



WMPI Governing Board

Wednesday 14 February 2007

Minutes

Present:

Dr Sandy Bradbrook – Chief Executive, HoBtPCT	(Chair)	SB
Maxine Aldridge – African Caribbean Millennium Centre		MA
Mr Mike Browne, Medical Director, Walsall Hospital Trust		MB
Julie Burgess, Chief Executive, BWH		JB
Prof Jason O Gardosi, Director, Perinatal Institute		JOG
Karen Helliwell, Director of WMSSA		KH
Paul Jennings, Chief Executive Walsall PCT		PJ
Pat McGeown - Business Manager, Perinatal Institute		PMcG
Dr Giri Rajaratnam, Director of Public Health, SOTPCT		GR
Prof Louise Wallace, Coventry University - Health Services Research		LW
Amanda Harrison - Perinatal Institute (Minutes)		

Apologies:

Neal Long - Director, SANDS
Paulette Myers – Associate Medical Director, WMSHA
Joshna Patti – Asian Women’s Foundation
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA

1. Welcome and Apologies

SB welcomed members; introductions were made and apologies noted.

2. Minutes of the last Meeting

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

3. Matters Arising

3.1 Terms of Reference

The revised TORs were agreed. SB commented that as the amendments to the TORs are relatively minor they would not need to be re-endorsed by the PCT CE’s.

3.2 Budget Summary

PMcG tabled the end of year forecast financial position for WMPI. This had been prepared with the assistance of a financial accountant from HOB tPCT and forecasts financial balance across budgets. PMcG advised that it had been difficult to produce the budget statement as final accounts from NHS West Midlands were still awaited.

3.3 JOG explained that the Regional Levies Board budgets overspend was due to no annual increase to cover Agenda for Change increments or cost of living rises in this financial year. Some of the overspend had been off-set by income generation and reduction in staffing hours. However it was recognised that WMPI may need to look at additional income generation and cost savings if the RLB funding is insufficient to cover outgoings. PJ commented that if future RLB funding is insufficient then WMPIs remit should be less. There was general agreement that the Institutes financial

management appears to be sound. It was recommended that there needs to be a focus on attracting new business.

3.4 *Update re Regional Perinatal Screening Team*

Despite various efforts made by the Institute since the last meeting, no progress has been made in securing continued funding from the national Screening Committee. Redundancy notices have been issued and relevant staff have been placed 'at risk'.

3.5 SB advised that this issue was raised at the last PCT CE meeting. There was endorsement for the continuation of the regional programme but funding if needed would need to be found from within 'the current envelope'

3.6 The Board supported the continuation of the programme and various options were discussed:

- Find short-term funding within existing budgets
- Seek bridging funds from NSC for one year to allow time to put business case to WMs PCTs
- Fund from within all existing WMPI projects budgets rationalising staffing and resources. This would require an urgent review of WMPI funds. JOG stressed his concern that funds are very much pre-allocated to existing projects.

3.7 It was agreed that WMPI would extend the teams' contracts for one month whilst efforts to secure external funding would continue.

ACTION JOG/PMcG

3.8 KH agreed to co-ordinate a review of WMPI's capacity to examine the possibility of assimilating the cost of continuing the screening team within existing funding.

ACTION KH

3.9 *Plans for the re-launch event*

It was agreed that this should be put on hold until completion of the review. However, it was acknowledged that the event needed to be carefully planned and delegates targeted. Core strategic objectives should be developed around reducing perinatal mortality particularly for targeted areas.

ACTION SB

4. B&BC Reducing Perinatal Mortality – Interim Report (Appendix 3; www.pi.nhs.uk/rpnm)

4.1 JOG summarised the findings and highlighted the need for regional roll out as issues of inequality apply similarly to areas outside the B&BC. Because of the preliminary work, this could be achieved relatively easily with appropriate senior support and modest funding for data clerks.

4.2 The report was well received. LW commented that there are some valuable points in chapter 3. She suggested that the information regarding service re-design models be disseminated.

4.3 The DoH Health Inequalities Unit Executive Summary from the latest report was tabled (**Appendix 4**). JOG explained how it highlights the increase in the 'gap' of service provision in areas of high deprivation, however, offers little in the way of solution. Greater emphasis is required to ensure that key messages are driven home.

4.4 PJ praised the work already undertaken by the LIGs on the BBC project. Variants have been highlighted and steps taken to find ways to re-shape the service. Conversations with RS have confirmed that she sees this as a good piece of groundwork and platform to move forward across the board. Overall this has been good value for money. GR agreed with PJ's comments and suggested that the DoH document should be used to strengthen delivery. There is a need to get together the right people to debate carefully and identify what the future service should look like.

- 4.5 MB commented that the PI work already undertaken has been excellent. There is now a need to push to get interventions in place on the ground, with clear targeted actions to drive forward to obtain positive results.
- 4.6 LW stated she believed there are existing examples of what does work, including service re-design. These should be highlighted as examples of good practice to encourage people to engage and come on board.
- 4.7 JOG thanked the group for their positive comments. He suggested that it would make sense to role the project out across the W Midlands. Much work still needed to be done in terms of raising awareness. For example the DoH report on Infant Mortality makes virtually no reference to the ante-natal period and stillbirth. If the group were to initiate a 'launch' meeting the key priority would be to raise awareness.
- 4.8 SB emphasised that as a Board the group need to recognise how they can support and use their influence from a performance management objective to look at what is already happening within the PCTs and then support implementation of strategic objectives. MB stressed that a clear idea would be required as to what message is to be delivered. JB re-emphasised the need to engage Acute Trusts as well as PCTs.
- 4.9 In general discussion it was felt that the Board's role was not as a driving body as it doesn't hold direct authority, but it could certainly use its position to influence. What is required is a combined effort to bring about good practice, and to ascertain how WMPI can instigate and be part of this process.
- 4.10 The group felt that a targeted approach on WM areas with high mortality may return better results. PMcG commented that those areas with greater problems are now starting to make contact but there are still areas that do not recognise or acknowledge the problem. It was agreed that the Chair should write to the relevant network of groups/individuals.

ACTION SB

5. WM Diabetes in Pregnancy – Progress Report (Appendix 5)

JOG advised that the latest report is currently been compiled. He commented that some important messages and recommendations are included. However, as the CEMACH Report is due imminently, the decision has been made to postpone publication until after the national report has been published. The Institute is also planning to set up a regional Diabetes Advisory Group to help with the implementation of recommendations.

6. RLB – Review of WMPI & Business Plan for 2007/8

- 6.1 The format and membership for the WMPI review have not yet been agreed. There had been a draft Terms of Reference produced a year or two ago but the review has not yet been undertaken. SB will liaise with Jon Crockett from the RLB to advise that the review led by KH could also fulfil the RLBs requirements.

ACTION SB

- 6.2 JOG asked for clarification about the minutes from the PCT CE meeting concerning the screening funding shortfall and whether the expectation was to cover this from other WMPI funding. SB advised that despite efforts from RS presenting a viable case with the prepared paper on screening, there was no indication that additional funds could be made available.
- 6.3 JB expressed concern that removal of the screening service would have an immediate knock on effect clinically, including putting staff 'at risk'. MB stated that it would be useful to highlight the costs for PCTs if this service was ceased.

6.4 SB agreed that this issue needs to be re-presented at the next PCT CE's meeting (26 February 07) with a view that a proposition is made to bide some time. JB asked that Acute Trust CE's be advised also as cessation of this service will have ultimate implications on Maternity Services.

ACTION SB

6.5 SB called for a project group to get together within the next week to undertake the review. He asked KH to co-ordinate and other members to include GR, MB, and the RLB accountant, Claire Stevens and clinical representation (tba by JB).

ACTION KH

6.6 SB explained that the review would need to be approached from a clinical and financial viewpoint. He asked GR and MB to develop TOR for the review, including examining programmes of activity, the costs in relation to income and relevant benefits.

ACTION GR & MB

6.7 SB asked PMcG to review next year's budget (excl. NRF monies) to ascertain whether there is any flexibility to squeeze funds and to buy some time.

ACTION PMcG

6.8 PMcG was asked to draft a business plan based around the current annual report and budget. Draft to be presented at next meeting.

ACTION PMcG

7. AOB

JB advised of two national maternity reviews currently underway – Healthcare Commissions review of services and the Kings Fund Inquiry focusing on safety in maternity services.

8. Date & time of next meetings

16th May 2007

12th September 2007

14th November 2007