



# WMPI Governing Board Minutes of meeting held on Wednesday 14 May 2008

---

## **Present:**

Dr Sandy Bradbrook – Chief Executive, HoBtPCT (Chair)	SB
Dr Mike Browne, Medical Director, Walsall Hospital Trust	MB
Julie Burgess, Chief Executive, BWH	JB
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
Paul Jennings, Chief Executive, Walsall PCT	PJ
Karen Helliwell, Director of WMSSA	KH
Neal Long, Director, SANDS	NL
Pat McGeown – Business Manager, Perinatal Institute	PMcG
Dr Giri Rajaratnam, Director of Public Health, SOTPCT	GR
Karen Saunders, Govt Office (on behalf of Rashmi Shukla)	KS
Claire Hallahan – Perinatal Institute (Minutes)	

## **Apologies:**

Dr Harry Gee, Medical Director, BWH	HG
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA	RS
Prof Louise Wallace, Coventry Univ. – Health Services Research	LW

---

### **1. Welcome and Apologies**

The chair 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**

#### Government Office Representation

SB has agreed with RS that KS will be a formal representative for the Govt Office at the Governing Board meetings.

#### Neonatal Network Representation

Andy Spencer (AS), Clinical Lead for Staffordshire, Shropshire and the Black Country Neonatal Network has confirmed that he will attend the meetings on behalf of the three neonatal networks.

#### WMPI Review

KH will focus on finance and governance. The TORs have been amended to reflect changes over the last 9 months and the NHS priorities, with a draft to be circulated.

#### Smoking in Pregnancy

JOG has been invited to a Tobacco Control Meeting where he will speak about the importance of collecting smoking data. JOG feels a Smoking Cessation in Pregnancy register would be beneficial.

#### **4. Projects Update**

##### **4.1 B&BC RPM Feedback to Units**

The results have now been fed back to all but one unit (New Cross). The units have agreed to produce action plans and these will be forwarded to commissioners.

##### **4.2 GROW Accreditation training, responses from units**

SB has sent a letter to reinforce and most units have responded. Some request local training but currently WMPI does not have the resources to provide local training. Furthermore, local training has not always been well attended due to conflicting priorities. Feedback from those who have attended centralised training has been very positive and has included the benefits of midwives training with staff from other units. SB agreed that units would need to guarantee numbers if local training was provided. It was agreed that any future correspondence relating to units would be copied to the PCT Chief Executives.

##### **4.3 Ultrasound resources**

It has been identified that the region needs improved protocols and increased resources to deliver a quality service. The Regional Ultrasound Group (RUG) are developing an optimum standards for high risk pregnancies. There is however, a shortage of ultrasound sonographers. There needs to be an injection of funding for radiographers to help fill the gap. It was felt that it may be more beneficial to spread the training across a number of different roles. PJ suggested that this is raised formally with the chair of the Workforce Board, Peter Blythin. JOG to draft a letter on behalf of SB to outline concerns.

**ACTION: JOG**

##### **4.4 Diabetes**

The Diabetes in Pregnancy Advisory Group (DiPAG) has developed standardised guidelines and Notes. The Diabetes Notes have successfully been piloted in 5 units, feedback was good and revisions have been made. A forum will be held on 25<sup>th</sup> June to launch the notes and the guidelines. All units within the region will receive one year's free supply.

#### **5. Confidential enquiry on pre-viable early neonatal deaths**

A panel of professionals reviewed 25 cases from Birmingham and Stoke on Trent of babies that were delivered at less than 23 weeks gestation and showed signs of life but subsequently died. The panel was held in response to the high number of pre-viable deliveries that are being registered as a live birth. A majority of women had either a medical or social risk factor at booking. The report will be completed and circulated in autumn.

#### **6. Update on SHA Strategy "Investing for Health"**

The Project Board met last week. The importance of the work that WMPI does was acknowledged at the meeting. Funding has been requested for the additional work that WMPI is doing for the IfH project. SB said that this highlights the evolving process of WMPI.

LIGs are to be set up to mainstream initiatives. PJ said this will help to monitor the work done and non performing LIGs should be held accountable. SB said that good commissioning was needed to make things happen and include expectations, outcomes and performance monitoring.

##### **6.1 Confidential Enquiries**

It has been agreed that the focus of the regional enquiry will be intrapartum related deaths.

##### **6.2 Data collection**

WMPI has agreement and funding for a core database to be collected by every unit in the region for a year. JOG hopes that analysis and feedback on the data will encourage the PCTs to continue to fund the data collection. There will be one data clerk per unit for every 3000 deliveries. The data will support quality indicators which will be used for SHA traffic light reporting. A document with definitions and rationale for the 5 agreed Key Performance Indicators will be updated.

**ACTION: KS/PMcG**

#### **6.4 Planned meeting and agenda with CfH**

SB invited the Governing Board members to attend the meeting on 11<sup>th</sup> June which he is chairing. The meeting will address issues around developments in CfH and maternity datasets and the use of 'Evolution' in the region. It aims to address and influence clinical and commissioning perspectives. The meeting will decide how best to move forward and has got clinicians from different units on board and SB will arrange a commissioning representative. JB offered to be another acute CE representative.

#### **7. MANNERS – Neonatal**

JOG informed the Board that a number of WM units are considering joining the neonatal data collection application offered by Clevermed (Badger) which has become established in a number of regions and is being used for collection of the national core dataset. Regardless of the system used, WMPI will continue collecting the data for regional and network based reports. Potential adverse effects for staff are limited as MANNERS maternity is continued to be used for ongoing and new projects. One post (neonatal project manager) may be at risk but the incumbent is intending to return to clinical work anyway and will be replaced by a part time appointment.

#### **8. Any Other Business**

##### **8.1. Birmingham Women's - Membership**

JB informed the group that Peter Thompson replaces Harry Gee as the new Medical Director for Birmingham Womens Hospital and will deputise for JB in her absence.

##### **8.2. Future Meeting Dates**

SB asked PMcG to liaise with Gillian Synnott to arrange meeting dates in 2009 so that the Board can put them in their diaries.

**ACTION PMcG**

##### **8.3 Financial Report**

SB requested a financial report and plan for 2009/2010, to be discussed at the next meeting

**ACTION JOG/PMcG**

#### **9. Date & time of next meetings**

10 <sup>th</sup> September 2008	10:00-12:30
12 <sup>th</sup> November 2008	10:00-12:30