



WMPI Governing Board Minutes

of meeting held on
Wednesday 10 September 2008

Present:

Paul Jennings, Chief Executive, Walsall PCT (Acting Chair)	PJ
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
Neal Long, Director, SANDS	NL
Pat McGeown – Business Manager, Perinatal Institute	PMcG
Mick O'Donnell (on behalf of Karen Helliwell)	MOD
Dr Giri Rajaratnam, Director of Public Health, SOTPCT	GR
Karen Saunders, Govt Office (on behalf of Rashmi Shukla)	KS
Dr Peter Thompson, Medical Director, BWH (on behalf of Julie Burgess)	PT
Claire Hallahan – Perinatal Institute (Minutes)	

Apologies:

Dr Sandy Bradbrook – Chief Executive, HoBtPCT (Chair)	SB
Dr Mike Browne, Medical Director, Walsall Hospital Trust	MB
Julie Burgess, Chief Executive, BWH	JB
Karen Helliwell, Director of WMSSA	KH
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA	RS
Dr Andy Spencer, Neonatal Network	AS
Prof Louise Wallace, Coventry Univ. – Health Services Research	LW

1. Welcome and Apologies

PJ deputised in SB's absence, welcomed members and apologies were noted.

2. Minutes of the last meeting

The minutes of the last meeting were agreed as a true record.

3. Action Points / Matters Arising

Smoking in Pregnancy

JOG invited Paul Hooper. He was not available for this meeting but hopes to be able to attend next time.

4. Projects Update

4.1 Maternal social risk assessment

Work has been done in Birmingham, Stoke and Coventry to improve the information which is being collected. Findings will be incorporated into the Pregnancy Notes and will include mental health, domestic violence and asylum seekers. There is a Pregnancy Notes review meeting on 15th October to discuss changes with regional and national users.

4.2 Fetal growth surveillance training

A specialist midwife has been appointed to assist with the training and will in due course offer local workshops in addition to the rolling programme at WMPI. Although uptake has been good, only midwives have been accredited to date and JOG would like to find ways to deliver the training also to medical staff. PT suggested incorporating a shortened version of

the training into the induction programmes and the postgraduate training programme. GR suggested we should make a formal approach and ask the PCTs how they will incorporate the training. PJ said it could be included in the Acute contract. JOG said he will also explore further incorporating training within existing medical programmes. GR asked for a table at the next meeting to see how many people have been trained by unit.

ACTION: JOG/PMcG

4.3 Ultrasound (Workforce, Standards)

WMPI has undertaken a survey in association with the Regional Ultrasound Group (RUG) which confirms acute shortages. As a result of these shortages, service providers currently provide an inequitable service dependent upon capacity rather than need. The Regional Ultrasound Group (RUG) has developed a Best Practice standard regarding fetal surveillance in high risk pregnancy. However because of the shortages this standard is currently unachievable. PJ suggested that a date should be set to achieve this standard.

WMPI, RUG and the Deanery have developed a joint proposal to train radiographers and medical staff. The 300k project has been agreed in principle by the Workforce Deanery and will include training for 18 additional sonographers over 3 years.

The focus now is to ensure that PCTs fund additional posts. There will be a consultative meeting on 29th October for commissioners, public health and clinicians, to highlight these issues and raise the importance of increased resources .

4.4 1st Trimester Down's Screening

JOG reported that, based on NSC recommendation, Rowena Clayton at GO is pressing on with the implementation of 'combined' first trimester screening for Down's, and has called a meeting on 14 October to discuss the various steps needed. The combined test requires nuchal translucency scans for the whole of the screened population. The NSC guidance ignores the successful pilot WMPI conducted at Stafford, which confirmed that contingency screening can achieve results which are at least as good or better than the combined test, while requiring nuchal scans for only about a fifth of the screened population. Stafford PCT and clinicians were happy with this model and have continued with it since the completion of the pilot last year. JOG added that he has written to Ann Mackie to ask for clarification of the timeline, as there were serious concerns within RUG about the added drain on already insufficient scanning resources.

Board members echoed these concerns as they appeared to be in conflict with the push to address avoidable deaths associated with insufficient growth scans in the third trimester. PJ said the changes need to be introduced in a measured way which is affordable for the service. GR suggested that an analysis would be helpful for PCTs and commissioners to look at the respective advantages and risks of the various conflicting priorities for ultrasound services in pregnancy. JOG and PT agreed to put together and circulate such a document.

ACTION JOG & PT

4.5 Investing for Health

Data Collection

Data collection will start in January and will incorporate the assessment of social risk factors. It will be piloted in Stoke and Walsall in November. The pilot will assess feasibility and validity of the dataset and data capture system only. Clerks will be employed in November/December and after training will start data collection in January. First report with 3 month data is planned for April . The reports will go to PCTs and maternity units.

Maternity Systems and the National Programme for IT

SB and JOG met with Carole Clark, a director of CfH, to make her aware of the data initiatives in the West Midlands and the willingness to assist CfH with the development and

testing of a standard dataset and specification for interim maternity systems. A proposal was developed on how the WM can assist. There has also been a meeting with project managers from the Information Centre who are tasked to test the feasibility of data collection, and collaborative work is planned.

Confidential Enquiries

These are in progress for Birmingham and Stoke; with Coventry to commence shortly. Feedback will be available to individual units. The pre-viable report will be available soon. A regional confidential enquiry into intrapartum deaths is to commence in January 2009.

Child Death Reviews

A proposal to undertake a confidential enquiry into neonatal deaths <34 weeks excluding anomalies has been accepted in principle by the LSCB network but funding needs to be secured as central funding had not been earmarked. PMcG agreed to do an additional paper on the benefits of a CE for the Regional Improvement & Efficiency Partnership (RIEP). PJ will bring this matter up at the IfH Board and KS will contact Helen Hipkiss to enquire about funding.

5. Data / IT / MANNERS

5.1. MANNERS Neonatal

Some concerns have emerged about the Badger system as permissions were not in place to handle identifiable patient data. WMPI is waiting until this matter is addressed before downloading data for the National Neonatal data project

5.1 Proposal for regional data sharing

Dr John Middleton (DPH, Sandwell PCT) wrote to propose that identifiable data should be reported by unit as well as PCT boundaries to allow better planning and commissioning. The proposal was since discussed and supported by DsPH. The Board agreed the proposal and suggested that Acute Trusts should refer to their commissioning PCTs if they are unhappy with identifying unit based data. JOG offered to write to JB to ask that CEs of Acute Trusts should be made aware of the new policy.

ACTION JOG

5.3 Information Governance

WMPI are currently undertaking an information governance assessment and have circulated a summary note concerning the data which it is currently collecting in response to the various remits it has received over the years. The Board agreed with the remit. WMPI have also compared its and its host's data processing protocols and have found that it was compliant. This will be confirmed as a formal statement by David Melbourne from HOBtPCT.

An approach was made by Richard Congdon, CE of CEMACH, to WMSCT, to check the protocols based on which WMPI collects data for CEMACH. MOD stated that this illustrated the need to be up to date with Information Governance. He together with KH, JOG and PMCG have drafted a reply, outlining the WM position.

6. Financial Report

A budget forecast was tabled which showed the budget essentially balanced, with a slight underspend. However Board members were concerned that underspend in one budget was used to balance an overspend in the core funding stream for which year on year increments had been frozen. The Board asked for a Year to Date report for the next meeting.

ACTION PMcG

PJ stated that the lack of progress on the still pending WMPI review by WMSCT was a concern and asked whether this could not be expedited through a FESC (Framework for procuring External Support for Commissioners) MOD confirmed that this was a possibility and he would look into arranging this as part of the review process.

ACTION MOD

7. Any Other Business

GR made the Board aware that there is a Conference on reducing Infant mortality arranged for the 3rd December by WELCOM (West Midlands Ethnic Minority Liaison Committee) in association with WMPI. The conference will focus on the needs of ethnic minorities.

8. Date & time of next meetings

12 th November 2008	10:00-11:30 (please note early finish time)
18 th February 2009	10:00-12:30
13 th May 2009	10:00-12:30
9 th September 2009	10:00-12:30
11 th November 2009	10:00-12:30