



Public Health  
England

**Screening Quality Assurance visit  
report**  
NHS Antenatal and Newborn Screening  
Programmes  
Royal Berkshire NHS Foundation Trust

26 June 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 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 Royal Berkshire NHS Foundation Trust screening service held on 26 June 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 providers, commissioner and external organisations
- information collected during a pre-review visit to the Berkshire Surrey Pathology Service on 15 June 2018
- information shared with the south regional SQAS as part of the visit process

### Local screening service

The Royal Berkshire NHS Foundation Trust serves a local population of over 500,000 people across Berkshire, South Oxfordshire, North Hampshire, Wiltshire and Buckinghamshire. The trust provides the full range of antenatal, birth, postnatal and neonatal care. All antenatal and newborn screening programmes are offered.

In the financial year 2017 to 2018, approximately 5,500 women were booked for antenatal care and 5,200 babies were born. Ethnicity data from the maternity statistics in the trust annual report for 2016 to 2017 indicated that over 46% of residents in Reading are from minority ethnic groups.

Local screening services are commissioned by NHS England South East (Thames Valley).

The scope of this review includes the following services provided by the Royal Berkshire 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

The review also includes laboratory services for the sickle cell and thalassaemia and infectious diseases screening programmes provided by Berkshire Surrey Pathology Services.

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 the Oxford University Hospitals NHS Foundation Trust
- analysis of newborn blood spot screening samples is performed by Oxford University Hospitals NHS Foundation Trust
- the child health information service is provided by NHS South, Central and West Commissioning Support Unit

Interfaces between the Royal Berkshire NHS Foundation Trust and these services were included as part of the review.

## Findings

This was the first antenatal and newborn screening QA visit to the Royal Berkshire NHS Foundation Trust. During the QA visit the staff who were interviewed appeared open and responsive with a clear willingness to develop practice. Collaborative working to ensure the best possible service for women and babies was evident across the screening pathways.

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified some high priority findings.

There is a lack of capacity within the sonography service to fulfil all the requirements of the national fetal anomaly screening programme.

There is no formal process documented to show how screener performance is monitored for the newborn hearing screening programme or how this is managed if a problem is identified.

Failsafes are being developed for all screening programmes. However, there is currently no complete failsafe process in place for all the antenatal screening programmes or to track screen positive babies following referral from the newborn infant physical examination screening programme. This requires strengthening to make sure screening is offered and undertaken in a timely manner, is reoffered where needed and all screen positive cases are followed up appropriately.

Electronic requests for antenatal screening tests would improve the service by reducing the risk of transcription or omission error on the request forms. This would also support accurate cohort identification and tracking of screening samples.

It was not clear if the pathway for sickle cell and thalassaemia screening facilitates the offer of prenatal diagnosis by 12 weeks and 6 days. Fathers of the babies are not offered screening in each pregnancy and when invited, information and an appointment are sent by letter rather than contact made by telephone.

## Shared learning

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

- the director of commissioning operations team shares a screening performance dashboard, which includes the quarterly key performance data, with NHS England senior managers
- key messages from the antenatal and newborn screening local steering group are agreed by the group to highlight achievement or concerns to the maternity clinical governance committee
- there is a standard operating procedure for the management of the generic email account in the absence of the screening midwives
- independent midwives who work in Reading are invited to attend the annual mandatory training sessions
- competency assessments which incorporate the national e-learning are in place for all staff involved in screening in the sickle cell and thalassaemia and infectious diseases screening laboratories
- women who book late in pregnancy are reviewed on a case by case basis to identify reasons why and to support measures to ensure all women have appropriate access to timely care

- the avoidable repeat rate for newborn blood spot screening has met the acceptable level in 3 of the 4 quarters prior to the visit (key performance indicator NB2)

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure that there is appropriate clinical oversight of the antenatal and newborn screening programmes	Service specifications 15 to 19 and 21	6 months	Standard	Named consultant clinical lead identified for each screening programme and function included in job plan
2	Review the terms of reference for the trust antenatal and newborn screening local steering group	Service specifications 15 to 19	6 months	Standard	Terms of reference which includes all key stakeholders, including the laboratories and deputising arrangements for the director of midwifery
3	Revise the maternity service screening protocols to ensure that local practice is reflected in current documents	Service specifications 15 to 19 and 21	12 months	Standard	Revised protocols which have been benchmarked against NHS screening programme service specifications

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Write protocols and standard operating procedures for the newborn hearing screening service	Service specification 20	12 months	Standard	Revised protocols and standard operating procedures which have been benchmarked against NHS screening programme service specifications
5	Revise standard operating procedures within the laboratory to ensure that local practice is reflected in current documents	Service specifications 15 and 18	12 months	Standard	Revised standard operating procedures
6	Implement and monitor a plan to meet the turnaround time for analysis of screening samples for sickle cell and thalassaemia in line with the national programme requirements	Sickle cell and thalassaemia: handbook for antenatal laboratories  Sickle cell and thalassaemia: programme standard 4	6 months	Standard	Action plan that is agreed and monitored at the antenatal and newborn screening local steering group
7	Develop an audit schedule for the newborn hearing screening service	Service specification 20	12 months	Standard	Agreed audit schedule presented at the antenatal and newborn screening local steering group



## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Ensure the role and functions of the screening support sonographer are supported	Service specifications 16 and 17	6 months	High	Job description  Evidence of protected time within the work rota
9	Ensure all staff involved in undertaking first trimester screening within the sonography department complete the e-learning modules in line with the fetal anomaly screening programme requirements	Service specifications 16 and 17	6 months	High	Training records for staff
10	Implement a timely process to improve newborn hearing screener performance when the internal system identifies issues	Newborn hearing screening: operational guidance	6 months	High	Protocol or standard operating procedure
11	Formalise the plan to provide annual updates for screeners undertaking the newborn infant physical examination	Service specification 21	6 months	Standard	Training plan  Compliance with training monitored
12	Amend the job descriptions for the screening laboratory leads (sickle cell and thalassaemia and infectious diseases) to reflect responsibility for the screening service	Service specification 18	12 months	Standard	Revised job descriptions

### Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Audit the tracking system (database) to ensure all women have been added following their booking appointments and all screening samples are tracked	Service specification 15 to 18	6 months	High	Audit presented at the antenatal and newborn screening local steering group

### Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Document the process for the generation of an NHS number in the case of the failure of the maternity IT system	Service specifications 19 to 21	6 months	Standard	Protocol or standard operating procedure
15	Document a process to ensure babies who do not complete screening or are not brought to appointments after referral are followed up appropriately	Service specifications 19 to 21	6 months	Standard	Protocol or standard operating procedure
16	Document a process within the maternity service for notifying key stakeholders about deceased babies	Service specifications 19 to 21	6 months	Standard	Protocol or standard operating procedure

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Review data for the women who miscarry between booking and testing for infectious diseases screening to determine reasons why bloods are not taken at booking in line with local protocols	Service specification 15	6 months	Standard	Outcome of the review to be presented at the antenatal and newborn screening local steering group
18	Revise the screening request form to meet minimum requirements specified by the sickle cell and thalassaemia screening programme	Sickle cell and thalassaemia: handbook for antenatal laboratories	6 months	Standard	Revised request form
19	Implement electronic requesting to the laboratory for sickle cell and thalassaemia and infectious diseases screening	Trust action plan	12 months	High	Screening bloods for sickle cell and thalassaemia and infectious diseases screening requested electronically
20	Implement a failsafe process to make sure all women who are eligible for and accept screening for Down's, Edwards' and Patau's syndromes complete the test	Service specification 16	6 months	High	Protocol or standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Ensure that women receive the results of all screening tests if screening is performed before a miscarriage or a termination of pregnancy	Infectious diseases in pregnancy: programme handbook	6 months	Standard	Protocol or standard operating procedure

### Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Audit the timeliness of father of the baby testing for sickle cell and thalassaemia to ensure prenatal diagnosis can be offered by 12 weeks and 6 days	Service specification 18  Sickle cell and thalassaemia: programme standard 5	3 months	High	Audit data presented at the antenatal and newborn screening local steering group
23	Ensure the father of the baby is offered screening for sickle cell and thalassaemia in each pregnancy	Sickle cell and thalassaemia: handbook for antenatal laboratories	3 months	High	Revised protocol
24	Implement a process for direct referral for couples or women known to be at risk of sickle cell or thalassaemia for pre-natal diagnosis	Service specification 18	6 months	Standard	Protocol or standard operating procedure

## Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Undertake a risk assessment of a screening sample in the infectious diseases screening laboratory	Service specification 15	12 months	Standard	Risk assessment undertaken for the laboratory aspects of the infectious disease screening programme

## Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Perform quarterly departmental review of images for first trimester screening scans	Service specification 16  Fetal anomaly screening: handbook for ultrasound practitioners	6 months	High	Process documented in a protocol or standard operating procedure  Presented at the antenatal and newborn screening local steering group

## Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Implement a monthly process to track and record outcomes for each screen positive baby referred from the newborn infant physical examination screening pathway	Service specification 21	3 months	High	Protocol or standard operating procedure  Process presented at the antenatal and newborn screening local steering group
28	Review the referral criteria for hip scans to ensure it is in line with national requirements	Service specification 21	3 months	Standard	Protocol or standard operating procedure

## 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 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.