



Public Health
England



Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes

Wrightington, Wigan and Leigh NHS
Foundation Trust

27 November 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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 Wrightington, Wigan and Leigh NHS Foundation Trust screening service held on 27 November 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 teleconference to commissioners on 12 November 2018
- information collected during post-review child health organisation on 19 December 2018
- information shared with the North West regional SQAS as part of the visit process

Local screening service

The Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) provides services to approximately 300,000 people who live in Wigan Borough and surrounding areas. Maternity services are available across 3 sites - Thomas Linacre Outpatients Department, Leigh Infirmary and Royal Albert hospital.

Local maternity services are commissioned through the maternity payment pathway by Wigan Borough Clinical Commissioning Group (CCG) and the Greater Manchester Health and Social Care Partnership (GMHSCP) commission the antenatal and newborn

screening services. Newborn hearing and child health organisation screening services are provided by Bridgewater Community Healthcare NHS Foundation Trust (BCHT). Cheshire and Merseyside Public Health Commissioning Team are the current lead commissioners for BCHT. Bridgewater Community Healthcare NHS Foundation Trust (BCHT) has been issued with a notice of intent for NHSP and CHIS services to be repatriated to WWL. Wigan Borough CCG will be overseeing the transfer of the services to WWL.

There are separate identified leads to co-ordinate the antenatal and newborn screening programmes with clear responsibility for oversight of all 6 antenatal and newborn screening programmes.

The Trust serves a geographical area which has high levels of socio-economic deprivation. There are specialist midwives that support vulnerable women in an integrated health team and a specialist drugs and alcohol midwife to provide extra support to the vulnerable population groups.

Between 1 April 2017 and 31 March 2018, 3,036 women booked for maternity care with the Trust, with 2,834 live births recorded.

Findings

This is the second quality assurance visit to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL). The first was in November 2015. With one exception, all recommendations from this visit were met. The service at WWL is patient centred and delivered by a team that is dedicated and committed to continuous improvements across the screening pathway.

Midwifery leadership has undergone changes due to the Head of Midwifery leaving October 2018 and unplanned absences of screening leads. Screening is included within the maternity leadership and governance structure and the appointment of a dedicated role for the screening coordinator provides assurance that the screening programmes can be delivered safely. An appointment for a failsafe officer has been approved. All staff are motivated to drive quality improvement within screening.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings as summarised below:

- BCHT provide newborn hearing and child health organisation screening services, these are being repatriated to WWL for April 2019
- the WWL antenatal and newborn screening operational group is not an effective group
- some guidelines and policies do not reflect current national guidance
- no assurance that staff are up to date with mandatory training requirements
- screening management and reporting tool for newborn infant and physical examination (SMaRT4NIPE) has not been implemented
- access to the electronic record is limited in some areas causing an inequity for a small number of women who book out of area

Shared learning

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

- a newborn bloodspot screening (NBS) champion is available in each midwifery team with the responsibility for the quality of NBS samples which has reduced the avoidable repeat rate
- in sonography a standard operating procedure has been developed specifically for agency sonographers to guide agency staff to the expectations of screening, this includes review processes for compliance against standards
- child health organisation has developed and introduced 'flash reports' which enable shared learning from incidents in a quick and efficient manner
- screening samples that are taken in community have a sticker attached which identifies them as antenatal samples
- newborn hearing screening have improved attendance at audiology appointments by implementing a ring and remind service

Recommendations

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

Governance and leadership - Commissioners

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Greater Manchester Health and Social Care Partnership (GMHSCP) to clarify how Wigan CCG plan to transfer the services from Bridgewater Community Healthcare NHS Foundation Trust (BCHT) to Wrightington, Wigan and Leigh NHS Foundation Trust (WWL) to maintain oversight and safety for screening services during the transfer	1	3 months	High	Action plan and timeframe of plans and progress to be monitored by GMHSCP

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Make sure there is representation from BCHT at the Greater Manchester antenatal and newborn (ANNB) screening programme board	1	6 months	Standard	Improved attendance seen from minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Implement an annual audit schedule for all ANNB 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
4	Make sure members of the WWL antenatal and newborn screening operational group are effective at progressing actions for all ANNB screening programmes	1,2,3,4,5	3 months	High	Revised terms of reference. Improved attendance and outputs in minutes
5	Make sure the communication and data sharing processes between WWL and BCHT are agreed to facilitate cohesive failsafe pathways for all ANNB screening programmes	4,5,6,7,8,9,10	3 months	Standard	Improved attendance and outputs in minutes
6	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 screening quality assurance service (SQAS)
7	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 Trust and seen at the ANNB screening board
8	Make sure maternity services are informed of the outcomes of diabetic eye screening referrals	1,2,6	6 months	Standard	Notes audit presented to local ANNB operational group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Develop an overarching failsafe policy with associated procedures to enhance the failsafe officer role including weekly, monthly checks, cohort matching procedure/ processes, data quality checks and audit	1 to 14	6 months	Standard	Updated policies ratified by Trust and seen at the ANNB operational group
10	The antenatal and newborn teams should work together to undertake a health equity audit	1	12 months	Standard	Health equity work plan and progress to be presented at local ANNB operational group
11	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

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Implement infectious disease multidisciplinary team (MDT) 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
13	Make sure all staff involved in the screening pathway complete the screening training requirements and that mandatory training requirements are up to date	1,2,4,5,6	6 months	Standard	Training log for staff. Training needs analysis and related action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Make sure screening management and reporting tool for newborn infant and physical examination (SMaRT4NIPE) implementation is completed in line with national new platform timelines	1,2, 3, 6,14	12 months	High	SMaRT4NIPE implemented. National NIPE failsafe reports used

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Develop and implement a system of data capture, so that the electronic record and the handheld notes contain the same information and the notes remain with the woman for those who book out of area	1 - 12	3 months	High	Demonstrate an effective system is in place via local operational group minutes and action log
16	Develop IT solutions to incorporate triangulation and reduce the reliance on manual processes for data collection to report FA2, FA3 data	1,2,3,10,11,12	6 months	Standard	KPI data submissions

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Develop a process for informing the child health organisation (CHO) of the outcome of NIPE examination and recording NIPE on child health information system	1,2,14	12 months	Standard	NIPE outcomes available by CHO. Progress demonstrated at local operational group

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Update WWL trust website to include links to national information about NHS and screening	1-14	6 months	Standard	Operational group minutes after review of website

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Review referral process for significant anomalies identified on scan to ensure timely onward pregnancy management	1, 2, 3, 4, 5, 6, 10, 11, 12	6 months	Standard	KPI and standards reporting

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement and monitor a plan to meet the national KPI thresholds for NH1 and NH2	1,2,3,13	12 months	Standard	Action plan monitored at local operational group

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement and monitor a plan to consistently meet KPI NP1 and NP2	1,2,3,14	12 months	Standard	Action plan monitored at local operational group National data records

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Revise and monitor the improvement plan for avoidable repeats to meet the acceptable threshold for KPI NB2	1,2,3,	12 months	Standard	Action plan monitored at local operational group National data records
23	Implement and monitor a plan to meet KPI NB4	1,2,3,	12 months	Standard	Action plan monitored at local operational group National data records
24	Implement and monitor a plan to meet newborn blood spot screening standards	1,2,3,	12 months	Standard	Action plan monitored at local operational group National data records

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.

Screening quality assurance service (SQAS) will work with commissioners to monitor activity and 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.