

- Interim Board of Directors Meetings (Legacy Documents):

  - 5th September 2017
  - 13th September 2017
  - 19th September 2017

20/17 Date and Time of Next Meeting

The next meeting of the Board of Directors held in public will be on **Monday, 8th January 2018** at **2:00pm** in the **Main Boardroom.**

21/17 Any Other Business

There was no other business.

Present:	Mr J Amaechi	- Non-Executive Director
	Mr D Banks	- Group Director of Strategy
	Professor Dame S Bailey	- Non-Executive Director
	Dr I Benett	- Non-Executive Director
	Mr R Barlow	- Non-Executive Director
	Mrs J Bridgewater	- Group Chief Operating Officer
	Mrs K Cowell	- Group Chairman
	Sir M Deegan	- Group Chief Executive
	Mr N Gower	- Non-Executive Director
	Mrs G Heaton	- Group Deputy CEO
	Mrs M Johnson	- Group Director of Workforce & OD
	Mrs J McCall	- Non-Executive Director
	Mrs C McLoughlin	- Non-Executive Director
	Professor C Lenney	- Group Chief Nurse
	Mr S Nicholls	- Group Deputy CEO
	Miss T Onon	- Group Joint-Medical Director
	Professor R Pearson	- Group Joint-Medical Director
In attendance:	Mr P Blythin	- Director Single Hospital Service
	Mr D Cain	- Deputy Chairman Fundraising Board
	Mrs U Denton	- Group Director of Finance
	Mr M McCourt	- Interim CEO, LCO
	Mr A W Hughes	- Director of Corporate Services/Trust Board Secretary
	Mr M Swanborough	- Turnaround Director
Apologies:	Mr B Clare	- Group Deputy Chairman
	Mr T Rees	- Non-Executive Director
	Mr A Roberts	- Chief Finance Officer