



WMPI Governing Board Minutes

of meeting held on
Monday 21st June 2010

Present:

Jacky Chambers – Deputy Chief Executive, HoBtPCT (Chair)	JC
Gail Fortes-Mayer, WM Specialised Commissioning Group	GFM
Paul Jennings, Chief Executive, Walsall PCT	PJ
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
Pat McGeown – Business Manager, Perinatal Institute	PMcG
Steve Peak, Chief Executive, BWH	SP
Dr Khesh Sidhu, WM SHA (on behalf of Rashmi Shukla)	KS
Dr Andy Spencer, Neonatal Network	AS
Annette Williamson, Programme Manager, Perinatal Institute	AW
Claire Hallahan – Perinatal Institute (Minutes)	

Apologies:

Millar Bownass for WMSCG
Dr Mike Browne, Medical Director, Walsall Hospital Trust
Zafar Iqbal, Director Public Health, Stoke PCT
Neal Long, Director, SANDS
Prof Louise Wallace, Coventry Univ. Health Services Research

1. Welcome and Apologies

Jacky Chambers (JC), Deputy Chief Executive of HoBtPCT introduced herself as the new chair after Sandy Bradbrook's retirement. Members were welcomed and apologies were noted.

2. Minutes of last meeting

The minutes were agreed as a true record.

3. Matters Arising / Project Updates

3.1 Investing for Health Project 2C

The KPI Q4 report had been presented at the IfH Board. PJ commended the reports and stated that units are planning to continue with data collection. The annual report showed wide variation in KPI performance across the Region. PMcG confirmed the KPIs will be included in the Quarterly Health Improvement Report.

JOG highlighted that the PEER data collection represents the largest maternity database in England and Wales and now hosts in excess of 50,000 maternity records. The quality of PEER data collection is stringently audited for accuracy and quality via regular assessment of data clerk performance. Units and PCTs have been enabled access to interrogate their data for the most common indicators via data 'wizards'. As a result of the increasing PEER database, WMPI are receiving increasing number of data request which is placing added demand on their workload.

The group acknowledged the work and the good progress being made. AS asked if the report could include the number of unascertained cases and suggested adding confidence intervals. JOG confirmed that this can be added in future reports.

WMPI are currently piloting the use of Digital Pens for community midwives which will lead to the collection of real time data and will ultimately reduce the need for data clerks. (See 3.5)

A combined Projects 2b & 2c Adoption & Spread event is planned for 24th September for commissioners and providers to share project outcomes and recommendations for future service delivery.

3.2 Confidential Enquiries

The Birmingham Safeguarding Children Board (BSCB) has received the confidential enquiry report on neonatal deaths. JC asked if the BSCB minuted any actions as a result of the findings of the report, as there were some significant findings in deficient perinatal and antenatal care. AW to follow up.

ACTION AW

JOG gave a summary of the main findings of the 5 confidential enquiries conducted across the WM:

- The confidential enquiry process now includes an exchange between Units and WMPI of the case summaries/action plans following unit based reviews and those from the confidential enquiry panel. Unit based case reviews show large disparity in methodology, with no standard method being apparent. Furthermore, unit based reviews often miss the main issues which led to the death, probably because of an inability to objectively review clinical practice and systems related issues .
- In response to the findings WMPI have developed a quality assurance framework for consideration by the SHA. This includes the development and implementation of a standardised review process building upon the WMPI Confidential enquiry proforma and the NPSA intrapartum toolkit. The review process will be audited via parallel case reviews conducted by the PI, and outcomes reconciled with the unit based assessment.

AS asked how generalisable the results on the BCSB neonatal confidential enquiry was, considering the sample size. JOG explained that the cohort included all cases according to the pre-defined criteria agreed with the BSCB, which excluded deaths due congenital anomalies and all preterm deaths <34 weeks.

PJ commented that the process is a means of identifying and sharing good practice. JC supported the need for WMPI to work proactively with maternity units and commissioners to develop the reporting and audit process for assessment of all perinatal deaths. SP commented that Trust CEs should be actively discussing and reviewing the findings of the confidential enquiries with their respective commissioners.

3.3 Diabetes in pregnancy

The recently published report “Diabetes in pregnancy: addressing the challenge in the West Midlands” has been circulated. It summarises evidence from WM cohort studies and confidential enquiries, and sets out recommendation for improving the care of expectant mothers with diabetes. A key finding of the enquiry includes the need for pre-conceptual care, particularly within primary care. The report has been circulated to acute trusts and PCTs and will be followed up with a commissioners meeting on 9th July to highlight the findings and future service specification. The Board commended the report.

3.4 Birmingham Community Growth Scanning Project (CoGS)

The pilot has commenced within BENPCT, HOBtPCT and Birmingham Women’s Hospital will follow shortly.

3.5 Maternity notes & Digital Pen pilot

The project will utilise digital pens within in 3 sites across WM. There is growing interest in this project as the use of digipens is viewed as a viable option for the collection of real time data.

3.6 Link up with WMQI

JOG and AW had a positive meeting with Domenico Pegano (Clinical Director, WMQI) and will meet with Richard Wilson to define the working relationship between WMPI and WMQI.

3.7 Clinical Pathway Group & Perinatal Network

WMPI assisted a successful Clinical Pathway Gp event on Obesity in Pregnancy in June, which resulted in clear proposals for improving pathways. Clinical Pathway Leads are currently consulting stakeholders regarding the remit of a WMs Perinatal Network. The Network is to be launched at the 24th September IfH event. PMcG is member of the CPG.

3.8 Collaboration with SHA

SHA Patient Safety Group lead and LSA Midwifery Officer are visiting WMPI to discuss role and responsibility of SHA regarding responses to WMPI reports and publications - 21st June.

4. **WMPI Review & draft PID/TOR**

JOG, PMCG and AW had a number of meetings with Millar Bounass who is conducting the review on behalf of WMSSG. The review is wide ranging and includes structure, activities & finances. Draft report probably expected late summer.

PJ and GFM commented that the current funding streams from the SHA do not reflect WMPI outputs which would be addressed as part of the ongoing review.

JC proposed a meeting with key WMPI GB members to discuss the review, options and next steps. JC suggested that, with the various projects it is running, WMPI ought to provide a clear outline of ongoing activity with RAG ratings. AW agreed to prepare for next meeting

ACTION AW

PMcG asked for clarification regarding this years core funding streams. GFM confirmed that the budget is still 'flat cash' with no inflation costs, and therefore stands at £471k (Maternity Data & GROW) and £ 433k (RLB) for the current year.

5. **WMPI Financial Report**

PMcG tabled WMPI's finance reports which were discussed and approved. She highlighted that income from maternity notes is still being utilised to subsidise WMPI's budget and core activities.

JC asked about performance management via specialised commissioning with WMPI. AW commented that there were no performance meetings and JC requested that there should be quarterly finance/performance meetings between specialised commissioning and WMPI to monitor funding and progress.

ACTION GFM

6. **AOB**

Dr Mike Browne has written to resign from the Board as he is retiring as Medical Director at Manor Hospital. JOG offered to write to him on behalf of the Board to thank him for his valuable contribution.

ACTION JOG

KS is working with Neil Deucher on postnatal depression and felt it would be a good opportunity for WMPI to link in to this work. He will send JOG an introductory mail.

ACTION KS

7. **Date & time of next meeting**

TBC