



Public Health
England

Screening Quality Assurance visit report

**NHS Antenatal and Newborn Screening
Programmes**

**Manchester University NHS Foundation
Trust**

14 and 15 March 2018

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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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 Manchester University NHS Foundation Trust screening service held on 14 and 15 March 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 commissioners on 8 March 2018, neonatal and paediatric intensive care units, Manchester Sickle Cell and Thalassaemia Centre and discussion with acting head of midwifery and Local Screening Coordinator at Wythenshawe 14 March 2018
- post visit discussions to clarify interface with sonographers
- information shared with the North West regional SQAS as part of the visit process

Local screening service

Manchester University NHS Foundation Trusts (MFT) was formed on 1 October 2017 following the merger of Central Manchester University Hospitals NHS Trust (CMFT) and University Hospital of South Manchester (USM) creating a new single hospital service. The merger is the first phase of the plan to create a new city wide hospital. The second phase will see North Manchester Hospital, currently part of Pennine Acute Trust, join MFT in approximately 18 months.

MFT provides services to approximately 750,000 people who live in Manchester, Salford and Trafford. Serving populations from areas of high socio-economic

deprivation and diverse ethnicity. It is in central Manchester to the south of the city centre and includes 9 hospital sites across the conurbation.

MFT provides primary, secondary and tertiary level (low risk to complex) maternity care. There are delivery units at the St Mary's Hospital (SMH) on the main hospital site and at Wythenshawe Hospital (WH) in south Manchester. Antenatal care is provided at Trafford Hospital under the governance of WH. WH provides maternity care to women prisoners at HMP Styal. SMH provides satellite antenatal service on the Salford Royal NHS Trust site. The satellite service is due to relocate to a community-based site.

SMH is the first maternity unit in the United Kingdom to have a maternity critical care unit. It provides tertiary maternity care for all MFT sites, neighbouring units at Macclesfield District General Hospital (East Cheshire NHS Trust) and Stepping Hill Hospital (Stockport NHS Foundation Trust) and other trusts across the North West.

SMH and WH have separate executive boards reporting to the overarching governance structure within MFT.

Between 1 April 2016 and 31 March 2017, 9791 and 4964 women booked for maternity care at St Mary's Hospital and Wythenshawe respectively. There were 9514 births at SMH and 4296 at WH.

Local screening services are commissioned by the Greater Manchester Health and Social Care Partnership (GMHSCP) and Manchester Clinical Commissioning Group (CCG).

There are identified leads to co-ordinate and oversee the antenatal and newborn screening programmes. Governance processes are clearly outlined with risks managed appropriately across the Trust.

Findings

This is the first visit to the current service configuration. This visit focuses on antenatal and newborn screening services provided by St Mary's Hospital (SMH) and the interface with Wythenshawe Hospital. St Mary's Hospital for Women was visited as part of the quality assurance pilot in 2012. Wythenshawe Hospital had a quality assurance visit in 2016.

The service at SMH is patient centred and delivered by a team that is dedicated and committed to continuous improvements across the screening pathway. There is strong leadership across the maternity division and they have established new governance arrangements working towards service alignment between the sites. Screening has high profile within the Trust. Staff are enthused, motivated to progress changes and engaged in service developments and improvements across sites.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings as summarised below:

- lack of a 'fast track pathway' for known 'at risk' women and couples into Manchester Sickle Cell and Thalassaemia Centre (MSCTC)
- lack of secure electronic referral process between MSCTC and maternity services

Shared learning

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

- Child Health use automatically generated emails that is sent to all key stakeholders following the notification of a baby death
- use of colour banding to identify safeguarding concerns on Child Health Information System (CHIS) which acts as an alert and can be viewed by hearing screening
- laboratory dashboard is shared with the antenatal screening team to track outstanding samples preventing delays to screening and follow up
- Screening Link Health Visitor model for informing families of neonatal screen positives and traits
- use of a bespoke traffic light system of electronic handover for NIPE, 'Patient Status at a Glance (PSAG)' available on maternity unit identifies babies requiring newborn infant physical examination (NIPE)
- neonatal unit and paediatrics have identified champions supporting timely screening for NBS, NIPE and NHSP
- paediatrics have a dedicated induction pack for all new staff supporting quality in the newborn screening programmes

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	GMHSCP to reinstate regular contractual meetings with provider		3 months	Standard	Contracting arrangements confirmed. Minutes of meetings
2	GMHSCP to formalise the contracting arrangements with the Clinical Commissioning Group commissioners		6 months	Standard	Minutes of meeting
3	GMHSCP to include antenatal and newborn screening within the overall screening health inequalities strategy		6 months	Standard	Inclusion of ANNB in inequalities overall strategy
4	Clarify the commissioning arrangements for women at HMP Styal receiving maternity care from Wythenshawe hospital		6 months	Standard	Commissioning arrangements confirmed. Minutes of meeting
5	Complete the planned work to align oversight processes, policies and procedures across MFT, including sonography service provision and the ANNB operational boards		12 months	Standard	Ratified policies in place, available to all staff Revised governance process and ANNB Programme Board structure in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Develop a mechanism for sharing good practice and lessons learnt from incidents across all sites	4 to 10	12 months	Standard	Process confirmed
7	Complete the business case and recruit a failsafe officer to meet the identified service need	4 to 10	6 months	Standard	Failsafe officer in post

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	CHO to update protocol for 'follow me printing' to include secure transfer via NHS net to reflecting current practice	Information governance best practice	3 months	Standard	Updated and ratified protocol in place
9	Implement an annual audit schedule for all antenatal and newborn screening programmes to demonstrate failsafe processes, evidence equity of access and that national programme standards are met	4 to 10	12 months	Standard	Audit presented to ANNB Programme Board
10	Develop and complete an annual user satisfaction survey specific to antenatal and newborn screening	4 to 10	12 months	Standard	User survey presented to ANNB programme board. Action plan to address any identified gaps

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Make sure child health records are complete with screening results for all registered population	2, 10, 18, 19	12 months	Standard	Monitor progress via the ANNB Screening Programme board

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Implement a 'fast track pathway' and booking process for known at risk women and couples into Manchester Sickle Cell and Thalassaemia Centre	2	3 months	High	Fast track process confirmed. Monitoring in place for evidence early booking of known at risk couples in MSCTC
13	Implement a secure electronic referral process between both Manchester Sickle Cell and Thalassaemia Centre and maternity	Information governance best practice	3 months	High	Evidence of an electronic referral form or SOP

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Implement an electronic FOQ	7, 11, 13	12 months	Standard	Electronic FOQ implemented

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	The virology screening laboratory to update the document control process and assure that external national documents are stored on the quality management system		3 months	Standard	SOP or guideline detailing the revised document control process
16	The virology laboratory must reword the HIV reporting comment to remove ambiguity and reflect the report intentions eg that the result is a confirmed positive, but a second sample is still required to confirm identity of the patient.		3 months	Standard	Revised report seen. Clarification from users that rewording is clear in its intentions

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Develop a process to be able to provide accurate KPI FA2 data. To provide assurance for all completed screens	26	12 months	Standard	FA2 KPI data is submitted. Acceptable threshold met

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement and monitor a plan to meet KPI NH2 and the revised quality standards	9, 17, 26	6 months	Standard	Action plan agreed and monitored by ANNB Programme Board. Submission of data KPI NH2 that meets acceptable threshold
19	Make sure there are secure electronic systems for referral of babies for NHSP screening to Royal Manchester Children's Hospital and out of area NHSP teams	Information governance best practice	6 months	Standard	Implement electronic referral. Updated SOP to include new referral processes

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement and monitor a plan to submit KPI NP2 data. Providing assurance that babies are referred for the 4 conditions within the time frame to meet national programme standards and outcomes are recorded on the NIPE SMART system	10, 18,19, 26	12 months	Standard	Outcomes recorded on NIPE SMART KPI NP2 data submitted with acceptable threshold met

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	CHO to develop a process for receiving NIPE data and produce a data quality report to identify and follow up on missing NIPE and NHSP results	7, 15	9 months	Standard	Effective auditable recording of NIPE and NHSP results on Child Health Information System

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	CHO to review processes with neighbouring CHOs and put in place action plan to improve performance of KPI NB1. Assuring timely access to NBS results for the registered population	7, 15	3 months action plan 6 months monitor performance	Standard	Action plan monitored through ANNB Programme Board. Acceptable level for KPI NB1 met consistently
23	Implement and monitor a plan to consistently meet KPIs NB1, NB2 and NB4	8, 24, 25, 26	6 months	Standard	Minimum threshold for NB1, NB2 and NB4 met. Action plan monitored through the ANNB Programme Board

Next steps

Manchester University NHS Foundation Trusts 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/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.