



Public Health  
England

**Screening Quality Assurance visit  
report**  
NHS Antenatal and Newborn Screening  
Programmes  
Buckinghamshire Healthcare NHS Trust

9 October 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 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 4 UK countries.

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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 Buckinghamshire Healthcare NHS Trust screening service held on 9 October 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 provider, commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

### Local screening service

Buckinghamshire Healthcare NHS Trust provides services for a population of over 500,000 people across Buckinghamshire and the surrounding areas including Bedfordshire, Oxfordshire and Hertfordshire. The Trust provides the full range of antenatal, birth, postnatal and neonatal care. All antenatal and newborn screening programmes are offered.

The Trust stated that 5,800 women were booked for maternity care and approximately 5,200 babies were born between April 2016 and March 2017 (annual report 2016 to 2017).

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

The scope of this review includes services provided by Buckinghamshire Healthcare NHS 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
- laboratory services for sickle cell and thalassaemia and infectious disease screening

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 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 Buckinghamshire Healthcare NHS Trust and these services were included as part of the review.

## Findings

This is the second QA visit to the antenatal and newborn screening programme at Buckinghamshire Healthcare NHS Trust. During the visit there was evidence of good communication and multi-disciplinary working with staff committed to service improvement. The local service demonstrated an awareness of areas for further development.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified one high priority finding as summarised below:

- competency assessments need to be developed for all staff involved in screening within the sickle cell and thalassaemia and infectious diseases laboratories

## Shared learning

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

- the newborn hearing screening service arranged a workshop for local providers to support improvement in communication and learning across local services
- the review of images and ongoing training of sonography staff is recorded on a database to facilitate monitoring and assessment
- the newborn hearing screening service has access to the IT system used by GPs and health visitors
- this enables the screening service to have early notification of relevant changes in patient records
- the Trust website directs women to engage with maternity services at an early stage in pregnancy and has accessible information about screening
- good liaison between colleagues regarding the use of interpreters in the postnatal period to ensure babies complete all screening tests at one appointment where English is not the mother's first language

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should ensure signed contracts are in place with all subcontractors	Service specifications 15 to 21	12 months	Standard	Contracts or service level agreements
2	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 a job plan
3	Review the terms of reference for the trust antenatal and newborn screening meeting	Service specifications 15 to 21	6 months	Standard	Terms of reference which reflect changes to the screening programmes and the relationship between this meeting and the other Trust governance groups
4	Review the terms of reference for the trust perinatal meeting	Service specifications 15 to 19 and 21	6 months	Standard	Terms of reference to formalise the purpose of the meeting, membership and shared learning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Review current processes for the identification of screening incidents and ensure all screening incidents are reported to SQAS and commissioners, and managed in accordance with 'managing safety incidents in NHS screening programmes'	Managing safety incidents in NHS screening programmes	6 months	Standard	All staff trained in incident reporting  Screening incidents reported to SQAS and the commissioners
6	Update policies within the screening laboratories to include reference to managing screening incidents in accordance with 'managing safety incidents in NHS screening programmes'	Managing safety incidents in NHS screening programmes	12 months	Standard	Policy updated and shared with the antenatal and newborn screening meeting
7	Undertake a risk assessment of a screening sample in the sickle cell and thalassaemia laboratory	Service specification 18  NHS SCT screening programme: handbook for antenatal laboratories	12 months	Standard	Risk assessment undertaken for the laboratory aspects of the sickle cell and thalassaemia screening programme  Action plan presented at the antenatal and newborn screening meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Revise local screening guidelines to bring them up to date with national requirements (see polices and guidelines section of main report)	Service specifications 15 to 21	12 months	Standard	Revised guidelines which have been benchmarked against the NHS screening programme service specifications
9	Revise standard operating procedures within the laboratories to ensure that local practice is reflected in current documents	Service specifications 15 and 18  NHS SCT screening programme: handbook for antenatal laboratories  NHS IDPS screening programme: handbook for laboratories	12 months	Standard	Revised standard operating procedures have been benchmarked against NHS screening programme service specifications and programme handbooks
10	Agree a schedule of audits for the antenatal and newborn screening programmes to include all 6 programmes	Service specifications 15 to 21	12 months	Standard	Audit schedule  Audits completed and recommendations and action plans presented at the antenatal and newborn screening meeting



No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	The commissioner and stakeholders should work together to undertake a health equity audit	Service specifications 15 to 21	12 months	Standard	Summary of the audit and findings presented at the antenatal and newborn screening meeting
12	Agree a schedule of audits for the antenatal screening programmes within the infectious diseases and sickle cell and thalassaemia screening laboratories	Service specifications 15 and 18  NHS SCT screening programme: handbook for antenatal laboratories  NHS IDPS screening programme: handbook for laboratories	12 months	Standard	Laboratory audit schedule to include audits of the screening pathway.  Audits completed and recommendations and action plans presented at the antenatal and newborn screening meeting
13	Undertake a vertical audit of a screening sample in the infectious disease screening laboratory	Service specification 15  NHS IDPS screening programme: handbook for laboratories	6 months	Standard	Audit with evidence of actions undertaken and presented at the antenatal and newborn screening meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Complete a user survey to gather views about the antenatal and newborn screening pathways	Service specifications 15 to 21	12 months	Standard	Outcome and action plan of user survey discussed at the antenatal and newborn screening meeting

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Formalise training for all staff involved in undertaking first trimester screening within the sonography department to ensure completion of the e-learning modules in line with the requirements of the fetal anomaly screening programme	Service specifications 16 and 17	6 months	Standard	Training records for staff
16	Make sure all staff involved in the screening pathway complete the training requirements in line with the national service specifications	Service specifications 15 to 19, and 21	6 months	Standard	Updated training needs analysis and action plan  Training records for staff to ensure annual updates attended
17	Document responsibilities for screening laboratory leads	Service specifications 15 and 18	12 months	Standard	Documented screening responsibilities for laboratory leads within quality manual or local policies

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Ensure all staff involved in undertaking antenatal screening within the laboratories undertake appropriate competency assessment	Service specifications 15 and 18  NHS SCT screening programme: handbook for antenatal laboratories  NHS IDPS screening programme: handbook for laboratories	6 months	High	Training plan  Compliance with training monitored

### Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Document a process for tracking out of area women from booking through the screening pathway to make sure that booking details are recorded on the maternity IT system, screening is offered, screening tests are performed and results are received	Service specifications 15 to 18	6 months	Standard	Screen shot of tracking system  Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Write a standard operating procedure to outline the steps taken by the screening team when tracking antenatal and newborn blood spot screening samples	Service specifications 15 to 18 and 19	6 months	Standard	Standard operating procedure
21	Develop an IT solution to allow the electronic collection of key performance data	Service specifications 15 to 18 and 21	12 months	Standard	Outcome of discussions presented at the antenatal and newborn screening meeting

### Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Document the process for the follow up of babies who are not brought to clinic to ensure screening or referral from screening is completed	Service specifications 19 to 21	12 months	Standard	Standard operating procedure
23	Document the process for notifying key stakeholders about deceased babies (including updating the baby's status as deceased on the screening IT systems)	Service specifications 19 to 21	12 months	Standard	Standard operating procedure for the notification of deceased babies with roles and responsibilities clearly outlined

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Revise the request form for infectious disease screening to meet minimum data fields specified by the national programme	Infectious diseases in pregnancy screening programme handbook for laboratories	6 months	Standard	Revised request forms compliant with national programme minimum data fields
25	Ensure that women receive the results of all screening tests if screening is performed before a miscarriage or a termination of pregnancy	Service specifications 15 and 18	6 months	Standard	Guideline or standard operating procedure
26	Document a process for the timely communication within the screening team of fetal demise detected at the first trimester scan	Service specification 17	6 months	Standard	Standard operating procedure or updated guideline

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	<p>The commissioners should implement and monitor a plan to consistently meet key performance indicators for coverage for newborn blood spot screening:</p> <ul style="list-style-type: none"> <li>• NB1 coverage for babies who are the responsibility of the CCG at birth</li> <li>• NB4 coverage for babies who move in to the area in the first year of life</li> </ul>	<p>Service specification 19</p>	12 months	Standard	Key performance data meeting the acceptable thresholds

### Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	<p>Implement an auditable process for documentation within the laboratory that ensures all screen positive results are received by the antenatal screening team</p>	<p>Service specifications 18</p> <p>NHS SCT screening programme: handbook for antenatal laboratories</p>	6 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Implement a process for direct referral for counselling and prenatal diagnosis for couples or women known to be at risk of sickle cell or thalassaemia	Service specification 18	6 months	Standard	Guideline or standard operating procedure

### Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Implement a process to ensure management and assessment of poor performance in the national external quality assurance scheme (NEQAS)	Service specification 15  Infectious diseases in pregnancy screening programme handbook for laboratories	6 months	Standard	Standard operating procedure
31	Develop a standard operating procedure for samples sent away for confirmatory testing which covers tracking samples and monitoring and reporting turnaround times	Service specification 15  Infectious diseases in pregnancy screening programme handbook for laboratories	6 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Make sure each woman who declines the initial offer of IDPS screening (HIV, hepatitis B and/or syphilis) is identified, tracked and re-offered screening by 20 weeks of pregnancy	Service specification 15	3 months	Standard	Process audited and findings presented to the antenatal and newborn screening meeting

### Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Implement a process to track and record outcomes for each screen positive baby referred from the newborn infant physical examination screening pathway on NIPE SMART	Service specification 21	6 months	Standard	Protocol or standard operating procedure  Process presented at the antenatal and newborn screening local steering group



## 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 and 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.