



*UK National
Screening Committee*



Screening Programmes

NHS Newborn and Infant Physical Examination Screening Programme

Failsafe processes

Version: 1.0, June 2011

Introduction

The UK National Screening Committee (UK NSC) is developing Quality Assurance (QA) processes across all the national screening programmes in the English NHS.

The aim of QA is to provide information to the public and professionals about the quality of screening programmes. Quality assurance and performance management are an integral part of all national screening programmes to ensure that all programmes achieve the highest possible standards. Part of this work involves the development of failsafe processes and Map of Medicine care pathways.

Further details of cross programme QA, including the work on failsafe, can be found at <http://www.screening.nhs.uk/quality-assurance>.

What is Failsafe?

Screening should be offered to the eligible population in a timely manner; and those who are screened should receive their results (whether positive or negative) with sufficient information to understand them, and have them acted on appropriately. The value of screening programme will be diminished if appropriate action is not always taken to ensure that the right people are invited to be screened, and the right action is taken to follow up those with abnormal test results.

Failsafe is a back-up mechanism, in addition to usual care, which ensures if something goes wrong in the screening pathway, processes are in place to (i) identify what is going wrong and (ii) what action follows to ensure a safe outcome.

Most risks and errors in a screening pathway can be predicted. They often arise from systems failure occurring along the screening pathway, as opposed to individual error. A failsafe is a mechanism to “design out” or reduce these risks. It is a back-up mechanism, in addition to usual care, which ensures if something goes wrong in the screening pathway, processes are in place to identify the error and correct it before any harm occurs.

The Failsafe Process

Failsafe should be a ‘closed loop’ process. The effective monitoring of failsafe requires the point at which a required activity is commenced and the point at which it is concluded to be noted (usually through a systematic process and/or an IT system), and a system to ensure that all opened loops have been closed within an appropriate timescale.

Opening the loop – a trigger which indicates that a process requiring a failsafe control for an individual has started; for example a pregnancy reported either by self referral or through primary care triggers the offer of an antenatal screening test.

Closing the loop – an event or a stage of the screening pathway which denotes the conclusion of a process requiring failsafe control for an individual; for example, the dispatch of a letter to inform parents that the results of newborn blood spot screening are normal. There may be a number of events that can result in a particular loop being closed; for example, a loop which is opened by a ‘condition suspected’ antenatal screening result might be closed by diagnostic testing confirming that the pregnancy is not affected, by parental choice to continue an affected pregnancy, or by termination of an affected pregnancy.

Ensuring the loop has been closed – an additional check, usually on a group of individuals, to identify any individual for whom a failsafe loop has been opened but not closed within a defined timescale; for example a systematic check that a sample card has been received at the screening laboratory for all babies born 17 or more days previously.

Most screening pathways will involve multiple failsafe loops at different levels of detail. Loops can exist within other loops; for example, a failsafe loop to ensure that every screen positive woman is offered diagnostic testing can exist within a broader loop ensuring that every woman who is screened is notified of the screening result.

Implementation of Failsafe

For this failsafe strategy to be implemented requires action at national, regional and local level. The main roles and responsibilities are outlined below.

National: Screening programmes have assessed the screening pathway and identified areas of high risk that require failsafe measures. Assessments have considered the probability of an error occurring and the severity of the consequence, with this drawing on the learning from serious incidents. Each programme has developed a diagram superimposed on their Map of Medicine pathway(s) showing the key risks along the screening pathway.

Regional: The regional team will provide expert advice on reducing risks in local programmes to providers, commissioners and SHAs. They will assess the robustness of local arrangements through audit, as part of peer review and in the investigation of incidents. They will act as a conduit for information and dialogue between national, regional and local level.

Commissioners: Commissioners are expected to incorporate the national guidance to reduce risk within service specifications and to oversee their implementation and functioning. The PCT, via its screening lead, is responsible for ensuring that the whole pathway is commissioned and that the elements communicate properly to make all failsafes work. Working with providers, they should ensure that safeguards are in place throughout the screening pathway and for high risk groups. This will require clarity about roles and responsibilities of different providers, particularly at the interfaces.

Providers: All providers are expected to review and risk assess local pathways in the light of the national guidance and work with Commissioners to develop, implement and maintain appropriate risk reduction measures. This should involve mechanisms to audit implementation and report incidents. Effective implementation requires routine staff training and development and may need changes to local roles and responsibilities. Provider organisations are also expected to ensure that appropriate links are made with internal governance arrangements, such as risk registers.

The NHS Newborn and Infant Physical Examination Screening Programme

The NHS Newborn and Infant Physical Examination Screening Programme (NIPE) offers all new parents the opportunity for their baby to have the newborn physical examination within 72 hours of birth. It is a core service within the NHS in England and part of the family of Antenatal & Newborn Screening Programmes.

More information on the NHS Newborn and Infant Physical Examination Screening Programme can be found on their website at <http://newbornphysical.screening.nhs.uk/>.

The Map of Medicine

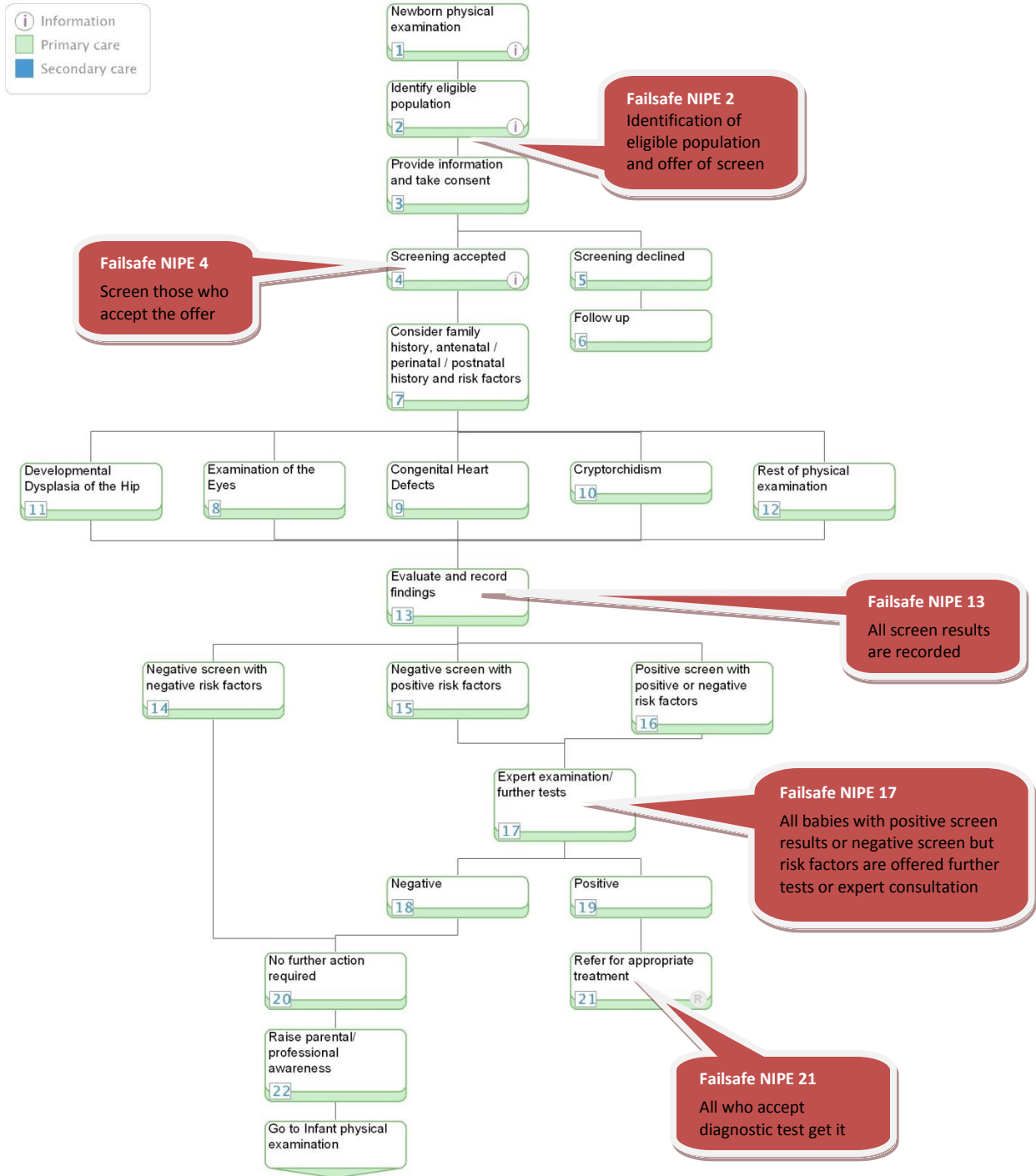
Map of Medicine is a visual representation of evidence-based, practice-informed care pathways for common and important conditions. Pathways are freely available for health professionals through NHS Evidence (<http://www.mapofmedicine.com/england>) and for the public on NHS Choices (<http://healthguides.mapofmedicine.com/>). They are also signposted from each screening programme's website and from the UK Screening Portal (<http://www.screening.nhs.uk/mapofmedicine>). They have been developed to provide accurate information on screening for health professionals and to promote safe, high quality screening services throughout the NHS.

View the pathways:

The separate pathways for all the screening elements of this programme will be available soon. A generic pathway is used within this document to illustrate the failsafe points.

Failsafe Overview

A. Newborn physical examination



Failsafe Descriptions

Node(s)	Failsafe process	Opening the loop	Closing the loop	Ensuring the loop has been closed	Measure
2	Identify the eligible population and offer the screen	<p>The healthcare team should ensure that all parents are offered the screen for their baby and enabled to make an informed choice.</p> <p>Systems should be in place to ensure the offer of the examination to babies wherever they are born or screened. This needs to include:</p> <ul style="list-style-type: none"> • Babies born and screened in hospital • Babies born at home • Those transferred from hospital before an examination is performed (including early or 6 hour discharges). • Those transferred to NICU or Paediatric units in another hospital. 	<p>The healthcare professional who conducts the examination must document the date of the screening offer, the acceptance or decline of the offer.</p>	<p>Regular checks before discharge (in hospital or the community), by the healthcare professionals, to ensure documentation of the offer.</p> <p>Systems need to be in place so that the examination can be offered to babies who are in the community</p> <p>A system needs to be in place to ensure that babies who are admitted to NICU receive the screen as soon as it is clinically appropriate, although it may not be within the first 72 hours of life.</p>	<p>Audit of notes</p> <p>IT alerts if possible</p> <p>IT alerts if possible</p> <p>Reporting of discharge from Postnatal hospital care as appropriate</p>
4	Screen those who accept the offer	The parents consent for their baby to be screened	The appropriately qualified healthcare professional carries out the newborn physical examination	Regular checks before discharge & specifically within 72 hours, by the healthcare professionals, to identify those with no record of the examination.	Audit

13	All screen results are recorded	Healthcare professional documents the outcomes of the examination in the appropriate place(s)	<p>The outcome of the examination is documented along with the date and time.</p> <p>Examination outcome should be recorded in the discharge summary or letter to midwife, health visitor and GP as well as the PCHR and the hospital notes</p>	<p>Regular checks before discharge, by the healthcare professionals, to identify those with no record of the examination outcomes including any need for a referral.</p> <p>The midwife, health visitor and GP should check for the documentation of the examination and the outcomes.</p>	<p>Audit of notes</p> <p>IT alerts if possible: examination</p> <p>Audit of postnatal discharge information, case notes and PCHR submissions</p>
17	All babies with positive screen results or negative screen but risk factors are offered further tests or expert consultation	<p>Screen outcomes should be given to parents verbally and preferably in writing e.g. the PCHR.</p> <p>The healthcare professional should make a referral, for screen positives, to the appropriate specialty for further tests or expert consultation; appointments should be within the standards for timeliness</p> <p>A copy of the referral letter should be sent to GP, health visitor and parent.</p>	<p>An appointment is made for those who require one.</p> <p>A copy of the appointment letter from the referral centre/clinic should be sent to the GP/health visitor as well as to the parent</p>	A system should be in place so that the service providers, in both in the hospital and in primary care can ensure that appointments have been made	Audit

Failsafe in the NHS Newborn and Infant Physical Screening Programme

21	All who accept diagnostic test get it	Parents receive the date and time of the appointment	<p>The appropriate tests or consultation are completed and recorded in medical records.</p> <p>Ideally, process in place for the healthcare professional conducting the examination to be notified of outcomes</p> <p>GP, parents and health visitor (if known) should be informed of outcome by letter.</p>	<p>A process for regular checks of the subsequent outcomes should be established.</p> <p>The process should enable audit against the timeliness of the appointments with respect to the National Standards</p> <p>Primary Care team should check the records for documentation of the examination and outcomes</p>	Audit
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