# Screening Quality Assurance visit report

## NHS Antenatal and Newborn Fetal Anomaly Screening Programme One to One Midwifery Service

## North West and Essex

27 March 2019

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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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Published August 2019
PHE publications
gateway number: GW-598

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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 focussed visit of the One to One Midwifery (North West and Essex) fetal anomaly and ultrasound screening service held on 27 March 2019.

## 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 visits meetings for fetal anomaly ultrasound service
- information shared with the North and Midlands and East regional SQAS as part of the visit process

## Local screening service

One to One Midwifery Services provides caseloading community midwifery service to women in Cheshire and Merseyside and North East Essex. Maternity services is provided to approximately 3000 women from a wide geographical area. One to One (North West) community midwifery model offers a service across the Liverpool, Birkenhead, Wirral, Warrington, Ellesmere Port, Crewe and Chester area. One to One (Essex) provides a service to approximately 500 women in North East Essex.

Antenatal and newborn screening services are provided at one of the five community hubs in Crew, Ellesmere Port, Warrington, Birkenhead and Liverpool. One to One Midwifery (North West and Essex) serve a population with very mixed characteristics in terms of ethnicity, age at booking, affluence and indices of deprivation.

Between 1 April 2018 and 31 March 2019 3,069 women booked for maternity care at One to One and there were 2079 births.

Local maternity services are commissioned by Wirral Clinical Commissioning Group (CCG) and West Cheshire CCG. NHS England North (Cheshire and Merseyside) commission the antenatal and newborn screening services. The Essex service is commissioned by North East Essex CCG and NHS England Midlands and East commission the antenatal and newborn screening services for Essex.

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 a separate visit focused on the newly developed in-house provision of fetal anomaly ultrasound screening programme in the One to One Midwifery Service in the North West and Essex. Previous quality assurance visits to the One to One were completed in July 2016 (One to One North West) and July 2017 (One to One Essex).

The service is delivered by an enthusiastic team of dedicated staff who are committed to quality improvement.

The local screening co-ordinator and screening support sonographer have a high profile in the clinical setting. The dedicated role of the screening coordinator and commitment from the Screening Support Sonographer provides assurance that the fetal anomaly screening programme can be delivered safely. All staff are enthused and motivated to drive quality improvement within screening.

### Immediate concerns

The QA visit team identified 1 immediate concern. A letter was sent to the chief executive of One to One Midwifery on 29 March 2019, asking that the following was addressed within 7 days:

Within the fetal anomaly ultrasound screening programme there is no assurance that ultrasound images are captured, stored and able to be retrieved in compliance with FASP and ultrasound standards and guidance.

The absence of the required image capture, storage and retrieval functions across the ultrasound screening pathway means that the quality of the screening test cannot be assured. As a result, there is a risk that ultrasound screening along the pathway may have been missed for some women and suspected anomalies may not have been

referred at the right time. There is no assurance that captured images are stored in the correct format and that archived images can be retrieved for all women.

A response was received within 7 days which assured the QA visit team the identified risk is mitigated and no longer poses an immediate concern. Assurance was provided that no ultrasound images were lost.

## High priority

The QA visit team identified 2 high priority findings as summarised below:

- the fetal anomaly screening pathway does not comply with national guidance
- lack of ongoing resilience within the fetal anomaly screening (FASP) service to provide assurance for screening safety and delivery of the FASP pathway

## Shared learning

The QA visit team identified no areas of practice for sharing at this focussed visit.

# Recommendations

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

## Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 1 | Provide assurance that ultrasound images are captured, stored and able to be retrieved in compliance with fetal Anomaly Screening Programme (FASP) and ultrasound standards and guidance | 1 to 8 | 7 days | Immediate | Assurance provided within 7 days. Action plan in place being monitored |
| 2 | Make sure the FASP pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome and the ultrasound scanning pathway for screening complies with national guidance | 1 to 8 | 6 months | High | Revised pathway complies with national guidance. Pathway presented to local screening board |
| 3 | Put in place a process to report anomalies into national congenital anomalies and rare diseases registration service NCARDRS | 1 to 8 | 12 months | Standard | Evidence of reporting into NCARDRS |
| 4 | Develop an audit feedback mechanism to feedback outcomes of fetal anomalies and shared learning to sonographers | 1 to 8 | 6 months | Standard | Feedback mechanism confirmed. Example of process shared |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 5 | Put in place a process to make sonographer local files available to support image review, audit and review against the 6 monthly DQASS reports | 1 to 8 | 6 months | Standard | Outcome image review and DQASS reports reported into local operation screening board |
| 6 | Put in place a process to report locally and to NCARDRS against the 11 auditable conditions | 1 to 8 | 6 months | standard | 11 auditable conditions reported on |
| 7 | Update website to include screening terminology used and links to national screening programmes | 1 to 8 | 6 months | Standard | Website updated. Links to national screening information |

## Infrastructure

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 8 | Put in place a plan to monitor resilience within the sonographer service and make sure there is enough sonographers to provide the screening service | 1 to 8 | 6 months | High | Monitoring of action plan |
| 9 | Make sure the lead sonographer has fetal anomaly screening programme roles and responsibilities and time to carry out the role defined within the job description | 1 to 8 | 6 months | Standard | Ratified job description |

## Identification of cohort – antenatal

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 10 | Put in place a process for the screening support sonographer (SSS) to have access to cohort tracking system | 1 to 8 | 3 months | Standard | SSS has access and uses the cohort tracking system |
| 11 | Clarify arrangements for ultrasound service contract including machine QA, maintenance and replacement | 1 to 8 | 3 months | Standard | Contract clarified for ultrasound machines |

## Invitation, access and uptake

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 12 | Implement and monitor a plan to meet acceptable threshold for key performance indicators FA1 | 1, 2 and 3 | 12 months | Standard | Acceptable threshold met |

## Fetal anomaly screening

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 13 | Review, update and align current fetal anomaly screening protocols with sign off at governance | 1 to 8 | 6 months | Standard | Ratified policies in place |
| 14 | Put in place a process to audit training and create sonography records for eLearning and annual training compliant with fetal anomaly screening schedule for sonography service | 1 to 8 | 12 months | Standard | Training log and audit in place. Screening requirements met |

## Next steps

The screening service provider One to One Midwifery Service (North East and Essex) 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 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.

It is recommended that the service has a follow up focussed visit for the ultrasound service in 6 months' time.