Public Health England

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes

Wirral University Teaching Hospital NHS Foundation Trust

4 December 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 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 Wirral University Teaching Hospital NHS Foundation Trust screening service held on 4 December 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 visits to Child Health Office, Wirral Community Trust on 3 December 2018 and conference call with commissioners on 12 December 2018
- information shared with the North West regional SQAS as part of the visit process

Local screening service

Wirral University Teaching Hospital NHS Foundation Trust (WUTH) provides services to approximately 330,000 people who live in Birkenhead and Wirral area. It serves populations from areas of high socio-economic deprivation as well as affluent areas. The main hospital site, Arrowe Park Hospital is located approximately 4 miles from Birkenhead town centre.

WUTH provides primary and secondary level (low risk to high risk) maternity care with level 3 neonatal care. The delivery unit is on the main hospital site at Arrowe Park Hospital. To improve access, outreach antenatal services are provided at the Victoria Health Centre, Wallasey and St. Catherine’s Health Centre, Birkenhead.

Between 1 April 2017 and 31 March 2018 3,276 women booked for maternity care at Arrowe Park Hospital and there were 3,119 births.

Local maternity services are commissioned by Wirral Clinical Commissioning Group (CCG) and NHS England North (Cheshire and Merseyside) commission the antenatal and newborn screening services. The Child Health Information System (CHIS) is commissioned by NHS England North (Merseyside and Cheshire)

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 the second quality assurance visit to the trust, the first was in June 2015. The service is delivered by a team of dedicated staff who are committed to quality improvement.

The local screening co-ordinator has a high profile in the clinical setting. The appointment of the failsafe officer and dedicated role of the screening coordinator provides assurance that the screening programmes can be delivered safely. All staff are enthused and motivated to drive quality improvement within screening.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 7 high priority findings as summarised below:

- Child Health Organisation (CHO) have not completed the work with NHS digital relating to the migration of records from Genesis to SystmOne
- NHS England have not agreed the quality improvement plan with CHO following the reconciliation work
- delay in birth notification from the Cerner IT system to Child Health Organisation.
- some antenatal and newborn guidelines and standard operation procedures (SOP’s) do not meet latest national guidance
- attendance and effectiveness of the local operation meeting group does not reflect local processes and there is no defined route of escalation and management of performance issues
- screening incidents are not always reported to NHS England and SQAS as required within national guidance

- FASP pathways and guidelines for quadruple screening are outside of national programme guidance

Shared learning

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

- the use of joint newborn infant physical examination (NIPE) and newborn hearing screening (NHSP) clinics make sure that screening is complete for those babies discharged early and those returning back to WUTH to complete these screens
- neonatal intensive care champion for the newborn bloodspot screening programme (NBS) programme to assist with training and education to drive up quality for the NBS programme
- IT champion midwives to assist with maternity based IT training and assist in implementing screening IT service changes
- the sonography department have engaged with externally with Tiny Tickers for additional cardiac ultrasound training

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	NHS England commissioner to complete the intended refresh of section 7a antenatal and newborn screening specifications into Clinical Commissioning Group (CCG) contracts and to formalize links into CCG led performance management group	1 to 14	6 months	Standard	Email confirmation, contract meetings and minutes
2	Commissioner to complete review of antenatal and newborn quality group and to agree the external forum for performance monitoring of key performance indicators (KPI) for antenatal and newborn screening	1 to 14	6 months	Standard	Revise terms of reference for quality group. Confirmation of group governance, escalation process and KPI monitoring

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	The Child health organisation (CHO) to complete national validation exercise resulting in the release of weekly movement reports to ensure that children moving in and out of area are known to the CHO for onward reporting to support the WUTH ANNB screening services failsafe systems and processes	1, 2, 3, 4, 5, 6, 13 14	6 months	High	Evidence of completeness of record migration and confirmation of weekly movement in/out reports from meeting notes and minutes or email confirmation
4	Commissioner to agree quality improvement plan with the child health organisation service to make sure all national service specification parameters are met following completion of record migration	1, 2, 3, 4, 5, 6, 13, 14	12 months	High	Action plan in place with defined timescales Review of service against current national service programme service specification and actions plans in place for completion of gaps
5	Commissioner to work with the CHO to implement a staff training and service development plan	1, 2, 3, 4, 5, 6, 9, 13, 14	12 months	Standard	Training and development plans for CHO staff

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review of terms of reference (TOR) of the trust steering group to make sure that roles are clearly defined and inclusive of all stakeholders to improve the effectiveness of the group and information sharing between disciplines	1 to 14	3 Months	Standard	Ratified TOR, revised membership, agenda and minutes which show evidence of attendance by representation from all 6 programmes including programme leads
7	Update local policy to include reference to Managing screening incidents in accordance with 'Managing Safety incidents in NHS Screening Programmes'	4, 5	6 Months	Standard	Revised incident policy ratified at ANNB local screening board
8	Manage all screening patient safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes' across all programmes	4, 5	6 Months	High	All staff trained in incident reporting. Incident reports to be presented at ANNB local screening board, agenda and minutes show evidence of incidents managed using national guidance and appropriately reported to SQAS and SIT

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Ensure all antenatal and newborn guidelines and standard operating procedures (SOP) are developed in line with current national standards and service specifications and approved in accordance with the trust quality management system or equivalent	1 to 14	6 months	Standard	Guidelines and SOPs reflect current national standards and specifications ratified through trust processes and presented ANNB local screening board
10	Revise public facing Trust website to include current national guidance and links to national information about antenatal & newborn screening programmes	1 to 14	6 months	Standard	WUTH antenatal and newborn screening website updated to reflect national guidance and standards with web links to national information
11	Implement an annual audit schedule for all the antenatal and newborn screening programmes to demonstrate failsafe processes, evidence equity of access and that national programme standards are met	4, 5, 6, 7, 8, 9, 10	12 Months	Standard	Annual audit schedule. Audits to be presented at ANNB local screening board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Explore the reasons and update the process to make sure there is no delay for birth notification from the Cerner IT system to Child Health Organisation.	1, 2, 3, 4, 5, 6, 13, 14	6 Months	High	Confirmation from child health of real time birth notification from WUTH

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Develop user survey to gather the views about the antenatal and newborn screening pathways	4, 5, 6, 7, 8, 9, 10	12 Months	Standard	Outcome of survey to be presented at ANNB local screening board
14	Make sure all staff involved in the screening pathway complete the appropriate annual screening training requirements	1 to 14	6 months	Standard	Training log for all staff. Training needs analysis and relating action plan

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Implement an auditable process to identify and track each baby (movers in-within the UK and/or abroad) eligible for screening from offer to screening result	1, 2, 3, 4, 5, 6, 13, 14	6 Months	High	Submission of key performance data NB1a, 1b, NH1, NP1. Screenshot of tracking (failsafe) system. Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Review the process at community sites to make sure women have early access to screening services that include the offer of taking blood samples at booking for all women	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12	6 Months	High	Pathway demonstrates early and equitable access and the offer of taking bloods for screening at booking

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement an electronic family origin questionnaire (FOQ)	1 to 7	12 Months	Standard	Email confirmation of implementation

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement and monitor a process for notifying child health organisation (CHO) of all babies who require hepatitis B vaccination	1 to 9	3 Months	Standard	Standard operating procedure (SOP) for notification with audit of compliance

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Make sure the FASP pathway for Down's Syndrome, Edwards' Syndrome and Patau's Syndrome screening complies with national guidance	1 to 6, 10, 11, 12	6 Months	High	Revised pathway presented to ANNB local screening board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Develop a process to feedback outcomes on abnormalities and share learning with sonographers for women referred to fetal medicine service	1 to 6, 10, 11, 12	6 Months	Standard	Process in place for feedback on abnormalities to sonographers. Audit schedule feedback into ANNB local screening board
21	Implement and monitor a plan to meet KPI FA1	1 to 6, 10, 11, 12	6 Months	Standard	Action plan that is agreed and monitored via the ANNB local screening board. Submission of KPI data, acceptable threshold met

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Implement and monitor a plan to meet NH2 acceptable threshold	1 to 6, 13	6 Months	Standard	Action plan that is agreed and monitored via ANNB local screening board. Submission of KPI data, acceptable threshold met
23	Update audiology information in appointment letter	1 to 6, 13	3 Months	Standard	Copy of updated patient appointment letter with reference to Otoacoustic Emissions (OAE) removed

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement and monitor a plan to meet NP2	1 to 6, 14	6 Months	Standard	Action plan that is agreed and monitored via ANNB local screening board. Submission of KPI data, acceptable threshold met
25	Child health (CHO) to develop and implement a process to input NIPE outcome details onto SystmOne	1 to 6, 14	6 Months	Standard	Confirmation that child health has read only access to WUTH SMaRT4NIPE (S4N) and outcomes of NIPE are recorded on SystmOne

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Implement and monitor a plan to meet NB2	1 to 6	6 Months	Standard	Action plan that is agreed and monitored via ANNB local screening board. Submission of KPI data, acceptable threshold met

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.