



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

Antenatal and Newborn Screening
Programmes
Taunton and Somerset NHS Foundation
Trust

17 September 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 Taunton and Somerset NHS Foundation Trust screening service held on 17 September 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 shared with the south regional SQAS as part of the visit process

Local screening service

Taunton and Somerset NHS Foundation Trust provides services for a population of 340,000 people across Taunton Deane, Sedgemoor, Mendip, and South and West Somerset. Both consultant and midwifery led services are provided by the trust. All antenatal and newborn screening programmes are offered. 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 2018 and March 2019 around 3600 women booked for antenatal care with the service, with around 3100 deliveries within the same timeframe. Data provided by the service shows that the maternity population is characterised as 82% white British.

Local screening services are commissioned by NHS England South West (Bristol, North Somerset, Somerset, South Gloucestershire, Devon, Cornwall and the Isles of Scilly).

The scope of this review includes the following services:

- the maternity service
- the sonography service for fetal anomaly screening
- the child health information service

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

- analysis and risk calculation of first and second trimester screening samples for Down's syndrome, Edwards' syndrome and Patau's syndrome are 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 screening services for sickle cell and thalassaemia and infectious diseases are provided by Southwest Pathology Services
- the newborn hearing screening service is provided by Somerset County Council

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

Women who require enhanced care are referred for fetal medicine services at Taunton and Somerset NHS Foundation Trust or to University Hospitals Bristol NHS Foundation Trust. There is a neonatal intensive care unit at Taunton and Somerset NHS Foundation Trust.

Findings

This is the second QA visit to the antenatal and newborn screening services at Taunton and Somerset NHS Foundation Trust. During the visit, it was evident that there is a commitment to develop and enhance service provision regarding the screening programmes

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified the high priority findings summarised below:

- key performance indicator data is not provided to screening quality assurance service or to the public health commissioning teams for sense checking prior to national submission
- screening safety incidents are not managed in accordance with PHE 'managing safety incidents in NHS screening programmes' guidance
- there was no evidence of a policy or a guideline for the newborn infant physical examination pathway or for the referral of women with diabetes who are pregnant for diabetic eye screening
- there are no standard operating procedures that describe the processes for managing women and babies throughout the whole screening pathway. In the absence of key individuals these would support resilience within the screening service
- women who decline the initial offer of infectious diseases screening in pregnancy (HIV, hepatitis B and/or syphilis) are not consistently re-offered screening by 20 weeks of pregnancy
- the referral of women when an fetal anomaly is suspected or confirmed is not timely
- the newborn blood spot screening pathway does not comply with national guidance

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	The commissioner and the provider should ensure signed contracts are in place with all sub-contractors	Service specifications 15 and 18	12 months	Standard	Confirmation at the antenatal and newborn screening programme board that contracts are in place
02	Evaluate the arrangements for the joint Somerset antenatal and newborn screening programme board meeting	Service specifications 15 to 21	12 months	Standard	Evaluation report to be presented to screening and immunisation leads NHS England South West

No.	Recommendation	Reference	Timescale	Priority	Evidence required
03	The commissioner and stakeholders should work together to develop and implement a health inequalities strategy	<p>Service specifications 15 to 21</p> <p>Guidance for NHS Commissioners on equality and health inequality duties 2015</p> <p>NHS accessible Information standard and specification</p>	12 months	Standard	Summary of the audit, and findings and action plan presented at the antenatal and newborn screening programme board
04	Ensure that there is appropriate governance and clinical oversight of the antenatal and newborn screening programmes within Taunton and Somerset NHS Foundation Trust	Service specifications 15 to 19 and 21	6 months	Standard	<p>Terms of reference of internal governance meeting to include membership for all screening programmes, frequency of meetings, accountability, review of risks and escalation of issues</p> <p>Named consultant clinical lead identified for each screening programme and function included in a job plan</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
05	Formalise the trust maternity multi-disciplinary (which should report to internal governance group) group	Service specifications 15 to 19	6 months	Standard	Terms of reference to include membership, nominated clinical leads for each screening programme, frequency of meetings, accountability and escalation of issues
06	Provide approved key performance indicator data for sense checking prior to submission nationally to ensure quality and consistency	Service specifications 15 to 19 and 21 PHE screening KPI definitions and submission document	6 months	High	Data shared with commissioners and screening quality assurance service prior to final submission
07	Manage all screening safety incidents and serious incidents in accordance with PHE 'managing safety incidents in NHS screening programmes' guidance	Managing Safety Incidents in NHS Screening Programmes	6 months	High	Incidents reported to commissioners and screening quality assurance service, investigated and managed in accordance with national guidance Incident management policy which incorporates national guidance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
08	Revise screening guidelines to ensure that local practice is reflected in current documents (see policies and guidelines section of main report)	Service specifications 15 to 19 and 21	12 months	Standard	Revised guidelines which reflect the NHS screening programme service specifications
09	Develop a screening policy or guideline for the newborn infant physical examination pathway	Service specification 21	3 months	High	Newborn infant physical examination policy or guideline which reflects the NHS screening programme service specification
10	Develop a screening policy or guideline for the referral of women with diabetes who are pregnant for retinopathy screening	Service specification 22	3 months	High	Diabetic eye screening in pregnancy policy or guideline which reflects the NHS screening programme service specification
11	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Document agreed audits of the antenatal and newborn screening programmes on an audit schedule	Service specifications 15 to 19 and 21	12 months	Standard	Audit schedule Audits, action plans and implementation arrangements presented to antenatal and newborn screening programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure the role and functions of the screening support sonographer are formalised	Service specifications 16 and 17	6 months	Standard	Job description Evidence of protected time within the work rota
14	Ensure all staff involved in undertaking first trimester screening within the sonography department complete the e-learning modules in line with the fetal anomaly screening programme recommendations	Service specifications 16 and 17	6 months	Standard	Training records for staff
15	Ensure staff involved in the screening pathway for the newborn and infant physical examinations have undertaken regular competency assessments	Service specification 21	12 months	Standard	Training records for staff to ensure annual updates

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Document a process for notifying key stakeholders when changes are made to records on the national newborn failsafe IT solutions	Service specifications 19 to 21	6 months	Standard	Guideline or standard operating procedure

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Develop an IT solution to allow the electronic collection of key performance indicator data	Service specifications 15 to 18	12 months	Standard	Electronic solution for collecting key performance indicator data All key performance indicators submitted
18	Ensure that women receive 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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Implement a timely process for tracking each woman through the screening pathway to ensure that screening is offered, screening tests are performed, and results are received	Service specification 15 to 18	6 months	Standard	<p>Screenshot of failsafe system tracking women from booking to screening result presented to antenatal and newborn screening programme board</p> <p>Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined</p>

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	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	Guideline or standard operating procedure
21	Document a process for notifying key stakeholders about deceased babies within Taunton and Somerset NHS Foundation 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	Guideline or standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	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 services	Service specifications 19 and 21	6 months	Standard	Guideline or standard operating procedure

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Update the trust website and the 'Handi App' to include links to the latest information on the antenatal and newborn screening programmes	Service specifications 15 to 21	6 months	Standard	Website and application updated
24	Document the process for identification and engagement with vulnerable women who may require increased care including women with special requirements	Service specifications 15 to 18	6 months	Standard	Guideline or standard operating procedure

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Implement a process for direct referral for couples or women known to be at risk of sickle cell or thalassaemia for pre-natal diagnosis	Service specification 18	6 months	Standard	Standard operating procedure

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure each woman who declines the initial offer of IDPS screening (HIV, hepatitis B and/or syphilis) is identified, tracked and re-offered screening by 20 weeks of pregnancy	Service specification 15 IDPS programme handbook	3 months	High	Database to demonstrate tracking Annual audit of declines and action plan presented to antenatal and newborn screening programme board

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Ensure 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
28	Implement and monitor a plan to meet the acceptable threshold for standard 8 for the fetal anomaly screening programme (timely referral (local and tertiary as clinically appropriate) when an anomaly is suspected or confirmed)	Service specification 17 FASP standard 8	6 months	High	Action plan that is agreed and monitored by the antenatal and newborn screening programme board Submission of data for Standard 8

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Ensure the newborn blood spot screening pathway complies with national guidance	Service specification 19	6 months	High	Newborn blood spot screening pathway shared at the antenatal and newborn screening programme board

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 needed.