

**CORPORATE DIRECTORS' GROUP
ACTION NOTES OF THE MEETING HELD ON WEDNESDAY 27TH JANUARY
2016**

		Attendance	
Chief Executive	Mr T Chambers	✓	
Deputy Chief Executive	Mr M Brandreth	✓	
Medical Director	Mr I Harvey	✓	
Director of Nursing & Quality	Mrs A Kelly	✓	
Director of HR and OD	Mrs S Hodgkinson	✓	
Director of Corporate & Legal Affairs	Mr S P Cross		Apologies
Interim Director of Operations	Ms L Burnett	✓	
Interim Divisional Director, Urgent Care	Mrs K Townsend	✓	
Divisional Director, Planned Care	Ms L Fellowes	✓	
Divisional Director, Diagnostics & Pharmacy Services and Estates & Facilities	Mr R Baird	✓	
Director of Pharmacy	Dr C Green	✓	
Associate Director Performance & Planning	Mr I Bett	✓	
Consultant Radiology and Divisional Medical Director, Radiology	Dr A Rehman		Apologies
Divisional Medical Director, Urgent Care	Dr M Sedgwick	✓	
Divisional Medical Director, Planned Care	Mr D Semple	✓	
Chair Medical Staffing Committee / Consultant Anaesthetist	Mr P Jameson	✓	
Director Commercial Procurement Services	Mr A O'Connor	✓	Sue Donaldson
Deputy Chief Finance Officer	Mrs J Birch	✓	
Deputy Director of Nursing	Mrs S Williams	✓	
Director of IM&T	Mr J Glover	✓	Rob Howorth
Assitant Director of Commercial Planning	Mrs K Robinson	✓	
Deputy Director of Human Resources	Mrs D Appleton-Cairns	✓	
Head of Communication & Engagement	Mrs G Galt	✓	
Acting Head of Risk & Patient Safety	Mrs R Millward	✓	
Chair Staff Side	Miss H Cooper	✓	
Head of Nursing – Planned Care	Mrs C Healey	✓	
Head of Nursing – Urgent Care	Mrs K Rees	✓	
Head of Nursing – Maternity Services	Mrs J Fogarty	✓	
Assistant Director of Planning & Finance	Mr S Bridge	✓	
Joint Therapies Lead – CWP & CoCH	Mrs A Swanton		Apologies
Head of Development Programme	Mr K Eccles	✓	
Head of Learning & Development	Mrs L Walker		Apologies
PA to Director of Operations and Planning – Action Notes	Mrs C Jones	✓	

		<u>ACTION</u>
	<p>look at this with regards to the capital programme. The proposal was approved.</p>	
8.	<p><u>PAEDIATRICS BUSINESS CASE</u></p>	
	<p><u>Dr Ravi Jayaram and Gill Mort in attendance</u></p> <p>RJ noted that the department was not currently compliant with a set of standards called 'Facing the Future' and there are ten standards and they were not compliant with three of them due to existing PAs. The department was also not compliant with Paediatric Diabetes best practice tariff which I&S to the Trust; the Trust could lose this if it continues to be non-compliant. RJ detailed the changes that were needed to the group to become compliant. The CCG had been helpful to the Trust giving a specialist tariff and they might pull this if it is not addressed. GM added that there had been five Paediatric Diabetes cases diagnosed in the last month and if these are not managed they will become an issue moving into the adult service impacting on this service.</p> <div style="text-align: center; border: 1px dashed black; padding: 10px; margin: 10px 0;"> <h1 style="margin: 0;">I&S</h1> </div> <p style="text-align: center;">I&S RJ noted that two consultants were needed and that it was not known if the 'Facing the Future' standards would become mandated.</p> <p>TC noted that the recommendation from the team was option 3 which had been through investment board processes. There are clear financial risks and quality risks if this is not approved. CG asked if the impact of employing more consultants on support services such as radiology had been considered as this adds to the work load of these areas. RJ did not anticipate an increase in workload to supporting services. TC noted that this was a fair point from CG and supporting services needed to make their case as RJ has if this was happening. CG continued that there were more of these cases around the Trust that will come to this group and asked how the Trust was prioritising them. GM noted that the QFWG felt that this should be approved. PJ felt the paediatric service was almost at breaking point and needed support before it hits the point of burn out. AK noted that in the next financial year the Trust needed to set up a process to review business cases across the Trust at clinical risk priority and not in silo.</p> <p>TC noted I&S that this business case hits all the Trust safe, kind and effective scores. TC felt the Trust was getting better at joining business cases up across the Trust year on year. The business case was approved to appoint two consultants. RJ confirmed that the market was currently good to be able to appoint to these posts.</p>	