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Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes Blackpool Teaching
Hospitals NHS Foundation Trust

19 February 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 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.

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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 Blackpool Teaching Hospitals NHS Foundation Trust screening service held on 19 February 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 to Blackpool Victoria Hospital and the Child Health Information Service at Washam Hospital on 18 February 2019

Local screening service

Blackpool Teaching Hospitals NHS Foundation Trust (BTH) provides services to approximately 340,000 inhabitants of Blackpool, Fylde and Wyre and areas of North Lancashire. It serves populations from areas of high socio-economic deprivation with many people moving into and out of the area. The main hospital site, Blackpool Victoria Hospital (BVH), is located 2 miles to the east of Blackpool town centre.

BTH provides consultant-led and midwifery-led maternity care. The delivery unit is on the main hospital site. To improve access, outreach antenatal and postnatal clinics are provided in 11 hubs across Blackpool, Fylde and Wyre.

Between 1 April 2017 and 31 March 2018, 3,110 women booked for maternity care at Blackpool Victoria Hospital with 2,914 babies born.

Local maternity services are commissioned by Blackpool Clinical Commissioning Group (CCG) and Fylde and Wyre CCG.

Findings

This is the second quality assurance visit to BTH, the first was in November 2014. With one exception, all recommendations from that visit are met. The service at BTH is patient-centred and delivered by a dedicated team.

There are identified leads for each of the antenatal and newborn screening programmes but the responsibility for oversight of all antenatal and newborn screening programmes is unclear.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 10 high-priority findings as summarised below:

- responsibility for the oversight, governance and escalation processes of all antenatal and newborn screening programmes is not clear
- the local antenatal and newborn programme board is not meeting to assure the safety of local screening programmes
- process for booking the first trimester pregnancy scan and screening for Down's syndrome, Edwards' syndrome and Patau's syndrome does not provide assurance that women will be seen and screened within the required timeframe
- screening incidents are not managed in line with national guidance and the screening risk on the risk register has not been updated since February 2018
- guidelines and standard operating procedures across the screening programme do not meet current national guidance
- the roles of the screening team are not clearly defined to provide assurance that the screening programmes are being coordinated effectively
- national guidance is not followed for women who decline screening for infectious diseases
- the use of interpretation services is limited and there is high reliance on family members to provide translation which does not give assurance that women are giving informed consent for screening
- there is no formal clinical oversight of screening data provided by the data analyst or the screening team

- there are no clinical databases of screen positive screening results to quality assure and monitor the screening service against national standards and guidance

Shared learning

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

- a weekly snapshot update of incidents and changes to guidelines and documents is disseminated across the division
- a dedicated data analyst oversees and triangulates screening data which provides assurance that the cohort is fully accounted for

Recommendations

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

Governance and leadership – Commissioning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Put in place a service-level agreement between Blackpool Teaching Hospitals NHS Foundation Trust (BTH) and Lancashire Teaching Hospitals NHS Foundation Trust for the provision of prenatal diagnostic services	NHS standard contract	6 months	Standard	Monitoring through the quarterly contract meetings
2	Commissioner to develop an overarching Screening Inequality Plan with actions for each of the screening programme boards		12 months	Standard	Trust health equity audit and action plan Evidence of training log

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Undertake a gap analysis using the national checks and audits documentation and develop an action plan to assure the end-to-end pathways and failsafe processes for antenatal and newborn screening programmes	6	6 months	High	Action plan which is being monitored through the ANNB screening operational group and maternity governance group
4	Develop an organisational accountability structure for the ANNB screening service and data reporting, including escalation routes for governance and performance		3 months	High	Structure and escalation routes documented in the maternity risk management strategy
5	Reinstate the ANNB screening operational group, with revised terms of reference that outline purpose, membership, reporting and escalation processes	1	6 months	High	Agreed and ratified terms of reference for the group Minutes from meetings
6	Implement and monitor a plan to progress key performance indicators (KPIs) are meeting the acceptable threshold to the achievable threshold for FA1, ST2, ST3, NB2 and NP1	2, 3	12 months	Standard	Action plan in place monitored through the ANNB screening operational group and governance structure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Update the risk register and revise the action plan to address capacity in ultrasound to mitigate the risk of delay in screening	1	3 months	High	Action plan in place which is being monitored through the maternity governance structure. Risk register updated
8	Make sure that screening incidents are reported in line with 'Managing Safety Incidents in NHS Screening Programmes' national guidance	4	6 months	High	Updated protocol evidence that any screening incidents on Datix are reporting via screening incident assessment form
9	Update guidelines and standard operating procedures (SOPS) for all antenatal and newborn screening programmes to make sure the documented pathways are in line with current standards and national service specifications	1,2,7,8, 10,11, 13,14	3 months	High	Updated the Trust's ratified guidelines
10	Develop a schedule for ultrasound image audits and make sure all sonographers, including any agency staff, are given feedback about the audits in line with FASP national guidance	10	3 months	High	Confirmation of image audit schedule Documented example of feedback to sonographer of audit and image review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Put a process in place to provide assurance that women with a screen positive results are tracked through the screening pathway from screening result to concluded outcome	1,2,7,8,10,11,13,14	3 months	High	Documented process that evidences screening pathway tracking for screening positive women
12	Audit the process for health visitors, giving newborn bloodspot results to make sure parents receive unsuspected results in accordance with national guidance	1,2	6 months	Standard	Audit and any action plan to be presented at local operational group
13	Implement an annual audit schedule for all antenatal and newborn screening programmes to demonstrate failsafe processes, evidence of equity of access and that national programme standards are being met	1 to 14	12 months	Standard	Copy of annual audit schedule. Audit presented at ANNB screening operational group (minutes)
14	Develop and complete an annual user satisfaction survey specific to antenatal and newborn screening	1	12 months	Standard	User satisfaction survey completed with actions taken

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Revise job descriptions for the antenatal and newborn screening coordinator, deputy and screening support sonographer roles and their responsibilities to make sure they accurately reflect the national requirements of the job and have sufficient capacity to effectively co-ordinate the antenatal and newborn screening programmes	1 to 14	6 months	High	Screening team capacity planning Updated job descriptions
16	Make sure all staff involved in the screening pathway complete the mandatory screening training requirements and that screening training requirements are monitored and kept up to date	4 to 14	12 months	Standard	Training log showing evidence of screening update training for midwives and medical staff
17	Recruit to the vacant posts in ultrasound and hearing screening to provide resilience and adequate capacity within the services	1	6 months	High	Evidence of appointment
18	Make sure there is a plan in place for prompt repair and replacement of lost or damaged equipment for the Newborn Hearing Screening Programme	13	6 months	Standard	Replacement plan reported at programme board

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Make sure screening results are available to all women who miscarry or end their pregnancy early in accordance with national guidance	7 to 14	6 months	Standard	Copy of letter used Agreed standard operating procedure presented at the ANNB screening operational group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Trust IT / business intelligence team to work with the Child Health Information Service to develop templates for EMIS to enable independent NIPE reporting	14	6 months	Standard	NIPE results presented at ANNB screening operational group
21	Put in place a process to ensure timely notification of deceased babies to newborn screening providers	1,2,13,14	6 months	Standard	Confirmation of agreed process confirmed

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Update the trust website so that it is in line with current national screening guidance	1 to 14	3 months	High	Link to updated website
23	Revise the booking process for the early pregnancy scan and combined screening tests to make sure screening is not missed or delayed	1,10,11	6 months	High	Audit to check that failsafe is efficient in identifying delayed/missed screening presented at local ANNB operational group
24	Implement a fail-safe process to make sure all women who have consented to and have not completed combined screening for Down's syndrome, Edwards' syndrome and Patau's syndrome are offered quadruple screening within the required timeframe	1,2,6,10,11,12	3 months	High	Revised and ratified SOP/guideline
25	Revise the use of translation services to give assurance that women can make an informed choice about screening by minimising the use of family members for translation particularly in ultrasound and newborn hearing screening	1,2,6,7-14	6 months	High	Agreed SOP in place and presented at ANNB screening operational group

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Revise the SCT guideline to make sure women who screen positive for SCT are given results and offered partner testing in accordance with national guidance	1, 2, 7	6 months	High	Revised and ratified guideline

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Update local policy for women who decline screening for Infectious Diseases in pregnancy to make sure it complies with national guidance	1,2,8	3 months	High	Revised and ratified guideline
28	Put in place a process and SOP for informing the Child Health Information Service of known hepatitis B positive antenatal women to provide a failsafe for the scheduling of infant vaccination		6 months	Standard	Agreed SOP in place describing process for notification

Foetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Revise the fetal anomaly referral pathway to include the criteria for referral to tertiary fetal medicine and develop a SOP to make sure all fetal anomalies are notified to NCARDS	1,2,10,11	6 months	Standard	Agreed and ratified guideline presented at the ANNB screening operational group Extract from database confirming notification

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Develop an action plan to meet the achievable threshold for KPI NH1 and NH2	1,2,3,13	6 months	High	Minutes of meeting to confirm monitoring in place and actions taken Acceptable threshold met
31	Make sure there is a plan in place for replacement of NHSP equipment within the trust capital replacement plan	13	12 months	Standard	Confirmation of action presented at local ANNB operational group
32	Revise the process for sharing records between audiology and cross border clinics to prevent delays in review outstanding records	1,2,13	6 months	High	Extract from S4H showing reduction in outstanding share in/share out records

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Make sure all hearing screeners undertake the mandatory annual update	13	6 months	Standard	Training log updated to show compliance with training
34	Investigate the reason for the high level of manually-entered data and make sure that results are downloaded from SMaRT4Hearing (S4H) to reduce potential transcription errors	13	6 months	High	Report from S4H showing results have been electronically downloaded

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Implement SMaRT4NIPE	14	12 months	Standard	Evidence of national reporting from SMaRT4NIPE
36	Put in place referral pathways for all NIPE referable conditions and a process for recording outcomes	1,2,3,14	6 months	High	Guideline including agreed referral pathways for all 4 NIPE conditions and containing a process to record the outcome presented at ANNB Screening operational group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Provide assurance that all babies who present with the national hip risk factors are referred for hip ultrasound and have an outcome recorded	1,2,3,14	6 months	Standard	Audit to be presented at the local operational group and programme board

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Develop an action plan to meet the achievable threshold for KPI NB4	1,2,3	6 months	Standard	Minutes of meeting to confirm monitoring in place and actions taken Acceptable threshold met

Next steps

Blackpool Teaching Hospitals NHS Foundation Trust 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.