



Public Health
England



Screening Quality Assurance visit report
NHS Antenatal and Newborn Screening
Programmes
Gloucestershire Hospitals NHS Foundation
Trust

20 November 2018

About Public Health England

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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 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.

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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 Gloucestershire Hospitals NHS Foundation Trust antenatal and newborn screening service held on 20 November 2018.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in antenatal and newborn 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, commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

Local screening service

Gloucestershire Hospitals NHS Foundation Trust provides services for a population of over 620,000 people across Gloucestershire (Gloucestershire County Council Population Profile 2018) and the surrounding border areas. The trust provides the full range of antenatal, birth, postnatal and neonatal care. Services are provided on 2 main sites at Gloucestershire Royal and Cheltenham General hospitals with satellite services at Cirencester, Forest of Dean (Dilke) and Stroud. All antenatal and newborn screening programmes are offered.

Between April 2017 and March 2018 Gloucestershire Hospitals NHS Foundation Trust booked approximately 7200 women for maternity care and recorded approximately 6500 births.

Local screening services are commissioned by NHS England South West (Bath, Gloucestershire, Swindon and Wiltshire) and NHS Gloucestershire Clinical Commissioning Group.

The scope of this review includes the following services provided by Gloucestershire Hospitals NHS Foundation Trust:

- the maternity service
- the sonography service for trisomy screening and the 18 to 20+6 week fetal anomaly scan
- the newborn hearing screening service
- laboratory services for sickle cell and thalassaemia and infectious diseases screening

Delivery of the screening service involves interdependencies with other providers for parts of the pathway:

- analysis and risk calculation of first and second trimester trisomy screening samples is performed by Newcastle upon Tyne Hospitals NHS Foundation Trust
- analysis of newborn blood spot screening samples is performed by North Bristol NHS Trust
- the child health information service is provided by NHS South, Central and West Commissioning Support Unit

These providers were outside of the scope of this review. However the interfaces relating to the delivery of screening programmes were examined.

Findings

This is the second QA visit to the antenatal and newborn screening services at Gloucestershire Hospitals NHS Foundation Trust. During the visit it was evident that staff were engaged and had a positive approach to the delivery of the programmes. The local service also demonstrated an awareness of some of the areas for further development.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 1 high priority finding as summarised below:

- the sickle cell and thalassaemia screening laboratory is currently not accredited by either Clinical Pathology Accreditation or by the United Kingdom Accreditation Service (UKAS)

Shared learning

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

- the trust established an internal governance committee to ensure oversight of all nationally mandated NHS screening programmes
- the sickle cell and thalassaemia screening laboratory has a comprehensive competency assessment process for staff working within the screening service
- women who do not complete scans at the 18 to 20 week and 6 days fetal anomaly screen are tracked to the birth of the baby to monitor anomalies that may be detected postnatally
- the trust implemented a change in practice in the last year so that when a woman consents to screening, bloods for sickle cell and thalassaemia and infectious diseases screening are taken at the booking appointment

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	The commissioner should ensure signed contracts are in place with all subcontractors	Service specifications 15 to 21	12 months	Standard	Contracts or service level agreements
02	The commissioner and stakeholders should work together to undertake a health equity audit	Service specifications 15 to 21	12 months	Standard	Summary of the audit and findings presented at the antenatal and newborn screening programme board
03	Review the terms of reference for the trust antenatal and newborn screening operational group	Service specifications 15 to 21	6 months	Standard	Terms of reference which reflect the current advances in screening programmes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Embed the reporting and governance operational arrangements for the newborn hearing screening service	Service specification 20	12 months	Standard	<p>Assurance at the antenatal and newborn screening programme board that the local manager has regular support sessions with an appropriate line manager.</p> <p>Regular participation at the antenatal and newborn screening programme board by appropriate hearing screening representatives</p>
05	Review the current process for the identification of screening incidents and ensure all incidents are managed in accordance with 'managing safety incidents in NHS screening programmes' guidance	Managing safety incidents in NHS screening programmes	6 months	Standard	Screening incidents reported to the screening quality assurance service and the commissioners within designated timescales
06	Update policies within the trust screening laboratories to include reference to dealing with incidents in accordance with 'managing safety incidents in NHS screening programmes' guidance	Managing safety incidents in NHS screening programmes	6 months	Standard	Policy updated and shared with the antenatal and newborn screening programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
07	Revise screening guidelines and laboratory standard operating procedures to ensure that local practice is reflected in current documents (see polices and guidelines section of main report)	Service specifications 15 to 19 and 21	12 months	Standard	Revised guidelines which have been benchmarked against the NHS screening programme service specifications
08	Write screening guidelines or standard operating procedures for the newborn hearing screening service to reflect current practice	Service specification 20	6 months	Standard	Guidelines which have been benchmarked against the NHS screening programme service specification
09	Develop and implement the process for sharing learning and completion of action plans following audit	Service specifications 15 to 21	12 months	Standard	<p>Standard operating procedure which describes how action plans are followed up and how learning is shared following audit</p> <p>Notes of meetings where action plans are discussed and signed off</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Agree a schedule of audits for the newborn hearing screening service	Service specification 20	12 months	Standard	Audit schedule and subsequent findings, recommendations and action plans to be presented at the antenatal and newborn screening programme board
11	Undertake a vertical audit of a screening sample in the infectious disease screening laboratory	Service specification 15 NHS IDPS screening programme: handbook for laboratories	6 months	Standard	Audit with evidence of actions undertaken and presented at the antenatal and newborn screening programme board
12	Complete a user survey to gather views about the newborn hearing screening service	Service specification 20	12 months	Standard	Outcome and action plan of user survey discussed at the antenatal and newborn screening programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Complete a user survey to gather views about the screening laboratory service	Service specifications 15 and 18 NHS SCT screening programme: handbook for antenatal laboratories NHS IDPS screening programme: handbook for laboratories	12 months	Standard	Outcome of user survey and action plan discussed at the antenatal and newborn screening programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Review staffing for the screening service to ensure that there is resilience to meet the requirements of the screening programmes	Service specifications 15 to 21	12 months	Standard	Documented work force plan for all antenatal and newborn screening services including programme coordination and administration, clinical/team leadership, education and training for staff, monitoring of cohort tracking IT systems and succession planning
15	Ensure all staff involved in the newborn hearing screening service are supported to complete the diploma and ongoing training in line with the national service specification	Service specification 20	12 months	Standard	Training needs analysis and action plan
16	Ensure competency assessments for newborn hearing screeners working within the neonatal intensive care unit are completed in line with national programme requirements	Service specification 20	12 months	Standard	Competency assessment needs analysis and action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Embed a process to utilise screener activity reports and other quality reports from the newborn hearing screening service to identify areas where further training may be required	Service specification 20	6 months	Standard	Standard operating procedure to be shared at antenatal and newborn screening programme board
18	Ensure all staff involved in the screening pathway complete the training requirements in line with the national service specifications	Service specifications 15 to 19, and 21	12 months	Standard	Updated training needs analysis and action plan Training records for staff to ensure annual updates completed
19	Ensure the newborn hearing screening service has oversight of calibration for all equipment used for screening babies	Service specification 20	12 months	Standard	Calibration certificates for all equipment

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Document a process to make sure that booking details for all out of area women are recorded on the maternity IT system	Service specifications 15 to 18	6 months	Standard	Standard operating procedure for managing the booking process for out of area women with roles, responsibilities and failsafes clearly outlined

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Build on the existing IT solutions to allow the electronic collection of key performance data for the antenatal screening programmes	Service specifications 15 to 18	12 months	Standard	Electronic solution for collecting key performance data

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure the NIPE SMART IT system is checked on a daily basis to fully utilise the failsafe function of the system	Service specification 21	3 months	Standard	Standard operating procedure/user guide for managing the tracking process with roles and responsibilities clearly outlined

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure trust website is updated with the correct electronic links to further information on NHS screening programmes	Service specifications 15 to 21	12 months	Standard	Website with correct links to NHS screening programme information

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Ensure the application for the United Kingdom Accreditation Service (UKAS) certificate for the sickle cell and thalassaemia screening laboratory is achieved and escalate within the trust and to the commissioners if the application is delayed	Service specification 18	12 months	High	United Kingdom Accreditation Service certificate
25	Monitor progress in meeting the key performance indicator for completion of the family origin questionnaire for sickle cell and thalassaemia screening (ST3) and revise action plan if not achieved	Antenatal and newborn screening KPIs for 2018 to 2019: definitions	12 months	Standard	Action plan monitored at the antenatal and newborn screening programme board if the achievable threshold for ST3 is not met
26	Report results for sickle cell and thalassaemia screening using recommended formats	NHS SCT screening programme: handbook for antenatal laboratories	6 months	Standard	Screening results reported using the format recommended by the national screening programme

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Revise the standard operating procedure to ensure all laboratory raw data, including analytical traces and interpretative comments are reviewed by 2 people prior to release of results	NHS SCT screening programme: handbook for antenatal laboratories	3 months	Standard	Standard operating procedure
28	Review and re-audit the pathway for negative antenatal screening results to make sure every woman has a copy of the results in the handheld maternity notes	Service specification 15 to 18	12 months	Standard	Audit and action plan to be discussed at antenatal and newborn programme board

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Implement a process to feedback to the fetal anomaly screening laboratory the outcomes of all pregnancies	Service specification 16	6 months	Standard	Laboratory receives outcome data Standard operating procedure

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Formalise a memorandum of understanding agreement with neighbouring newborn hearing screening services to make sure that all babies affected by cross border issues are screened	Service specification 20	6 months	Standard	Memorandum of understanding agreement and standard operating procedure for sharing of information

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Implement a process to ensure timely assessment of screen positive babies who are referred from the newborn infant physical examination	Service specification 21	6 months	Standard	Screen shot of tracker

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	<p>The commissioners should implement and monitor a plan to consistently meet key performance indicators for coverage for newborn blood spot screening:</p> <ul style="list-style-type: none"> • NB1 coverage for babies who are the responsibility of the CCG at birth • NB4 coverage for babies who move in to the area in the first year of life 	Service specification 19	6 months	Standard	Key performance data meeting the acceptable threshold

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.

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 actions needed.