



WMPI Governing Board

Minutes

of meeting held on

Wednesday 27 February 2008

Present:

Dr Sandy Bradbrook – Chief Executive, HoBtPCT (Chair)	SB
Dr Mike Browne, Medical Director, Walsall Hospital Trust	MB
Dr Harry Gee, Medical Director, BWH	HG
Prof Jason O Gardosi, Director, Perinatal Institute	JOG
Pat McGeown – Business Manager, Perinatal Institute	PMcG
Karen Saunders, Dept of Health (on behalf of Dr Rashmi Shukla)	KS
Prof Louise Wallace, Coventry Univ. – Health Services Research	LW
Claire Hallahan – Perinatal Institute (Minutes)	

Apologies:

Paul Jennings, Chief Executive, Walsall PCT	PJ
Julie Burgess, Chief Executive, BWH	JB
Karen Helliwell, Director of WMSSA	KH
Neal Long, Director, SANDS	NL
Dr Giri Rajaratnam, Director of Public Health, SOTPCT	GR
Dr Rashmi Shukla, Regional RDPH / Medical Director, WMSHA	RS

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

Governing Board Meetings / Membership

SB sent letters to Joshna Pattni (JP) and Maxine Aldridge (MA) who have not attended several meetings. So far only JP has responded to say that due to personal commitments is unable to continue as a representative of the Hindu Women's Network.

SB asked if we should continue with user involvement. LW said we will lose something if we do not have representation from a user organisation. MB feels that they are sometimes out of their depth, but feels it is important to have representation from a hard to reach group such as from the Pakistani community in the Black Country. HG asked if user representation was required for the Governing Board at this level. SB agreed to continue trying to find a suitable replacement. JOG stated that, failing that, we will still have the services of NL who continues to be a committed user representative and has journeyed from London regularly to attend, except today as he was on sick leave.

ACTION SB

JOG presented a chart showing the attendances at the WMPI Governing Board meetings which have dropped sharply since last year. It was agreed that every effort should be made to ensure that attendance levels are high. SB reiterated that the terms of reference ask for members to attend themselves rather than send deputies, and will speak to RS in this regard.

ACTION SB

SB had written to the Neonatal Network to say that he is happy for one person to attend a meeting to talk about what they do and how they can add value to the Governing Board but has so far not had a response from them. SB to forward a copy of the letter to PMcG.

ACTION SB

DsPH

JOG reported from January's Directors of Public Health meeting which he attended to present a summary of the Institute's work on inequalities and infant mortality and answer questions about the Institute's work. He also summarised the proposed regional data collection project which WMPI will be carrying out as part of the Investing for Health project and there was wide support for this initiative. JOG said he was hoping to be invited to these meetings on a regular basis, to enhance the dialogue between WMPI and public health.

WMPI Review

The terms of reference for the review have still not been circulated so SB will follow this up with KH as it's been 9 months.

ACTION SB

4. Financial Update

WMPI are on course for an underspend in the current financial year. This was mainly due to staff vacancies which also had a temporary effect on the launch of neonatal MANNERS. However, this and other projects are back on schedule.

MB congratulated WMPI on improving the finances, as at the beginning of the financial year it looked as if there would be a deficit, and the group agreed with his comment.

5. SHA Investing for Health

5.1. Data Collection

SB reported on forthcoming meetings with NPfIT about Lorenzo and current maternity systems. Lorenzo is way behind schedule and the LSP (Local Service Provider) has been promoting Evolution as an 'interim solution'. It is free but is considered to be out of date. MB said that Evolution does not have clinical functionality. JOG has analysed the problems and has previously written to Richard Grainger and Gordon Hextall at CfH about these problems and SB asked whether he could forward this information to him in advance of his forthcoming meeting.

ACTION JOG

JOG said that the Manners system collects denominator data which is essential to be able to interpret adverse outcomes. A regional dataset has been agreed which is consistent with the forthcoming national maternity dataset, which WMPI helped to establish. He feels this data should be collected in a standardised way, regardless of which actual IT system is used. Units can enter data directly onto MANNERS or download the data from their own system. The Governing Board agreed that they should support WMPI's standardised maternity dataset.

It was agreed that WMPI should hold a meeting in May where the issues concerning CfH and IfH can be discussed with the relevant stakeholders, with SB to chair.

ACTION JOG

Data collection is now incorporated into capacity building with Project 2c of Investing for Health for which PJ is the chair. This will provide baseline data which will assist local commissioning. The IfH Project Board has agreed to pump prime funds for data clerks in each unit for one year. This will allow WMPI to establish a one-year regional cohort, and to prove the value of such data for commissioners and providers. JOG asked that PCT CE's support this project at their forthcoming project Board meeting in March. SB agreed to write in support.

ACTION SB

5.2 B&BC Confidential Enquiries

The confidential enquiry into stillbirths with fetal growth restriction found that 86% of the cases reviewed were avoidable. WMPI's action points from the enquiry included:

1. To work with the Regional Ultrasound Group to establish a 'gold standard' protocol for best practice, which will be able to highlight the requirements for ultrasound services. This work is in progress and will report soon.
2. Improving midwifery training for fetal growth screening. In the past this has been done by reliance on cascading training but it is apparent that this is insufficient. Training & accreditation training for all staff has therefore been instituted at WMPI. There have been 30 training sessions to date with a total of 261 midwives trained. Some units have still not sent staff though but JOG and PMcG are keen for all units to do the training. SB agreed to write to clinical governance leads, CE's and clinical directors of maternity to ask for their support. JOG offered to draft.

ACTION JOG/SB

The feedback sessions to individual units should be completed in March/April.

6. Diabetes in Pregnancy

JOG reported on the multidisciplinary Diabetes in Pregnancy Advisory Group (DIPAG) which WMPI has formed following the conclusion of the regional Confidential Enquiries. The aim of the group was to carry forward with the recommendations of the study, which is due to be reported in full before the summer. He tabled an executive summary. One of the main findings was the association between suboptimal levels of HBA1C, suggesting poor control, and adverse outcome including stillbirth and congenital anomaly. There was a need for better pre-pregnancy care and education in the community and primary care. Standardised maternity notes for diabetics are currently being piloted in five units and a consultation on new regional protocols has been concluded and is due to be published following release of the new NICE guidelines, with which it will be reconciled. Discussions are planned with Diabetes UK about support for a regional diabetes in pregnancy register.

The group agreed the importance of these initiatives. HG said we are starting to see a poor control of the management of diabetes in primary care, and the prevalence of Type 2 diabetics is on the increase.

7. Smoking in Pregnancy

WMPI is seeking to develop a regional strategy on smoking cessation. PMcG reported that there was about 10k unspent funds from GO (Paul Hooper) but little interaction with the PCTs smoking cessation co-ordinators. JOG said WMPI needs to work with the smoking leads within PCTs and is seeking a forum to establish links and take this forward. KS offered to discuss this further at GO. LW also offered assistance.

ACTION KS

8. Any Other Business

8.1. Asylum seekers

SB reported an initiative concerning pregnant asylum seekers and a recent meeting organised by the Birmingham Health & Well-being Partnership focussing in which WMPI participated. Important issues were raised and HoBT PCT will take the lead on finding ways to address them across Birmingham.

8.2. International project

The Perinatal Institute has submitted an application to the International Strategic Programme of the Big Lottery, for a 5 year, £ 5 million project called MISHN India (Mothers and Infants' Strategic Health Network). It is leading a consortium of organisations which includes two UK charities (South Asian Health Foundation and The Rajasthani Foundation), the MRC Unit in Southampton, the Public Health Foundation of India and the Making Pregnancy Safer Dept at WHO. The project aims to establish baseline data collection, evaluation and monitoring and engagement of pregnancy support workers (ASHAs) in four poor districts in India. The ultimate objective is to reduce maternal and perinatal mortality and the Millennium Development Goals 4 and 5. SB has agreed to support in principle and to have the finances administered under the supervision HoBT PCT. JOG stated that WMPI's role would be the co-ordination and supervision of dedicated project staff liaising with and assisting colleagues in India. There was enthusiasm within the group but expectations have to be realistic as British Lottery had a record number of applicants, including many with good track records for overseas projects. The results of the first round will not be known until late June.

9. Date & time of next meetings

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