Public Health England

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Screening Quality Assurance visit report

Antenatal and Newborn Screening Programmes Airedale NHS Foundation Trust

10 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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Published June 2020
PHE publications
gateway number: GW-1367

PHE supports the UN
Sustainable Development Goals

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 Airedale NHS Foundation Trust screening service held on 10 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 collected during pre-review conference calls with commissioning teams and the Bradford child health information service on 4 September 2019
- information shared with the north regional SQAS as part of the visit process

Local screening service

Airedale NHS Foundation Trust (ANHST) provides services for a population of over 200,000 people from a widespread area covering 700 square miles within Yorkshire and Lancashire. There are areas of affluence but also several areas of social deprivation and a high proportion of women from ethnic minority groups where English is not their first language.

Low and high risk maternity services are provided from one hospital site at Airedale General Hospital with outreach services being delivered from community settings including GP surgeries, health centres and children’s centres.

In 2018 to 2019, 2482 women booked for maternity care at ANHST, with 2165 births. ANHST provide a case-loading model for the provision of continuity of carer for women residing in the Bradford area planning to deliver at the trust.

ANHST offers all 6 NHS antenatal and newborn screening programmes.

Maternity services are commissioned by NHS Airedale, Wharfedale and Craven Clinical Commissioning Group and NHS England and NHS Improvement – North East and Yorkshire (Yorkshire and the Humber) commission the antenatal and newborn screening programmes.

Findings

This is the second quality assurance visit to Airedale NHS Foundation Trust, the first was in September 2016.

The service is delivered by a team of dedicated staff who are committed to quality improvement. There is evidence of excellent working relationships between staff across the screening programmes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings as summarised below:

- lack of capacity within the screening team to provide operational oversite, undertake audit and quality improvement work
- terms of reference for the antenatal and newborn screening operational groups are brief and attendance at meetings is poor
- limited strategic oversight and leadership for the screening support sonographers
- limited audit to provide assurance of the end to end screening pathways and drive quality improvement
- the national IT system (SMaRT4NIPE – S4N) is not used
- inability of the trust maternity IT system to print barcoded labels with a readable NHS number

Shared learning

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

- communication to staff groups using a published screening newsletter and a closed Facebook group to provide updates / feedback
- a documented pathway for women who attend the early pregnancy assessment unit to make sure that opportunities for screening are not missed
- anomaly scan image review to support effective performance of the screening programme
- use of an interactive quiz for the delivery of mandatory training which is refreshing and engaging
- set of standard operating procedures outlining the screening team's daily tasks providing contingency within the service
- use of tasks / alerts within the maternity IT system (SystmOne) to support the screening pathway and communication with the child health services, GPs and health visitors
- maternity services annual public open day to provide information and advice including screening

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update terms of reference for the antenatal and newborn screening trust oversight group to include representation for each screening programme and documentation of the governance arrangements for the group	1	6 months	High	Updated ratified terms of reference including membership, nominated clinical leads for each screening programme, accountability to trust board meeting frequency review of risks and escalation of issues Minutes to demonstrate attendance
2	Make sure there are documented governance arrangements and clear lines of accountability between obstetric ultrasound and maternity so that the head of midwifery can have clinical oversight and account for risks	1	3 months	High	Documentation of ratified arrangements and structure
3	Head of midwifery to receive newborn hearing screening (NHSP) and newborn blood spot (NBS) key performance indicator data for scrutiny and monitoring	1, 2	6 months	Standard	NHSP and NBS key performance data submitted to the Head of Midwifery quarterly

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Amend trust risk management and incident policy to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes” (2017)	4, 5	6 months	Standard	Updated ratified policy presented at antenatal and newborn screening oversight group
5	Include antenatal and newborn screening in the maternity business continuity plan	1, 6	12 months	Standard	Updated ratified business continuity plan presented at the antenatal and newborn screening oversight group
6	Make sure all relevant disciplines are included in the process for reviewing and updating ultrasound policies, guidelines and SOPs with a clear process in place for approval and ratification	1, 2, 6	6 months	Standard	Relevant parties included in the authorship, agreed process for ratification presented at the antenatal and newborn screening oversight group
7	Update screening guidelines and standard operating procedures (SOPs) to make sure that they meet national guidance including correct use of terminology and reflect current practice	1, 7, 8, 9, 10, 11, 12, 13, 14	12 months	Standard	Updated guidelines ratified within the trust and presented at the antenatal and newborn screening oversight group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Implement an annual audit schedule for all antenatal and newborn screening programmes to drive quality improvements and evidence that national programme standards are met	1, 2, 6, 7, 8, 9, 10, 11, 12, 13, 14	12 months	High	Annual audit schedule implemented. Completed audits presented at the antenatal and newborn screening governance group Action plan(s) to address any identified gaps

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Revise the capacity and roles within the screening team to provide operational oversite and allow time for audit and quality improvement work	1, 2, 3, 4, 6	3 months	High	Review reported into the antenatal and newborn screening oversight group and the women's integrated governance group with action taken
10	Identify a named person in the neonatal unit with responsibility for newborn screening with close links to the screening team	1, 6, 13, 14	3 months	Standard	Named person in place Attendance at the antenatal and newborn screening oversight group screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review and update the job descriptions for the lead sonographer/screening support sonographer and deputy sonographer to demonstrate the different accountabilities, roles and responsibilities in relation to screening	1, 6, 10, 11, 12	6 months	Standard	Updated job description
12	Make sure that there is a process in place to assess hearing screeners undertaking the level 3 diploma	1, 13	6 months	Standard	Process for assessing screeners in place reported to the antenatal and newborn screening oversight group
13	Harrogate child health information service (CHIS) to make sure arrangements are in place to provide cover in the absence of the CHIS manager	1, 13, 14	3 months	Standard	Arrangements in place and reported to key stakeholders
14	Progress the work to make sure readable NHS number barcoded labels are available and used when submitting newborn blood spot samples	1, 2	6 months	High	Readable bar coded NHS number label available Standard met
15	Progress the business case to replace the newborn hearing screening equipment	1, 13	12 months	Standard	New equipment in place that meets the requirements of the programme Progress reported to the antenatal and newborn screening oversight groups

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Implement the national IT system SMaRT4NIPE and make sure that is used in line with national guidance including recording outcomes for the 4 defined NIPE conditions	1, 6, 14	3 months	High	SMaRT4NIPE fully implemented Outcome data recorded Progress reported to antenatal and newborn screening oversight group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Bradford child health information service to request access to SMaRT4Hearing to facilitate electronic upload of results to the child's record	1, 6, 13	6 months	Standard	Access to SMaRT4Hearing granted Electronic upload of results commenced
18	Implement and monitor a plan to meet the acceptable threshold for the key performance indicator NB4 (newborn blood spot coverage movers in)	3	6 months	Standard	Action plan that is agreed and monitored at contract review group meetings and the antenatal and newborn screening oversight group Submission of key performance indicator data NB4

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Review the antenatal booking process to make sure that women have equitable access to information to support informed consent and timely screening	1, 7, 8, 9	6 months	Standard	Audit of the timeliness of screening presented to the antenatal and newborn screening oversight group
20	Introduce a modern communication method, such as secure email for sending booking forms to the antenatal clinic	1	12 months	Standard	Confirmation provided to the antenatal and newborn screening oversight group
21	Update the public facing website to include a link for newborn and infant physical examination (NIPE) screening programme	1, 14	3 months	Standard	Screenshot of updated website

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Revise the pathway for women who decline the reoffer of screening to make sure it is in line with national guidance	1, 8, 9	3 months	Standard	Pathway reviewed and updated with confirmation reported to the antenatal and newborn screening oversight group Updated and ratified guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Revise the referral pathway for screen positive women for HIV to make sure it is in line with national guidance	1, 8, 9	3 months	Standard	Pathway reviewed and updated with confirmation reported to the antenatal and newborn screening oversight group Updated and ratified guidelines

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement and monitor a plan to meet the acceptable threshold for the key performance indicator FA1 (laboratory form completion)	3	6 months	Standard	Action plan that is agreed and monitored at contract review group meetings and the antenatal and newborn screening oversight group Submission of key performance indicator data FA1

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Implement and monitor a plan to meet the acceptable threshold for the key performance indicator NB2 (avoidable repeat rate)	3	6 months	Standard	Action plan that is agreed and monitored at contract review group meetings and the antenatal and newborn screening oversight group Submission of key performance indicator data NB2
26	Update the letters to parents to make sure information is consistent with the national template	1	3 months	Standard	Updated letters shared at the antenatal and antenatal and newborn screening oversight group

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.