Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes
The Rotherham NHS Foundation Trust

19 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 Rotherham NHS Foundation Trust screening service held on 19 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 teleconferences to commissioners on 23 May 2018 and virology laboratory on 24 May 2018
- information shared with the North East Yorkshire and Humber regional SQAS as part of the visit process

Local screening service

The Rotherham NHS Foundation Trust (TRFT) provides acute hospital services at Rotherham General Hospital which serves a population of 259,000 people.
The Trust offers all NHS antenatal and newborn screening programmes.
Between 1 April 2016 and 31 March 2017, 3061 women booked for maternity care there were 2,662 births at Rotherham General Hospital.

Local screening services are commissioned by NHS England North (Yorkshire and the Humber) and Rotherham Clinical Commissioning Group (CCG).

Findings

This is the second quality assurance visit to the Trust, the first one took place on 28 October 2014. With 1 exception, all recommendations from this visit were met. Equipment calibration of ultrasound machines that form part of the fetal anomaly screening programmes still fails to comply with the latest service specification for this programme. This visit focuses on antenatal and newborn screening services provided by The Rotherham NHS Foundation Trust (TRFT).

The service at TRFT 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 recently due to unplanned absences. Screening does not have a high profile within the maternity leadership and governance structure.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high-priority findings, as summarised below.

1. There are no processes in place to ensure effective upward communications from the screening team to matron and deputy head of midwifery that includes risk management.
2. The Rotherham antenatal and newborn screening operational group is poorly attended with inadequate membership to create an effective group.
3. There is no evidence to show that the internal calibration of obstetric ultrasound is undertaken as part of the service and maintenance contract.
4. Women who book but do not continue with their maternity care at TRFT after booking, are not all informed of their screening results.

Shared learning

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

- dedicated administrative support within the screening team which enables full triangulation on referral and booking cohort
- screening has a high profile within the integrated laboratory service. There is evidence of effective quality management systems for the laboratory as a whole
- hearing screener access to SystmOne to enhance pathway communications with the 0 to 19 team

- the child health records department use of colour coded flow charts for administrative processes
- good integration of 0 to 19 team with child health records department and excellent information sharing within the teams

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 that there is regular representation from the trust at the Yorkshire and the Humber antenatal and newborn screening programme board. Screening and immunisation team to work with the trust to improve attendance at NHS England board	1	6 months	Standard	Improved attendance and outputs in minutes
2	Make sure that there is continuity of cover for screening responsibilities including contingency for planned and unplanned absence.	1	6 months	Standard	Cross cover responsibility within job plans and evidence of processes to ensure continuity of cover
3	Reconfigure the Rotherham antenatal and newborn screening operational group to make sure that there is appropriate representation from of all ANNB screening programmes and extend invite to offer health visiting representation	1	6 months	High	Revised terms of reference. Improved attendance and outputs in minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure a formal process is described for the assessment, management, documentation and escalation of risks in antenatal and newborn screening programmes	1	6 months	Standard	Risk register Escalation flow chart included at antenatal and newborn screening programme board
5	Formalise communication from the screening team to the matron and deputy head of midwifery.	1	3 months	High	Established meetings with associated ToR/minutes/action points
6	Review incident policy to ensure compliance against reporting of screening incidents in line with 'Managing Safety Incidents in NHS Screening Programmes'	4, 5	6 months	Standard	Updated and ratified policy/guidelines in place
7	Update screening guidelines to reflect current standards	2	12 months	Standard	Updated and ratified policy/guidelines in place
8	Implement an annual audit schedule for all antenatal and newborn screening programmes to demonstrate equity of access and national programme standards are met	1	12 months	Standard	Audit presented to ANNB screening programme board.
9	Develop and complete a screening specific user satisfaction survey	1	12 months	Standard	User survey presented to ANNB screening programme board. Action plan to address any identified gaps

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Revise public facing Trust website to include links to national information about antenatal and newborn screening programmes	1	12 months	Standard	Updated website

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Demonstrate compliance with mandatory training requirements for midwives	1, 2	6 months	Standard	Documented compliance presented to the ANNB screening programme board
12	Ensure that ultrasound machines undergo regular internal calibration.	1,2	3 months	High	Take full sign off evidence to the ANNB screening programme board

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Review process to ensure use of Screening management and Reporting Tool is followed on the neonatal unit	1, 2, 6	3 months	Standard	Audit presented to local ANNB programme board
14	Develop a process to record birth data on antenatal screening database to enable triangulation of birth data	6	6 months	Standard	Birth data to be included on local databases

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Develop a process to ensure all women including those who are no longer pregnant receive all antenatal screening results	2, 6	3 months	High	SOP to detail process of ensuring all results are communicated to every woman that books for maternity care
16	Develop an antenatal specific request form to reliably identify antenatal samples, and record additional information such as tests declined and gestation	6, 7, 8, 9	12 months	Standard	Implement antenatal screening programme specific laboratory request form

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement the electronic Family Origin Questionnaire	6, 7	12 months	Standard	Electronic FoQ implemented

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Ensure processes are in place to provide clear documentation of the mechanisms and responsibilities for communication between the infectious diseases laboratory and antenatal services in Rotherham (specifically for repeat requests, missing information and screen positive results)	2, 6, 8, 9	6 months	Standard	SOP to describe processes on documentation and communication requirements

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop a process to inform sonography in fetal medicine unit about results to support learning and development	1, 6, 10, 11, 12	6 months	Standard	SOP to describe communication channels to inform of results from fetal medicine units
21	Make sure a process is in place to record 11 auditable conditions in Fetal Anomaly Screening Programme	2	6 months	Standard	Undertake audit and present at local ANNB screening programme board

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Implement a standard operating procedure for the management of monthly quality assurance reports	1, 6, 13	3 months	Standard	SOP in place
23	Make sure all NHSP screeners undertake competency assessments annually	1, 6, 13	6 months	Standard	Monitor via the ANNB screening programme board

Next steps

The Rotherham NHS Foundation Trust is responsible for developing an action plan in collaboration with the commissioners and screening quality assurance service 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.