Public Health England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

## NHS Antenatal and Newborn Screening Programmes East Sussex Healthcare NHS Trust

## Executive Summary

29 January 2019

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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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# Scope of this report

| | Covered by this report? | If 'no', where you can find information about this part of the pathway |
|---|---|---|
| **Underpinning functions** | | |
| **Uptake and coverage** | Yes | |
| **Workforce** | Yes | |
| **IT and equipment** | Yes | |
| **Commissioning** | Yes | |
| **Leadership and governance** | Yes | |
| **Pathway** | | |
| **Cohort identification** | Yes | |
| **Invitation and information** | Yes | |
| **Testing** | Yes | See table below |
| **Results and referral** | Yes | |
| **Diagnosis** | Yes | |
| **Intervention / treatment** | Yes | |

| Service | Provider | Within the scope of this visit |
|---|---|---|
| Sickle cell and thalassaemia screening laboratory services | ESHT | No – assessment will be provided by United Kingdom Accreditation Service |
| Infectious diseases screening laboratory services | ESHT | No – assessment will be provided by UKAS |
| Foetal trisomy screening – first trimester combined and quadruple screening laboratory services | The Wolfson Institute of Preventative Medicine – Barts and The London School of Medicine and Dentistry | No |
| Foetal anomaly screening to include first trimester and anomaly scans | ESHT | Yes |
| Newborn and infant physical examination | ESHT | Yes |
| Newborn bloodspot screening laboratory services | South East Thames Regional Newborn Screening Laboratory, Guy's and St Thomas' NHS Foundation Trust | No |
| Newborn hearing screening programme (NHSP) | ESHT | Yes |
| Child health records department | ESHT | Yes |

# Executive summary

Antenatal and newborn (ANNB) screening quality assurance (SQAS) covers the identification of eligible women and babies and the relevant tests undertaken by each screening programme. It includes acknowledgement of the referral to 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 to East Sussex Healthcare NHS Trust (ESHT)'s ANNB screening service held on 29 January 2019.

## Quality assurance purpose and approach

Quality assurance aims to maintain national standards and promote continuous improvement in ANNB 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.

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 collected during pre-review visits to ESHT
- information shared with the South regional SQAS as part of the visit process

## Local screening service

ESHT operates across 2 hospital sites (Eastbourne District General Hospital and Conquest Hospital) serving the local population of Eastbourne, Hastings and Rother, Rye (east), Seaford (west) and Hailsham (north). The trust serves a population in the region of 552 110 people (Joint Strategic Needs Assessment 2018).

Between April 2017 and March 2018, 3723 women booked for maternity care and the trust recorded 3144 births. The local pregnant population is characterised as 49.52% white British, 3.71% other white ethnic background, 1.18% Asian, 0.38% black and 0.54% mixed race. 44.25% of women were recorded as ethnicity unknown. The mean age at booking for maternity care was 30.2 years (trust ANNB screening service annual report 2017/18). The screening service is commissioned by and on behalf of NHS England South East (Kent, Surrey and Sussex).

Services at ESHT include:

- maternity services provided across 2 sites; low-risk maternity care at Eastbourne District General Hospital in Eastbourne and consultant-led maternity care at Conquest Hospital, Hastings
- analysis of sickle cell and thalassaemia screening samples at Conquest Hospital
- analysis of infectious diseases screening samples at Eastbourne District General Hospital
- maternity ultrasound services at both hospital sites
- foetal medicine specialist services at King's College Hospital NHS Foundation Trust, Guy's and St Thomas' NHS Foundation Trust in London and Brighton and Sussex University Hospitals NHS Trust
- neonatal intensive care unit (NICU) situated at Conquest Hospital, Hastings which accepts babies from 30 weeks' gestation
- newborn and infant physical examination (NIPE) and newborn bloodspot screening (NBS) which is performed at both hospital sites and in the community
- newborn hearing service which is a hospital-based programme offered at both hospital sites, with outpatient clinics held in Heathfield, Lewes, Ore, Eastbourne, Bexhill, and Uckfield Community Hospital
- CHRDprovided by ESHT which provides services across East Sussex

Delivery of the screening service involves interdependencies with other providers for parts of the pathway and the following services are outside the scope of this report:

- analysis and calculation of result for combined and quadruple screening samples provided by the Wolfson Institute of Preventive Medicine – Barts and The London School of Medicine and Dentistry
- analysis of samples for newborn blood spot screening provided at South East Thames Newborn Screening Laboratory (Guy's and St Thomas' NHS Foundation Trust)

## Findings

### Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 7 high priority findings as summarised below:

- the screening steering board within the trust is infrequent, lacks key stakeholders and the governance arrangements are unclear
- the maternity information system is currently being replaced with limited planning for the provision of screening requirements to be included in the software
- there is no contingency plan to ensure that accurate screening cohort data is maintained during the change of maternity information system
- there is insufficient time allocated to the newborn hearing screening local manager to complete all aspects of the role
- the calibration of newborn hearing screening devices expired in November 2017 and there was insufficient evidence of daily equipment checks having been achieved since then
- there are inadequate tracking arrangements to ensure completion of the foetal anomaly screening programme for all women in a timely way
- the responsibility for screening women and babies on the borders is unclear

## Shared learning

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

- the CHRD has exemplary standard operating procedures and business continuity plans
- there is evidence of collaborative working between health visitors and the CHRDwith opportunities for health visitors to spend time in the department
- the midwifery newborn infant examiners are invited to attend paediatric training three to four times per year
- agency sonographers work in a supernumerary capacity for one to two weeks when they start to ensure quality of work is satisfactory
- there is a community meeting for pregnant women under the age of 18 which includes provision of newborn hearing screening information and support
- a senior hearing screener has completed an audit to show that there is a demand for the screening team to commence daily screening at Eastbourne birthing centre

# Recommendations

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

## Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 1 | Revise the internal screening steering meeting to ensure clear governance and escalation processes are established | | 3 months | High | Updated terms of reference to include:<br>• quarterly frequency of meetings<br>• representation from all stakeholders<br><br>Agenda and minutes<br><br>Action plans |
| 2 | Ensure oversight and approval of key performance indicator (KPI) data by the directorate lead prior to national submission | | 6 months | Standard | Authorised submission of child health records department (CHRD) data from directorate lead or deputy |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 3 | Formalise screening operational meetings between the maternity team and other key stakeholders. | | 6 months | Standard | Terms of reference to include representation from:<br>• newborn hearing screening team<br>• diabetic eye screening team<br>• sonography<br>• laboratory<br><br>Agenda and minutes<br><br>Action plans |
| 4 | Embed culture of screening incident reporting and shared learning amongst all screening stakeholders | Managing Safety Incidents in NHS Screening Programmes | 6 months | Standard | Reporting of incidents by all stakeholders<br><br>Shared learning<br><br>Reference to PHE document in trust-wide incident policy |
| 5 | Update all policies and standard operating procedures related to screening to ensure compliance with national service specifications and national programme guidance | Section 7a service specification no 15 – 21<br><br>Programme handbooks and standards | 6 months | Standard | Ratified policies and standard operating procedures for each screening programme including:<br>• maternity<br>• sonography<br>• newborn hearing screening |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 6 | Ensure signed contracts are in place for any sub-contracted services with adequate oversight by the public health commissioning team | Section 7a service specification no 15 – 21 | 6 months | Standard | Service level agreements and sub-contracts |
| 7 | Improve achievement against KPIs: | Section 7a service specification no 15 – 21<br><br>Screening programme standards<br><br>KPIs: NHS screening programmes | 6 months | Standard | KPI data meeting the acceptable thresholds<br>• FA1 (completion of the laboratory request form)<br>• ID2 (referral of women with hepatitis B to specialist services)<br>• NP2 (referral of babies with suspected developmental dysplasia of hips) |
| 8 | Undertake a client satisfaction survey specific to ANNB screening pathways | Section 7a service specifications no 15 - 21 | 12 months | Standard | Completion of user satisfaction survey and feedback at screening group meetings |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 9 | Develop an ANNB screening audits schedule on a yearly basis | Section 7a service specifications no 15 – 21 | 12 months | Standard | Audit reports and subsequent changes agreed by screening steering group including:<br>• quadruple screening rate<br>• ultrasound recall rate for foetal anomaly screening programme |

## Infrastructure

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 10 | Calibration of all Otoports used by newborn hearing service in accordance with national guidance | Section 7a service specifications no 20 | 3 months | High | Confirmation that machines have been tested and passed their checks |
| 11 | Ensure capacity for the NHSP local manager to fulfil all aspects of her role | Section 7a service specifications No.20 | 6 months | Standard | Attendance at local, regional and national events<br><br>Audit |
| 12 | Maximise the functionality of the viewpoint ultrasound reporting IT system, in order to reduce the risk of error through manual transcription of data and standardise audits | Section 7a service specifications no 16 and 17 | 6 months | Standard | Electronic data transfer of scan measurements into viewpoint<br><br>Standard operating procedure for audit |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 13 | Ensure capture of ANNB cohort is not disrupted during the introduction of the new maternity IT system | Section 7a service specifications no 15 - 21 | 3 months | High | Policy<br><br>KPI |
| 14 | Ensure the requirements for screening are included in the implementation of the new software | | 3 months | High | Screenshots of new system showing compliance with screening pathway requirements |
| 15 | Ensure job descriptions are revised for:<br>• newborn and infant physical examination (NIPE) lead<br>• screening support sonographer | Section 7a service specifications no 15 - 21 | 6 months | Standard | Ratified job descriptions including elements of screening responsibility |
| 16 | Reinstate screening mandatory training | Section 7a service specifications no 15 – 21 | 12 months | Standard | Agenda<br><br>Training logs |
| 17 | Ensure screening support midwives undertake the genetic risk assessment and counselling module | Section 7a service specification no 18 | 12 months | Standard | Certificate of completion |

## Identification of cohort – antenatal

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 18 | Clarify the cohort of women booking for maternity care on the border of the trust catchment area | Section 7a service specifications no 15 – 18 | 3 months | High | Ratified policy<br><br>Service level agreement |

## Identification of cohort – newborn

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 19 | Allow the CHRD access to SMaRT 4 Hearing (S4H) to enable screening data to be transferred electronically | NHSP operational guidance<br><br>Section 7a service specifications no 20 | 6 months | Standard | Confirmation at programme board that CHRD has gained access to S4H |
| 20 | Develop a process for the allocation of NHS numbers for newborn cohort in the event of an IT system failure | Section 7a service specifications no 19 - 21 | 12 months | Standard | Collaborative process developed for the allocation of NHS numbers between maternity and CHRD |
| 21 | Develop a process to amend birth notification errors | Section 7a service specifications no 19 – 21 | 6 months | Standard | Ratified policy or standard operating procedure |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 22 | Develop a process for the notification of a newborn death to include how newborn failsafe IT systems are to be updated | Section 7a service specifications no 19 – 21 | 6 months | Standard | Ratified policy or standard operating procedure |

## Invitation, access and uptake

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 23 | Introduce a prompt to ensure that midwives check the status of screening for women upon admission and in the intrapartum period | Section 7a service specifications No. 15 and 18 | 6 months | Standard | Ratified policy or standard operating procedure |
| 24 | Track the booked cohort to ensure all those accepting screening for foetal anomalies complete testing within timescales stipulated by PHE guidance | Section 7a service specifications no 16 and 17<br><br>Programme standards<br><br>Programme handbooks | 3 months | High | Ratified policy<br><br>Trackers and spreadsheets<br><br>Audit |
| 25 | Embed a process in the maternity service for communication of screening results once a woman has miscarried or had a termination of pregnancy | Section 7a service specifications no 15 and 18 | 6 months | Standard | System implemented<br><br>Ratified trust screening policies describing pathway |

## Sickle cell and thalassaemia screening

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 26 | Implement a pathway to ensure that all at risk couples are identified and referred at booking | Programme handbook | 6 months | Standard | Ratified policy |

## Foetal anomaly screening

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|---|---|---|---|---|---|
| 27 | Ensure the FASP pathway for Down's Edwards' and Patau's syndrome screening complies with national guidance' | Section 7a service specifications No.16<br><br>Programme handbook | 6 months | Standard | Ratified policy<br><br>Sign off at trust screening steering board |
| 28 | Offer culture testing to all women undergoing chorionic villus sampling and ensure result is known prior to offer of termination of pregnancy | Section 7a service specifications No.16<br><br>Programme handbook | 6 months | Standard | Ratified policy |

## 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.