Countess of Chester Hospital NHS
NHS Foundation Trust

EXTRA-ORDINARY BOARD OF DIRECTORS (PRIVATE)

MINUTES OF THE MEETING HELD ON THURSDAY,
10TH JANUARY 2017 at 11.00AM
TRAINING ROOM 3 & 4
SPC/CER FINAL

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

In attendance:
Mrs C Raggett – Secretary to the Board

FORMAL BUSINESS

1. **WELCOME AND APOLOGIES**

Apologies were received from Mr Higgins.

2. **To review and consider the position with regard to the Neonatal Unit to include the attached Review of Neonatal Services at the Countess of Chester Hospital NHS FT paper from Mr Harvey**

Mr Harvey gave an overview of the paper and stated that the COCH team had highlighted an issue which was an increased mortality rate over a period of time. They had been unable to come to a view despite reviews, however there seemed to be a common link to a member of staff. This had ultimately led to a detailed review by the Royal College of Paediatric and Child Health. The review team made

a number of recommendations although nothing immediate. One recommendation was for an in-depth review to be commissioned. This in-depth review (not yet circulated) says that post mortem results should be reviewed in a small number of babies. This does have implications in terms of inquests. In one of the cases the cause of death is unascertained, which is not uncommon. Alder Hey will undertake a review into the causes of death however he did not feel that this will substantially change the findings. Mr Harvey is loathed by the depths of reviews undertaken to draw a line however we are close to having everything. The case reviews very much reinforce what is in the review, it comes down to issues of leadership, escalation, timely intervention and does not highlight any single individual.

Mr Chambers stated that once we had the final 4 reviews from Alder Hey, we can draw a line under this first part, the review itself. Following the clinicians raising concerns about the increase in mortality, the Board decision was to first commission an independent review by the RCPCH, the second decision was to downgrade the admission criteria to the unit. The unit has been monitored on a daily basis to assess the impact on both our own maternity unit and the wider neonatal network. There was an unsubstantiated explanation that there was a causal link to an individual, this is not the case and the issues were around leadership and timely clinical interventions.

Mr Chambers said that the admission criteria for the unit was changed and there are consequences to the changes around the people. The report highlights leadership, team communications and the implications for the individual. The individual has raised a grievance and the evidence and outcomes from that mean there are actions we need to deliver on. The outcome of the grievance has not been shared as it is felt that it would not be appropriate but there are some things from the grievance that Mrs Hodkinson can outline.

Mrs Kelly gave details of the consequences of changing the admissions criteria to the unit which did put a spotlight on the unit. Mrs Kelly and Ms Burnett were on a daily basis monitoring admissions in and transfers out the unit. Discussions were held with the network in terms of the impact. The staffing levels on the unit are much improved and the activity level has reduced. The staff found the whole process difficult but they felt more in control. The clinical decisions were all monitored. This was all formally reviewed at the weekly execs meeting along with a tracker report. There have been no significant incidents. Any transfers of babies have also been tracked. Work has been undertake with obstetric colleagues in making sure there is the same understanding of transfer from maternity to the neonatal unit internally and also when transferring out.

Ms Burnett stated that when we first started the review, we did intervene a lot and whilst we do still need oversight there is a better relationship with obstetrics and neonates. Discussions continue with the network and they do not feel there is undue pressure on other units, however last week there was level 3 pressure across the region. Work is going to be going on at the network strategically as to