



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Antenatal and Newborn Screening Programmes**

### **Provide Child Health Information Services**

4 July 2018

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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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## About this publication

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### Amendment history

Version	Date	Author	Description
v00.01	20.07.18	J Price	Draft report sent to RHoQA for approval for factual accuracy circulation
v00.02	31.07.18	J Price	Approved draft report circulated for factual accuracy to Provide, commissioners and QA visit team
v01.00	15.08.18	J Price	Final report approved for circulation

### Review/approval

Version	Date	Requirement	Signed
V01.01	04.09.18	Approved final report for circulation	J Price/J Woodland

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## Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
<b>Underpinning functions</b>		
<b>Uptake and coverage</b>	Yes	
<b>Workforce</b>	Yes	
<b>IT and equipment</b>	Yes	
<b>Commissioning</b>	Yes	
<b>Leadership and governance</b>	Yes	
<b>Pathway</b>		
<b>Cohort identification</b>	Yes	
<b>Invitation and information</b>	Yes	
<b>Testing</b>	No	Newborn blood spot testing: Newborn Blood spot laboratory; Cambridge University Hospital NHS Foundation Trust QA visit report March 2015 Newborn blood spot testing: Great Ormond Street Hospital for Children NHS Foundation Trust (GOSH) London SQAS
<b>Results and referral</b>	Yes	
<b>Diagnosis</b>	Yes	
<b>Intervention/treatment</b>	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 Provide child health information services held on 4 July 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
- evidence submitted by the provider and commissioner
- information shared with the East of England regional SQAS as part of the visit process

### Local screening service

Provide is a Community Interest Company (social enterprise) that delivers a broad range of health and social care services in the community across Essex, Cambridgeshire (including Peterborough), Suffolk and Norfolk as well as in the London borough of Waltham Forest. Provide employs more than 985 people and serves communities with a total population of more than 4.5 million people.

Child health information services for Essex have been delivered by Provide since June 2015, with Cambridgeshire (including Peterborough), Suffolk and Norfolk areas joining in April 2017.

The child health team are responsible for a cohort of 1,170,416 individuals aged between 0 to 19 years. There are 62 staff, including 4 full time data analysts, based at 4 locations; Norwich, Cambridge, Basildon and Colchester.

The child health team support the antenatal infectious diseases in pregnancy screening programme (checking system for hepatitis B vaccination schedule) and newborn screening programmes (newborn hearing screening, newborn blood spot screening and newborn infant physical examination).

Provide child health team interface with the following external providers for:

### Maternity services

- Basildon and Thurrock University Hospitals NHS Foundation Trust
- Southend University Hospital NHS Foundation Trust
- Mid Essex Hospital Services NHS Trust
- The Princess Alexandra Hospital NHS Trust, Harlow
- East Suffolk and North Essex NHS Foundation Trust (Colchester and Ipswich)
- One to One Midwifery
- The Rosie Hospital; Cambridge University Hospitals NHS Foundation Trust
- Norfolk and Norwich University Hospitals NHS Foundation Trust
- James Paget University Hospitals NHS Foundation Trust
- The Queen Elizabeth Hospital Kings Lynn NHS Trust
- North West Anglia NHS Foundation Trust (Peterborough and Hinchingsbrooke)
- West Suffolk Hospital NHS Trust

### Newborn blood spot laboratory services

- Great Ormond Street Hospital for Children NHS Foundation Trust
- Biochemical Genetics Unit (BGU) laboratory; Cambridge University Hospitals NHS Foundation Trust

The Commissioning and Assurance Directorate; NHS England Midlands and East (East) are the lead commissioner for child health information services.

The Screening and Immunisation Team, Midlands and East (Essex and East Anglia) is the lead commissioner for the antenatal and newborn screening programmes trusts covered by this report.

### Findings

This is the first QA visit to Provide child health information services.

### Immediate concerns

The QA visit team identified no immediate concerns.

## Themes

The QA visit team were assured of the following:

### **Governance**

Antenatal and newborn screening is embedded in Provide's organisational structure, with director level oversight in place. Provide is able to assure the board of the quality of the pathways in place to support the screening programmes.

Comprehensive failsafe, IT resilience and data quality processes are documented.

### **Workforce and training**

The QA visit team were impressed by the induction, training and professional development review process in place for child health staff.

### **Engagement and communication with maternity services**

The child health team were able to demonstrate attendance at the antenatal and newborn screening programme boards and internal operational screening meetings for all the maternity services they support.

## Shared learning

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

- all child health staff are trained on all work areas to reinforce business resilience
- an antenatal and newborn screening incident trends project to analyse themes from the web-based incident reporting and Datix risk management software
- the results from this will inform a quality improvement action plan and are shared with the maternity units and laboratories the child health team work alongside
- an open day for stakeholders to raise awareness of the services the child health team offer and highlight the work involved in supporting the antenatal and newborn screening programmes
- Saturday working at the head office in Colchester to support the time dependant elements of the role such as the uploading of new birth registrations, newborn blood spot repeat sample requests and the notification of a baby's death in line with the deceased baby pathway

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	NHS England should review the equality assessment 'Equality analysis: Child Health Information Services in Essex' (published November 2013) to see if still appropriate and take action as necessary	NHS screening programmes service specifications 15, 19, 20, 21	Within 9 months	Standard	Reviewed assessment discussed at joint contract monitoring and programme board meeting – evidenced through meeting papers  Assessment shared with antenatal and newborn screening programme boards and action taken as appropriate

No.	Recommendation	Reference	Timescale	Priority	Evidence required
2	Update the risk management policy (QSPOLO9) to reference 'Managing Safety Incidents in NHS Screening Programmes.'	<p>Managing Safety Incidents in NHS Screening Programmes</p> <p>NHS screening programmes service specifications 15, 19, 20, 21</p>	Within 12 months	Standard	<p>Revised risk management policy ratified through Provides organisational governance framework</p> <p>Dissemination of revised policy to child health staff – evidenced through team meeting papers, newsletters, screen shots, etc.</p>
3	Include a standard operating procedure for manual data entry processes in the business continuity plan	NHS screening programmes service specifications 15, 19, 20, 21	Within 6 months	Standard	<p>Revised business continuity plan ratified through the organisational governance framework</p> <p>Dissemination of revised plan to child health staff – evidenced through team meeting papers, newsletters, screen shots, etc.</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Complete an annual gap analysis against NHS screening programmes service specifications and programme standards for infectious diseases in pregnancy screening, newborn hearing screening, newborn blood spot screening and newborn infant physical examination	Screening programme standards  NHS screening programmes service specifications 15, 19, 20, 21	Within 12 months	Standard	Completed gap analysis and associated action plan presented to the: <ul style="list-style-type: none"> <li>• joint contract monitoring and programme board meeting</li> <li>• antenatal and newborn screening programme board meetings</li> <li>• Provides organisational governance framework</li> </ul>

### Infrastructure

No recommendations were identified in this section.

### 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 recommendations were identified in this section.

### Sickle cell and thalassaemia screening

This was not included in the scope of this visit.

### Infectious diseases in pregnancy screening

No recommendations were identified in this section.

### Fetal anomaly screening

This was not included in the scope of this visit.

### Newborn hearing screening

No recommendations were identified in this section.

## Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Record newborn infant physical examination (72 hours) in line with Child Health Information Services (CHIS) Provider service specification, national programme standards and outcome codes	Child Health Information Services (CHIS) Provider Service Specification, NHS England August 2015  NHS screening programmes service specification 21	Within 12 months	Standard	Performance monitored via the scorecard at 6 monthly intervals by NHS England and recorded at the joint contract meeting and programme board and agree actions to be taken

## Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Set up a collaborative quality improvement project with NHS England and other stakeholders to improve NB4 (coverage `Movers In')	NHS screening programmes service specification 20	Within 6 months	Standard	Action plan in place and being monitored by the joint contract meeting and programme board.  Inclusion of NB4 on the scorecard to monitor progress

## Next steps

Provide 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.