

Trust Board Meeting in Public: Wednesday 13 July 2016

TB2016.67

| | |
|--------------|--|
| Title | Trust Management Executive Report including Annual Report 2015/16 |
|--------------|--|

| | |
|----------------|--|
| Status | For information and approval of the Annual Report |
| History | <p>The Trust Management Executive provides a regular report to the Board.</p> <p>The Annual Report summarises the activities of the Trust Management Executive for the financial year 2015/16, setting out how it has met its Terms of Reference and key priorities.</p> |

| | | | | |
|----------------------|--|------------------|--------|-------------|
| Board Lead(s) | Dr Bruno Holthof, Chief Executive | | | |
| Key purpose | Strategy | Assurance | Policy | Performance |

Executive Summary

1. The Trust Management Executive (TME) is the executive decision-making committee of the Trust and it is therefore important to ensure that it has a comprehensive picture of all business undertaken by the Trust.
2. TME provides a regular report to the Board on the main issues raised and discussed at its meetings. The regular report is provided at Section 1.
3. In line with best practice in other sectors, TME also produces an Annual Report to the Board summarising its activities for the financial year 2015/16 and setting out how it met its Terms of Reference and key priorities. This is provided in Section 2.
4. TME's Terms of Reference, Membership and objectives for 2016/17 are attached at Section 2, Appendix 1.

Recommendations

5. The Board is asked to:
 - Note the regular report to the Board from meetings held in May and June 2016 (Section 1); and
 - Review and approve the TME's Annual Report 2015/16 and the revised Terms of Reference (Section 2).

1. Introduction

Since the preparation of its last report to the Trust Board, the Trust Management Executive [TME] has met on the following dates:

- 12 May 2016;
- 23 June 2016; and
- 30 June 2016.

2. Significant issues of interest to the Board

TME continues to monitor performance in relation to quality, operational and financial targets. The mechanism for monitoring and reporting on the delivery of targets relating to the Commissioning for Quality and Innovation Scheme [CQUINS] in 2016/17 has been established. TME also reviews the Integrated Performance Report, as well as monthly reports on financial performance.

TME is kept updated on relevant developments in relation to the key themes of the OUH Strategic Review:

- ‘Home Sweet Home’ (*local health integration*)
- ‘Focus on Excellence’ (*prioritising investment in services, to develop world class excellence*)
- ‘Go Digital’ (*digital transformation*)
- ‘The Master Plan’ (*long term estates planning*); and
- ‘Good Quality Costing Less’ (*delivering continuous service improvement*)

as well as in relation to the enabling theme of:

- ‘Building Capabilities’ (*to deliver the ‘Oxford Value Improvement Programme’*)

The following specific points of interest have been highlighted for the Trust Board:

- 2.1. Following the success of Film Nights held in May, at which over one hundred video submissions from potential *Champions for Change* had been reviewed, TME heard that candidates had demonstrated significant potential to inspire, lead and implement change, whether within a particular area, more widely in the organisation, or across the healthcare system.

The OUH is now developing the *Oxford Value Improvement Programme [OxVIP]*, within which there will be measurable objectives for each individual project within the principal work-streams, related to the key strategic themes, in the context of the *Oxfordshire Transformation Programme*.

Champions will be deployed in alignment with the *OxVIP*, so that all efforts are deployed most effectively to meet the challenges ahead.

A Workshop will be held for *Champions* on the afternoon of Wednesday 7th September, 2016 at St Hugh’s College, Oxford, the aim of which will be to define the role of the *Champions for Change* in developing and delivering the *OxVIP*.

- 2.2. Initial feedback has been provided by the Clinical Reference Group on the assessment of Parts One and Two of questionnaires completed in respect of all clinical service areas, under the theme of *Focus on Excellence*.

There has been a high level of clinicians' engagement in the process.

Completed questionnaires (Part One) provide a rich source of information about the extent to which each clinical service is meeting fundamental standards relating to quality, operational and financial performance.

Part Two of the completed questionnaires identify the contribution of each clinical service area to transformation.

Other significant collateral benefits include the opportunity given, and taken by many, to promote self-reflection and appraisal of the strengths and weaknesses of each service, and to share experiences and reflections in conversations with colleagues within each clinical service, and across services that are often inter-dependent.

It is proposed that this process will be linked to that of the *Peer Review Programme*, and its outputs harmonised with other key themes of the OUH Strategic Review, with the intention that it will constitute the new approach to on-going business planning.

Further detail of the completed assessments is now being disseminated to all members of TME, ahead of its next meeting in July, when further consideration will be given to the next steps required, including how feedback from the assessment of Parts One and Two of the questionnaires should be provided and disseminated throughout the organisation.

TME will also be asked to give further consideration to how best to proceed with assessing Part Three of the questionnaires, in relation to those specific elements of any specialty or service which may be capable of being developed as a world class centre of excellence.

- 2.3. TME has reviewed plans to develop further the ambulatory model of care, which will in turn optimise the use of beds across the organisation, with the aim of improving the quality of care for patients, delivering care in the most appropriate environment.
- 2.4. TME has also considered proposals for the further integration of health and social care in Oxfordshire, which have been developed in the context of on-going negotiations to agree the most effective contractual framework for delivering the system transformation that is needed to respond to the future health needs of the population, and the pressures faced by the NHS and social care.
- 2.5. The emerging options for the configuration of clinical services at the Horton General Hospital, developed initially on the basis of clinical viability, have been outlined to TME; emphasising that no proposals or decisions have yet been made.

Full consultation will be undertaken on the options, informed by analyses of the impact of each option in relation to activity (across the whole Trust), workforce, finance and deliverability.

- 2.6. TME has received the full Integrated Performance Report [IPR] for Month 1, and the 'IPR 'At a Glance' for Month 2, acknowledging the Trust's failure to meet the 4 hour A&E standard in April and May, with performance reported at 85.6% and 87% respectively, against the standard of 95%.

Additional actions are being taken to improve performance against the 95% 4 Hour ED standard, the impact of which will be monitored and reported back to TME.

- 2.7. TME has received and noted an update on the Trust's Financial Plans 2016/17.
- 2.8. The Trust's Capital Priorities for 2016/17 have been submitted for consideration by TME, and have been circulated to the divisions for further review, in readiness for endorsement by TME in July.
- 2.9. TME has received the regular report from the Clinical Governance Committee [CGC], summarising issues raised at its meetings held in April and May, and reporting by exception that a Never Event had been declared in June, relating to insertion of the wrong lens during elective cataract surgery. This has been reported to the Care Quality Commission [CQC], and a full investigation is underway, the outcome of which will be reported to the SIRI¹ Forum.

3. Key Risks Discussed

- TME discussed the risks associated with management arrangements of the Tissue Co-ordination Service, supporting the proposal that management of the service be re-positioned within the Children's and Women's Division, subject to clarification of the process for the management of all tissue samples; and of the governance around cross-divisional coordination.
- TME supported the integration of elective and emergency urology services at the Churchill Hospital, to resolve the risks associated with the separation of elective and emergency services, and the consequent risk that recognition of training posts could be withdrawn.
- The risks associated with long working hours undertaken by Consultant Anaesthetists during particularly complex head and neck cases were discussed, following report from the Clinical Governance Committee.

Consideration was given to what constituted the safest model of practice for cases that were anticipated to be of over 12 hours' duration, balancing the advantages of providing continuity of care from a single anaesthetist, with the need to avoid lapses in concentration caused by fatigue.

Whilst other models of practice are being reviewed, TME has supported the proposal that there should be designated slots for cases which are anticipated to be of over 12 hours' duration, with provision made for replacement by an on-call anaesthetist if signs of fatigue were evident to any member of the team in theatre.

TME has also asked that a review be undertaken of longer hours in working practices across the Trust, for report back to TME in the autumn.

¹ Serious Incidents Requiring Investigation

4. Key decisions taken

Key decisions made by the TME included:

- 4.1. Formal endorsement of Stage 3 Budgets 2016/17, for submission to the Board;
- 4.2. Support of the Full Business Case for the provision of accommodation for parents and carers of patients in children's and new born services, in advance of its submission to the Board;
- 4.3. Support for entering into a managed services agreement for the provision of an electronic transfusion management system [ETMS];
- 4.4. Support to proceed with developing the commercial potential of *Report and Image Quality Control* [RAIQC];
- 4.5. Approval of the Security Crime Prevention Policy;
- 4.6. Endorsement of the Equality, Diversity and Inclusion Annual Report 2015/16, ahead of its submission to the Trust Board;
- 4.7. Endorsement of the Emergency Preparedness, Resilience and Response Annual Report 2015/16, ahead of its submission to Trust Board;

5. Future Business

Areas on which the TME will be focusing over the next three months include the following:

- Monitoring quality performance;
- Monitoring delivery of operational performance standards;
- Monitoring financial performance;
- Progressing the fundamental Trust-wide Strategic Review; *including specifically*
 - Next steps in relation to *Focus on Excellence*
 - Indicative feedback from *Master Plan Visioning Workshop* held on 24 June
 - Development of the *Oxford Value Improvement Programme*
 - Proposals for development of the *Champions for Change*
- Update on outcomes emerging from the next phase of the Peer Review Programme

6. Recommendation

The Trust Board is asked to note the contents of this paper.

Dr Bruno Holthof
Chief Executive

July 2016

Section 2

Trust Management Executive Annual Report

1. Background

- 1.1. Good practice states that the Trust Board should review the performance of its Committees annually to determine if they have been effective, and whether further development work is required.
- 1.2. This Annual Report summarises the activities of the Trust Management Committee (the Committee) for the financial year 2015/16 setting out how it has met its Terms of Reference and key priorities.
- 1.3. The purpose of the Committee is laid down in its Terms of Reference, provided as Appendix 1 to this report.

2. Scope of Review of Effectiveness

- 2.1. Since Dr Bruno Holthof took up post as Chief Executive in October 2015, the way in which the Committee conducts its business has been reviewed, to ensure that it meets its key objectives. In particular, the structure and composition of the agenda has been reformed, with the aim of ensuring that the opportunity is provided for genuine debate in relation to key strategic themes.
- 2.2. In streamlining the agenda, the Committee remains focused on operational management and strategic developments.
- 2.3. This review builds on the interim review conducted in December 2015 and reported to the Trust Board in January 2016.
- 2.4. The review undertaken by the Deputy Director of Assurance focused on a review of the papers presented to the Committee in comparison to the agreed Terms of Reference and the Cycle of Business. The review has been broken down into the following subsections:
 - Responsibilities;
 - Membership and Attendance Record;
 - Reporting Arrangements;
 - Cycle of Business;

Responsibilities

- 2.5. During 2015/16, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:
 - The routine presentation and consideration of the following:
 - Quality Reports
 - Finance Reports,
 - Performance Reports
 - The consideration of business cases, as required
 - Reports from sub-committee's as required;
 - CQC related updates including CQCAssure.
 - Annual reports in relation to Complaints, Claims, Safeguarding, Research & Development, Information Governance;

- Continuous monitoring in relation to the trust's emerging strategic themes and enabling processes, for example Champions for Change process;
 - The Board Assurance Framework and Corporate Risk Registers were regularly reviewed and discussed, to ensure that identified controls were appropriate to mitigate the risks to a level within the Trust's risk appetite.
- 2.6. As part of the interim review a number of minor points for further consideration were identified covering the:
- on-going monitoring of enabling strategies;
 - monitoring of the delivery of the capital programme;
 - approval of all sub-committee terms of reference.

These will be addressed in the 2016/17 Cycle of Business for the Committee.

Membership and Attendance Record

- 2.7. During 2015/16, the Committee met twenty times with attendance recorded in Appendix 2. This demonstrates that every meeting of the Committee during the year was quorate and the majority of members met the 75% attendance requirements (or nominated deputy).

Reporting Requirements

- 2.8. The Committee reported to the Trust Board providing a summary of each meeting during the year. Reports included a description of the business conducted, risks identified, key actions agreed and decisions taken. Key risks discussed by the Committee and reported to the Trust Board for information included:
- The requirements of the Nursing and Midwifery Council in relation to nurse revalidation;
 - Risks arising from the review of nurse acuity and dependency;
 - The risks associated with the emergent financial positions during the year;
 - The risks in relation to the emerging staffing concerns in acute paediatrics;
 - Safe and secure storage of medicine
- 2.9. The reports consistently identified areas to be raised to the Trust Board or referred to other sub-committees of the Trust Board, where appropriate.

Terms of Reference

- 2.10. The Terms of Reference were last reviewed and revised in July 2015, and the review of the effectiveness of the Committee for 2015/16 has confirmed that no further changes are required to the Terms of Reference, beyond amending job roles.
- 2.11. The updated Terms of Reference are presented in Appendix 1, with the changes highlighted.

Cycle of Business

- 2.12. The items on the cycle of business were largely delivered as planned with the exception of the following:

- Annual Health and Safety Report and
- Reports from the Performance Review Committee

2.13. The Committee considered these items and if the Cycle of Business for 2016/17 should include them, this will be built into the wider review of sub-committees.

3. Continuous Improvement

3.1. As part of the continuous quality improvement of Trust processes it was agreed that a complete review of the performance of the sub-committees of TME would be undertaken.

4. Conclusion

4.1. The review has identified that the Committee has delivered the responsibilities as set out in the Terms of Reference save only for the noted exceptions, attendance at meetings has been good, and the cycle of business has been completed, again with the noted exceptions.

4.2. Areas for action during 2016/17 will focus on the development of a clearer set of guidance on the role and remit of the committee to ensure that papers are more effectively tailored to meet the committee's needs.

Eileen Walsh
Director of Assurance

June 2016

Trust Management Executive Terms of Reference

1. Authority

- 1.1 The Trust Management Executive (TME) has been constituted by the Trust Board and is the executive decision making committee of the Trust, chaired by the Chief Executive.
- 1.2 The Committee is authorised by the Board to investigate any activities within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.
- 1.3 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experiences and expertise if it considers this necessary.

2. Purpose

- 2.1 The purpose of the Committee is to provide the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, and its associated clinical strategies;
- 2.2. To ensure that there is appropriate integration, connection and liaison between individual clinical services, between clinical and corporate functions and between strategic and operational matters: within the Trust and between the Trust's academic partners;
- 2.3. To support individual directors to deliver their delegated responsibilities by providing a forum for briefing, exchange of information, mutual support, resolution of issues and achievement of agreement;
- 2.4. To make management decisions on issues within the remit of the Trust Management Executive.
- 2.2 To assure the Board through consultation with appropriate other subcommittees as necessary that the structures, systems and processes are in place and functioning to support the Committee's work as set out above.
- 2.3 To assure the Board that, where there are risks and issues related to the role of the Committee that may jeopardise the Trust's ability to deliver its objectives, these are being managed in a controlled way through the Trust Management Executive Committee.

3. Membership

- 3.1 The Committee will be appointed by the Board and its membership shall consist the following.
 - Chief Executive (Chair)
 - Medical Director
 - ~~Director of Finance and Procurement~~ Chief Finance Officer
 - Director of Clinical Services
 - Director of Workforce and OD
 - Director of Assurance
 - Chief Nurse
 - Director of Planning and Information

- [Chief Information and Digital Officer](#)
- Divisional Directors (x5)
- The Head of the Division of Medical Sciences of the University of Oxford
- Head of Corporate Governance
- [Deputy Medical Director](#)
- [Associate Director of Communications and Marketing](#)

3.3 The Chairman of the Committee has the overall responsibility for the performance of the Committee and also has the final decision on actions required in order to comply with the Terms of Reference.

4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance by the Chairman (or nominated deputy) and

- Three Executive Directors
- Two Divisional Directors

4.2 Members are expected to attend at least three quarters of all meetings each financial year. An annual register of attendance of members will be published by the committee.

4.3 If members are unable to attend, a deputy may attend with the agreement of the Chairman. The nominated deputies should be specifically identified and should not be different for each meeting of the Committee that they attend. The named Executive shall not routinely allocate attendance at the Committee to their nominated deputy. This should only happen as a result of planned or unforeseen absence by the named Executive. Deputies will be counted for the purpose of the quorum.

4.4 The Chair may request attendance by relevant staff at any meeting.

5. Frequency of meetings

5.1. Meetings of the Trust Management Executive shall be held on the second and fourth Thursday of each month.

6. Specific Duties

6.1 Develop and agree objectives for submission to the Trust Board, in the form of the annual business plan, to deliver the agreed strategy and agree detailed capital and revenue business plans to deliver the objectives.

6.2. To ensure, where appropriate, the alignment of the Trust's strategy with the strategy of the University of Oxford and other key partners.

6.3. To develop the Trust's clinical service strategies, ensuring co-ordinating and alignment across the clinical divisions,

6.4. Closely monitor standards of care, quality and safety by ensuring appropriate actions are taken.

6.5. Identify and mitigate risk by monitoring the corporate risk register and board assurance framework, agreeing resourced action plans and ensuring their delivery and ensure compliance and appropriate escalation in accordance with the Trust's risk management systems and processes.

- 6.6. Develop, agree and monitor implementation of plans to improve the efficiency, effectiveness and quality of the Trust's services.
- 6.7. Monitor the delivery of the Trust's service activity and financial objectives and agree actions, allocate responsibilities, and ensure delivery where necessary to deliver the Trust's objectives or other obligations.
- 6.8. Monitor and ensure the delivery of all specific actions agreed by the Trust Board, by the Trust Management Executive and by committees of both.
- 6.9. Monitor the delivery of the Trust's enabling strategies as advised by the Trust Management Executive's sub-committees.
- 6.10. To devise the Trust's annual and longer term capital programme and monitor its delivery.
- 6.11. Agree all relevant policies – other than those retained by the Trust Board - to ensure the delivery of external and internal governance and best practice requirements and compliance.
- 6.12. Approve major charitable funding bids prior to submission to the trustees.
- 6.13. Approve the Terms of Reference for all the sub-committees and groups of the Committee, delegate work as appropriate and hold the respective Chairs to account for compliance with their responsibilities.

7. Sub-committees

- 7.1 The Trust Management Executive is supported by a number of Sub-committees/Groups, including:
 - Clinical Governance Committee
 - Transformation and Cost Improvement Plan [CIP] Steering Group
 - Education and Training Committee
 - Health Informatics Committee
 - Performance Review Committee
 - Public Health Steering Committee
 - Research and Development Committee
 - Workforce Committee
 - Health and Safety Committee
 - Energy Investment Programme Board

8. Administrative Support

- 8.1 The Committee will be supported administratively by the Head of Corporate Governance, whose duties in this respect will include:
 - Agreement of the agenda with the Committee Chairman, collation and distribution of papers at least 2 working days before each meeting.
 - Taking the minutes and keeping a record of matters arising and issues to be carried forward.
 - Providing support to the Chairman and members as required.

9. Accountability and Reporting arrangements

- 9.1 The Committee shall be directly accountable to the Trust Board.

- 9.2 The Chairman of the Committee shall prepare a summary report to the Board detailing items discussed, actions agreed and issues to be referred to the Board.
- 9.3 The minutes of the Committee meetings shall be formally recorded and will be available to the Board on request.
- 9.4 The Committee shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any aspect of the running of the Committee.
- 9.2 Where the Chairman of the Committee considers appropriate, he will escalate immediately any significant issue to the Board.

10. Monitoring Effectiveness and Compliance with Terms of Reference

- 10.1 The Committee will carry out an annual review of its effectiveness and provide an annual report to the Board on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

11. Review

- 11.1 The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Board.

Date approved:

Approved by: Trust Board

Next review date:

Trust Management Executive Membership 2016/17

| | |
|---|--|
| Chief Executive (Chair) | Dr Bruno Holthof |
| Medical Director | Dr Tony Berendt |
| Director of Finance and Procurement <u>Chief Finance Officer</u> | Mr Mark Mansfield <u>Ms Maria Moore (Interim)</u> |
| Director of Clinical Services | Mr Paul Brennan |
| Director of Workforce and OD | Mr Mark Power |
| Director of Assurance | Ms Eileen Walsh |
| Chief Nurse | Ms Catherine Stoddart |
| Director of Planning and Information | Mr Andrew Stevens |
| Divisional Director (C&W) | Professor Stephen Kennedy |
| Divisional Director (CSS) | Professor Fergus Gleeson |
| Divisional Director (NOTSS) | Dr Jon Westbrook |
| Divisional Director (MRC) | Dr James Price |
| Divisional Director (S&O) | Professor Freddie Hamdy |
| Deputy Medical Director | Dr Clare Dollery |
| Head of Corporate Governance | Ms Susan Polywka |
| The Head of the Division of Medical Sciences of the University of Oxford | Professor Alistair Buchan |
| <u>Chief Information and Digital Officer</u> | <u>Mr Peter Knight</u> |
| Associate Director of Communications and Marketing | Ms Melanie Proudfoot |

| | 23/04/2015 | 14/05/2015 | 04/06/2015 | 25/06/2015 | 09/07/2015 | 23/07/2015 | 13/08/2015 | 27/08/2015 | 10/09/2015 | 24/09/2015 | 08/10/2015 | 22/10/2015 | 12/11/2015 | 26/11/2015 | 10/12/2015 | 14/01/2016 | 28/01/2016 | 25/02/2016 | 10/03/2016 | 24/03/2016 | 20 |
|---|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------|
| Chief Executive (Chair) JM/BH | ✓ | X | X | ✓ | ✓ | ✓ | X | ✓ | X | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | 95% |
| Director of Finance and Procurement MM | ✓ | X | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | X | ✓ | 95% |
| Director of Clinical Services PB | ✓ | ✓ | X | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | X | ✓ | X | ✓ | ✓ | 85% |
| Director of Organisational Development and Workforce MP | ✓ | ✓ | X | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | X | ✓ | 85% |
| Director of Planning and Information AS | X | X | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | 85% |
| Chief Nurse CS | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | ✓ | ✓ | X | X | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | 95% |
| Director of Development and the Estate MT | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | | | | | | | | | | | 91% |
| Medical Director TB | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | 95% |
| Deputy Medical Director CD | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | X | ✓ | X | ✓ | ✓ | 85% |
| Head of Corporate Governance SP | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 95% |
| Director of Assurance EW | X | X | X | X | X | X | X | X | X | X | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | X | ✓ | 90% |
| Head of Medical Sciences Division University of Oxford AB | X | X | X | X | X | X | X | X | X | X | X | X | X | ✓ | ✓ | ✓ | X | X | ✓ | X | 20% |
| Divisional Director, NOTSS JW | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | 100% |
| Divisional Director, Children's and Women's SK | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | X | X | ✓ | ✓ | X | ✓ | ✓ | X | X | 100% |
| Divisional Director, Surgery and Oncology FH | X | ✓ | ✓ | X | ✓ | X | X | ✓ | X | X | ✓ | X | X | X | X | ✓ | X | X | ✓ | X | 100% |
| Divisional Director, MRC HJ/JP | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100% |
| Divisional Director, Clinical Support Services FG | ✓ | ✓ | X | ✓ | X | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | X | X | ✓ | ✓ | X | X | ✓ | 95% |
| Associate Director of Communications and Marketing MPr | ✓ | X | X | X | ✓ | ✓ | ✓ | X | X | X | ✓ | ✓ | ✓ | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | 70% |
| Covered by Deputy | | | | | | | | | | | | | | | | | | | | | |