Public Health England

NHS

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes

South West Thames Newborn Bloodspot Screening Laboratory

8 February 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.

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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 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.

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Published: October 2017
PHE publications
gateway number: 2017492

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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 (QA) visit of the South West Thames newborn bloodspot screening laboratory held on 8 February 2017.

Purpose and approach to quality assurance

Quality assurance 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 London regional SQAS as part of the visit process

Description of local screening service

The South West Thames Newborn Bloodspot Laboratory is part of Epsom and St. Helier University Hospitals NHS Trust. The laboratory is a regional newborn bloodspot screening laboratory that provides services to 14 maternity units and 20 clinical commissioning groups (CCGs) across South West London, Surrey and Sussex. The service is commissioned and monitored by NHS England London. The laboratory processed 53,425 samples in 2015/16 and provides screening for all nine of the nationally recommended conditions.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified three high priority findings as summarised below:

- undertake a risk assessment of current analysers used for newborn bloodspot screening with a view to ensuring business continuity
- introduce ‘Saturday working’
- reduce the risk posed by manual data entry of haemoglobinopathy results

Shared learning

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

- keeping a spreadsheet log of all incidents reported by the laboratory which is used to ensure each incident is followed through to closure and completion of the action plan
- a comprehensive risk assessment document for the haemoglobinopathy screening pathway was submitted as evidence
- staff members reported that they had been actively involved in this process of updating policies and work instructions and had found it beneficial to be ‘given a say’
- the laboratory had facilitated tours of the laboratory for some of the midwives working at the St. Helier site and supported a training session at one of the maternity units in the South of England during 2016

Recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	NHS England to standardise the laboratory annual report template across London	2	6 months	S	2017/18 Annual reports submitted on a standardised template
2	Update terms of reference for the quality review meeting	2	3 months	S	Updated terms of reference agreed via the laboratory quality review meeting
3	Ensure all screening patient safety incidents are managed in accordance with ‘Managing Safety Incidents in NHS Screening Programmes’	2, 3, 4	6 months	S	Confirmation via the laboratory quality review meeting that updated policies are in place
4	Develop a work instruction for the newborn bloodspot screening laboratory, re: reporting and managing incidents in NHS screening programmes	2, 3	3 months	S	Work instruction circulated and agreed at the laboratory quality review meeting
5	Complete a risk assessment of the newborn screening pathways	2	6 months	S	Risk assessments reviewed at the laboratory quality review meeting

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Develop a stakeholder engagement policy	2	6 months	S	Policy and annual schedule of events reviewed at the laboratory quality review meeting. Have feedback on events as a standing agenda item at the laboratory quality review meeting
7	Obtain user feedback and agree related service improvement	2	6 months	S	Have user feedback as a standing agenda item at the laboratory quality review meeting

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Undertake a risk assessment of the spreadsheets and paper based systems currently in use with a view to integrate into a single IT system	2	6 months	S	Outcome of the risk assessment fed back at the laboratory quality review meeting
9	Review job descriptions for laboratory staff and ensure deputising arrangements are documented	2	6 months	S	Confirmation via the laboratory quality review meeting that all job descriptions have been reviewed and amended as required

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Review communication of results processes and ensure all communications are logged and receipts of message received	2	6 months	S	Communications work instruction agreed at the laboratory quality review meeting
11	Undertake a risk assessment of current analysers used for newborn bloodspot screening with a view to ensure business continuity	1, 2	6 months	H	Business continuity plan presented to the laboratory quality review meeting
12	Ensure individual sample tracking processes are in place	1, 2	3 months	S	Work instruction for tracking of samples to external laboratories (including conformation of receipt) circulated and agreed via the laboratory quality review meeting
13	Introduce ‘Saturday working’	1	3 months	H	Saturday working implementation plan presented at laboratory quality review meeting and monitored to completion
14	Reduce the risk posed by manual data entry of haemoglobinopathy results	1	2 months	H	Confirmation that the SEBIA interface has been completed and is running successfully

I = Immediate. H= High. S = Standard.

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/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. 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.