



WMPI Governing Board

Wednesday 14 November 2007

Minutes

Present:

Paul Jennings, Chief Executive Walsall PCT (Acting Chair)	PJ
Dr Harry Gee, Medical Director, BWH	HG
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
Neal Long, Director, SANDS	NL
Pat McGeown - Business Manager, Perinatal Institute	PMcG
Prof Louise Wallace, Coventry Univ. - Health Services Research	LW
Claire Hallahan - Perinatal Institute (Minutes)	

Apologies:

Dr Sandy Bradbrook – Chief Executive, HoBtPCT (Chair)	SB
Mr Mike Browne, Medical Director, Walsall Hospital Trust	MB
Julie Burgess, Chief Executive, BWH	JB
Karen Helliwell, Director of WMSSA	KH
Dr Giri Rajaratnam, Director of Public Health, SOTPCT	GR
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA	RS

1. Welcome and Apologies

PJ deputised as chair in SBs absence, welcomed members and noted apologies

2. Minutes of the last meeting

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

3. Action Points / Matters Arising

SB sent letters to Joshna Pattni and Maxine Aldridge to see if they would like to continue their membership with this group, so far there has been no response. PJ suggested that as they have not attended the last three meetings SB sends a letter thanking them for their contribution and new members should be sought. No alternative user representation has been identified, although it was pointed out that SANDS was a well represented user organisation. The Neonatal Networks had expressed an interest in joining the group and will be invited to a future meeting to discuss what they would contribute, before a decision is made about membership.

GR has emailed RS about WMPI representation at DsPHs meetings but so far has not had a response.

4. WM Perinatal & Infant Mortality Inequalities Strategy

The document previously discussed had been taken to the PCT CE's meeting and the Acute Trust CE's meeting. HG confirmed that JB had done this but there was no official response. PJ said it will be incorporated into Investing for Health (IfH), JOG agreed that this will be picked up via IfH.

5. Update on SHA Strategy “Investing for Health”

The West Midlands NHS strategy, Investing for Health is the framework for improving health and health services across the region. One of its stated projects is to work collaboratively across agencies to develop systematic, comprehensive, robust and evidence-based early intervention services to reduce infant and perinatal mortality. It includes core elements of the Reducing Perinatal Mortality project to be rolled out across the region. The initiative is administered by a company called Provex and there is some funding available. In draft the objectives are:

1. Collection and analysis of consistent perinatal data – all units will collect data defined by a common dataset. Consistency is very important and options of how to do this will be reviewed. WMPI will lead the development of the dataset and the monitoring and analysis of the data. The CBSA will support the units and manage the data collection and the PCTs will ensure that data collection is included in the contract. WMPI will assist with their experience of data collection and lesson learnt from previous data collection projects. JOG emphasised that this needs to be performance managed. Data collection is intended to commence in April. The dataset is currently out for consultation. LW felt it was an ideal opportunity to collect community data. PJ said it is important to link acute data to PCT data.
2. Confidential clinical audit – WMPI has already done this for the BBC units and have recently been commissioned to do new Enquiries in Birmingham and Stoke. The intention is for such Enquiries to be rolled out to the rest of the West Midlands. Resources need to be agreed and it is important that the feedback process works. In his Bulletin last year, the CMO had called for closer attention to intrapartum deaths, and JOG stated that this would be a manageable programme.
3. Personalised service – to establish the views of parents to develop a more personalised service. PJ suggested waiting for the Health Care Commission report to come out and see if we can link in with it.
4. Statistical Review – risk stratification tool for reason for infant and perinatal mortality. It's not been identified how this will be done but JOG mentioned that this work would fit within remit and is do-able once there is good denominator data.
5. Develop best practice guidelines – this will be the most difficult to implement and needs to start with the hardest to reach groups. We are currently applying a blanket policy to everyone and HG said he would like to see local data that highlights groups that need to be managed differently.

PJ will take these thoughts to the first board meeting.

6. Maternity and Newborn Clinical Pathway Review Group

This group is linked to the Darzi Review and is chaired by Fay Baillie. WMPI is represented by JOG. Lord Darzi asked that clinical pathway review groups look at the current system and challenge current care, compare Local to National and International systems and devise new models to improve care. Meetings are expected to continue until March.

7. AOB

Review – KH wrote a summary of the meeting that was held between WMSCG and WMPI. Budgets for 08/09 remain the same. The TORs for the review are still being prepared and PJ emphasised that they need to be finalised.

8. Date & time of next meetings

27 th February 2008	10:00-12:30
14 th May 2008	10:00-12:30
10 th September 2008	10:00-12:30
12 th November 2008	10:00-12:30