

Princess Royal Hospital  
Apley Castle  
Telford  
TF1 6TF

Tel: 01952 565976

Dear Ruth,

Thank you for your letter dated the 22 November 2018, asking for an update on progress made with the ATAIN programme at The Shrewsbury and Telford NHS Hospital Trust.

I have attached a copy of the template with the updated information on the Maternity Lead, Obstetric Lead (please note the change of name), and other areas for the ATAIN programme highlighted in yellow.

With regards to your specific queries:

**1. What is the process for reviewing term admissions to the neonatal unit, who is involved (neonatal and maternity) and frequency of reviews?**

Regular reviews of term admissions were undertaken by the neonatal team on a weekly basis and any specific queries were directed to the obstetric team. Once it was identified in February 2018 that the majority of term admissions were due to respiratory or hypoglycaemia causes, specific strategies targeting these areas were employed.

Further analysis of the respiratory cases highlighted specific areas to target – such as Tier 2 review of respiratory admissions and hypothermia in the Delivery Suite.

Tier 2 reviews have been addressed through Medical Induction with every new intake of medical staff.

Hypothermia has been highlighted to Maternity via governance pathways and they are looking at action plans.

Our term admission rates have been steadily decreasing (please see my response to query 3). We are currently undertaking monthly MDT ATAIN meetings with involvement from the neonatal team, maternity team, and Women and Children's Quality Improvement Group to review progress made with our action plans. The last meeting was held on 8 November 2018.

**2. Progress on your identified plans including:**

- > **midwives administering dextrose**
- > **setting up of Transitional Care**

The updated hypoglycaemia guideline has been operational from June 2018 onwards. The midwives have been administering dextrose gel on the postnatal ward with the neonatal staff prescribing it.

Discussion with pharmacy has confirmed that midwifery staff do not require a patient group directive (PGD) as dextrose gel is classified as a food substance. Written guidance with dosage for midwifery staff is being ratified through Maternity Governance in November 2018, following which the process will be more streamlined with the midwives calculating the dextrose gel dose and administering themselves, whilst informing the neonatal team of this.

Transitional Care has been set up on the postnatal ward in June 2018. Currently, we have not had the need to consider nasogastric feeds for hypoglycaemia on the postnatal ward in any term babies. Hence, this does not seem to have a bearing on term admission rates to the neonatal unit at the moment.

**3. Where are you in your trajectory towards achieving the 5% annual target – and what are your plans and timeframes for reducing this to 4% and potentially 3%?**

We have been showing a steady decline in the term admission rates since the beginning of the year, as shown in the table below.

We will need to continue to monitor the rates so as to assess the trend.

<b>Month 2018</b>	<b>Total Livebirths</b>	<b>Number of term admissions</b>	<b>Percentage of Livebirths (%)</b>
January	390	23	5.9
February	337	20	5.9
March	388	14	3.6
April	355	17	4.7
May	418	19	4.5
June	396	17	4.3
July	390	19	4.9
August	390	15	3.8
September	385	13	3.4
October	405	12	2.9

I hope that the above responses will enable you to ascertain our progress with the ATAIN programme.

I will also arrange to forward this information to Sarah Carnwell, in preparation for the network QI group meeting which is due to be held on the 10 December 2018.

Yours sincerely,



**Dr Sagarika Ray**  
**Consultant Neonatologist**  
**The Shrewsbury and Telford Hospital NHS Trust**

Dated: 24 November 2018