



Public Health
England



Screening Quality Assurance Visit Report

NHS antenatal and newborn screening
programmes

Southend University Hospital NHS
Foundation Trust

31 January 2018

Public Health England leads the NHS screening programmes

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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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Review / approval

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Contents

About Public Health England.....	2
About PHE Screening	2
About this publication	3
Scope of this report	5
Executive summary	6
Recommendations	10
Governance and leadership	10
Infrastructure	15
Identification of cohort – antenatal	15
Identification of cohort – newborn	15
Invitation, access and uptake	16
Sickle cell and thalassaemia screening.....	16
Infectious diseases in pregnancy screening.....	16
Fetal anomaly screening	17
Newborn hearing screening	18
Newborn and infant physical examination	18
Newborn blood spot screening.....	18

Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	No	Infectious diseases and sickle cell and thalassaemia screening programmes: Basildon and Thurrock University Hospitals NHS Foundation Trust antenatal and newborn QA visit report September 2017. Newborn blood spot testing: Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) London. SQAS Trisomy screening: Mid Essex Hospital NHS Trust QA visit report September 2014
Results and referral	Yes	
Diagnosis	Yes	
Intervention / treatment	Yes	

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 Southend University Hospital NHS Foundation Trust screening service held on 31 January 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 Public Health England (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 and the commissioner
- information collected during pre-visit teleconference to newborn hearing screening programme team on 16 January 2018
- information collected during pre-visit teleconference with the NHS England/PHE Screening and Immunisation Team on 24 January 2018
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

Southend University Hospital NHS Trust (SUHFT) offers all 6 NHS ANNB screening programmes:

- infectious diseases in pregnancy screening
- sickle cell and thalassaemia screening
- fetal anomaly screening
- newborn hearing screening
- newborn and physical infant examination
- newborn bloodspot screening

SUHFT maternity unit provides antenatal, intrapartum and postnatal care. There is a fetal medicine centre and a level-2 neonatal intensive care unit.

In 2016 to 2017, 4,149 women were booked for maternity care at SUHFT with 3,789 deliveries recorded by the trust (including still births).

The Screening and Immunisation Team, PHE Midlands and East, (Essex), is the lead commissioner for the ANNB screening programmes. Co-commissioning arrangements are in place with Southend and Castle Point and Rochford Clinical Commissioning Groups and NHS England specialised commissioning.

SUHFT ANNB screening services work with these external providers:

- Pathology First LLP – laboratory services for infectious diseases in pregnancy screening programme and linked sickle cell and thalassemia screening programme
- Mid Essex Hospital NHS Trust – laboratory services for Down's, Edwards' and Patau's syndromes for fetal anomaly screening programme
- Great Ormond Street Hospital for Children NHS Foundation Trust – laboratory services for newborn blood spot screening programme
- serology reference samples and confirmatory tests are sent to the PHE Bristol Public Health Laboratory
- confirmatory testing for Human Immunodeficiency virus (HIV) is provided by the microbiology laboratory, Coventry and Warwick Pathology Service
- confirmatory testing for the sickle cell and thalassaemia programme is provided by Kings College Hospital, London

The Child Health Information Service (CHIS) is provided by Provide UK. This contract started on 1 April 2017. Provide UK holds the CHIS contract for the Essex, Cambridgeshire, Norfolk and Suffolk areas. There will be a CHIS QA visit in July 2018.

SUHFT is part of the Mid and South Essex Sustainability and Transformation Partnership (STP).

Findings

This was the second ANNB screening programmes QA visit to SUHFT. The first was in July 2014. The action plan has been closed with no outstanding recommendations. The visit team acknowledged the changes that had been put in place since July 2014 and commented on the improvement in the failsafe processes now in place.

Continuous improvement in performance against the key performance indicators for ANNB screening has been noted over the past 6 quarters. This was commended at the ANNB screening programme board held in January 2018 by the screening and

immunisation team and SQAS. SUHFT met the acceptable level for all 14 ANNB key performance indicators (KPIs) in quarter 2, 2017 to 18. The achievable level was met for 10 of the KPIs.

The trust completed the annual data returns for 2016 to 17 required for reporting against the standards for infectious diseases in pregnancy screening and fetal anomaly screening programmes.

The fetal medicine centre commissioned by the trust to provide expert opinion and specialist local care continues to expand capacity to support women from across the Mid and South Essex STP. This means that women do not have to travel to tertiary referral centres in London for fetal medicine appointments.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit identified 1 high priority finding:

There was no evidence of a neonatal death notification policy across ANNB screening programmes.

Themes

The QA visit team identified 13 standard priority findings:

• Governance

- There is no internal structure in place to embed ANNB screening in the trust governance processes. This is required to assure the board of the quality of the screening programmes.
- There was no evidence of oversight and ownership of ANNB screening. There was limited evidence of regular monitoring and communication across ANNB screening pathways; this is needed for active working across the trust.
- There was no evidence of standard operating procedures or workflows to support the implementation of ANNB guidelines. There is no annual review of operational policies and guidelines in line with service specifications and programme standards. This is needed to make sure that people can access the service while making sure that screening complies with the policies, standards and guidelines referenced in the service specification and national programme handbooks and guidance.

- **Workforce and training**
 - Although the QA visit team were impressed by the clinical leadership and competence of screening staff, there was little evidence that adequate cover arrangements were in place. No other personnel could fill in for the screening team (midwives or failsafe officers). The service specifications state that the provider will make sure that there are adequate cover arrangements in place to ensure sustainability and consistency of programme.
 - The job descriptions for the screening coordinator, failsafe officer and the newborn hearing screening local manager were not up to date. There was no job description for the deputy screening coordinator.
 - There was no evidence to demonstrate the monitoring and availability of training in relation to ANNB screening. The trust had difficulty in demonstrating assurance of the competency of all staff that offered screening and that training had been satisfactorily completed and recorded.

- **Tackling health inequalities**
 - The data collected through the ANNB screening programmes is not used to assess equity of access to screening, target service provision or inform service planning. The screening and immunisation team had a clear understanding of the demographic profile of women using maternity services. However, this information was not documented by commissioners or the trust.

Shared learning

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

- All programmes – the failsafe officers have implemented daily and weekly task lists to identify and track the eligible population for ANNB screening including monitoring referrals and recording outcomes.
- All programmes – SUHFT has a midwife based in antenatal clinic that coordinates the care for all pregnant women that live outside the catchment area. This reduces the risk of missed screening as all women are managed centrally.
- Infectious diseases in pregnancy screening – Hepatitis B screen-positive pathway: the paediatric nurse is notified of all screen-positive mothers and recalls the babies for all the follow-on vaccinations until the pathway is completed with the dried blood spot at 1 year of age

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Strengthen internal risk and governance processes to ensure regular monitoring of the quality and integrity of antenatal and newborn screening programmes	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	Within 6 months	Standard	<p>Terms of reference for the operational screening group with reporting arrangements demonstrating board-level oversight</p> <p>Revised governance process for sign off of the quarterly key performance indicators, annual data returns and annual report</p> <p>Updated job descriptions including appraisal and objective-setting for:</p> <ul style="list-style-type: none"> • Screening coordinator • Failsafe officer • Newborn hearing screening local manager

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Update relevant local screening policies and risk management algorithm to include reference to managing screening incidents in accordance with 'Managing safety incidents in NHS screening programmes'	'Managing safety incidents in NHS screening programmes' NHS screening programmes service specifications 16,17, 18, 19, 20, 21	Within 6 months	Standard	Updated and published documents demonstrating sign-off process and including annual review dates Local governance group minutes documenting publication Evidence of dissemination to staff
3	Cross reference ultrasound risk register entry for ultrasound machine in the early pregnancy unit with the maternity risk register for ANNB screening.		Within 3 months	Standard	Risk register presented at local operational meeting - minutes of meeting and action log Risk meeting minutes Programme board minutes demonstrating escalation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	<p>Review and update guidelines and operational policies on an annual basis to reflect national programme standards and service specifications:</p> <ul style="list-style-type: none"> • Fetal Medicine Centre Services Operational Policy • First trimester screening clinical guideline OG202 • Routine ANNB tests OG002 • The Anomaly Scan (18 to 20+6 weeks) clinical guideline OG201 • Down's syndrome screening guidelines clinical guideline OG200 • Guideline for the Management of Antenatal and Postnatal Hepatitis B and care of the Neonate • Guideline for the Examination of the Newborn from 0 to 72 hours of Birth OG050 	<p>Screening programme standards</p> <p>NHS screening programmes service specifications 16,17, 18, 19, 20, 21</p>	<p>Within 12 months</p>	<p>Standard</p>	<p>Standard operating procedures</p> <p>Updated and published documents demonstrating sign off process and including annual review dates in line with service specifications</p> <p>Local governance group minutes documenting publication</p> <p>Evidence of dissemination to staff</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Implement a local policy across ANNB screening programmes for neonatal death notifications	<p>Screening programme standards and guidelines</p> <p>NHS screening programmes service specifications 16,17, 18, 19, 20, 21</p>	Within 3 months	High	<p>Updated and published document demonstrating sign-off process and including annual review dates</p> <p>Local governance group minutes documenting publication</p> <p>Evidence of dissemination to staff</p>
6	Implement a local guideline for the newborn hearing screening programme for babies referred for targeted follow up	Newborn hearing screening programme standards and guidelines	Within 6 months	Standard	<p>Updated and published document demonstrating sign-off process and including annual review dates</p> <p>Local governance group minutes documenting publication</p> <p>Evidence of dissemination to staff</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Include ANNB screening in the programme of audits and provide a feedback mechanism for reporting results and actions	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	Within 12 months	Standard	Audit report and related action plan monitored via local operational governance processes – copies of minutes of local operational meeting and any associated action plans Programme board minutes demonstrating escalation
8	Strengthen the quarterly departmental review of ultrasound images to include: <ul style="list-style-type: none"> • feedback of results of review to individual practitioners • developing action plans for improvement if required • audit summary report for inclusion in local governance processes 	‘Fetal anomaly screening programme handbook for ultrasound practitioners April 2015’	Within 6 months	Standard	Local governance group minutes documenting discussion and action Copy of audit summary report

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Make sure all staff involved in the ANNB screening pathways complete the training requirements in line with programme requirements	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	Within 12 months	Standard	<p>Training needs analysis and related action plan monitored via local operational governance processes – copies of minutes of local operation meeting and any associated action plans</p> <p>Training log recording completed training and monitoring of on-going competency</p> <p>Programme board minutes demonstrating escalation</p>

Identification of cohort – antenatal

No recommendations were identified in this section

Identification of cohort – newborn

No recommendations were identified in this section

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	The commissioners and stakeholders should develop an action plan to reduce screening inequalities in underserved and protected population groups	<p>NHS screening programmes service specifications 16,17, 18, 19, 20, 21</p> <p>Guidance for NHS commissioners on equality and health inequality duties 2015</p> <p>NHS accessible information standard and specification</p>	Within 12 months	Standard	<p>Public health profile of the maternity population</p> <p>Action plan addressing needs identified presented at local governance group and programme board</p> <p>Programme board standing agenda item on health inequalities and reflected in the terms of reference, documented in minutes and action log</p>

Sickle cell and thalassaemia screening

No recommendations were identified in this section

Infectious diseases in pregnancy screening

No recommendations were identified in this section

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	<p>Strengthen the quarterly departmental review of ultrasound images to include:</p> <ul style="list-style-type: none"> • feedback of results of review to individual practitioners • developing action plans for improvement if required • audit summary report for inclusion in local governance processes 	'Fetal anomaly screening programme: handbook for ultrasound practitioners April 2015'	Within 6 months	Standard	<p>Local governance group minutes documenting discussion and action</p> <p>Copy of audit summary report</p>
12	Make sure all ultrasound images are captured, stored and archived to provide minimum audit data and a complete maternal record in line with the programme handbook	'Fetal anomaly screening: programme handbook June 2015'	Within 6 months	Standard	Local governance group minutes documenting discussion and action
13	Share data with the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS)	Service specification no.17	Within 3 months	Standard	<p>Annual data report from NCARDRS</p> <p>Summary report of data shared presented at quarterly programme board</p>

Newborn hearing screening

See recommendation 1 to 6 above

Newborn and infant physical examination

No recommendations were identified in this section

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	<p>Implement and monitor a plan for the neonatal unit to meet:</p> <ul style="list-style-type: none"> standard 4: Timely sample collection, the blood spot sample should be taken on day 5 standard 5: Timely receipt of a sample in the newborn screening laboratory all samples received less than or equal to 3 working days of sample collection 	Newborn blood spot screening programme: standards April 2017	Within 9 months	Standard	<p>Action plan that is agreed and monitored by local operational structure</p> <p>Programme board minutes for agenda item on internal quality assurance</p> <p>GOSH laboratory quarterly data reports against programme standards</p>

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.