



Public Health
England



Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes

Torbay and South Devon NHS Foundation Trust

7 November 2017

Public Health England leads the NHS Screening Programmes

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Executive summary

Antenatal and newborn screening quality assurance covers the identification of eligible women and babies and the relevant tests undertaken by each screening programme. It includes acknowledgement of the referral by treatment or diagnostic services as appropriate (for individuals/families with screen-positive results), or the completion of the screening pathway.

The findings in this report relate to the quality assurance visit of the Torbay and South Devon NHS Foundation Trust screening service held on 7 November 2017.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in antenatal and newborn (ANNB) screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information shared with the south west regional SQAS as part of the visit process

Local screening service

Torbay and South Devon NHS Foundation Trust provides services for a population of around 286,000 people. Over 92% of the eligible population for antenatal and newborn screening is characterised as white British with a pregnant population age range of 15 to 55.

Local screening services are commissioned by South Devon and Torbay Clinical Commissioning Group on behalf of NHS England south west.

Services provided at Torbay and South Devon NHS Foundation Trust include:

- the maternity service
- laboratory services for sickle cell and thalassaemia and infectious disease screening

- the sonography service for trisomy screening and the 18 to 20+6 week fetal anomaly scan
- the newborn hearing screening service
- the child health information service

Delivery of this screening service involves interdependencies with other providers for parts of the pathway. Interfaces between Torbay and South Devon NHS Foundation Trust and these services were included as part of this review.

Findings

This is the first QA visit to this service. Screening services are delivered by a team who are motivated and have good communication links across all disciplines. The team is aware of the gaps in the service and has a commitment to address these areas and drive improvement in the screening programmes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 3 high priority findings as summarised below:

- there are no standard operating procedures to support the processes undertaken by the screening team to ensure resilience within the team in the absence of key individuals
- the required training has not been completed by sonographers performing scans for first trimester trisomy screening
- women accepting screening for sickle cell and thalassemia do not have results available by 10 weeks gestation

Shared learning

The QA visit team identified several areas of practice for sharing, including:

- network meetings for the local managers for the child health information and hearing screening services in Devon are facilitated by the screening and immunisations team
- the trust business continuity plan encompasses all aspects of the screening programmes
- the child health information service has access to the newborn screening IT systems, which supports failsafe processes so no babies miss screening

- the laboratory standard operating procedures contain hyperlinks to national laboratory handbooks, standards and guidance on managing incidents in NHS screening programmes
- newborn blood spot results for sickle cell screening are entered onto the trust laboratory IT system to link with any future investigations
- the audiology department has attained accreditation with improving quality in physiological services (IQIPS)

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure service specifications for antenatal and newborn screening programmes form part of the Clinical Commissioning Group contracts with maternity provider	Service specifications 15 to 21	6 months	Standard	Confirmation at programme board that contracts are in place
2	Ensure that Torbay and South Devon NHS Foundation Trust has signed contracts or service level agreements in place with external providers and subcontractors	Service specifications 15, 16 and 18	6 months	Standard	Confirmation at programme board that contracts are in place
3	Ensure all key stakeholders are represented at each programme board meeting	Service specifications 15 to 21	12 months	Standard	Minutes of programme board demonstrating attendance of key stakeholders

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Produce terms of reference for the trust operational governance group and ensure all key stakeholders are represented at each meeting	Service specifications 15 to 21	6 months	Standard	<p>Terms of reference to include membership, nominated clinical leads for each screening programme, governance arrangements and reporting lines to the trust board, frequency of meetings, review of risks and escalation of issues to the commissioners and to the screening quality assurance service.</p> <p>Minutes of the operational meeting demonstrating attendance of key stakeholders</p>
5	Produce terms of reference for perinatal and mortality meeting	Service specifications 16 to 19, 21	12 months	Standard	Terms of reference to formalise the purpose of the meeting, membership and shared learning. To include sonography in core membership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Produce terms of reference for the newborn hearing screening local managers meeting	Service specification 20	12 months	Standard	Terms of reference to formalise the purpose of the meeting, membership and escalation route
7	Ensure the process for the management of incidents in NHS screening programmes is included in the incident reporting and management policy	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Trust incident reporting and management policy updated to include managing incidents in NHS screening programmes guidance
8	Revise screening guidelines and pathways to ensure that local practice is in line with current national requirements	Service specifications 15 to 21	12 months	Standard	Revised guidelines which have been benchmarked against NHS screening programme service specifications
9	Update the screening laboratory standard operating procedures for processing antenatal screening samples to reflect current national requirements	Service specifications 15 and 18	12 months	Standard	Revised standard operating procedures from the sickle cell and thalassaemia and infectious diseases screening laboratories
10	Update the screening standard operating procedures for the newborn hearing screening service	Service specification 20	12 months	Standard	Revised standard operating procedures for the newborn hearing screening service

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Describe processes for managing women through the screening and referral pathways in standard operating procedures	Service specifications 15 to 21	6 months	High	Standard operating procedures (screening team)
12	Agree a schedule of audits of the antenatal and newborn screening programmes	Service specifications 15 to 21	12 months	Standard	Audit schedule. Audits completed and recommendations and action plans presented at the antenatal and newborn screening programme board
13	Undertake a vertical audit of a screening sample in both the infectious disease and the sickle cell and thalassaemia laboratories	Service specifications 15 and 18	12 months	Standard	Audits with evidence of actions undertaken
14	Complete the user survey to gather views about the antenatal and newborn screening pathways	Service specifications 15 to 21	6 months	Standard	Outcome of survey and action plan discussed at the antenatal and newborn screening programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Use results of programme staffing review to support resilience within the team and service improvements in the antenatal and newborn screening programmes	Service specifications 15 to 19, 21	12 months	Standard	Documented work force plan
16	Ensure counselling of women and couples at risk of sickle cell and thalassaemia is performed by appropriately trained staff	Service specification 18	12 months	Standard	All staff counselling women and couples at risk of sickle cell and thalassaemia must have completed the NHS screening programme accredited genetic risk assessment and counselling module or equivalent
17	Ensure the role and functions of the screening support sonographer are supported	Service specifications 16 and 17	6 months	Standard	Job description. Evidence of protected time within the work rota. Evidence of quarterly departmental image review for first trimester trisomy screening scans.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Ensure all staff involved in undertaking first trimester screening within the sonography department complete the e-learning modules in line with the fetal anomaly screening programme recommendations	Service specifications 16 and 17	6 months	High	Training records for staff
19	Ensure all staff involved in undertaking newborn hearing screening complete 2 yearly e-learning modules and competency assessments	Service specification 20	12 months	Standard	Training records for staff
20	Ensure an agreed capital replacement programme is in place for the re-provision of automated auditory brainstem response (AABR) equipment used within the newborn hearing screening service	Service specification 20	12 months	Standard	Programme for replacement of AABR equipment in place

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement a weekly process for tracking each woman through the screening pathway to ensure that screening is offered, screening tests are performed and results are received	Service specification 16	6 months	Standard	<p>Screenshot of failsafe system tracking women from booking to screening result</p> <p>Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined</p>

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Document the process for the generation of an NHS number in the case of the failure of the maternity IT system	Service specifications 19 to 21	6 months	Standard	Standard operating procedure
23	Document a process for notifying key stakeholders about deceased babies (including updating the baby's status as deceased on the screening IT systems)	Service specifications 19 to 21	6 months	Standard	Standard operating procedure for the notification of deceased babies with roles and responsibilities clearly outlined

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Update the trust website to include the latest information on the antenatal and newborn screening programmes	Service specifications 15 to 21	6 months	Standard	Website and information videos updated
25	Implement and monitor a plan to meet the acceptable level for the key performance indicator for ST2 – women having antenatal sickle cell and thalassemia screening with a screening result available by 10 weeks gestation	Service specification 18	12 months	High	Submission of KPI data for ST2 which meets the acceptable level

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Perform quarterly departmental review of images for first trimester screening scans	Service specification 16 FASP: Handbook for ultrasound practitioners	6 months	Standard	Standard operating procedure for performing a review of randomly selected images for first trimesters screening scans Evidence presented at the antenatal and newborn screening programme board
27	Ensure that all 18 to 20+6 week fetal anomaly scan appointments are in line with fetal anomaly screening programme recommendations	Service specification 17	6 months	Standard	Appointment length documented in standard operating procedures and Guidelines

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Implement and monitor a plan to meet the acceptable level for the key performance indicator for NH2 - time from screening outcome to attendance at an audiological assessment appointment	Service specification 20	6 months	Standard	Action plan that is agreed and monitored at the programme board. Submission of key performance indicator NH2 which consistently meets acceptable level

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Implement and monitor a plan to meet the acceptable level for the key performance indicator for NB4 – babies eligible for newborn blood spot screening who have a conclusive result recorded on the child health information system ≤ 21 calendar days of notifying the CHRD of movement in	Service specification 19	6 months	Standard	Action plan that is agreed and monitored at the programme board. Submission of key performance indicator NB4

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress, in response to the recommendations made for a period of 12 months after the report is published. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.