



Public Health
England



**Screening Quality Assurance visit
report**
NHS Antenatal and Newborn Screening
Programmes
Stockport NHS Foundation Trust

19 September 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 Stockport NHS Foundation Trust screening service held on 19 September 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 collected during pre-review conference calls to commissioners and child health services on 18 September 2018
- information shared with the north regional SQAS as part of the visit process

Local screening service

Stockport NHS Foundation Trust (SFT) provides services to approximately 350,000 people who live in Stockport. It serves populations from affluent areas and high socio-economic deprivation. The main hospital site, Stepping Hill Hospital is located approximately 2 miles from Stockport town centre.

SFT provides primary and secondary level (low risk to high risk) maternity care with level 2 neonatal care. The delivery unit is on the main hospital site at Stepping Hill Hospital. To improve access, outreach antenatal services (ultrasound) are provided at Corbar Maternity Unit at Buxton.

Between 1 April 2016 and 31 March 2017 3,836 women booked for maternity care at Stepping Hill Hospital and there were 3,380 births.

Local maternity services are commissioned by Stockport Clinical Commissioning Group (CCG) and the Greater Manchester Health and Social Care Partnership (GMHSCP) commission the antenatal and newborn screening services.

There are separate identified leads to coordinate the antenatal and newborn screening programmes with clear responsibility for oversight of all antenatal and newborn screening programmes.

Findings

This is the second quality assurance visit to the Trust, the first was in July 2015. The service is delivered by a team of dedicated staff who are committed to quality improvement.

The screening service has been reconfigured within the last 12 months. There is strong leadership across the Trust and screening has a high profile. The appointment of the failsafe officer and dedicated role of the screening coordinator provides assurance that the screening programmes can be delivered safely. All staff are enthused and motivated to drive quality improvement within screening.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high priority findings which are grouped and summarised below:

- the commissioning and governance arrangements for the High Peak area ultrasound service is unclear
- the contract arrangements for outsourced services are not clearly monitored
- some guidelines and policies do not reflect current national guidance
- there is no named team leader to support the newborn hearing screening programme

Shared learning

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

- the delivery of lessons learnt and key messages via the 'safety bus' having a visible presence around clinical areas (trolley with a box with key messages for the week inside is taken to all clinical areas, looks like a bus) has an impact
- clear communication processes are in place too - bi-monthly newsletters, weekly briefings at handovers, headline documents sent by email to all 163 midwives
- the newborn hearing screening manager is a fully qualified assessor for the national newborn hearing screening programme
- the knowledge and experience gained from this role is used to aid and enhance local provision of the new screener qualification

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Work with commissioners and neighbouring Trusts to define the local screening pathway and interface with clinical services for women from the High Peak area to make sure that they are tracked with a failsafe process in place	1, 2, 3, 4, 5, 6, 10, 11, 12	6 months	High	Outcome of review shared with commissioners and QA. High Peak women assigned to correct responsible provider/commissioner with contract arrangements in place
2	Review contract arrangements to make sure all outsourced services are adequately monitored	1 to 14	6 months	High	Contract in place for all outsourced services. SIT aware of outsourced contracts
3	Identify a NHSP team leader (0.1wte) to meet national guidance	1, 2, 3, 4, 5, 6, 13	3 months	High	Job plan or email confirmation of named NHSP team leader formally identified

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Update relevant local Trust policies to include reference to managing screening incidents in all national screening programmes in accordance with “Managing Safety Incidents in NHS Screening Programmes”	4, 5	3 months	High	Ratified policy reviewed by SQAS
5	Update the terms of reference for the ANNB screening board to include multidisciplinary input to oversight and monitoring of actions, audit, policy, risk and shared learning	1 to 14	3 months	Standard	Updated TOR ratified and presented to ANNB screening board. Minutes from meeting submitted to SQAS
6	Undertake a gap analysis of policies and procedures against current national screening service specifications, standards and guidance and update local documentation and policies	1 to 14	6 months	Standard	Updated policies ratified by ANNB screening board

7	Implement an annual audit schedule for all antenatal and newborn screening programmes to demonstrate failsafe processes, evidence of equity of access and that national programme standards are met	4,5,6,7,8,9,10	12 months	Standard	Annual audit schedule Audits to be presented at local ANNB operational group
8	Develop an overarching failsafe policy with associated procedures to enhance the failsafe office role including weekly, monthly checks, cohort matching procedure/processes, data quality checks and audit	1 to 14	6 months	Standard	Policy ratified by ANNB screening board
9	Develop and complete an annual user satisfaction survey specific to antenatal and newborn screening	4,5,6,7,8,9,10	12 months	Standard	User satisfaction survey presented at local ANNB operational group

Identification of cohort – antenatal and newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence
10	Investigate the potential for interfaces between IT systems to improve the collection, reporting and matching of screening data	1 to 14	12 months	Standard	Outcome of investigation reported through ANNB screening board
11	Implement and monitor a plan to progress KPIs meeting the acceptable threshold to the achievable threshold	1 to 14	12 months	Standard	Submission of KPI data Action plan that is monitored by the ANNB screening board for quality improvement
12	Child health to work with the health visitors to improve coverage for KPI NB4 (timely collection of blood spot for movers in, within 21 days)	1, 2, 3, 4, 5, 6	6 months	Standard	KPI NB4 acceptable threshold met
13	Maternity to put in place a process for Child Health to receive outcomes of NIPE Examination from NIPE SMART	1, 2, 3, 4, 5, 6, 14	6 months	Standard	Outcome of NIPE examination available on child health system

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Progress the review of streamlining the booking process	1 to 14	12 months	Standard	Outcome of review reported into ANNB screening board. Minutes of meeting reviewed by SQAS
15	Put in place a process to fast track screening for IDPS for women presenting un booked in labour	1 to 6	6 months	Standard	Ratified process in place
16	Define the process and follow up women who miscarry or where a pregnancy ends early to make sure they receive outcome of screening results	1 to 6	6 months	Standard	Ratified process in place. Policy reviewed by SQAS
17	Make sure there is a policy in place to refer pregnant women with pre-existing diabetes for diabetic eye screening	1 to 6	6 months	Standard	Ratified policy in place. Policy reviewed by SQAS

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Make sure data submitted is compliant with KPI ST1 data description	1, 2, 3, 4, 5, 6, 7	3 months	Standard	Accurate data submitted. Acceptable threshold met for submitted data
19	Work with the laboratories for SCT and IDPS to update the screening request form so antenatal samples are easily identified	1, 2, 3, 4, 5, 6, 7, 8, 9	12 months	Standard	Ratified updated screening request form content reviewed by SQAS

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Make sure every woman who declines the initial offer of IDPS screening (HIV, hepatitis B and/or syphilis) is identified, tracked and reoffered screening by 20 weeks of pregnancy in line with national standards	1, 2, 3, 4, 5, 6, 8, 9	12 months	Standard	Audit in place to track women who decline, and are reoffered screening monitored through ANNB screening board. Minutes meetings

21	Implement a failsafe process to track the outcomes of babies born to Hepatitis B and HIV positive women	1, 2, 3, 4, 5, 6, 8, 9	12 months	Standard	Audit in place to track a baby. Screen shot confirmation for review by SQAS. Screening database confirms babies can be identified and followed up to complete the pathway
22	Implement IDPS multidisciplinary case review meetings for screen positive women	1, 2, 3, 4, 5, 6, 9	12 months	Standard	MDT in place confirmed by minutes of meeting
23	Develop the monthly failsafe reports with the laboratory to include all results reported and declines	1, 2, 3, 4, 5, 6, 9	6 months	Standard	Monthly report in place

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Develop a failsafe to make sure that all booked women receive an initial scan appointment	1, 2, 3, 4, 5, 6, 10, 11, 12	6 months	Standard	Ratified failsafe in place. Audit in place monitored through ANNB screening board confirmed within minutes of meeting

25	Make sure the offer and delivery of NIPT complies with national screening guidance	1, 2, 3, 4, 5, 6, 10, 11, 12	12 months	Standard	NIPT offered compliant with national screening standards
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Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Update the NHSP policy - include referring to external audiology departments	1, 2, 3, 4, 5, 6, 13	6 months	Standard	Ratified policy presented at ANNB screening board confirmed within minutes of meeting
27	NHSP to put in place a plan to participate in external auditory brainstem response (ABR) reviews and monitor compliance	1, 13	6 months	Standard	Evidence of audit of ABR reviews in place

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Monitor the recent implementation of NIPE SMART to assure the safety of the screening programme and compliance with national standards	1, 2, 3, 4, 5, 6 14	6 months	Standard	<p>KPI data submitted that meets acceptable standard for NP1 and NP2</p> <p>Evidence of outcome of examination recorded on NIPE SMART and Child Health System for all babies</p> <p>Evidence of outcomes of referrals recorded on NIPE SMART</p>
29	Put in place an action plan to meet the acceptable threshold for KPI for NP1 and NP2	1, 2, 3, 4, 5, 6, 14	6 months	Standard	Action plan monitored through ANNB programme board. KPI submissions meet the acceptable threshold

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Review the NBS quality check process to make sure there is no delay in sending second samples to the screening laboratory	1, 2, 3, 4, 5, 6	3 months	Standard	Ratified policy reviewed by SQAS. Log of failsafe quality check confirming no delay

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.