



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes
Western Sussex Hospitals NHS
Foundation Trust

3 and 4 June 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 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 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 visit of the Western Sussex Hospitals NHS Foundation Trust screening service held on 3 June and 4 June, 2019.

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 ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE 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(s), commissioner and external organisations
- information shared with the south regional SQAS as part of the visit process

Local screening service

Western Sussex Hospitals NHS Foundation Trust (WSHFT) provides maternity services to the local population in Worthing, Chichester and surrounding areas. The trust primarily serves a population of over 450,000 people (trust website).

The trust provides maternity care across 2 sites, Worthing Hospital and St Richard's Hospital in Chichester. Screening and immunisation services are integrated into a wider maternity public health team and services are mirrored across both sites.

Between April 2018 and March 2019, 5409 women booked for maternity care and the trust recorded 5008 births. The local pregnant population is characterised as 78.1% white British, 11.6% southern European, 2.4% northern European, 2.3% south Asian and 5.6% other ethnic background (family origin questionnaire data supplied by the laboratory). The mean age at booking for maternity care was 30 years (booking data from the maternity information system – April 2018 to March 2019).

The screening service is commissioned by and on behalf of NHS England South East (Kent, Surrey and Sussex).

Services at WSHFT include:

- maternity services provided across 2 sites – Worthing Hospital and St Richard's Hospital, Chichester
- analysis of sickle cell and thalassaemia (SCT) screening samples at Worthing Hospital
- analysis of infectious diseases screening samples at St Richard's Hospital, Chichester
- maternity ultrasound services at both hospital sites
- local fetal medicine specialist services (FM) at both sites including prenatal diagnostic testing (amniocentesis)
- level 2 neonatal unit situated at St Richard's Hospital and a level 1 neonatal unit at Worthing Hospital
- newborn and infant physical examination (NIPE) and newborn bloodspot screening (NBS) which are performed at both hospital sites and in the community
- newborn hearing service which is a hospital-based programme offered at both hospital sites

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 Portsmouth Hospitals NHS Trust
- analysis of samples for newborn blood spot screening provided at South West Thames Newborn Screening Laboratory at Epsom and St Helier University Hospitals NHS Trust
- tertiary fetal medicine services and prenatal diagnostic testing (chorionic villus sampling – CVS) provided at University Hospital Southampton NHS Foundation Trust and St George's University Hospitals NHS Foundation Trust
- child health information service (CHIS) which is provided by Sussex Community NHS Foundation Trust

Findings

The Antenatal and Newborn (ANNB) screening service provided by Western Sussex Hospitals NHS Trust was of high quality and met the majority of the national programmes standards and key performance indicators.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings, both relate to the lack of accreditation of the sickle cell and thalassemia screening (SCT) laboratory: UKAS accreditation is a requirement of the national service specification for SCT (No. 15189). The SCT laboratory does not have accreditation. Lack of accreditation was identified as a concern during the previous QA visit for ANNB services in 2014. The issue was not addressed.

Plans are now being made for the laboratory to undertake a UKAS assessment. However, should accreditation not be achieved, commissioners need to consider options to ensure that the national service specification can be met.

Shared learning

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

- there is good succession planning within the screening and sonography teams
- the screening support sonographer is given sufficient time for her role
- maternity and sonography teams are given protected time to complete screening e-learning
- there are detailed competency assessments for laboratory staff involved in SCT screening
- the sonography team undertakes quarterly audit of the fetal anomaly scan
- the trust has devised antenatal and newborn screening patient satisfaction surveys in 6 languages
- women and their families receive tailored public health information via the Family Assist Programme
- the newborn screening team captures any changes to policy onto a spreadsheet as they arise in readiness for update to trust guidance
- there is a proforma used for checking newborn screening status of babies discharged from the neonatal unit and those transferring in and out of the trust

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Regain sickle cell and thalassaemia screening infectious diseases in pregnancy screening (IDPS) laboratory accreditation	Laboratory handbooks Service specification	6 months	High	UKAS ISO 15189 certificate
2	Commissioner to consider options for commissioning accredited laboratory services if the WSHFT laboratory remains unaccredited	Laboratory handbooks Service specification	12 months	High	UKAS ISO 15189 certificate
3	Ensure signed contracts are in place for any sub contracted services with oversight by the public health commissioning team	Section 7a service specification No. 15-21	6 months	Standard	Service level agreements and sub contracts
4	Update all policies and standard operating procedures related to screening to ensure compliance with national service specifications and national programme guidance including the trust wide incident management guidance	Section 7a service specification No. 15-21	6 months	Standard	Ratified policies and standard operating procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Revise the vertical audit template used in both the infectious diseases and SCT screening laboratories to demonstrate compliance with the requirements of the PHE handbook for laboratories	SCT handbook for laboratories, 2017 NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook for Laboratories 2016 to 2017	6 months	Standard	Vertical audit template
6	Undertake screening specific audits to demonstrate compliance with national programme requirements	Section 7a service specifications No. 15-21	12 months	Standard	Audit Action plan Shared learning
7	Undertake pathology satisfaction survey to seek the views of laboratory users within the screening pathway	Section 7a service specification No. 15-21	12 months	Standard	User survey

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Undertake a health equity audit	Section 7a service specification No. 15-21	12 months	Standard	Health equity audit

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Amend the sonography induction resource to include screening specific requirements	Fetal Anomaly Screening Programme (FASP) ultrasound practitioner's handbook, 2015	6 months	Standard	Induction resource revised and ratified by internal governance arrangements
10	Undertake a workforce review in the sonography department to ensure quality is maintained across both sites	Section 7a service specification No. 15-18	6 months	Standard	Workforce review Access to training for locum/agency staff Training tracked/monitored on spreadsheet

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure capacity for the Newborn Hearing screening programme (NHSP) local manager to fulfil all aspects of her role - timely completion of competency assessments for established staff	Section 7a service specification No. 20	6 months	Standard	Completion of training assessments for both new and existing staff
12	Update contact information on national system SMaRT 4 Hearing (S4H) to ensure information is communicated effectively	Section 7a service specification No. 20	3 months	Standard	Add NHSP team leader details to the S4H contacts database
13	Ensure that there are sufficient number of Maternity Support Workers (MSW) qualified to carry out automated auditory brainstem response's (AABR) during periods of staff absence such as annual leave.	Section 7a service specification No. 20	12 months	Standard	Workforce review Completion of training by MSWs
14	Ensure AABR equipment is replaced in accordance with the manufacturer's recommendations	Section 7a service specification No. 20	12 months	Standard	Review manufacturers recommendations and update replacement schedule

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure all women that have been referred for antenatal care have been accounted for in the screening cohort	Section 7a service specification Nos. 15 to 18	6 months	Standard	Audit outcomes and action plan Risk assessment Ratified policy

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Amend SCT laboratory reports to comply with national guidance	SCT handbook for laboratories, 2017	6 months	Standard	Anonymised reports

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure only tests consented for are booked into the laboratory information management system	NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook for Laboratories 2016 to 2017	3 months	Standard	<p>Screenshots from the laboratory information management system</p> <p>Ratified standard operating procedure (SOP)</p>
18	Report all IDPS rejected samples and declines to the designated lead in accordance with national guidance	NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook for Laboratories 2016 to 2017	6 months	Standard	<p>Standard operating procedure</p> <p>Audit</p>

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Implement a process to report and follow up IDPS inconclusive results in the laboratory in accordance with national guidance	NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook for Laboratories 2016 to 2017	6 months	Standard	Ratified SOP
20	Amend IDPS reports on the laboratory information system to specify tests accepted and declined	NHS Screening Programme Infectious Diseases in Pregnancy Screening Programme Handbook for Laboratories 2016 to 2017	6 months	Standard	Anonymised reports

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Offer culture testing to all women undergoing chorionic villus sampling (CVS) and ensure result is known prior to offer of termination of pregnancy	NHS Fetal Anomaly Screening Programme Handbook Valid from August 2018	6 months	Standard	Ratified policy
22	Report unexpected abnormalities identified at birth to the National Congenital Anomaly and Rare Disease Registration Service (NCARDRS)	Section 7a service specification No. 17	6 months	Standard	Amend the flowchart to include notification to NCARDRS

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 issued to the service. 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.