

EXTRA-ORDINARY BOARD OF DIRECTORS (PRIVATE)
MINUTES OF THE MEETING HELD ON THURSDAY,
13TH APRIL 2017 at 9.30AM
BOARDROOM
SPC/CER FINAL

		Attendance	
Chairman	Sir D Nichol	<input checked="" type="checkbox"/>	
Non Executive Director	Mr A Higgins	<input checked="" type="checkbox"/>	
Non Executive Director	Mr J Wilkie	<input checked="" type="checkbox"/>	
Non Executive Director	Mr E Oliver	<input checked="" type="checkbox"/>	
Non Executive Director	Mrs R Hopwood	<input checked="" type="checkbox"/>	
Non Executive Director	Ms R Fallon	<input checked="" type="checkbox"/>	
Chief Executive	Mr T Chambers	<input checked="" type="checkbox"/>	
Medical Director	Mr I Harvey	<input checked="" type="checkbox"/>	
Interim Chief Finance Officer	Mr S Holden		<input checked="" type="checkbox"/>
Director of Nursing & Quality	Mrs A Kelly	<input checked="" type="checkbox"/>	
Director of People and Organisational Development	Mrs S Hodkinson	<input checked="" type="checkbox"/>	
Director of Corporate & Legal Services	Mr S P Cross	<input checked="" type="checkbox"/>	
Director of Operations	Ms L Burnett	<input checked="" type="checkbox"/>	

In attendance:

Mrs C Raggett – Secretary to the Board
 Mr S Medland, Q.C. Exchange Chambers

FORMAL BUSINESS
1. WELCOME AND APOLOGIES

Apologies were received from Mr Holden.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. TO CONSIDER THE CURRENT POSITION WITH REGARD TO THE NEONATAL UNIT

Sir Duncan outlined the starting point where all the Board have been informed at each significant stage and they all know the steps taken and the further important

after the pathology queries this went back to 13 and then 8 after a consultant meeting. As far as they are concerned there were still 8 cases despite what Dr Hawden said. There was another follow up meeting which has led us to where we are now and the delay is partly due to seeking permission from the Coroner to get to the pathologists.

Mr Wilkie asked if we can truthfully argue that there has not been a delay and that it had not been possible to do sooner. Mr Harvey replied there is due process and we have done everything in a reasonable and explicable order but we are beholden to other delays. M Chambers added that an enormous amount of work had been done and the clinicians will not recognise this but still hold the view that we have not taken this seriously.

Sir Duncan stated that the Board needed to decide for ourselves if we feel the work took long, did it answer Dr Hawden's report. The Board has a story to tell and follow through.

Mr Harvey said that was why he met with the consultants with the review to come to one view. Their view doubles the number of cases where there are concerns and they could not define what they felt was a forensic review.

Sir Duncan asked what did Dr Hawden mean, what would it amount to and could it be done without a police investigation. Mr Harvey said that it could mean many things and her view may not satisfy everyone. Mr Harvey is content to speak to Dr Hawden however this may not move us forward as the consultants may not agree. Mr Chambers said that this had been the purpose of the consultant meeting a couple of weeks ago. The Board view is answered up to 4 cases but consultants say 8 cases. There is a view of one or two consultants that there should be a police enquiry with interviews of individuals.

Mr Medland felt it may help to sit down with the consultants and say not ignoring their concerns and that we are going to do this with you as one team. The consultants feel split from the Executive team and sometimes think no one is listening. They also said the hospital has listened but not heard us. There is a need to bring the consultants back to the fold, say here is the action plan and that you want to work with them. We want a sensible way to acknowledge the difficulties. Mr Medland suggested that Dr Hawden be asked what is the forensic review and why the level 2 cases. He would invite the consultants in to the process as this will help them understand that it is not secret or kept away from them. We need to get to a position that there is a bomb proof criteria and actions.

Mr Higgins stated that as a Board there is a need for something bomb proof as quickly as possible rather than this is what we are going to do. In the discussion with Dr Hawden a representative from the consultants could be asked to be involved. Mr Oliver added that this could stop the perception and we need to have a solution to address that.