



Public Health
England

**Screening Quality Assurance visit
report**
NHS Antenatal and Newborn Screening
Programmes
University College London Hospitals NHS
Foundation Trust

27 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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Published: December 2018

PHE publications

gateway number: 2018721



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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 University College London Hospitals NHS Foundation Trust screening service held on 27 June 2018.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in antenatal and newborn (ANNB) screening. This is to make sure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the Public Health England (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 shared with the London regional SQAS as part of the visit process
- information collected during interviews with:
 - NHS England London on 19 June 2018
 - Whittington Health NHS Trust newborn hearing screening service on 13 June 2018
 - Child Health Information Services (CHIS) North East London Foundation Trust on 26 June 2018.
 - Health Services Laboratories (HSL) on 27 June 2018

Local screening service

University College London Hospitals (UCLH) NHS Foundation Trust is situated in north central London and provides care to more than one million people a year.

The Trust serves a local population in the boroughs of Camden and Islington, and surrounding areas including Barnet, City of London, Hackney, Tower Hamlets, Haringey, Enfield and Westminster.

The Trust provides the full range of antenatal, intrapartum and postnatal care. In the financial year 2016 to 2017, 8765 women were booked for maternity care and a total of 6705 births were recorded. Maternity services were rated 'Good' by the Care Quality Commission (CQC) in August 2016.

The fetal medicine unit is a regional, national and international referral centre.

The neonatal unit (NNU) is part of the North Central and East London Neonatal Operational Delivery Network and is the only level 3 neonatal intensive care unit in north central London.

The Trust has an on-site Down's syndrome, Edwards' syndrome and Patau's syndrome screening biochemistry laboratory which works in partnership with Medway NHS Foundation Trust. The joint working arrangements between this laboratory and the Medway biochemistry laboratory form the Fetal Medicine Biochemistry Network. The laboratory performs first trimester screening and has recently begun to provide combined test screening services for Whittington Health NHS Trust.

External laboratory services used for the ANNB screening programmes at the Trust include:

- second trimester screening services provided by The Wolfson Institute of Preventative Medicine
- prenatal diagnostic services provided by The Doctors Laboratory (TDL)
- laboratory services for infectious diseases in pregnancy screening (IDPS) and sickle cell and thalassaemia (SCT) screening provided by HSL
- inconclusive IDPS sample testing services provided by PHE Colindale laboratory
- newborn bloodspot screening services provided by Great Ormond Street Hospital (GOSH) newborn screening laboratory

Newborn hearing screening services are provided by Whittington Health NHS Trust and screeners have an honorary contract with the Trust.

Child health services are provided by the north east London CHIS which is part of the North East London NHS Foundation Trust (NELFT).

NHS England London (NHS EL) is the lead commissioner for the ANNB screening services at the Trust.

Findings

This was the first ANNB QA visit to University College London Hospitals NHS Foundation Trust. The organisational culture is woman centred and inclusive, and screening services are provided by an enthusiastic and committed team.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 7 high priority findings:

- the screening incident management process and the risk management guidelines should be revised to make sure they are in accordance with the national guidance 'Managing Safety Incidents in NHS Screening Programmes'
- ANNB screening guidelines do not reflect all current national guidance
- the screening midwife does not have sufficient capacity to complete all requirements of the screening programmes
- the haemoglobinopathy laboratory does not report all results in line with SCT programme requirements
- the Medway network partnership does not meet all national requirements
- laboratory software does not support the reporting of first trimester screening results in line with Fetal Anomaly Screening Programme (FASP) requirements
- the mandated newborn and infant physical examination (NIPE) tool, NIPE SMART, has not been implemented

Shared learning

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

- staff who take part in guideline development receive certificates to help with revalidation requirements
- collaborative working with Clinical Commissioning Groups (CCGs) to develop 'community hubs' in north central London
- the Trust is participating in a London wide SCT audit led by NHS England London
- consistent positive user feedback on the efficiency, timeliness and friendliness of the Whittington Health newborn hearing screening service
- regular Trust 'Listening Events' to improve user engagement and involvement
- midwives are given protected time to complete national NHS screening programme e-learning
- community midwives have remote access to maternity systems via iPads

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update Trust Screening Steering Group (TSSG) terms of reference (TOR) to include senior chair and responsibilities for reviewing screening risks and audits	1	6 months	Standard	Updated TOR (outlining the remit of the working groups) approved by TSSG Minutes demonstrate attendance of senior chair
2	Revise the screening incident management process and the risk management guideline to make sure they are in accordance with the national guidance 'Managing Safety Incidents in NHS Screening Programmes'	1, 4, 5	6 months	High	Updated guideline approved at TSSG prior to Trust ratification All staff trained in screening incident reporting Screening incident reports submitted to TSSG

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	The Trust on-site biochemistry screening laboratory should complete a risk assessment of the screening pathway	6, 10 to 12	6 months	Standard	Risk assessment and action plan submitted to TSSG
4	The Trust on-site biochemistry screening laboratory should develop a business continuity plan (BCP)	1	6 months	Standard	BCP submitted to TSSG
5	Update antenatal and newborn screening guidelines in line with national guidance	1, 7 to 12, 14	9 months	High	Updated guidelines approved at TSSG prior to Trust ratification Annual guideline review and revision schedule in place
6	Include antenatal and newborn (ANNB) screening in the maternity audit schedule	1	12 months	Standard	Maternity screening audit schedule submitted to TSSG Audits and action plans submitted to TSSG
7	The Trust on-site biochemistry screening laboratory should complete annual vertical and horizontal audits of antenatal screening samples	1, 12	12 months	Standard	Audits and action plans submitted to TSSG
8	The Trust onsite biochemistry screening laboratory should make sure that all non-conformities identified by the United Kingdom Accreditation Service (UKAS) are resolved	1, 12	6 months	Standard	Confirmation of UKAS accreditation to TSSG

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Health Services Laboratories (HSL) should make sure that all non-conformities identified by UKAS are resolved	1, 7, 8	6 months	Standard	Confirmation of UKAS accreditation to TSSG
10	Complete a user survey for the antenatal and newborn screening pathways	1	12 months	Standard	Completed survey with findings and action plan submitted to TSSG

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Revise and document roles and responsibilities, including deputising arrangements, within the antenatal and newborn screening programmes	1	12 months	High	Updated job descriptions for screening team Deputy screening coordinator in post
12	Make sure administrative and failsafe management support for the screening pathways is in line with national service specifications	1	9 months	Standard	Administrative and failsafe support arrangements submitted to TSSG

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure a deputy Screening Support Sonographer (SSS) is in post	1, 10, 11	6 months	Standard	Job description to include role and responsibility requirements as defined by the Fetal Anomaly Screening Programme (FASP) Confirmation to TSSG
14	HSL should make sure there is a scientific virology lead to provide scientific and technical leadership for the screening programme	1	9 months	Standard	Confirmation to TSSG that a scientific virology lead is in post
15	Update the HSL business continuity plan (BCP)	1	6 months	Standard	Revised BCP submitted to TSSG
16	Revise induction programme content for newly qualified midwives to include information on antenatal and newborn screening	1	9 months	Standard	Revised programme submitted to TSSG

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement a weekly process for tracking antenatal screening to completion	1, 6	6 months	Standard	SOP submitted to TSSG

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement Newborn and Infant Physical Examination (NIPE) SMART to accurately identify the eligible cohort and monitor referrals	1, 14	12 months	High	Implementation of NIPE SMART

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Include link to translated versions of the ‘Screening tests for you and your baby’ on the maternity website	1	9 months	Standard	Website contains link to translated information Confirmation to TSSG

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement an electronic family origin questionnaire (FOQ)	1	12 months	Standard	FOQ implemented

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	HSL should report all haemoglobinopathy results in line with sickle cell and thalassemia (SCT) programme requirements	1	6 months	High	Revised guideline submitted to TSSG All SCT results reported in line with SCT programme requirements

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	HSL should implement a tracking process for samples sent to external laboratories	1	6 months	Standard	SOP submitted to TSSG
23	Make sure each woman who declines the initial offer of IDPS screening is identified, tracked and re-offered screening by 20 weeks of pregnancy	1, 9	6 months	Standard	Database to demonstrate tracking Submission of coverage KPI data ID1, ID3 and ID4 Annual audit of declines submitted to TSSG

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	The Trust on-site biochemistry screening laboratory should report all NHS screening risk results in line with FASP requirements	1, 12	9 months	High	Laboratory software issues results in line with FASP requirements Confirmation of changes to software submitted to TSSG
25	Comply with FASP requirements for a network screening service	1,12	9 months	High	Confirmation submitted to TSSG that national requirements have been met Network meeting minutes submitted to TSSG
26	Audit the fetal anomaly scan pathway to make sure referrals for investigations and options for pregnancy choices are within national timeframes	1, 12	6 months	Standard	Audit and action plan submitted to TSSG

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Implement and monitor a plan to meet KPI NH1 (newborn hearing screening - coverage)	1, 3	6 months	Standard	Action plan agreed and monitored by TSSG Consistent achievement of acceptable standard
28	Implement and monitor a plan to meet KPI NH2 (newborn hearing time from screening outcome to audiology assessment)	1, 3	6 months	Standard	Action plan agreed and monitored by the TSSG Consistent achievement of acceptable standard
29	Make sure Whittington Health hearing screeners have access to Trust electronic systems to record screening outcomes	1, 13	6 months	Standard	Confirmation of access submitted to TSSG

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Implement a weekly process to identify and track each screen positive baby through the NIPE screening pathway to referral outcome	1, 6	6 months	Standard	Confirmation to TSSG that process is in place SOP submitted to TSSG

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Revise and monitor the improvement plan for avoidable repeats to meet the acceptable threshold for KPI NB2	1, 3	6 months	Standard	Revised improvement plan agreed and monitored by TSSG Submission of KPI NB2 data
32	Audit the completion of repeat NBS samples to make sure there are no delays in the pathway	1	6 months	Standard	Audit and action plan submitted to TSSG

Next steps

The provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

The 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 after the report is published. After this point, SQAS will send a letter to the Trust and the commissioners summarising the progress made and will outline any further action(s) needed.

Appendix A: References

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4. Managing Safety Incidents in NHS Screening Programmes
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14. Newborn and infant physical examination: programme handbook
www.gov.uk/government/publications/newborn-and-infant-physical-examination-programme-handbook
15. PHE screening. Guidance on screening checks and audits to improve quality and reduce risk July 2018
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