



Public Health  
England



**Screening Quality Assurance visit  
report**  
NHS Antenatal and Newborn Screening  
Programmes  
Wye Valley NHS Trust

25 and 26 June 2018

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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 Wye Valley NHS Trust screening service held on 25 and 26 June 2018.

### 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(s), commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

Wye Valley NHS Trust delivers maternity services to the population of Herefordshire. It is a predominately rural county and borders with Wales, Gloucester, Shropshire and Worcestershire.

In 2016 to 2017, 2173 women booked for care and there were 1706 births.

Wye Valley NHS Trust provides a full range of antenatal and newborn screening services, including:

- sickle cell and thalassaemia and infectious disease screening
- sonography services for first-trimester screening and the 18 to 20+6 week fetal anomaly scan

- laboratory services based at Birmingham Children's Hospital for the analysis of newborn blood spot screening samples
- newborn hearing screening

NHS Herefordshire Clinical Commissioning Group is the lead commissioner of maternity services for Wye Valley NHS Trust.

NHS England Midlands and East (West Midlands) screening and immunisation team commission the antenatal and newborn screening services.

## Findings

This QA peer review visit was the second visit to Wye Valley NHS Trust. The first visit was in 2014, and all previous QA recommendations were completed within the timescale.

The Trust was well prepared for this second QA visit and comprehensive evidence was submitted for all 6 screening programmes. The evidence demonstrated good communication between stakeholders across the screening pathway and that staff were working hard to improve the quality of services.

The key performance data (KPI) seen in the appendices of the full body of the report shows an upward trend with performance. Eight out of 12 KPIs above are above the England average.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team did not identify any high priority recommendations. There are 8 standard recommendations. The themes are:

- the screening service does not collect user satisfaction for the newborn screening programmes
- the newborn guidelines are not supported by step by step standard operating procedures

## Shared learning

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

- the Trust has developed and embedded a bespoke midwifery academy for preceptorship and support for staff - this is a detailed induction programme for all new midwives and maternity support workers which includes antenatal and newborn screening and has helped to improve staff retention and reduce vacancies
- community midwives have remote access to the maternity information system and can access screening results and review and input records while working across this rural area
- women and GPs have access to patient screening records via a patient portal
- the child health department (CHD) have a proforma for movers – in, which allows health visitors to document consent for referral for screening and screening results if completed elsewhere
- members of the screening team provide cover across programmes, for example, the hearing manager has access to and reviews the newborn physical examination failsafe system
- diabetes is recorded as a risk factor on BadgerNet - a weekly search by the screening team identifies pregnant women with diabetes and enters them onto a database, and is updated when notified of appointments made for the diabetic screening service

# Recommendations

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

## Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Continue to monitor key performance indicators to make sure NB4, (newborn blood spot screening, coverage for movers in) NH2, (time from screening outcome to attendance at an audiology appointment) meet the acceptable level	Section 7a service specification no 15 to 21	12 months	Standard	Action plans in place and monitored by Trust's steering screening group (TSSG). Performance monitored by commissioning programme board. The acceptable level for each key performance indicator is consistently met
2	Provider and screening and immunisation team to seek quality assurance advice to support local screening transformation projects	Herefordshire and Worcestershire Local Maternity System, Board Plan	6 months	Low	QA advisor attends the local maternity system board meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Make sure newborn guidelines refer to a standard operating procedure, so the screening pathway is clearly set out for the staff	Section 7a service specification no 15 to 21	12 months	Standard	Ratified standard operating procedures that describe step by step procedural pathways submitted to the TSSG
4	Screening information given to women before testing	Section 7a service specification no 15 to 21	12 months	Standard	Assurance given to the Trust screening steering group (TSSG), that 'Screening tests for you and your baby' leaflet is given to women prior to booking bloods being taken
5	Complete a user survey to gather views about the newborn screening pathways	Section 7a service specification no 15 to 21	12 months	Standard	Outcome of survey is discussed at TSSG

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Implement a job description for the screening support sonographer to meet the requirements of the Fetal Anomaly Screening Programme guidance	Section 7a service specification no 15 to 21	12 months	Standard	Job description presented to TSSG

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Make sure all antenatal screening guidance refers to viral rash in pregnancy and not rubella	NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook 2016 to 2017 published 27 July 2016	6 months	Standard	Assurance provided to the Trust screening steering group and commissioners that all antenatal screening documentation includes the management of viral rash in pregnancy

### Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	See recommendation 1				

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	See recommendation 2				

### Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	See recommendation 1				
3	See recommendation 3				
5	See recommendation 5				



No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Audit non-attendance at outpatient hearing clinic	Section 7a service specification no 15 to 21	12 months	Standard	Audit presented at Trust screening steering group

### Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Record outcome data electronically in NIPE SMART	Section 7a service specification no 15 to 21	Plan in place by 3 months Completion in 12 months	Standard	Assurance given to commissioners at Trust programme board that screening outcomes are monitored and managed in the NIPE SMART system
3	See recommendation 3				

### Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	See recommendation 3				

## Next steps

Wye Valley NHS Trust 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.