



Public Health
England



Screening Quality Assurance visit report

NHS Antenatal and Newborn
Screening Programmes
George Eliot Hospital NHS Trust

8 and 9 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 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 George Eliot Hospital NHS Trust screening service held on 8th and 9th January 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 screening quality assurance service (SQAS).

The evidence for this report comes from:

- 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 George Eliot Hospital NHS Trust
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

George Eliot Hospital NHS Trust is a district general hospital which serves a population of 300,000 across North Warwickshire, Nuneaton, Bedworth, South-west Leicestershire and Coventry. The trust is part of a collaborative foundation group of hospitals alongside South Warwickshire NHS Foundation Trust and Wye Valley NHS Trust.

The trust provides acute services at George Eliot Hospital in Nuneaton and several primary, community and public health services including sexual health services for Warwickshire.

George Eliot Hospital Trust provides a consultant-led maternity service offering specialist consultant services, with the provision of a level 1 special care baby unit.

The trust provides the full range of Antenatal and Newborn Screening services including:

- infectious diseases in pregnancy screening (or IDPS)
- sickle cell and thalassaemia screening (or SCTS)
- fetal anomaly screening (or FASP)
- newborn hearing screening (or NHSP)
- newborn and physical infant examination (or NIPE)
- newborn bloodspot screening (or NBS)
- ultrasonography services for first-trimester screening and the 18 to 20+6-week fetal anomaly scan

The trust has contract arrangements in place to deliver screening which are:

- laboratory services for infectious diseases in pregnancy screening and further sickle cell and thalassaemia laboratory screening through the Coventry and Warwickshire Pathology services hosted by University Hospital Coventry and Warwickshire
- regional laboratory services for Downs, Edwards and Patau's screening provided by Birmingham Women's and Children's NHS Foundation Trust
- a hospital based Newborn Hearing Screening Programme provided through University Hospital Coventry and Warwickshire NHS Trust

NHS England Midlands and East (West Midlands) commission the trusts antenatal and newborn services in-line with 2017 to 2018 national ANNB screening programme service specifications. They also commission:

- the regional laboratory services for the analysis of newborn blood spot screening samples provided by Birmingham Women's and Children's NHS Foundation Trust
- the child health information service (CHIS) provider is Birmingham Community Healthcare NHS Trust (BCHC); South Warwickshire NHS Foundation Trust (south hub) is a partner in the collaboration, led by BCHC

Findings

This is the second quality assurance visit to the trust. The first visit was undertaken in March 2015. All recommendations arising from that visit have been closed by the trust.

The screening service consistently meets 12 out of 13 national key performance indicators (KPI's); the service reaches the higher achievable threshold for 6 of the KPI's.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings which were:

- the trust escalation and incident reporting arrangements are unclear
- the trust does not meet the standard for completion of ultrasound of the hips within 2 weeks of birth following NIPE examination

Shared learning

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

- the trust consistently achieves the highest performance level for reducing the newborn blood spot repeat rate (NB2) – 0.8% and is one of the highest performing trusts nationally in relation to NB2
- the screening coordinator provides written screening reports for the monthly Women and Children's Governance Division meeting
- early access to maternity care is encouraged through
 - posters displayed in GP surgeries and Children's Centres
 - patients being able to self-refer via e-mail and telephone
- the hearing manager attends the regional children's hearing services working group (CHWSG), trust screening steering group (TSSG) and programme board

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Identify a trust director or senior lead who is responsible for all 6 screening programmes	NHS screening programmes service specification (15 to 21)	12 months	Standard	Confirmation of lead to programme board Terms of reference for the trust screening steering group that identifies a trust director or senior chair Minutes of trust steering screening group meetings
02	Include all 6 antenatal and newborn screening programmes within the annual report and present to the trust screening steering group and programme board	NHS screening programmes service specification (15 to 21)	12 months	Standard	Annual report produced covering all 6 screening services Minutes of meetings showing approval at the trust screening steering group Minutes of meetings showing discussion at a programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
03	Seek initial advice from SQAS on whether to complete the screening incident assessment form (SIAF)	NHS screening programmes service specification (15 to 21)	1 month	High	Confirmation to programme board that advice is being sought SIAFs are being used to inform a decision about how a screening safety incident is classified or managed
04	Update antenatal and newborn screening guidelines to ensure they are in-line with new national programme information	NHS screening programmes service specification (15 to 21)	9 months	Standard	Guidelines include new handbook and programme standards Updated guidelines in place which include new references, and ratified at the trust steering screening group Confirmation to the programme board
05	Develop a local inequalities action plan based on the Screening and Immunisation team (SIT) findings	NHS screening programmes service specification (15 to 21) Guidance for NHS Commissioners on equality and health inequality duties 2015 NHS Accessible Information standard and specification	12 months	Standard	Equity audit undertaken, and action plan monitored at the trust screening steering group
06	The ultrasound service should carry out an annual user satisfaction survey and a report on the findings and associated actions should be completed	NHS screening programmes service specification (16 to 17)	12 months	Standard	Ultrasound user survey and action plan report presented to programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
07	Revise the screening support sonographer (SSS) job description to include role and responsibility requirements as defined by NHS screening programmes	Fetal Anomaly Screening Programme: Programme handbook, June 2015	3 months	Standard	Revised job description
08	Provide absence cover arrangements for the newborn hearing screening team manager	NHS screening programmes service specification (20)	6 months	Standard	Adequate cover arrangements in place Confirmation to the programme board
09	Ensure that the roles and responsibilities of the hearing screening team leader are met	NHS screening programmes service specification (20)	6 months	Standard	Team leader requirement clearly documented in SLA and hearing screening policy document Team leader undertakes role and responsibilities Confirmation to the programme board

Identification of cohort – antenatal: No recommendations

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure that Child Health Department receive the initial birth details and NHS number without delay	NHS screening programmes service specification (28)	9 months	Standard	Report generated by Child Health Records No delays reported Confirmation to the programme board

Invitation, access and uptake: No recommendations

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Enhance the sickle and thalassaemia (SCT) clinical pathway to meet key performance indicator: <ul style="list-style-type: none"> ST2: antenatal sickle cell and thalassaemia screening – timeliness of test 	NHS screening programmes service specification (18) NHS sickle cell and thalassaemia screening programme standards	12 months	Standard	Action plan agreed and monitored by the trust screening steering group Submission of quarterly data for ST2 showing sustainable achievement of the acceptable standard Confirmation to the programme

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	<p>Monitor all programme standards at the trust screening steering group</p> <ul style="list-style-type: none"> • Include infectious diseases in pregnancy programme (IDPS) standards 2, 3, 4, 5 and 7 	NHS screening programmes service specification (15)	6 months	Standard	<p>Monitoring standards is an agenda item on the trust screening steering group</p> <p>Screening guidelines state standard timescales recommended by the national screening programmes</p> <p>Confirmation to the programme board</p>
13	Provide a fast-track screening service for late booking women	NHS screening programmes service specification (15)	9 months	Standard	Priority screening process documented within a ratified antenatal screening guideline
14	<p>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</p> <p>The re-offer must be in-line with the national standard</p>	<p>NHS screening programmes service specification (15)</p> <p>Infectious Diseases in Pregnancy Screening (IDPS) programme handbook</p>	6 months	Standard	<p>Ratified guideline or standard operational procedure</p> <p>Database to demonstrate tracking by the screening team</p> <p>Submission of coverage key performance data ID1, ID3 and ID4</p> <p>Annual audit of declines</p>

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Document and implement a process for the clinical review of the screening pathway when a baby is born unexpectedly with fetal anomaly	NHS screening programmes service specification (16)	12 months	Standard	Implemented and embedded multi-disciplinary clinical review process in place to monitor fetal anomaly screening outcomes

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure newborn hearing screening protocols include procedures for adopted babies, child protection concerns and deceased babies	NHS screening programmes service specification (20)	9 months	Standard	Revised and ratified protocols in place

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Put in place a key performance indicator (KPI) plan to ensure all babies found to have a hip abnormality (NP2) are referred within nationally set timescales	NHS screening programmes service specification (21)	3 months	High	Acceptable threshold for KPI NP2 consistently reached
18	Amend the newborn infant physical examination (NIPE) guideline to include referral pathways to internal and external tertiary services	NHS screening Programmes service specification (21)	12 months	Standard	The newborn infant physical examination (NIPE) guideline includes referral pathways Assurance is provided to the programme board
19	Develop a plan to ensure outcome data from screened babies is recorded electronically (in NIPE SMART)	NHS screening programmes service specification (21)	9 months	Standard	Plan in place to ensure that outcome data is recorded on the SMART4NIPE electronic system Ratified policy or standard operation procedure

Newborn blood spot screening: No recommendations

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.