Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes
Epsom and St Helier University Hospitals NHS Trust

8 and 9 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.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @PHE_uk Facebook: 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.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH
www.gov.uk/topic/population-screening-programmes
Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk.
Prepared by: Alison Fiddler, Quality Assurance Advisor, London Screening Quality Assurance Service. For queries relating to this document, please contact: phe.londonQA@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 or email 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: 2017467

PHE supports the UN
Sustainable Development Goals

SUSTAINABLE DEVELOPMENT GOALS

Executive summary

Antenatal and newborn (ANNB) 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 to Epsom and St Helier University Hospitals NHS Trust ANNB screening service held on 8 and 9 February 2017.

Purpose and approach to quality assurance

QA aims to maintain national standards and promote continuous improvement in ANNB screening. This is to ensure that all eligible women and babies have access to a consistent high quality service wherever they live.

QA visits are carried out by PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by NHS screening programmes
- data and reports from external organisations
- evidence submitted by the providers, commissioners and external organisations
- information shared with the regional SQAS as part of the visit process

Description of local screening service

Epsom and St Helier University Hospitals NHS Trust provides the full range of antenatal, labour, birth and postnatal care at both Epsom hospital and at St Helier hospital. All ANNB screening programmes are offered at both sites.

In financial year 2015/16, 5,483 women were booked at the Trust with 4,999 babies born. Laboratory services are provided onsite at St Helier hospital for infectious diseases in pregnancy screening and sickle cell and thalassaemia screening. South West Thames Newborn Screening laboratory is also part of the Trust and based at the St Helier site providing Newborn bloodspot screening services for Trusts across South West London and the South region.

The South West Thames Newborn Screening laboratory was visited as part of this QA visit and will receive a separate report. Laboratory services for first trimester screening for Down’s, Edwards’ and Patau’s syndromes are provided by Barking, Havering and

Redbridge University Hospitals NHS Trust. Second trimester screening for Down's syndrome is provided by the Wolfson Institute of Preventive Medicine. Newborn hearing screening is provided by South West London Newborn Hearing Screening Programme, which is based within Hounslow and Richmond Community Healthcare NHS Trust.

Findings

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 13 February 2017 asking that the following item be addressed within seven days.

A concern was identified during the visit in relation to issuing risk calculation results for the first trimester combined test for Down's, Edwards' and Patau's syndromes. Due to the configuration of the IT software used, it is possible to issue a risk calculation result based on the nuchal translucency measurement alone without combining with the blood test results.

A response was received from the Trust within seven days which assured the QA visit team that action was taken the day after the visit to address this risk within the software. The identified risk has been mitigated and no longer poses an immediate concern.

High priority

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

- define and document roles and responsibilities within the newborn infant physical examination, and newborn bloodspot programmes
- address the high vacancy rate within the sonography department
- recruit into the screening co-ordinator post that is about to become vacant at St Helier
- document the processes and functions performed by the screening co-ordinators in standard operating procedures (SOPs)/work instructions
- ensure the screening support sonographer (SSS) role is filled for St Helier hospital
- complete a risk assessment for the sole printer in the antenatal clinic at Epsom hospital
- implement electronic cohort tracking failsafe for completion of the fetal anomaly ultrasound scan

- implement electronic notification of all positive sickle cell and thalassaemia (SCT) results to the screening co-ordinator team on a case by case or daily basis
- implement electronic notification of all positive infectious diseases in pregnancy (IDPS) results to the screening co-ordinator team at both sites

Shared learning

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

- the increased number of women booked early and screened for sickle cell and thalassaemia by ten weeks gestation which has resulted in a significant improvement in the national key performance indicator ST2 for the Trust
- the high rate of father screening for sickle cell and thalassaemia in order to identify women that may be at risk of an affected pregnancy
- the electronic antenatal cohort database is an excellent example of an antenatal cohort tracking failsafe system
- the effective communication links between the Early Pregnancy Assessment Unit and antenatal service supports early referrals for antenatal care
- the completion of a health equity audit by NHS England London into early access to antenatal care

Recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Communicate the senior management and governance structure supporting the 6 ANNB screening programmes to all relevant staff and stakeholders	1-7	3 months	S	Governance structure organogram to be presented to the Trust screening steering group (TSSG) with confirmation of circulation to staff and stakeholders
2	Revise Terms of Reference for the TSSG and implement a process to monitor completion of actions from the TSSG	1-7	3 months	S	Revised Terms of Reference agreed at the TSSG Action tracker implemented at the TSSG
3	Define and document roles and responsibilities within the Newborn Infant Physical Examination and Newborn Bloodspot programmes	5, 7	3 months	H	Document/s to be presented to the TSSG with confirmation of circulation to key staff and stakeholders
4	Identify lead/s for newborn screening programmes for the neonatal units	5, 7	3 months	S	The lead/s to be identified and attend the TSSG
5	Ensure all screening patient safety incidents are managed in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	8, 9	6 months	S	Confirmation to the TSSG that local policies have been updated including the laboratory incident reporting policy
6	Address the high vacancy rate within the sonography department	2, 3	6 months	H	Present action plan to the TSSG

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
7	Update antenatal and newborn screening guidelines in line with national guidance, national standards and service specifications	1-7, 11-23	6 months	S	Ratified revised guidelines
8	Implement a process for the regular review and updating of ANNB screening guidelines	1-7	12 months	S	Ratified documented process presented to the TSSG
9	Develop a screening audits schedule for inclusion in the maternity audit schedule	1-7	12 months	S	Screening audit schedule to be presented at TSSG Completed audits with action plans to be presented at the TSSG
10	Implement processes to obtain user feedback on the screening programmes with actions taken to address feedback and findings	1-7	12 months	S	User feedback survey and action plans presented to the TSSG

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Recruit into the screening co-ordinator post at St Helier hospital	1-5, 7	3 months	H	Confirmation of recruitment to the TSSG
12	Provide administrative support for the screening pathway in line with the national service specifications	1-5, 7	6 months	S	Confirmation to the TSSG that administration support is in place at both sites
13	Document the processes and functions performed by the screening coordinator in standard operating procedures (SOPs)/work instructions	1-7	3 months	H	Documented processes for all functions to be confirmed with the TSSG
14	Define and document the roles and responsibilities for deputy screening coordinators	1-7	6 months	S	Job description for deputy screening coordinator approved by the Trust

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Ensure the screening co-ordinator at Epsom hospital is easily contactable by staff and service users	4	3 months	S	Confirmation to the TSSG that the screening co-ordinator has a dedicated phone
16	Ensure the screening support sonographer (SSS) role is filled for St Helier hospital	2, 17	3 months	H	Confirmation to the TSSG that an SSS is in post at St Helier hospital
17	Implement electronic cohort tracking failsafe for completion of the fetal anomaly ultrasound scan	3, 10	3 months	H	Confirmation to the TSSG that electronic tracking is in place
18	Enable sufficient access to maternity IT systems in the community for midwives	1, 2, 3, 4	12 months	S	Confirmation from the Trust that community midwives can access the required IT systems in the community
19	Complete a risk assessment for the sole printer in the antenatal clinic at Epsom hospital	1, 2, 4	3 months	H	Present risk assessment and action plan to the TSSG

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	See recommendation 17				

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Central Surrey Health child health record department (CHRD) to implement a process to inform South West London newborn hearing screening programme (SWL NHSP) of any babies they are aware of that are not on the birth notification list	6	6 months	S	Confirmation from Central Surrey Health CHRD to the TSSG that a documented process has been implemented

Invitation, access and uptake

No recommendations.

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Complete a risk assessment to review the pathway/staffing structures and resilience in the sickle cell and thalassaemia (SCT) screening programme	4	6 months	S	Outcome of the risk assessment to be presented to the TSSG
22	Implement electronic notification of all positive SCT results to the screening co-ordinator team on a case by case or daily basis	12	3 months	H	Confirmation to the TSSG that a documented process is in place for immediate electronic notification and receipt of results
23	Document and implement an SOP for antenatal screening within the SCT laboratory	11	6 months	S	Confirmation to the TSSG that the SOP has been implemented
24	Implement a failsafe system to ensure all samples sent for external confirmatory testing are confirmed as received by the Central Middlesex laboratory	4, 11	6 months	S	Confirmation to the TSSG that a tracking system has been documented and implemented

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
25	Revise current Hepatitis B pathway in line with national guidance to promote a multi-disciplinary approach and establish 2-way communication pathways between maternity and gastroenterology	14	6 months	S	Confirmation to the TSSG that Hepatitis B guideline has been updated

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
26	Implement electronic notification of all infectious diseases in pregnancy (IDPS) screen positive results to the screening team at both sites	1, 14	3 months	H	Confirmation to the TSSG that the process for notification of all positive results is documented and implemented consistently across the Trust
27	Ensure all repeat sample requests are notified from the laboratory to the screening coordinator	14	6 months	S	Confirmation to the TSSG that the notification of samples requiring a repeat is in place
28	Implement a tracking system to ensure all samples sent for external confirmatory testing are confirmed as received by the Colindale laboratory	1, 13	6 months	S	Confirmation to the TSSG that a tracking system has been documented and implemented

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
29	Address the risk of calculating Down's, Edwards' and Patau's syndromes risk calculations within Astraia from nuchal translucency alone	2, 17, 18	7 days	Immediate	Confirmation was received from the Trust that this risk has been mitigated
30	Implement a tracking system to ensure all quadruple screening samples are confirmed as received by Wolfson Institute	16	6 months	S	Confirmation to the TSSG that a tracking system has been documented and implemented

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
31	CHRDs and SWL NHSP to document and implement a notification process for deceased babies to SWL NHSP	6	6 months	S	Confirmation to the TSSG that process has been implemented

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
	See recommendations 3, 4, 5 and 7				

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
32	Update the current action plan to ensure it effectively addresses the avoidable repeat rate key performance indicator (KPI) NB2	5	6 months	S	Updated action plan to be presented at the TSSG. KPI NB2 to be maintained below 2%

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.

Screening quality assurance service (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.