



Public Health  
England

# **Screening Quality Assurance visit report**

**NHS Antenatal and Newborn Screening  
Programmes Frimley Health NHS  
Foundation Trust**

13 and 14 June 2017

**Public Health England leads the NHS Screening Programmes**

## 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-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG  
Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://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 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 four 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.

[www.gov.uk/phe/screening](http://www.gov.uk/phe/screening)

Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)

Prepared by: Screening QA Service (South). For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)

© Crown copyright 2017

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, please visit [OGL](https://www.ogilive.gov.uk) or email [psi@nationalarchives.gsi.gov.uk](mailto:psi@nationalarchives.gsi.gov.uk). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: October 2017  
PHE publications  
gateway number: 2017509

PHE supports the UN  
Sustainable Development Goals



## Executive summary

Antenatal and newborn screening quality assurance (QA) 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 QA visit of the antenatal and newborn screening service at Frimley Health NHS Foundation Trust held on 13 and 14 June 2017.

### Purpose and approach to 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(s), commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

### Description of local screening service

The antenatal and newborn screening service at Frimley Health NHS Foundation Trust (FHFT) delivers hospital services for around 900,000 people across Berkshire, Hampshire, Surrey and South Buckinghamshire. The former Heatherwood and Wexham Park Hospitals NHS Foundation Trust and Frimley Park Hospital NHS Foundation Trust merged on 1 October 2014.

The demographics of women booking for maternity care across the two areas are different and are summarised in the table below (FHFT annual report data 2015/16).

	<b>Frimley Park Hospital</b>	<b>Wexham Park Hospital</b>
White British	56.49%	37.9%
Other white background	24.8%	17.6%
Black	2.25%	5%
Asian	8%	34.4%
Mixed race	<2%	<2%
Not recorded	6.36%	2.8%

Commissioning at FHFT is complex with multiple stakeholders involved. NHS England (South) Specialised Commissioning holds the contract for screening services. There are three public health commissioning teams (PHCT). South East, Wessex and South Central liaise with Specialised Commissioning in relation to service specifications and contracts and are involved in the performance management of the screening services at FHFT.

Delivery of the screening services for women booking for maternity care at FHFT includes.

	<b>Frimley Park Hospital</b>	<b>Wexham Park Hospital</b>
Maternity service	Frimley Park Hospital (obstetric and midwifery led services)	Wexham Park Hospital (obstetric and midwifery led services)
Fetal trisomy screening – first trimester combined screening laboratory services		Wexham Park Hospital biochemistry laboratory (managed by BPS) part of a network with King George Hospital (Barking, Havering and Redbridge University Hospitals NHS Trust)
Fetal anomaly screening to include first trimester and anomaly scans	Frimley Park Hospital Aldershot Centre for Health Farnham Hospital	Wexham Park Hospital King Edward VII Hospital St Mark's Hospital Heatherwood Hospital
Newborn infant physical examination	Frimley Park Hospital	Wexham Park Hospital

Newborn hearing screening programme	Hospital model (led by Kingston Hospital NHS Foundation Trust since 1 June 2017) Not in the scope of this QA visit	Hospital model (led by Kingston Hospital NHS Foundation Trust since 1 June 2017)
Child health records department	Children and Family Health Surrey from 1 April 2017 (previously Virgincare)  Southern Health NHS Foundation Trust (SHFT)  Not in the scope of this QA visit	NHS South, Central and West Commissioning Support Unit

There are identified leads within the provider organisations to co-ordinate and oversee the antenatal and newborn screening programmes.

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 10 high priority findings, summarised below:

- the governance arrangements of the fetal anomaly screening programme (FASP) laboratory network between Berkshire Surrey Pathology Services and King George Hospital (Barking, Havering and Redbridge University Hospitals NHS Trust) need to be formalised
- all stakeholders within the screening programme need to identify, report and manage screening safety incidents and serious incidents in accordance with Public Health England (PHE) guidance and NHS England Serious Incident Framework, 2015
- the process for collection of key performance indicator (KPI) data needs to comply with national guidance
- the newborn hearing screening programme (NHSP) service needs to devise a contingency plan to ensure resilience and continuity of the services
- the booking cohort of women resident on the perimeter of the catchment area needs to be tracked to ensure screening is offered and completed at the Wexham Park Hospital (WPH) site

- all screen positive women with HIV, hepatitis B and syphilis need to be tracked from diagnosis to entry into treatment at the Frimley Park Hospital (FPH) site
- women screened for infectious diseases in pregnancy screening (IDPS) should be able to accept or decline each of the conditions separately at the Wexham Park Hospital (WPH) site
- identification of the eligible population for screening for first trimester and quadruple screening in a timely way is needed to ensure all those women booked are offered screening at both sites as well as the satellite units
- data must be validated by the first trimester screening laboratory prior to reporting results at Wexham Park Hospital
- newborn and infant physical examination (NIPE) screen positive cohort needs to be tracked in a timely way to ensure each baby enters treatment services at both sites

## Shared learning

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

- the introduction of pathway within the child health records department to identify, track and ensure all babies requiring the hepatitis B vaccination schedule receive appointments
- the newborn hearing screening programme (NHSP) local manager creates a newsletter, every 3 months, to keep the team updated with current information
- internal public health commissioning team (PHCT) monthly performance management meetings were introduced to monitor and ensure progress and resolution of trust screening performance issues
- process for handling sickle cell and thalassaemia (SCT) and infectious diseases in pregnancy (IDPS) screen positive results and the weekly failsafe report at the Frimley Park site

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.1	Formalise the governance arrangements of the fetal anomaly screening programme laboratory network between Berkshire Surrey Pathology Services and King George Hospital (Barking, Havering and Redbridge University Hospitals NHS Trust)	19	3 months	High	Governance structure including identification of an executive lead for the network  Documented contingency agreement and standard operating procedure
1.2	Manage all screening safety incidents and serious incidents in accordance with Public Health England (PHE) guidance	8 9	3 months	High	Ratified trust wide incident management policy which reflects the PHE Managing Safety Incidents in NHS Screening Programmes guidance (October 2015)
1.3	Revise the collection of key performance indicator (KPI) data to comply with national guidance	10	3 months	High	KPI submission

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.4	Revise the terms of reference (ToR) for the joint antenatal and newborn screening programme meeting	1 to 7	6 months	Standard	Ratified terms of reference for joint antenatal and newborn screening programme meeting
1.5	Implement formal fetal anomaly screening programme laboratory network meetings to ensure oversight of the service	19	6 months	Standard	Terms of reference for laboratory network meetings  Agenda and minutes
1.6	Include the clinical governance arrangements for the Berkshire Surrey Pathology Services (BSPS) first trimester screening laboratory within the current pathway document	2 19	6 months	Standard	Ratified Berkshire Surrey Pathology Service (BSPS) Laboratory antenatal screening clinical governance pathway document to include first trimester screening
1.7	Undertake a risk assessment of the first trimester screening pathway including the laboratory and risk calculation process in maternity	19	6 months	Standard	Completed risk assessment and action plan



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.8	Develop a process of internal quality assurance within the laboratory network to ensure clarity and responsibility for the process and defined timescales for Down's Syndrome Screening Quality Assurance Support Service (DQASS) data submission	2 19	6 months	Standard	Documented process of quality assurance within the laboratory
1.9	Ensure there are cross boundary arrangements/contracts between the 3 public health commissioning teams to provide oversight of FHFT screening services	1 to 7	12 months	Standard	Cross boundary agreements/contracts agreed between 3 public health commissioning teams
1.10	Undertake a client satisfaction survey specific to antenatal and newborn screening pathways	1 to 7	12 months	Standard	Completion of user satisfaction survey and feedback at screening group meetings
1.11	Ensure the outcomes of screening audits inform changes in practice	1 to 7	12 months	Standard	Audit reports and subsequent changes agreed by screening governance group

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.1	Ensure contingency and resilience within the newborn hearing screening programme (NHSP) team	6	3 months	High	Workforce review and action plan  Formal deputy programme manager identified
2.2	Develop a job description for newborn infant physical examination (NIPE) lead to clarify roles and responsibility	7 23	6 months	Standard	Formal documentation of job description
2.3	Undertake a workforce review within the ultrasound department to ensure resilience within the team at Frimley Park Hospital (FPH) site	2 3 16 17 18	6 months	Standard	Workforce review and action plan
2.4	Develop a standard operating procedure (SOP) to oversee the induction process for new and agency sonographers	2 16	6 months	Standard	Documented process of the induction management
2.5	Maintain a training log to incorporate the online training within sonography as part of the sonographer's continual professional development	2 16	6 months	Standard	Training log which includes completion of online training

### Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.1	Track the booking cohort of women resident on the perimeter of the catchment area to ensure screening is offered and completed at the Wexham Park Hospital (WPH) site	1 to 4	3 months	High	Booking cohort tracker
3.2	Risk assess the manual transcription of blood results onto E3 and into the woman's handheld notes at the Frimley Park Hospital (FPH) site	1 to 7 10	6 months	Standard	Risk assessment and mitigation of risk
3.3	Risk assess the manual transcription of booking information from paper copy to maternity IT system at the Wexham Park Hospital (WPH) site	1 to 4	6 months	Standard	Risk assessment of manual transcription errors and mitigation of risk

### Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.1	Revise the process for transferring babies into the newborn bloodspot (NBS) failsafe system to ensure it is done in a timely way at the Frimley Park Hospital (FPH) site	5 10 21	6 months	Standard	NBS failsafe system is updated to ensure full cohort is identified as soon as the transfer is known

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.2	Implement a local pathway to ensure that birth notification errors are amended at both sites	5 6 7	6 months	Standard	Ratified pathway and guideline for management of notification errors

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.1	Introduce a process in the maternity service for communication of screening results once a woman has miscarried or had termination of pregnancy at both sites	1 to 4	6 months	Standard	System implemented  Ratified trust screening policies describing pathway

### Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6.1	Ensure rapid access to counselling and referral for prenatal diagnosis for couples at high risk of an affected SCT baby at both sites	4 11 12	6 months	Standard	Ratified pathway for the identification and referral of couples to the screening team and implemented to enable couples timely intervention in pregnancy if required

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6.2	Amend the wording of the letters and templates to 'biological father of the baby' rather than 'partner' to prevent any ambiguity at both sites	11	6 months	Standard	Letters and templates to be altered in line with national guidance
6.3	Review the SCT pathway for screening of biological fathers in order to improve uptake and the timely identification of at risk couples by 12+0 weeks gestation at the Frimley Park Hospital (FPH) site	4 11	6 months	Standard	Improved uptake of biological father of the baby screening
6.4	Review of the letter sent to a woman who declines prenatal diagnosis (PND) to ensure that the risk to the pregnancy is accurately described which enables the woman to make an informed choice about capillary testing at the Wexham Park Hospital (WPH) site	4 11	6 months	Standard	Revised letter for women who decline PND due to high risk SCT screening result

## Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7.1	Develop and implement a tracking system for the screen positive cohort to provide assurance that all women with HIV, hepatitis B and syphilis have all appropriate interventions and referrals to specialist care during pregnancy and following birth at the Frimley Park Hospital (FPH) site	1 13 15	3 months	High	An auditable tracking process which includes referral to gastroenterology for hepatitis B positive women and alert to the child health records department of babies requiring the hepatitis B vaccination programme
7.2	Review of the electronic request for infectious diseases in pregnancy screening (IDPS) to ensure that the woman can accept or decline each of the conditions separately at the Wexham Park Hospital (WPH) site	1 14	3 months	High	Electronic ordering of screening blood samples with consent or decline fields for each individual condition

## Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8.1	Track the combined and quadruple screening cohort in a timely way to ensure all those booked are offered screening at both sites and the satellite units	2 16 17	3 months	High	Ratified policy to reflect tracking of the programme  Tracker
8.2	Ensure that the first trimester screening laboratory at Wexham Park identifies missing information from the request form, prior to reporting results	19	3 months	High	Documented process for ensuring quality of the data input  Monitor compliance of the completion of request forms and provide quarterly updates to trust programme board
8.3	Devise and implement a monitoring system to capture accurate turnaround times of blood samples for first trimester screening	19	6 months	Standard	Monitoring the turnaround times to comply with the FASP standards

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8.4	Clarify and revise the internal commissioning arrangements with the Wolfson Institute to ensure that the service provided meets the NHS FASP recommendations	16 to 19	6 months	Standard	Commissioning arrangements to be provided to the trust antenatal and newborn screening governance group
8.5	Provide appropriate training for the screening team (including the administrative assistant) who are responsible for the process of risk calculation of first trimester screening to ensure full understanding of the role at the Wexham Park Hospital (WPH) site	19	6 months	Standard	Training material and a register to ensure that all screening staff have completed the training  Job description for the administrative assistant
8.6	Implement a failsafe system to ensure that all women have an anomaly scan booked in a timely way at the Frimley Park Hospital (FPH) site	3 17 18	6 months	Standard	Failsafe system for ensuring anomaly scan is booked by all women following their first scan



## Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
9.1	Develop and agree an information sharing agreement with the host organisation for each child health records department (CHRD) with whom data is shared	6 24 25	6 months	Standard	Information sharing agreement in place between the newborn hearing screening programme (NHSP) and CHRD

## Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10.1	Track the newborn and infant physical examination screen positive cohort in a timely way to ensure each baby enters treatment services at both sites	7 23	3 months	High	Ratified policy to reflect tracking of screen positive cohort

## Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11.1	Continue to implement the action plan to improve the avoidable repeat rate (KPI NB2) for newborn bloodspot screening (NBS) at both sites	5 10 20 21	6 months	Standard	KPI data shows a reduction in the avoidable repeat rate (NB2)

I = Immediate.

H= High.

S = Standard.

## Next steps

The screening service providers are responsible for developing an action plan to ensure completion of 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. Following the issuing of the final report to allow time for at least one response to all recommendations made.