

Trust Board Meeting in Public : Wednesday 10 July 2019
TB2019.71

Title	Trust Management Executive Report
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Status	For Information
History	The Trust Management Executive [TME] provides a regular report to the Board.

Board Lead	Dr Bruno Holthof, Chief Executive			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

1. The Trust Management Executive [TME] has been constituted by the Trust Board and is the executive decision-making committee of the Trust. As such, it provides a regular report to the Board on the main issues raised and discussed at its meetings.

2. Under its terms of reference, TME is responsible for providing the Board with assurance concerning all aspects of setting and delivering the strategic direction for the Trust, including associated clinical strategies; and to assure the Board that, where there are risks and issues 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

This regular report provided aims to contribute to the fulfilment of that purpose.

3. In line with best practice in other sectors, the Trust Management Executive also produces an Annual Report to the Board summarising its activities for the financial year 2018/19, setting out how it met its Terms of Reference. This is provided in Section 2.

4. The Trust Management Executive Terms of Reference and Membership are attached at Appendix 1.

Recommendations

- The Board is asked to:
 - **Note** the regular report to the Board from TME's meetings held in April, May and June 2019.
 - **Review** and **approve** the TME Annual Report 2018/19 including the 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:

- 25 April 2019
- 9 May 2019
- 23 May 2019
- 13 June 2019
- 27 June 2019

The main issues raised and discussed at the meetings are set out below.

2. Significant issues of interest to the Board

- i. **Strategy Refresh:** At the Strategy Away Day held on the 24 April 2019, it was highlighted that the purpose was to publish a new strategic framework by the autumn to inform the annual business planning. In order to achieve this, there would be engagement to work with the teams to develop divisional, directorate and service strategies and cross-Trust session would be held over the summer to bring together and improve plans.

The key themes from the Away Day were that the Strategy should be:

- a. Simple, tangible and clear;
 - b. Linked to culture and leadership;
 - c. Connected by a clear golden thread;
 - d. Owned by the organisation;
 - e. Reflective of a more outward focus; and
 - f. Incorporating an emphasis on environmental sustainability.
- ii. **Quarter 4 Divisional Performance Reviews:** Four directorates were rated as having 'performance concerns' and the paper summarised the corrective actions being taken. Radiology had been rated as 'performance concerns' in Q3 and was now rated as 'expected performance'. Haematology and Oncology was rated as 'strong performance' in Q4.
 - iii. **Divisional Planning and Budgeting:** Progress on agreeing budgets and operational plans for 2019/20, as well as NHS commissioning contracts, including the key actions discussed and agreed at Clinical Divisional Planning meetings conducted across 7 and 13 May 2019 has been regularly reported. The Trust's Operational Plan was finalised on 4 April based on the assumptions set out in the Business Plan.

- iv. **Integrated Improvement Programme (IIP)** reporting has highlighted:
- a. The Trust's current position and proposed next steps;
 - b. Revised governance arrangements for the 2019/20 programme with ownership by TME;
 - c. Project executive leadership and responsible officers;
 - d. Approaches to ensuring that the overarching programme was meaningful to Trust Staff;
 - e. The intention to link the programme to Trust objectives with SMART KPIs; and
 - f. Reporting arrangements to the Board, its sub-committees and TME.

Key areas of focus for the IIP during 2019/20 are:

- a. Urgent and Emergency Care
 - b. Outpatients, Diagnostics and Cancer
 - c. Theatre Productivity
 - d. Non-clinical Productivity
 - e. Quality and Safety
 - f. Urgent and Emergency Care
- v. **Financial Performance:** TME received regular reporting on the Trust's financial position with the following points highlighted:
- a. The Trust ended the year £2.6m above its agreed control total. This meant that over £11m of core sustainability funding announced at the start of the year was earned.
 - b. In 2018/19 the Trust had over-performed on one-off items and underperformed on the underlying position. However the underlying position showed an improvement on the previous year though it was recognised that further improvements would need to be made.
 - c. Up to 31 May performance against the control total was a deficit of £4.1m in-month and £8.5m year to date, the latter being £5.3m worse than plan. TME considered options to correct and/or recover the financial position.
- vi. **Trust Business Plan:** TME reviewed and commented on various elements of the Business Plan prior to its consideration by Audit Committee and approval by Trust Board. In relation to the Annual Governance Statement, TME considered specifically whether there were any matters that might be said to represent significant gaps in control as defined by NHSI guidance. TME had agreed that, whilst some issues highlighted the need for significant action, none represented such gaps.
- vii. **National Institute for Health Research Clinical Research Network Report:** TME noted this report which represented extremely positive progress, the Trust being the

highest recruiting acute teaching hospital nationally during a record breaking year for participants in clinical research studies.

- viii. **HRH Prince Harry, Duke of Sussex Visit:** TME heard that HRH Prince Harry, the Duke of Sussex would be visited the Oxford Children's Hospital on 14 May 2019 as part of a trip to Oxford to highlight positive work to support the needs of children, young people and adults.

3. Other activity undertaken by TME included review of the following:

- i. **Driving at Work Procedure:** a framework to manage risks associated with driving whilst on Trust business ("driving at work") was presented. The procedure acknowledged that the Trust recognised and was committed to meeting its legal duties under the Health and Safety at Work etc. Act 1974 and associated road traffic legislation in protecting any individual that may be affected by the driving activities of Trust employees whilst at work. The procedure is applicable to those who are employed by the Trust and are driving on behalf of Trust business.
- ii. **Health and Safety Report:** This provided TME with a summary of the principal activities associated with the promotion and management of Health and Safety issues for the period 1 February to 30 April 2019.
- iii. **Cyber Security and Information Governance Action Plan:** TME reviewed this Action Plan which combined and summarised progress against recommendations for action from the NHS Digital Data Security and Protection Toolkit (DSPT), various recent internal audit reports, and cyber security reviews undertaken on behalf of NHS Digital.
- iv. **Clinical Governance Committee:** TME heard that:
 - a. The WHO Generic Surgical Safety Checklist had been approved following feedback from active engagement from stakeholders. Approximately 90% of the Trust used the generic checklist with 10% using adapted checklists which required final checking to ensure that they were aligned to this updated generic checklist.
 - b. SIRI actions had been reported along with good progress made against these.
 - c. TME noted that the Medical Examiner role was being advertised. It was anticipated that ten 1PA Medical Examiners would be employed by the Trust and that their line of accountability would be through the regional Medical Examiner.

4. Key Risks discussed have included:

- i. *Risks associated with the internal audit recommendations*

It was recognised that there were a number of outstanding internal audit actions particularly around Information Governance, Medicines Management, Radiation Protection and End of Life Care which required completion. TME received regular updates on progress against these outstanding areas.

- ii. *Risks associated with the financial performance*
TME recognised the challenge in-year to deliver at pace the changes required to recovery the financial position as reported at month 2.
- iii. *Risks associated with Health and Safety*
TME noted that a gap analysis was underway to identify areas that might need to be addressed to ensure full compliance with statutory and regulatory requirements.
- iv. *Risks associated with service pressures*
Specific pressures in services including Psychological Medicine and Bariatric Services have been reported to TME with proposals to address these to be developed through the Operational Forum.

5. Key decisions taken included:

- a. A business case for improvement of Surgical Emergency Unit Triage and Ambulatory Care was approved subject to further discussion at the Operational Forum to ensure that this was consistent with the emerging urgent care pathway vision;
- b. TME approved rolling replacement capital allocations for both Medical and Surgical Equipment, and Operational Estates;
- c. TME approved capital investment to ensure that the Trust could fully comply with NICE guidance in relation to Creutzfeldt-Jakob Disease and the management of surgical instruments;
- d. Additional investment in the Elective Care Team which maintained the systems and processes to assist in meeting growing patient demand in elective care was approved;
- e. TME approved a Cerner contract amendment to enable the Trust to develop existing technology, and to implement an initial phase roll out of Cerner Powerchart Touch to enable the use of mobile device access for the Electronic Patient Record; and
- f. Business cases for a range of clinical services were approved including a case for increased capacity in the Chronic Pelvic Pain Service and for a new Consultant Neuroradiologist.

6. Future Business

Areas on which TME plans to focus over the next three months include the following:

- i. To monitor the development of the new Trust Strategy;
- ii. To receive regular reporting on the Trust's Integrated Improvement Programme for 2019/20;
- iii. To continue to monitor progress against outstanding internal audit recommendations; and
- iv. To develop proposals for a leadership programme, building on that run in 2018/19 and closely linked to the Trust's current programmes and priorities.

7. Recommendation

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

Dr Bruno Holthof

Chief Executive

July 2019

Section 2

Trust Management Executive Annual Report 2018/19

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 2018/19 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. In summary, it is responsible for providing assurance to the Trust Board concerning all aspects of setting and delivering the Trust's strategies, ensuring the delivery of the Trust's core-objectives are central to decision making. The Committee also reviews and ensures alignment and liaison between clinical and corporate areas within the Trust and makes management decisions on issues within their remit.

2. Scope of Review of Effectiveness

- 2.1. The review undertaken by the Director of Regulatory Compliance and Assurance has focused on a review of the papers presented to the Committee and by the Committee to the Trust Board in line with the agreed Terms of Reference and Cycle of business. The review has been broken down into responsibilities, reporting arrangements and membership and attendance record.
- 2.2. This review covers the financial year from 1 April 2018 to 31 March 2019, and as a result it will not take into account any changes made to the operation of meetings from April 2019 onwards.

Responsibilities

- 2.3. During 2018/19 the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of key responsibilities is evidenced by the following actions:
 - The routine presentation and consideration of the following:
 - ✓ Quality Reports
 - ✓ Finance Reports,
 - ✓ Performance Reports
 - Review of the following annual reports:
 - ✓ Equality and Diversity,
 - ✓ Serious Incidents Requiring Investigation (SIRI),
 - ✓ Infection Control,
 - ✓ Adult and Children Safeguarding,
 - ✓ Research and Development,
 - ✓ Claims and Inquests,

- ✓ Information Governance,
 - ✓ Emergency Preparedness,
 - ✓ Complaints and Patient Experience,
 - ✓ Health and Safety.
- The consideration of business cases, as required;
 - Review of CQC reports, action plans and areas of concern following the Well-led and unannounced inspections;
 - Reviewing policy updates and providing recommendations and amendments before circulation across the Trust;
 - Updates on the development of the Board Assurance Framework;
 - Review of the Corporate Risk Register (CRR) and discussions on the proposed risks, escalated CRR and ensuring that identified controls are appropriate to mitigate the risks to a level within the Trust's risk appetite;
 - Reviewing the potential impact of the EU exit on the Trust, analysing the nature, degree and key concerns;
 - Maintaining oversight of the five NHSI undertakings programmes and reporting to the Board regularly;
 - Financial performance has been kept under review, with a focus on improving underlying recurrent EBITDA at Divisional level;
 - Receiving regular updates regarding actions on implementing recommendations of the Internal Audit reports;
 - Review of strategies being set at clinical, divisional and Trust level;
- 2.4. TME is supported by a number of subcommittees and during the year the following regular reports were presented to the Committee in line with those ToR:
- Regular reports from the Clinical Governance Committee;
 - Workforce Committee;
 - Performance Review;
 - Research and Development Committee;
- 2.5. In addition the Committee has also received Divisional Quarterly Performance Reviews presented to outline the greatest areas of concern by division and any deviations from the plan that could prevent the Trust from delivering its objectives.
- 2.6. The Committee also reflected on the divisional restructure and formalised the attendance of Divisional directors to TME scheduled meetings.
- 2.7. **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, highlighted significant issues of interest to the Board, risks identified, key actions agreed and decisions taken. Key risks discussed by the Committee and reported to the Trust Board for information included:

- **Business Planning:** risks to the delivery of the business plan as initially set out for 2018/19 taking into consideration constrained workforce capacity and financial resources.
- **Financial Performance:** understanding that the Trust's financial performance for the year relies on the delivery of the agreed activity plans. TME reviewed the Trust's financial business plan and revisited it to strengthen it as part of the Financial Recovery Plan with the focus to achieve best possible underlying EBITDA.
- **Workforce:** risks associated with recruitment and retention of appropriately qualified staff. Reviewing the People Strategy and priorities for the year on the initiatives to attract and retain staff by engaging and offering staff incentive schemes.
- **Operational Performance:** the on-going risks to delivering agreed key quality performance standards and keeping new developments under review.

2.9. Significant items of interest reported to the Board included:

- Improvement plan to reduce the number of Never Events with a particular focus on positive patient identification;
- TME's oversight on the five NHSI undertakings programmes, with regular reviews particularly on the 62 day cancer target and the reduction of the referral to treatment (RTT) timescales, and 52 week waits;
- The Development of the Winter Plan and the Urgent Care programme to support the performance in the Emergency Department;
- The Quality Impact Assessments policy and process reviews for key developments, ensuring changes within the Trust do not yield negative effects on quality and patient care;
- TME receiving regular updates on workforce constraints and the developments on the Trust's Workforce plans, endorsing plans to support clinical areas where staffing levels are negatively impacting activity, with options to outsource some elective activity;
- Consideration of Care Quality Commission (CQC) concerns and feedback provided, post the Well-led and the unannounced inspection.

2.10. Reporting to the Board was consistent and the Committee followed the same format of reporting its agenda items and highlighted other activities undertaken by the Committee outside the set cycle of business such as reviewing surveys, action plans and outcomes of both internal and external audits.

2.11. The Committee considered areas to be raised to the Trust Board during the scheduled meetings and items to be referred to its sub-committees.

3. Membership and Attendance Record

3.1. The Committee met twenty two times in 2018/19 on a bi-monthly basis except for October where they met once and December where there was no meeting held. The attendance of the Committee members is recorded in **Appendix 2**.

3.2. The Committee's attendance has been quorate for the whole year in line with the ToR, whenever the Chair was absent a nominated deputy chaired the meeting with at

least three Executive Directors and two Divisional Directors present for every meeting.

- 3.3. All members of the Committee in role for the whole year attended or were represented by their nominated deputy for at least three quarters of the meetings scheduled 2018/19. As per the ToR the nominated Deputy could only attend due to unforeseen absence or special arrangements agreed in advance.

4. Terms of Reference

- 4.1. The ToR were last reviewed and revised September 2018 by the Committee and later presented to the Trust Board in November 2018, with an annual review date set. These ToR introduced the Director of Strategy, Director of Workforce and Head of Communications as formal members of TME.
- 4.2. The updated Terms of Reference (ToR) are presented in **Appendix 1**, with minor changes from the previous year's ToR highlighted.

5. Conclusion and actions for 2019/20

- 5.1. The Committee has explored the idea of revisiting the meeting schedules and agendas for the year 2019/20 with the view to have the Committee member's time being effectively utilised within the Trust to support services. The intention is to reduce time spent a number of different meetings and forums for the senior management team. In addition following the Deloitte review on leadership and governance it was decided that an Operational Forum should be set-up as a sub-committee of TME. It was noted that a broader discussion on how the Board and TME operates has now commenced to consider; how the meetings are used to make the right decisions in a timely way; and ensuring there is a focus on the right priorities.
- 5.2. The annual review has identified the Committee has delivered the responsibilities as set out in the Terms of Reference and attendance at meetings has been good and quorate for the year.

6. Recommendation

The Board is asked to:

- Review and approve the Annual Report 2018/19.
- Review the Trust Management Executive's terms of reference, revised to incorporate minor amendments to reflect changes in membership.

**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)
 - Chief Nursing Officer
 - *Chief Medical Officer ~~Director~~*
 - Chief Finance Officer
 - *Chief Operating Officer ~~Director of Clinical Services~~*
 - *~~Director of Chief-Assurance Officer~~*
 - *Chief People Officer*

- ~~Chief Information and Digital Officer~~
- Director of Improvement & Culture
- Divisional Directors (x 4)
- ~~Director of Workforce~~
- Director of Strategy
- ~~Chair of Clinical Governance Committee (currently Deputy Medical Director)~~
- Head of Corporate Governance
- Head of Communications

3.2 The Chair of the Committee has the overall responsibility for the performance of the Committee and also has the final decision on actions required in order complying with the Terms of Reference.

4. Attendance and Quorum

4.1. The quorum for any meeting of the Committee shall be attendance by the Chair (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 Chair. The nominated deputies for each Executive Director or Divisional Director should be specifically identified and should not be different for each meeting of the Committee that they attend. TME members shall not routinely allocate attendance at the Committee to their nominated deputy. This should only happen as a result of unforeseen absence or by special arrangement agreed in advance with the Chief Executive. Deputies will be counted for the purpose of the attendance record.

4.4 The Committee 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. The Chief Executive, as Chair of TME, is authorised to alter the timing and frequency of the meeting if required to ensure effective operation of the trust activities, and will notify the Trust Board if any changes are required on a permanent basis.

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 subcommittees.
- 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 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 subcommittees/groups, including:
 - Clinical Governance Committee
 - Education and Training Committee¹
 - ~~Health Informatics Committee~~
 - Performance Review²
 - Research and Development Committee¹
 - Workforce Committee
 - Health and Safety Committee
 - Business Planning Group
 - Capital Programme Board
- 7.2 The Committee Chair is authorised to establish such additional subcommittees as they determine necessary to support TME in discharging its duties.
- 7.3 The Committee Chair will determine the reporting frequency and format from these subcommittees and groups in conjunction with TME.

8. Administrative Support

¹ These subcommittees may also contribute to system level / partnership committees.

² Review will be undertaken through monthly and quarterly performance meetings.

- 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 Chair, collation and distribution of papers at least two 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 Chair and members as required.

9. Accountability and Reporting arrangements

- 9.1 The Committee shall be directly accountable to the Trust Board.
- 9.2 The Chair of the Committee shall prepare a summary report to the Trust Board detailing items discussed, actions agreed and issues to be referred to the Trust 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 Trust 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 Chair of the Committee considers appropriate, they will escalate immediately any significant issue to the Trust 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:

Chief Executive	Dr Bruno Holthof
Head of Communications	Mr Matt Akid
Deputy Medical Director	Dr Clare Dollery
Chief Finance Officer	Mr Jason Dorsett
Director of Improvement & Culture	Mr John Drew
Interim Head of Corporate Governance	Mr Chux Ebenezer
Chief Nursing Officer	Ms Sam Foster
Director of Strategy	Ms Kathy Hall
Divisional Director (SuWON)	Professor Freddie Hamdy
Chief Medical Officer	Professor Meghana Pandit
Divisional Director (MRC)	Dr James Price
Acting Chief Operating Officer	Ms Sara Randall
Divisional Director (CSS)	Mr Chandi Ratnatunga
Interim Director of Workforce	Mr Bernard Scully
Chief Assurance Officer	Ms Eileen Walsh
Divisional Director (NOTSSCaN)	Dr John Westbrook

		12-Apr-18	26-Apr-18	10-May-18	24-May-18	08-Jun-18	14-Jun-18	28-Jun-18	12-Jul-18	26-Jul-18	09-Aug-18	23-Aug-18	13-Sep-18	27-Sep-18	18-Oct-18	08-Nov-18	22-Nov-18	10-Jan-19	24-Jan-19	14-Feb-19	28-Feb-19	14-Mar-19	28-Mar-18
Chief Executive (Chair)	Dr Bruno Holthof	✓	✓	✓	X	✓	X	X	✓	X	X	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	X	X
Head of Communications	Mr Matt Akid	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	X	✓	✓	✓
Medical Director (until Sep 2018)	Dr Tony Berendt																						
Acting Medical Director (Sept 18 - Jan 19)	Dr Clare Dollery	✓	X	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	X
Chief Medical Officer (commencing Jan 19)	Professor Meghana Pandit																						
Director of Clinical Services	Mr Paul Brennan																						
Acting Chief Operating Officer (from May 2018)	Ms Sara Randall	X	X	✓	X	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Deputy Medical Director	Dr Clare Dollery	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	X	✓	X	✓	✓
Chief Finance Officer	Mr Jason Dorsett	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Director of Improvement and Culture	Mr John Drew	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chief Nursing Officer	Ms Sam Foster	✓	✓	X	✓	X	✓	✓	X	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	X	X	X	X
Director of Strategy	Ms Kathy Hall													✓	X	X	✓	X	✓	✓	✓	✓	✓
Divisional Director (S&O) (SUWON)	Professor Freddie Hamdy	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
Divisional Director (C&W)	Professor Stephen Kennedy	✓																					
Chief Information and Digital Officer	Mr Peter Knight	✓	✓	✓	✓	✓	X	X	✓	✓	X	✓											
Interim Director of Workforce (until Sep 2018)	Ms Liz O'Hara													X	X	X	X	X	✓	✓	✓	✓	✓
Interim Director of Workforce (from Jan 2019)	Mr Bernard Scully																						
Head of Corporate Governance (until Aug 2018)	Ms Susan Polywka																						
Interim Head of Corporate Governance (Aug 2018 - Nov 2018)	Mr Chipo Kazoka	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	X	✓	✓	✓	✓	✓	✓	✓	✓	X
Interim Head of Corporate Governance (from Feb 2018)	Mr Chux Ebenezer																						
Divisional Director (MRC)	Dr James Price	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Interim Division Director (Apr 2018 - May 2018)	Dr Clare Dollery																						
Divisional Director (CSS)	Mr Chandi Ratnatunga	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓
Head of Medical Sciences Division	Professor Gavin Screaton	✓	X	X	✓	X	X	X	X	✓	✓	X											
Chief Assurance Officer	Ms Eileen Walsh	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	✓	✓	✓	X	✓	✓
Divisional Director (NOTSS) (NOTSSCan)	Dr Jon Westbrook	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Key
 ✓ In attendance (or represented by deputy) ✖ Not in attendance Not in Post