



Public Health
England



Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes
Warrington And Halton Hospitals NHS
Foundation Trust

30 April 2019

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, research, 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. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: @PHE_uk Facebook: www.facebook.com/PublicHealthEngland

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.

www.gov.uk/phe/screening Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.nhs.uk/open-government-licence). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published August 2019

PHE publications

gateway number: GW-608

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 Warrington and Halton Hospitals NHS Foundation Trust screening service held on 30 April 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
- information collected during pre-review teleconference to commissioners on 26 March 2019
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the North West regional SQAS as part of the visit process

Local screening service

Warrington and Halton Hospitals NHS Foundation Trust (WHH) provides services to approximately 330,000 people who live in Warrington, North Cheshire, Merseyside and Greater Manchester. WHH are part of an integrated care system with Warrington Borough Council, NHS Warrington Clinical Commissioning Group CCG and Bridgewater Community Healthcare NHS Foundation Trust (BCHT), who work in partnership to deliver health and social care.

WHH is an acute trust providing community and hospital maternity services. WHH provide inpatient services for 2 community providers of antenatal and postnatal services, BCHT and One to One Midwifery Services. An intrapartum service for home births is also provided for women who book at WHH.

Local maternity services are commissioned through the maternity payment pathway. NHS Warrington Clinical Commissioning Group (CCG) is the lead commissioner for the maternity services. NHS Halton CCG is the commissioner for the maternity services within BCHT, and Wirral CCG for those with One to One midwifery. NHS England and NHS Improvement North West (Cheshire and Merseyside), (NHSE/I) commission antenatal and newborn screening for all 3 providers. Newborn hearing screening is provided by WHH, North Cheshire newborn hearing screening programme (NHSP) provide services to Warrington, BCHT and One to One midwifery clients who book for care at WHH.

Warrington child health information services (CHIS) are provided by Bridgewater Community Healthcare NHS Foundation Trust (BCHT) for the 0 to 19 year old population in Warrington, St Helens and Knowsley. BCHT services are out of scope for this report. BCHT has been reviewed on the 17 April 2019 at an ANNB screening QA visit. Clear processes are in place to manage and report each child in Warrington.

There are separate identified leads to coordinate the antenatal and newborn screening programmes with clear responsibility for oversight of all 6 antenatal and newborn screening programmes.

Findings

This is the second quality assurance visit to the trust, the first one took place on 12 March 2015. All recommendations from this visit are actioned. This visit focuses on antenatal and newborn screening services provided by Warrington and Halton Hospitals NHS Foundation Trust (WHH).

The service at WHH is patient centred and delivered by a passionate, enthusiastic, dedicated team who are transparent and proud to change. The commitment has provided continuous quality improvements across the ANNB screening pathways.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 4 high-priority findings, as summarised below.

1. WHH provide the ultrasound component of the fetal anomaly screening programme (FASP) to BCHT, it is reported first trimester screening is not always available. No oversight or governance of the contracted service provision is described.

2. WHH audiology service are not accredited to defined standards operating in United Kingdom Accreditation Service / Improving Quality in Physiological Services (UKAS IQIPS).
3. WHH have no dedicated deputy local screening coordinator (LCO) or administration support, the LCOs are also responsible for non-NHS screening programme workstreams, for example staff and patient flu vaccines.
4. ultrasound practitioners are not responsible for ensuring their clinical information is included on the blood test form.

Shared learning

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

- active CCG engagement in the performance monitoring of antenatal and newborn pathways described by the service specifications
- social media innovation that allows early intervention, key health messages and information sharing to pregnant women from 4 weeks gestation
- a culture for learning in the ultrasound department supports a strong teaching environment that encourages the development of practise
- an effective multi-disciplinary Hepatitis B pathway
- a competency package for those professionals undertaking the newborn infant physical examination
- NHSP administrators are trained to screen, which can increase capacity if required. The administrators' engagement with the community health visitors and reminders for appointments have contributed to a very low DNA rate for 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	Make sure there are governance arrangements and clear lines of accountability for the sonography service provided under SLA so that the head of midwifery is able to have clinical oversight and account for risks.	1,2,4,6,10,11	3 months	High	Documentation of process with Public Health England (PHE) Commissioning
2	Describe the governance - reporting and escalation arrangements for screening risks and incidents which includes formal communication between the screening team, ANNB local operational group and head of midwifery.	1	3 months	Standard	Governance structure diagram and notes of meetings
3	Revise terms of reference (ToR) for the ANNB local operational 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	6 months	Standard	Ratified ToR, revised membership, agenda and minutes which show evidence of attendance by representation from all 6 programmes including programme leads
4	Take action to develop a system to cohort match data that limits the risk of transcription errors	1 to 14	12 months	standard	Agreed action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Update local screening policies and standard operating procedures to make sure that they meet the national screening service specifications, standards and guidance.	1 to 14	6 months	Standard	Updated policies ratified by Trust and seen at the ANNB local operational group
6	Implement a process to make sure maternity services are informed of the outcomes of diabetic eye screening referrals	1,2,6	6 months	Standard	Outcome report presented to the ANNB local operational group
7	Implement an annual audit schedule for all ANNB screening programmes to demonstrate failsafe processes, evidence of 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 the ANNB local operational group
8	Complete an annual user satisfaction survey specific to antenatal and newborn screening and share findings	4,5,6,7,8,9,10	12 months	Standard	User satisfaction survey results, action plan and monitoring at the ANNB local operational group.
9	Understand issues with translation services and introduce an action plan for quality improvements	4,5,6,7,8,9,10	12 months	Standard	Audits to be presented at the ANNB local operational group

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Revise job descriptions for the ANNB local screening coordinator (LCO) and deputy's roles and responsibilities to make sure that they accurately reflect the national requirements of the role and have sufficient capacity to effectively co-ordinate the ANNB screening programmes	1 to 14	6 months	High	Updated job descriptions
11	Develop IT solutions to incorporate triangulation and reduce the reliance on manual processes	1,2,3,10,11,12	6 months	Standard	Demonstrate an effective system is in place via ANNB local operational group minutes and action log

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Make sure that women who attend the early pregnancy unit receive equitable access to screening	1,2,3,7,8,9,10,11,12	6 months	Standard	Standard operating procedure presented to the ANNB local operational group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Reduce the risk from manual transcription of newborn hearing screening programme data by using electronic data transfer from SMaRT for hearing	1 to 14	3 months	Standard	Confirmation of change in practise noted by the ANNB local operational group
14	Review the process for notifying key stakeholders about deceased babies for consistency across the organisation (including updating the baby's status as deceased on the screening IT systems)	1,6,13,14	3 months	Standard	Standard operating procedure for the notification of deceased babies with roles and responsibilities clearly outlined

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Implement a process for community midwives to notify screening midwives of those women who miscarry or choose to terminate their pregnancy	1,6,9	6 months	Standard	Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined
16	Develop a process to make sure that women who have no recorded screening results, are offered screening with a timely reporting process in place	1,6,9	6 months	Standard	Standard operating procedures/flow charts to be ratified and presented at ANNB local operational group

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement and monitor a plan to consistently meet KPI ST3	1,2,3,	12 months	Standard	Action plan that is agreed and monitored by ANNB local operational group National data records showing KPI met consistently

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review failsafe process for infectious diseases in pregnancy to include clinical oversight, make sure missing screening results are investigated	1 to 4	3 months	Standard	Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Make sure sonographers document their Fetal Medicine Foundation (FMF) code and clinical data on screening request forms.	1,10,11,12	immediately	High	Standard operating procedure for screening request form completion with roles and responsibilities clearly outlined

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Develop an audit feedback mechanism to feedback outcomes of fetal anomalies and shared learning to sonographers	1,2,3,6,10,11,12	6 months	Standard	Feedback mechanism confirmed. Example of process shared

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement and monitor a plan to meet standard 2	1,2,3,	12 months	Standard	Action plan monitored at the ANNB local operational group. National data records showing standard met consistently
22	Review the SOP to make sure NHSP staff know how to refer into audiology outside usual hours.	1 to 14	6 months	Standard	SOP for referrals outside usual hours and evidence of staff compliance
23	Make sure that newborn hearing screening referrals are referred into a United Kingdom Accreditation Service / Improving Quality in Physiological Services (UKAS IQIPS) accredited audiology service.	1,2,13	6 months	Standard	Notification of accreditation presented to Programme Board

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Implement and monitor a plan to consistently meet KPI NP2	1,2,3,	12 months	Standard	Action plan monitored at the ANNB local operational group National data records showing KPI met consistently
25	Develop a process with acute trusts to make sure that outcomes from referral for the 4 NIPE conditions are tracked and then recorded on SMaRT4NIPE	1,2,5,6	6 months	Standard	Standard operating procedures/flow charts to be ratified and presented at ANNB local operational group

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Revise and monitor the improvement plan for avoidable repeats to meet the acceptable threshold for KPI NB2	1,2,3,	12 months	Standard	Action plan monitored at the ANNB local operational group National data records showing KPI met consistently
27	Implement and monitor a plan to meet KPI NB4	1,2,3,	12 months	Standard	Action plan monitored at the ANNB local operational group National data records showing KPI met consistently

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.

Screening quality assurance service (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.