

**EXTRA-ORDINARY BOARD OF DIRECTORS (PRIVATE)**

**MINUTES OF THE MEETING HELD ON THURSDAY,**  
**10<sup>TH</sup> JANUARY 2017 at 11.00AM**  
**TRAINING ROOM 3 & 4**  
**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 Hodgkinson	<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

***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

the standards. We had professional advice so this was appropriate but that he could not then understand why staffing became an issue during the review.

Mrs Hopwood asked about the consultant staffing. Mr Harvey replied that the Royal College has brought in new standards for paediatrics and following the approval of a couple of business cases a 9<sup>th</sup> consultant has just been appointed and interviews are scheduled for a 10<sup>th</sup> consultant, which once filled would fulfil requirements from the College. Trainees will always be an issue as HENW have training posts empty.

Mrs Hopwood said that at QSPEC, we receive a verbal update about vacancies, and a safe staffing 6 monthly report goes to Board for nursing. She asked if there was anything similar for the consultants. Mrs Hodgkinson replied that at the fortnightly Medical Pay Board, vacancies are reviewed, it is also included within the performance report and any issues are highlighted.

Mr Chambers stated that this was a good debate and that in terms of the recommendations and actions going forward we need to reflect on and tighten up on tracking and real-time information.

Mr Chambers stated that there is an important set of consequences for people and for one individual. There is an unsubstantiated claim that the issue was down to one individual's actions and behaviours. We did explore supervised practice for the individual but this was not supported by clinical colleagues. The individual submitted a grievance and has subsequently written a statement of how this has affected her.

Mrs Hodgkinson read out the statement from the individual which was in the individual's own words. Mrs Rees, Head of Nursing – Urgent Care, would also read out this statement to the consultants in the near future.

Mr Chambers and Mrs Kelly have met with the individual and their family. Mr Chambers said that the motivation for the decisions we have made, as we probably knew was a suboptimal decision but was made for the right reasons. The reasons were not motivated by reputational issues, the motivation was safety.

We wanted to make sure no harm to babies and we needed to have the consultant team with us. The consultant team were very strong in their views that this would not be possible if we did not redeploy the individual. The reason we redeployed the individual was that they would have been put in an intolerable position and potentially it could have been a self-fulfilling prophecy of harm to the individual and babies. The Board took the decision in the best interests of the patients, staff and the individual. Where Mr Chambers felt it went wrong was that we were not as honest with the individual as we could have been. Mrs Kelly had agonised over this as well, we were not transparent in the first instance as we were trying to protect the individual in some ways, as our feelings were that if we

have done differently.

Sir Duncan stated that the Board is comfortable with the process and notes there are lessons to be learnt. The Trust will seek to implement the recommendations from the review. There is the issue of communication of the report. There is no requirement to go above a level 2 unit at this stage, as that decision lies outside the Trust with the network and would require investment. There is a need to engage with the consultants and the individual's return.

Mrs Hopwood asked are we having formal communications with the individual to say that we have reflected as a Board and we stand by our decision but acknowledge we could have managed this differently.

Mr Chambers replied that the individual's family want assurance that the bad behaviour by the consultants will be dealt with and any re-occurrence would be dealt with. We have given that commitment and will support the individual back to the unit. The individual is not looking for any further redress and the grievance exonerates her.

Mrs Hopwood asked where the individual's statement would be going. Mrs Hodgkinson replied that it was being shared with the doctors.

Mr Wilkie asked if the consultants accept the recommendations from the report. Mr Harvey stated that the draft report had been shared in a controlled way with Dr Brearey and Dr Jayaram for comments. The areas that need to be brought together are the feedback from the review and the recommendations from the grievance. We need to be clear on the message from the board and also the consequences for stepping over the line.

Sir Duncan stated that in terms of communications the public need to know that we did this for the right reasons, we have issues around the 2 reports, we need to handle the communications carefully. We did talk about leadership, escalation and staffing levels at peak times, there is no single cause and no collective issue. The words are really important and people will choose what to believe. The Trust will be making a statement once we have met with the consultants.

Mrs Hopwood asked that there are assurances that the report will not be leaked to the press by the consultants. Mr Chambers replied that this would form part of the conversation with consultants where we will be very clear about the expectations.

Mr Wilkie asked if the issues around behaviours was accurate. Mrs Kelly replied that it was accurate. Mr Chambers added that there was a lot of substantiation around the behaviours.

Sir Duncan stated that the Board accepted the report and support the implementation subject to the strategic review, supported the individual going

back on the unit and that the admission criteria should not be changed.

Sir Duncan suggested that a further meeting be held once these actions are completed and that the Board spend some time considering the communications statement before it is released. He stated that the Board can also revisit the strategic decision regarding the level of the unit.

Mrs Hopwood stated that the assurance she has gained is that as a Board we will approach the strategic discussions from the best interests of patients and the local area.

Unapproved