Public Health England

NHS

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Services

North Tees and Hartlepool NHS Foundation Trust

27 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 antenatal and newborn screening service held on 27 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 collected during pre-review visit discussions with commissioners on 21 May 2018 and with microbiology staff on 25 June 2018
- information shared with the north regional SQAS as part of the visit process

Local screening service

North Tees and Hartlepool NHS Foundation Trust (NTHFT) offers all 6 NHS antenatal and newborn screening programmes. Maternity services are provided across 2 main hospital sites, a community hospital and a number of Children’s Centres.

NTHFT provides community midwifery services for antenatal and postnatal care to women living in Stockton-on-Tees, Hartlepool and East Durham.

There are identified leads to co-ordinate and oversee each of the antenatal and newborn screening programmes.

Between April 1 2016 and 31 March 2017, 4034 women booked for maternity care with the Trust, with 2999 deliveries recorded. Approximately 7% of women choose to deliver

at the neighbouring County Durham and Darlington NHS Foundation Trust, City Hospitals Sunderland Foundation Trust, and South Tees Hospitals NHS Foundation Trust.

Antenatal and newborn screening services, including the child health information service are commissioned by NHS England North (Cumbria and north east), and Hartlepool and Stockton NHS Clinical Commissioning Group (CCG).

Findings

This is the second quality assurance visit to North Tees and Hartlepool NHS Foundation Trust, the first was in April 2014.

The service is patient centred and delivered by a team of dedicated and committed staff. There is evidence of good working relationships between staff across the screening programmes. Midwifery leadership has undergone changes recently following the retirement of the previous head of midwifery.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- lack of resilience within the screening team to provide assurance for the delivery of the screening function
- guidelines and standard operating procedures do not support clinical practice
- unratified terms of reference for the local operational group
- limited audit to provide assurance of the end to end screening pathways and drive quality improvement
- lack of assurance around the competency of midwives undertaking the newborn physical examination
- lack of assurance that women choosing to deliver at Sunderland are receiving an equitable service

Shared learning

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

- effective IT input underpinning the process for achieving matched cohort data

- weekly image audit in sonography maintaining best practice and assisting staff in making continuous quality improvement
- targeted audits in the newborn hearing screening programme to drive quality improvement
- monthly newborn hearing screening newsletter to facilitate effective communication across the site including sharing learning from incidents
- the maternity IT system will not print discharge letters for mother and baby unless NIPE result is included acting as an additional failsafe to make sure all babies are screened

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Make sure there is resilience and succession planning within the screening team to provide assurance for the delivery of the screening function	1	3 months	High	Contingency plan and succession for screening team detailed in action plan, reported to the local antenatal and newborn screening forum and maternity patient safety forum
2	Review the role of the screening coordinators to make sure they have sufficient capacity and oversight to strategically manage the screening programmes	1	3 months	High	Staff in post with appropriate job descriptions
3	Make sure the terms of reference for the antenatal and newborn screening forum are ratified in line with the Trust governance structure	1	3 months	High	Trust ratified TOR
4	Establish regular ultrasound meetings to oversee delivery of the fetal anomaly screening programme to national standards	1 and 11	6 months	Standard	Trust ratified terms of reference. Agendas and minutes of meetings
5	Update the risk management strategy documents and the laboratory incident	4 and 5	6 months	High	Updated and ratified Trust and maternity risk

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	management policy to make sure that the accountability for reporting, investigating and managing screening incidents are explicit and that they reference the PHE “Managing Safety Incidents in NHS Screening Programmes” guidance				management strategies and laboratory policy
6	Make sure that screening is included within the business continuity plan	1	6 months	Standard	Updated business continuity plan
7	Implement a process for reviewing and ratifying screening guidelines to make sure that guidelines are fit for purpose	1	6 months	Standard	Process presented at the maternity patient safety forum
8	Rewrite the screening guidelines to support clinical practice, address the gaps identified and make sure they correctly reflect the end to end pathway, national screening guidance, checks and audits and standards	1, 2 and 6	6 months	High	Ratified guidelines that comply with national guidance and standards
9	Formalise the laboratory failsafe for the follow up of samples outstanding for testing	7 and 8	6 months	Standard	Updated laboratory SOP
10	Implement an annual audit schedule for all screening programmes to demonstrate checks and audits and evidence that national programme standards are met	1, 2 and 6	12 months	High	Annual audit schedule implemented. Completed audits presented at the antenatal and newborn screening forum

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review and update the job descriptions for child health information staff to include accountabilities and roles and responsibilities in relation to screening	1	3 months	Standard	Revised job descriptions
12	Make sure that midwifery staff comply with the requirements for annual mandatory training	1	12 months	Standard	Report presented at the antenatal and newborn screening group
13	Introduce a system to formally record, monitor and report completion of e-learning by midwifery staff	1	12 months	Standard	System in place. Training report presented at the antenatal and newborn screening forum
14	Put in place a process to assess and monitor the ongoing competency of midwives undertaking the NIPE examination	1 and 14	6 months	High	Process in place to assess ongoing competency. Monitored via the departmental training group and reported to the antenatal and newborn screening forum

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Child health information service to seek access rights of “read only with export permissions” to NIPE SMART	1 and 14	3 months	Standard	Access to NIPE SMART granted
16	Child health information service to create a SOP for inputting NIPE screening results on the child health system	1 and 14	3 months	Standard	SOP developed

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Audit the reason for late booking and develop an action plan to address issues identified	1	6 months	Standard	Audit and action plan presented at the antenatal and newborn screening forum
18	Make sure that information on screening is included on the Trust website	1	6 months	Standard	Updated website
19	Audit the pathway for woman booking to deliver at Sunderland to make sure that they are completing screening within the recommended timescales	1 and 2	6 months	High	Outcome of review presented at the antenatal and newborn screening forum

Sickle cell and thalassaemia screening and infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Make sure the family origin questionnaire in use reflects the national template	7	3 months	Standard	Amended FOQ implemented
21	Implement an electronic family origin questionnaire (FOQ)	7	12 months	Standard	Electronic FOQ implemented
22	Laboratory to implement and monitor an action plan to meet the 3 day turnaround standard	7	6 months	Standard	Action plan 3 day turnaround standard consistently met
23	Maternity staff to use the national template letter to inform screen negative woman who miscarry or terminate of their results	1 and 9	3 months	Standard	Letter. Updated guidance

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement and monitor a plan to make sure that key performance indicator (KPI) FA1 consistently meets the acceptable threshold and progresses to meet the achievable threshold	3	12 months	Standard	Submission of KPI data Action plan that is monitored by the antenatal and newborn screening forum
25	Make sure screen positive women are managed in line with national guidance	1 and 16	3 months	Standard	Audit presented to the antenatal and newborn screening forum
26	Agree a process to obtain regular and timely feedback on women referred to fetal medicine at the Newcastle upon Tyne Hospitals NHS Foundation Trust	1, 10 and 11	6 months	Standard	Process agreed Regular feedback to sonographers

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Reduce the referral rate from screen to audiology to meet standard 3	3	12 months	Standard	Standard met
28	Implement and monitor a plan to consistently meet NH2	3	12 months	Standard	Action plan that is monitored via the antenatal and newborn screening forum
29	Review the pathway for babies attending audiology in Hartlepool to make sure there is equitable provision to avoid delay in diagnosis of hearing loss	1 and 3	6 months	Standard	Audit presented at antenatal and newborn screening forum

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Make sure that all newborn physical examinations are recorded on NIPE SMART to manage the local screening process and link into the national failsafe system	1, 6 and 14	6 months	Standard	All examinations recorded on NIPE SMART
31	Monitor the progress and follow up of screen positive referrals for all 4 conditions to ensure that the outcome is recorded on NIPE SMART	1, 6 and 14	6 months	Standard	All outcomes recorded on NIPE SMART
32	Agree a process to obtain feedback about babies referred for specialist care to South Tees Hospitals NHS Foundation Trust	1, 6 and 14	6 months	Standard	Process agreed. Feedback received. Outcomes recorded on NIPE SMART

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Implement and monitor a plan to meet KPI NP1 and NP2	3	6 months	Standard	Acceptable threshold met consistently for KPI NP1 and NP2

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Revise the pathway for obtaining newborn blood spot samples to make sure that ≥90% of samples are collected on day 5	2	6 months	Standard	Standard met - ≥90% of samples are collected on day 5
35	Make sure that ≥90% samples are submitted with a suitably validated NHS number bar coded label	2	6 months	Standard	Standard met - ≥90% of samples are submitted with a readable bar coded label
36	Make sure the letter to parents includes information that screening is not 100% accurate in line with the national template letter	1	3 months	Standard	Updated letter
37	Review and agree a pathway for movers in from abroad with the health visiting and child health information service to prevent delays in screening	1 and 6	6 months	Standard	Pathway implemented Standard operating procedure/guideline in place

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 following the issuing of the final report. 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.