



Public Health  
England



# Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening  
Programmes  
Yeovil District Hospital NHS Foundation  
Trust

## Executive Summary

19 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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## 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 Yeovil District Hospital NHS Foundation Trust screening service held on 19 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 providers, commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

### Local screening service

Yeovil District Hospital NHS Foundation Trust provides services for a population of 180,000 people across south Somerset and north Dorset. Consultant and midwifery led services are provided at the trust. All antenatal and newborn screening programmes are offered. Newborn hearing screening is carried out by health visitors. This service is managed by Somerset Partnership NHS Foundation Trust and is a county wide service, screening babies born at 2 maternity units in Somerset. The child health information service is provided by Health Intelligence. This is a region-wide service covering a geographic area from Bristol to Cornwall.

Between April 2017 and March 2018 approximately 1,500 women booked for antenatal care with the service with approximately 1,400 deliveries within the same timeframe. Data provided by the service shows that the maternity population is characterised as 70% white British.

Local screening services are commissioned by NHS England South West (Bristol, North Somerset, Somerset and South Gloucestershire).

The scope of this review includes:

- the maternity service
- the sonography service for trisomy screening and the 18 to 20(+6)-week fetal anomaly scan
- the newborn hearing screening service
- the child health information service

Delivery of the screening service involves interdependencies with other providers for parts of the pathway:

- first and second trimester trisomy screening sample analysis is performed by the Royal Devon and Exeter NHS Foundation Trust and the Wolfson Institute of Preventative Medicine (Barts Health NHS Trust) respectively.
- newborn blood spot screening sample analysis is performed by North Bristol NHS Trust.
- laboratory services for sickle cell and thalassaemia and infectious diseases screening are performed by the Southwest Pathology Service.

These providers were outside of the scope of this review, however the interfaces relating to the delivery of screening programmes were examined.

Women and babies who require enhanced care are referred for fetal medicine or neonatal intensive care to University Hospital Southampton NHS Foundation Trust or to University Hospitals Bristol NHS Foundation Trust. There is a special baby care unit at Yeovil District Hospital NHS Foundation Trust.

## Findings

This is the second QA visit to the antenatal and newborn screening services at Yeovil District Hospital NHS Foundation Trust. During the visit there was evidence of good communication and multi-disciplinary working. Staff work flexibly to ensure the needs of pregnant women and babies are met. The local service was aware of some of the areas for further development.

## 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. The process for managing women and babies through the screening pathway is not documented in a suite of standard operating procedures.
2. All the requirements of the newborn hearing screening service specification are not currently being met. This includes audit and publication of guidelines and standard operating procedures.
3. There is no evidence within the maternity service of a tracking process for the offer of retinal screening for women with diabetes, timeliness of screening or the communication of results.
4. The SMaRT4NIPE IT system is not checked daily to fully utilise the failsafe function of the system.

## Shared learning

The QA visit team identified areas of practice for sharing that includes:

1. Training for the hearing screening service demonstrates good compliance with annual e-learning and competency assessments for all screeners.
2. The trust has a system in place where screening results for sickle cell and thalassaemia and infectious diseases are checked prior to the first scan appointment. This identifies missing results and screening tests are re-offered if appropriate.
3. Women can access an online self-referral booking form. Booking forms are processed within 3 working days and women are contacted by email or text with booking appointment details. This means women have early access to the maternity service.

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should ensure signed contracts are in place with all subcontractors	Service specifications 15 and 18	12 months	Standard	Confirmation at the antenatal and newborn screening programme board that contracts are in place
2	Encourage all key stakeholders to actively participate at the antenatal and newborn screening programme board meeting	Service specifications 15 to 21	12 months	Standard	Minutes of programme board demonstrating attendance of key stakeholders
3	The commissioner and stakeholders should work together to undertake a health equity audit	Service specifications 15 to 21	12 months	Standard	Summary of the audit and findings presented at the antenatal and newborn screening programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure that there is appropriate governance and clinical oversight of the antenatal and newborn screening programmes within Yeovil District Hospital NHS Foundation Trust	Service specifications 15 to 21	6 months	Standard	<p>Establishment of a multidisciplinary group</p> <p>Terms of reference to include membership, nominated clinical leads for each screening programme, frequency of meetings, accountability, review of risks and escalation of issues to the commissioners and to the screening quality assurance service</p>
5	Ensure newborn hearing screening service resources provide adequate resilience within the service	Service specification 20	6 months	High	<p>Documented work force plan for the service including programme coordination, leadership, education and training for staff, audit, monitoring of cohort tracking IT systems and a succession plan.</p> <p>Guidelines or standard operating procedures which have been benchmarked against the NHS screening programme service specification</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Write an organisational accountability structure for the newborn hearing screening service including detail of escalation routes for governance and performance issues	NHS standard contract service conditions	6 months	Standard	Copy of the organisational structure chart and governance escalation pathway
7	Document the process for management of incidents within the newborn hearing screening programme	Service specification 20	6 months	Standard	Guideline or standard operating procedure which incorporates national guidance on 'managing safety incidents in NHS screening programmes'
8	Revise the screening guidelines and pathways within Yeovil District Hospital NHS Foundation Trust to ensure that local practice is in line with current national requirements	Service specifications 15 to 19 and 21	12 months	Standard	Revised guidelines which have been benchmarked against NHS screening programme service specifications
9	Develop a suite of standard operating procedures to describe processes for managing women and babies through the screening pathway	Service specifications 15 to 19 and 21	6 months	High	Standard operating procedures
10	Ensure all standard operating procedures are completed and ratified for the child health information service	Service specification 15, 19 to 21 and 28	3 months	Standard	Standard operating procedures



No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Update the antenatal screening and diabetes guideline to comply with the national diabetic eye screening policy	Service specification 22	6 months	High	Guideline which has been benchmarked against the NHS screening programme service specification
12	Develop and implement the process for sharing learning and completion of action plans following screening audits completed by Yeovil District Hospital NHS Foundation Trust	Service specifications 15 to 19 and 21	12 months	Standard	Standard operating procedure which describes how action plans are followed up and how learning is shared following audit.  Notes of meetings where action plans are discussed and signed off
13	Agree a schedule of audits for the newborn hearing screening service	Service specification 20	12 months	Standard	Audits completed, and recommendations and action plans presented at the antenatal and newborn screening programme board
14	Complete a user survey to gather views about the antenatal and newborn screening pathways	Service specifications 15 to 21	12 months	Standard	Outcome and action plan of user survey discussed at the antenatal and newborn screening programme board

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure staff involved in the screening pathway for the newborn and infant physical examinations complete annual training requirements and competency assessments	Service specification 21	12 months	Standard	Updated training needs analysis and action plan  Training records for staff to ensure annual updates

## Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop an IT solution to allow the electronic collection of key performance data	Service specifications 15 to 18	12 months	Standard	Outcome of discussions presented at the antenatal and newborn screening programme board
17	Ensure that women receive the results of all screening tests if screening is performed before a miscarriage or a termination of pregnancy	Service specifications 15 and 18	6 months	Standard	Guideline or standard operating procedure

## Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Document the process for the generation of an NHS number in the case of the failure of the maternity IT system	Service specifications 19 to 21	6 months	Standard	Standard operating procedure
19	Ensure the SMaRT4NIPE IT system is checked daily to fully utilise the failsafe function of the system	Service specification 21	3 months	High	Standard operating procedure/user guide for managing the tracking process with roles and responsibilities clearly outlined
20	Document a process for notifying key stakeholders about deceased babies within Yeovil District Hospital NHS Foundation NHS Trust that includes an update of the baby's status as deceased on the national screening IT systems	Service specifications 19 to 21	6 months	Standard	Standard operating procedure
21	Document the process for the follow up of babies who are not brought to an appointment for the newborn infant physical examination or newborn blood spot screening	Service specifications 19 and 21	6 months	Standard	Guideline or standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	The commissioners should ensure that the multi-organisational pathway for key performance indicator NB4 (coverage for babies for newborn blood spot screening who move in to the area in the first year of life) is fully implemented	Service specification 19	6 months	Standard	Action plan that is agreed and monitored at the antenatal and newborn screening programme board  Submission of KPI data NB4
23	Implement and monitor a plan to meet the achievable threshold for NP1 (newborn and infant physical examination coverage newborn)	Antenatal and newborn screening KPIs for 2018 to 2019: definitions	12 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening programme board  Submission of KPI data NP1

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Inform GPs of declines and incomplete screens for the newborn hearing screening programme	Service specification 20	3 months	Standard	Standard operating procedure

### Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Document key individual's roles and responsibilities to ensure counselling of screen positive women for sickle cell and thalassaemia is in line with national standards	Service specification 18	6 months	Standard	Guideline or standard operating procedure detailing pathway

### Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure each woman who declines the initial offer of infectious diseases screening (HIV, hepatitis B and/or syphilis) is identified, tracked and re-offered screening by 20 weeks of pregnancy	Service specification 15	3 months	Standard	Database to demonstrate tracking  Submission of coverage KPI data ID1, ID3 and ID4  Annual audit of declines

## Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Document the process to make sure that women who are unable to complete first trimester screening or who transfer in after 14 weeks and 2 days but before 20 weeks and 0 days are offered and complete Down's syndrome screening where this has been accepted	Service specification 16	6 months	Standard	Guideline or standard operating procedure outlining pathway
28	Document the checking process between the maternity service and the screening laboratories which ensures that all high chance results are received by the maternity services	Service specification 16	6 months	Standard	Standard operating procedure
29	Make sure the fetal anomaly screening pathway for second trimester quadruple screening complies with national policy	Service specification 16	3 months	Standard	Fetal anomaly screening pathway shared at the antenatal and newborn screening programme board
30	Implement a process to ensure timely feedback is received regarding women referred to external fetal medicine services	Service specifications 16 to 18	6 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Implement a process to feedback to the fetal anomaly screening laboratory the outcomes of all pregnancies	Service specification 16	6 months	Standard	Laboratory receives outcome data  Standard operating procedure
32	Implement a process for the review of unexpected abnormalities identified at birth	Service specifications 16, 17 and 19	12 months	Standard	Multi-disciplinary meeting

### Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Record outcomes of referrals for the newborn hearing screening service on the SMaRT4hearing IT system	Service specification No 20	6 months	Standard	Date seen and referral outcome for the hearing screening service recorded on the SMaRT4hearing IT system
34	Implement and monitor a plan to meet the acceptable level for the key performance indicator NH2 (time from screening outcome to attendance at an audiological assessment appointment)	Service specification No 20	12 months	Standard	Action plan that is agreed and monitored at the programme board  Submission of KPI data NH2

## Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Implement a process to track and record outcomes for each screen positive baby referred from the newborn infant physical examination screening pathway on SMaRT4NIPE	Service specification 21	6 months	Standard	Protocol or standard operating procedure  Process presented at the antenatal and newborn screening programme board meeting
36	Implement and monitor a plan to meet the acceptable level for the key performance indicator NP2 (newborn and infant physical examination timely assessment of developmental dysplasia of the hip)	Service specification 21  NIPE standard 3	12 months	Standard	Action plan that is agreed and monitored at the programme board  Submission of KPI data NP2

## Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Implement and monitor a plan to meet the acceptable level for the key performance indicator for NB2 – avoidable repeat tests	Service specification 19	6 months	Standard	Action plan that is agreed and monitored at the programme board  Submission of KPI NB2



## 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 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.