

**North Region Neonatal Operational
Delivery Networks
LMS Senior Responsible Owners**

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Dear Neonatal Operational Delivery Networks and LMS SRO

**Improving Value Scheme – Avoiding Term Admissions into Neonatal Units
(ATAIN)**

NHS England has recently approved the business case for an improving value scheme to roll out the ATAIN (Avoiding Term Admissions into Neonatal Units) programme nationally.

The aim of this programme is to reduce harm leading to avoidable admission to a neonatal unit for infants born at term i.e. $\geq 37+0$ weeks gestation. The programme has been led by clinical experts from a range of organisations, including NHS Improvement who, through a Patient Safety Alert, have already issued recommendations and a resource pack for implementation.

For the successful implementation of this programme, Operational Delivery Networks (ODNs) and Local Maternity Systems (LMS's) will need to work collaboratively to ensure that there is clinical engagement at a service level. Therefore we are contacting all ODN Managers and LMS's Leads to outline some of the key actions that need to be taken to ensure that the programme is delivered successfully and realises the potential benefits.

- Each Neonatal ODN and LMS should promote the need for and identify the names and contact details for ATAIN leads in all Trusts; these should include obstetric, maternity & neonatal clinical staff in line with national guidance and to ensure that this is undertaken as a joint initiative.
- To support implementation, Neonatal ODN and LMS may wish to bring together a core ATAIN team responsible for overseeing the implementation of the Improving Value scheme across their area. Representation to this group could include Network Clinical Lead, Local Maternity Systems (LMS) Maternity Safety Commissioner, NHS England hub team commissioner and a parent representative.
- Each ODN and LMS should ensure that the ATAIN scheme is included within the annual work programme to enable implementation of the scheme.

- Each Neonatal ODN and LMS should together contact the Trust identified ATAIN leads to establish what work has been carried out to date on ATAIN, either through a local project in response to the Patient Safety Alert, Maternal and Neonatal Health Safety Collaborative or the 2015 NHS England CQUIN. This work should review the challenges and outcomes of previous work to prevent duplication of effort.
- In particular, each Neonatal ODN should produce baseline data to validate against the national data provided by region by the regional ATAIN Implementation lead. The Neonatal Data Analysis Unit (NDAU) is producing national data for 2014-17 using the same data fields as the previous national ATAIN data 2011-13. Neonatal ODNs should undertake network & unit level data analysis using the data template sent with this communication (appendix 1). Any neonatal ODN without data analyst support should discuss how they can access the required data with their regional /hub lead to agree mitigating actions.

By the end of February 2018 each Neonatal ODN should be able to identify the top 5 reasons for admission in each unit for 2016 & 2017 and estimate the number of avoidable admissions, using the definition below to establish the 2018/19 baseline.

Definition of avoidable admission to be used by all Neonatal ODNs & ATAIN leads:

1. Babies who were admitted as a result of sub optimal care during the antenatal, intrapartum or postnatal period
and/or
2. where unnecessary intervention prompted admission which could otherwise have been avoided altogether
and/or
3. where risk factors for deterioration were not identified
and/or
4. where care/intervention could have been provided next to their mothers in either a TC or postnatal setting if the right skills/staffing/services were in place

In order to draw on local evidence for improvement, the National ATAIN scheme requires retrospective case note reviews to be undertaken on all term admissions where admission was unplanned. Prior to this each Neonatal ODNs and LMS's should together consider the work already completed and the impact any changes have made. Prospective case note reviews are essential to determine the impact of initiatives implemented to address identified issues.

Prospective audits of admissions must continue on an ongoing basis to ensure that action plans are impactful and to identify further areas where improvements can be made and needs addressed. This process should be an embedded part of safety and improvement priorities for trusts going forward.

If the Neonatal ODN and LMS cannot identify the top five reasons for admission for each unit from the Neonatal ODN data analysis then a retrospective case note review of term admissions in the previous six months may be required. This will need to be undertaken by beginning of June 2018. Neonatal ODNs and LMS's will need to agree case note review plans with Penny Gray at penelope.gray@nhs.net who is the

regional specialised commissioning programme of care lead. A national term admission review proforma is provided (appendix 2).

Neonatal ODNs should seek to establish data flows to enable collection of maternity data on 1) live births and 2) live births ≥ 37 weeks. This should be collected on a monthly basis from 1st April 2018.

Neonatal ODNs and LMS's should link in with NHS Improvement/NHS England regional implementation leads to participate in planned engagement events to ensure appropriate representation and engagement in the wider scheme and its aims.

All ODNs and LMS's should make use of the National Maternity and Neonatal Patient Safety Collaborative and the local communities of practice to share challenges, best practice and learning points.

Neonatal ODNs and LMS teams should together review the data collected by the Neonatal Critical Care Review to support providers in delivering the recently refreshed maternity safety strategy to develop transitional care facilities.

Neonatal ODNs and LMS's should work together with the support of specialised commissioners, to present the current position in terms of baseline metrics and work completed to date; findings of the reviews of term admissions and the proposed programme of work for the ATAIN team by the end of June 2018. Specialised Commissioning and the Regional Maternity team will work with ODN's and LMS's help drive and monitor progress.

The above points represent broad principles for the implementation of this scheme and there is recognition that locally plans and process may differ. However the aim will be the same, to ensure effective roll out of the scheme, to realise benefits and to ensure metrics are in place to monitor progress and quantify the impact.

Yours sincerely,



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CC

Margaret Kitching – Chair of Regional Maternity Transformation Board
Regional Maternity Board members

Local Maternity System PMOs
Service Specialists – NHS England
Matthew Groom – Improving Value Lead (North) NHS England
Penny Gray – Programme of Care Manager – NHS England (North)

Useful links:

National Maternity and Perinatal Audit

<http://www.maternityaudit.org.uk/downloads/NMPA%20organisational%20report%202017.pdf>

Safer Maternity Care

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662969/Safer_maternity_care_-_progress_and_next_steps.pdf

NHS Improvement - reducing term admissions to neonatal units

<https://improvement.nhs.uk/resources/preventing-avoidable-admissions-full-term-babies/>