

QIL Programme and Project details

No.	Programme	Action / Aim / Problem	Details	Maternity of Neonatal	Priority RAG	Type of project	From/Lead	Notes
1	Reducing Mortality & Morbidity	Increase uptake in postmortems	We have low offer and uptake of PM's , offer at least should be 100% to increase uptake could reduce mortality by shared learning and reduce litigation cases Bring NN and Maternity Bereavement leads together	Both		Data Scoping Benchmarking/Gap Analysis Education/training Survey	Babu	Data available from MBRACCE or BADGER? ASK EMBRACE LEADS FOR PDF Speak to Phil Cox - pathologist Who takes consent? Some do this role as additional to their day job speaking to Karen at BWH re training programme and Claire at HH good system meetings arranged Survey reday to be send to all bereavement leadsto
2	Reducing Mortality & Morbidity	Standardise the template and process for sharing risk/issues	Variance across the units about how these are reviewed and reported	Both		Audit	Adam	Audit how the risks are recorded Appreciative Inquiry, Learning from Excellence Standardise Alert Form
3	Reducing Mortality & Morbidity	Reducing ex-utero transfers and inappropriate in-utero transfers	Are people using regional guidelines and what tests are they doing? Standardise the tests that are used and possible pilot of app	Both		Benchmarking re tests Audit of guidelines Trial the App pilot	Neil	Work with Transport teams
4	Reducing Mortality &	Reducing unplanned extubations	4 stage QI programme	Neonatal			Shiva	Proforma and 6 months trial at SSBC
5	Reducing Mortality & Morbidity	Hyperthermia	Reduce variation, optimise babys temperature when transferred from delivery to NNU, variation in recording of admission temp	Neonatal		Data to benchmark, NNAP look at variation and guidelines	Mel	NNAP data re temperture how is it recorded? Thermo regulation care bundle This links in with CQUINS to review what units have set from SCT
6	Reducing Mortality & Morbidity	Reducing term admissions CQUIN	Avoidable admissions to be shared regionally	Both		Data Scoping Benchmarking/Gap Analysis	Neil (stoke do a triage)	Ask Vandna to share templates once submitted attain group - are all units participating? Ask Alison Stoke to share triage
7	Reducing Mortality & Morbidity	Congenital Abnormalities	Work alongside PHE to identify if the region as an unusually high proportion and further details	Both			Ann Tonks	To meet if agreed
8	Reducing Mortality & Morbidity	Feotal Medicine Pathways	Pathways from diagnosis to delivery are not clear in all areas of diagnosis (cleft pallett) good example	Both			Adam	Not sure of my input into this being led by Adam Gornal ST to meet with Jyoti
9	FIC	Passport Launch	ammed SSBC Passport to imalgamate SWMNN	Neonatal			Ruth/Claire	Passport has been ammended and final draft is ready for printing
10	FIC	Implement baby bliss charter	support the units to achieve Bliss award	Neonatal			Alia	Meetings delayed

11	FIC	Increase breast feeding rates across the region	Increase the number of patients leaving hospital on breast milk	Neonatal		Data Scoping Benchmarking/Gap Analysis Patient surveys	Mel/Jo SSBC	Working with Jo Education Lead from SSBC obtain data from Analyst
12	Other	Whoe Shoes	Improvement tool used to enhance communication and deliver action	Both		Events		Events ran at BWH and booked for Hereford and Worces:
13	Other	Audit of Surfactant		Neonatal			Gemma	Vish to Audit what they use to identify this
14	Other	Capacity Policies	To reduce variation in when a unit is open and closed	Neonatal		Scoping Meetings Audits	Ruth	Met with New Cross lead for escalation policies ST to draft up document for review and discussion
15	Other	ROP	Current system is due to change	Neonatal				Audit units cuurent process Create regional pathway to suit
16	Reviews	Regional and Nationall Review	To support units with implementation plans from both reviews	Neonatal			Ruth/Sonia	