Gloucestershire Safety and Quality Improvement Academy 2024

NHS
Gloucestershire Hospitals
NHS Foundation Trust

Delivering an effective Fetal Anomaly Screening Programme (FASP)

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The Safety Concern and Aim

Implement a robust pathway for all woman entering the service evidenced by achieving 95% compliance with the National NHS Fetal Anomaly Screening Standard – FA2 by Q2 (31/03/25) and 99% by Q4 (30/09/25)

Measures

Outcome
- Improve % compliance to FA2
- Reduction in weekly number of Breaches

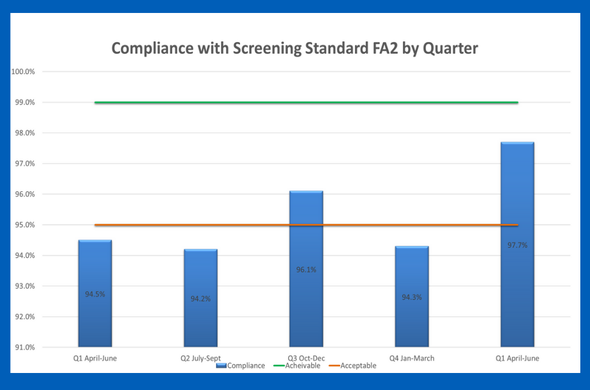
Process
- Completion of audits and improved failsafe procedures
- Reduce rescan rates and improve Community midwifery booking rates

Balancing
- Volume of bookings impacting short term scan capacity
- Improvements to the service might not be appropriate for vulnerable women
- Reducing rescan rates could affect identification of abnormalities

1st driver	2nd driver	Change idea
Governance Structure	Monthly Governance reporting to antenatal forum and MOG	• Commence monthly operational meetings to include discussion and learning to include datix and risks • Formalise weekly cross divisional meetings • Commence monthly fetal medicine MDT meetings to include review of all antenatally undiagnosed abnormalities
Pathways	Robust screening guidance	• Development of overarching screening document • Development of SOP's for prospective tracking
	Cross divisional procedures	• Robust obstetric DNA SOP • Robust Late Referral guidance • Implement clear process for escalation for booking screening scans when there is limited or no capacity
	Community pathway	• Commencement of weekly Production board meetings and real time referral
Workforce	Organisational Structure	• Creation of clear structure • Development of ToR for all newly formed meetings
	Staff engagement	• Weekly Rapid Learning communications • Monthly News Letter • Input with Brilliant Basics training • ESR training for Consent • Tiny Tickers training for scanning team
Failsafe assurance	Robust maternity cohort tracker	• BI audit to demonstrate that the tracker is fit for purpose • Commence weekly prospective tracking
	Full complement of screening staff	• Recruit to Band 3 failsafe vacancies • Recruit to band 6 Deputy ANSCO

Outcomes

Data collected from Quarterly KPI submissions to NHS England Quarter 1 shows improvement with FA2 standard to above the 95% acceptable level. Compliance is 97.7%



Next Steps

- PDSA 3C - Why do a significant proportion of women not attend their 20 week scan?
- What can we do to improve attendance?
- Work with Sonography to improve capacity including continuing to reduce rescan rate
- Equality, Diversity and Inclusion input to ensure appointment system is equitable

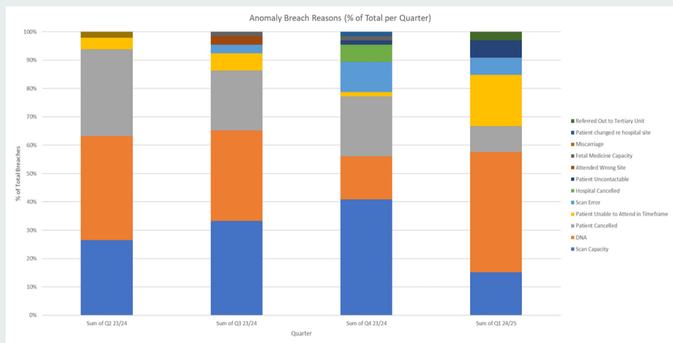
PDSA cycles

1 Robust Failsafe

- Amendments to maternity cohort tracker to include cross-border women who choose to birth in GHNHSFT
- Audit completed by BI to demonstrate cohort record is accurate and complete
- Development of Tracking SOPs
- Recruitment of Failsafe Officers

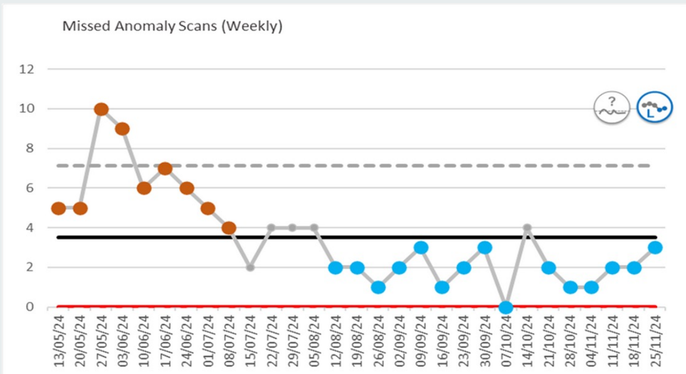
2 Thematic analysis of Breaches

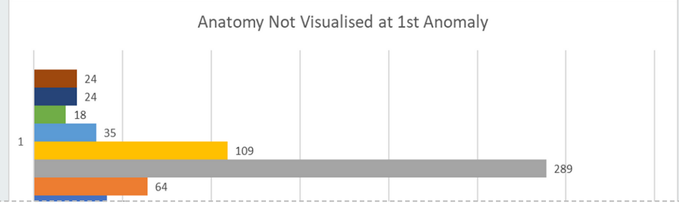
- Review causes for breaches in each Quarter and represent proportionally
- Main themes identified; Scan capacity, DNA's and late bookers/referrals



3a Introduction of Weekly Production Boards

- Community Midwifery reporting proportion of women completing booking by 12 weeks.
- Screening reporting number of women completing anomaly scan out of window (below)
- Drive to ensure women are booked early and scan referrals are completed promptly



3b Analysis of Rescan rate

- Most common anatomy not visualised is the Heart views
- Obstetric sonographers completed Tiny Ticker training in March 2024.
- Rescan rate improved from 30% in August 2023 to 19.7% in August 2024