



WMPI Governing Board

Wednesday 16 May 2007

Minutes

Present:

Paul Jennings, Chief Executive Walsall PCT (Acting Chair)	PJ
Julie Burgess, Chief Executive, BWH	JB
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
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, Dept of Health (on behalf of Rashmi Shukla)	KS
Prof Louise Wallace, Coventry University - Health Services Research	LW

Claire Hallahan - Perinatal Institute (Minutes)

Apologies:

Dr Sandy Bradbrook – Chief Executive, HoBtPCT	SB
Maxine Aldridge – African Caribbean Millennium Centre	
Mr Mike Browne, Medical Director, Walsall Hospital Trust	
Joshna Patti – Asian Women's Foundation	
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA	

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. Matters Arising

3.1 Screening Funding

Shortly after the last meeting funding was secured and has been extended to 3 years. This has since been confirmed in writing and redundancy notices withdrawn. There will be discussions around how to apply and stabilise the funding, including regional engagement and quality assurance (see 4.b).

All other matters arising were covered in other agenda points.

4. Projects update

JOG gave an update on some current projects within WMPI.

4.a Neonatal.net

The MANNERS.NET (neonatal) application was deployed on 1st April as an upgrade to all units in the West Midlands using MANNERS. Local training is being provided by Institute staff and is ongoing. Further enhancements are being developed and tested at the Perinatal Institute. It will be able to collect episodic data for HRGs and PbR.

4.b Screening

Sharon Hodgkiss (SH), Regional Antenatal Screening Co-ordinator and Glenda Augustine (GA) Regional Coordinator Child Health Screening Programmes were

introduced and gave the Board a brief overview of the regional and national work they are involved with. SH talked about antenatal screening and standardising care. The West Midlands are the only region with a screening co-ordinator in each trust. GA summarised the physical examination of the newborn and blood spot screening programmes. JOG added that co-location of these projects allowed good co-ordination.

4.c RPM

The results of the confidential case review are conclusive after just 7 panels; of the 28 cases assessed, 24 were deemed to be avoidable. The Project Board suggested that the project be terminated to allow early dissemination of results. The findings will be presented at a Perinatal Forum on 20th June. This will be followed by a report to be published and a road-show to individual units where general as well as local findings can be discussed.

5. West Midlands Perinatal & Infant Mortality Inequalities Strategy

RS had suggested that JOG convene a meeting to examine a WM strategy in response to the PSA Infant Mortality / Inequalities review and a number of other national initiatives. The meeting was held on 3 April and included representatives from the SHA (RS), BBC RPM Project (Toni Martin), GO (Rob Willoughby, Karen Saunders) HoB PCT (Jacky Chambers), Stoke (GR) and WMPI (JOG, PMcG) . The group reviewed various documents around inequalities and agreed that elements of the B&BC project should be rolled out to the region, but selectively in the first instance, focussing on areas of greatest need. It was agreed to formulate a short (4 page) draft proposal which would then be taken to the next CE meeting.

It was also decided that the document should be reviewed by the Board for comment. PJ explained that the timescales were tight, and as the draft had been circulated only one or two days before the meeting, time was allocated to read through the document.

LW commented that it was a good document but asked about consanguinity and obesity which had not been included. JOG agreed that obesity needs to be included and explained that consanguinity being addressed in the Bham NRF project but was perhaps less relevant in the rest of the region.

LW also felt that there should be a strategy for PCTs about what they are doing. JB said that the SHA are producing a framework and we need to ensure it ties in; PJ confirmed that it does. There was concern that PCTs have no consistency with commissioning and the importance around this agenda. KS also highlighted the need to link in with the SHA and Maternity Matters. JB added that the actions are very much needed but Acute Trusts must be involved. GR said that the DPH's met with members of the SHA to look at some of these issues. The Birmingham group have drafted specifications which will focus on deprived areas. The approach fosters partnership working between midwives, health visitors and children's centres from conception to 2 years. KH asked who will oversee and manage to keep it together and whether we have the necessary resources. It was agreed that it would be beneficial for the SHA to lead on both initiatives. KS added that Cynthia Bower is meeting with PCT CE's and children's centre managers in July so this will be good timing. PJ said delivery would be the responsibility of the PCTs and could be co-ordinated by the Board. JOG reiterated the need to keep the document focussed, and to emphasise the main drivers, both nationally and regionally.

Summarising, PJ said that there was an emerging theme of consistency. He suggested that additional references / comments from RS / KS could be incorporated as an Annex. KS agreed to draft and send to JOG for inclusion.

ACTION KS

JOG to make amendments and circulate as draft 5 for comment, then forward final document to SB and PJ for sign off for submission CE meeting.

ACTION JOG

PJ felt that it would be more beneficial for this to be included in the June rather than the May CE meeting so that it can be listed as a proper agenda item. JB felt the

document should also be circulated to the Acute CE's and be discussed at their meeting with PCT representation, as this was a commissioning and delivery issue.

6. Regional Levies Board / WMSCG Review of WMPI

The planned review discussed at last meeting was less urgent as the screening funding has been secured. SB and KH prepared a draft ToR for the review. KH explained that the main purpose is to provide an overview of how the money is spent, and to demonstrate added value. However it was acknowledged that WMPI is unique and hence difficult to benchmark. PJ added that the Regional Levies Board has an uncertain future and projects were passed back to the relevant commissioners. The purpose is to unify and rationalise spending resources. JB suggested that these points will need to be reflected in the TOR. PJ asked KH to re-circulate an amended ToR.

ACTION KH

7. Financial update & Business Plan

PMcG reported a slight end of year underspend as HOB did not charge WMPI hosting fees, however they will be charging an annual fee of £14,000 from 07/08. There is now a contingency fund and a rates refund. JB asked for a forecast for the year ahead. PMcG said there are plans to complete this once we receive confirmation of budgets. KH will go through the budgets as part of the review. PJ asked for the forecast to be circulated.

ACTION PMCG

The Business Plan was written in line with what we anticipate and what may change as a result of the review. JB said that the deliverables needed to be quantified, PJ asked that the plan show project expenditure, and KH suggested to include a business timetable. GR suggested revising the mission statement to reflect current activities in line with the TOR for the Governing Board.

ACTION PMCG

8. Other Business

8.1 JB asked, with reference to point 5, that all papers relevant to the meeting are circulated with sufficient time to read and prepare questions. Assurances were given by the WMPI Team.

8.2 JB raised the question of representation by neonatal networks. There has been previous correspondence about this from SB and PJ suggested that this is discussed at the next meeting.

8.3. GR reported about a query raised at a recent discussion within a DsPH subgroup, as to why WMPI cannot supply back to a PCT their own identifiable data. JOG explained that this concerned ONS data and the unit GR referred to had not signed the confidential agreement required by ONS without which WMPI is unable to release their data. This has since been resolved. GR will feed back to group.

JOG stated that in the past JOG had been invited to occasional Directors of Public Health meetings to report and field questions as they arose. This was a useful line of communication but seemed to have stopped with the reconfigurations. GR agreed to look into this matter.

Action GR

8.4. NL made the Board aware of the 3rd Conference of the International Stillbirth Alliance, which is being co-hosted by SANDS and WMPI in Birmingham in late Sept/Oct 2007. This will be a high profile event attracting many international speakers, and will be a great opportunity for researchers, clinicians and parents to discuss stillbirth and strategies for prevention.

9. Date & time of next meetings

12th September 2007

14th November 2007