



Public Health
England



Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening Programmes

Sherwood Forest Hospitals NHS Foundation Trust

Executive summary

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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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Antenatal and newborn screening quality assurance (QA) covers the identification of eligible women and babies and the relevant tests undertaken by each screening service. It includes receipt 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 (QA) visit of the NHS antenatal and newborn screening services at Sherwood Forest Hospitals NHS Foundation Trust held on 18 September 2018.

Quality assurance purpose and approach

Quality assurance 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 of 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 Sherwood Forest Hospitals NHS Foundation Trust
- information shared with the regional SQAS as part of the visit process

Local screening service

Sherwood Forest Hospitals NHS Foundation Trust offers all 6 antenatal and newborn screening programmes across 2 sites. King's Mill hospital, located in Sutton in Ashfield provides antenatal, intrapartum and postnatal services; Newark Hospital offers outpatient services for antenatal and postnatal care and ultrasound services.

In 2017 to 2018 there were 3,510 women booked for delivery and there were 3,377 babies born.

Sherwood Forest Hospitals NHS Foundation Trust provides laboratory services for sickle cell and thalassaemia screening and infectious diseases screening in pregnancy. Regional laboratory services for Down's syndrome, Edwards' syndrome and Patau's

syndrome screening are provided by Nottingham University Hospitals NHS Trust. Sheffield Children's Hospital NHS Trust provides newborn blood spot screening laboratory services.

Clinical genetics services are provided by Nottingham University Hospitals NHS Trust.

Child health information services (CHIS) are provided by Nottinghamshire Healthcare NHS Foundation Trust (NHFT) which covers NHS Mansfield and Ashfield Clinical Commissioning Group (CCG) as well as NHS Newark and Sherwood CCG.

NHS England (North Midlands) is the lead commissioner for the antenatal and newborn screening programmes. Co-commissioning arrangements are in place with NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs.

Findings

This is the second QA visit for the antenatal and newborn screening programmes at Sherwood Forest Hospitals NHS Foundation Trust.

The QA visit team were assured overall that the antenatal and newborn screening programmes were meeting national programme standards. A total of 22 recommendations have been made, 1 of which was classified as a high priority.

After the first visit in 2015 there was 1 recommendation that remained outstanding.

- review and report reasons for non-attainment of the acceptable standard for screening KPI NB2 (avoidable blood spot repeats) and develop action plans accordingly

Recommendations to address outstanding issues and findings from this QA visit are tabulated below.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 1 high priority finding as summarised below:

- agency staff in the ultrasound department are not included in the local image review quality control process

Shared learning

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

- ultrasonography equipment QA processes, including escalation to Medical Physics if required
- education and training of health visiting teams by the newborn hearing screening programme (NHSP) local manager
- completion of the NHSP user survey with an agreement to share findings via a poster presentation with stakeholders

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.	Make sure there are commissioning, contracting / subcontracting arrangements in place for newborn blood spot screening and Down's syndrome, Edwards' syndrome and Patau's syndrome screening laboratory services	Service specifications Nos.16 and 19	6 months	Standard	Commissioning, contracting / subcontracting arrangements documented and confirmed at the programme board
2.	Review administrative support in the screening team to make sure there are appropriate failsafes in place so that all women who live in cross-border areas are included in the eligible cohort	Service specifications Nos. 15 to 21	3 months	Standard	Review of administrative support discussed at programme board
3.	Review the monthly antenatal and newborn screening forum name, terms of reference and membership to correspond with the overall Women and Children's Division governance framework. Membership to include the newborn infant physical examination (NIPE) clinical lead	Women and Children's Clinical Governance Framework, Sherwood Forest NHS Foundation Trust	3 months	Standard	Terms of reference presented to the programme board to demonstrate consistent names for the trust internal screening group. Membership includes the newborn infant physical examination (NIPE)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					clinical lead
4.	Review the quarterly laboratory quality and governance meeting terms of reference and membership to include representation from the sickle cell and thalassaemia laboratory	Maternity and Gynaecology Infectious Diseases, Blood Group and Red Cell Antibody in Pregnancy Screening terms of reference	3 months	Standard	Terms of reference presented to the programme board to demonstrate change of membership
5.	Child Health Records Department (CHRD) should amend the NHFT risk policy to include reference to managing screening incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Policy ratified and presented to the programme board
6.	Update screening guidelines, standard operating procedures (SOPs) and competency documents to reflect programme standards for; <ul style="list-style-type: none"> • fetal anomaly screening for Down's syndrome, Edwards' syndrome and Patau's syndrome • fetal anomaly ultrasound • sickle cell and thalassaemia screening • newborn blood spot screening 	Service specifications Nos. 16,17,18,19 and 21	12 months	Standard	Guidelines updated and ratified to include: <ul style="list-style-type: none"> • specialist counselling for women with twin pregnancies to cover both combined and quadruple testing • correct timelines and measurements for combined screening • use of family origin in

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	<ul style="list-style-type: none"> newborn infant physical examination 				sickle cell and thalassaemia screening guidelines <ul style="list-style-type: none"> newborn blood spots taken on day 5 update competency documents to include all inherited metabolic conditions, skin preparation for newborn blood spot sampling and correct gestation for repeat hypothyroid screening use of NIPE SMART link to updated information about e-learning in all guidelines
7.	The commissioner and providers should work together to develop a screening inequalities action plan to include women who do not access early maternity care to reduce inequalities in screening	Service specifications 15 to 21 Guidance for NHS Commissioners on equality and health inequality duties 2015	12 months	Standard	Action plan monitored at programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8.	Complete a user survey for ultrasound services to gather views about the antenatal and newborn screening pathways to support quality improvements	Service specifications Nos. 16 and 17	12 months	Standard	Summary of survey findings and evidence of actions taken monitored at programme board
9.	Provide an annual education and training update for antenatal and newborn screening to all staff involved in screening	Service specifications 15 to 21	12 months	Standard	Training programme to include antenatal and newborn screening element for 2019 to 2020
10.	Make sure all staff in the child health records department (CHRD) involved in screening complete the relevant e-learning resources	Service specification 19	3 months	Standard	Training log for staff presented at programme board

Identification of cohort – antenatal

See recommendation 2

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11.	Revise the community midwives' investigation log to include all antenatal screening programmes for sample tracking	Service specifications 15 to 18	3 months	Standard	Updated investigation log to include all screening programmes

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12.	Formalise and monitor the action plan to meet KPI NP1 (newborn infant physical examination - coverage)	Service specification No. 21	3 months	Standard	Action plan that is agreed and monitored by programme board Submission of KPI data – NP1
13.	Make sure that eligible babies on paediatric wards are included in the cohort for KPIs <ul style="list-style-type: none"> • NB1 (newborn blood spot - coverage) • NH1 (coverage) • NP1 (newborn physical examination - coverage) 	Service specification 21	6 months	Standard	Action plan that is agreed and monitored by programme board Submission of KPI data for NB1, NH1 and NP1 includes all eligible babies

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14.	Update trust website information to include access to maternity care and a link to NHS.UK for information about antenatal and newborn screening	Service specifications Nos. 15 to 21	6 months	Standard	Updated website with link to NHS.UK and information on access and screening

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15.	Implement and monitor a plan to meet standard 4 (screening test reported within 3 working days)	Service specification No. 18 SCT antenatal laboratory handbook SCT standard 4	6 months	Standard	Action plan that is agreed and monitored by programme board

Infectious diseases in pregnancy screening

There are no recommendations for this section

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16.	Implement and monitor a plan to meet KPI FA1 (completion of laboratory request forms)	Service specification No. 16 Antenatal and newborn screening KPIs for 2018 to 2019	6 months	Standard	Action plan that is agreed and monitored by programme board Submission of KPI data – FA1

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17.	Include agency ultrasound staff in image review processes of first trimester screening scan images and distributions	Service specification No. 16	3 months	High	Confirmation at programme board that agency staff included. Training records of all ultrasound staff
18.	Standardise image archiving of fetal anomaly screening scans to meet programme standards	FASP programme handbook Service specification No. 16	6 months	Standard	Ultrasound guidelines updated to include image archive requirements

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19.	Investigate increase in the referral rate and implement and monitor a plan to meet the acceptable rate for standard 3 (test performance hospital referral rate to diagnostic audiological assessment)	NHSP standard 3	12 months	Standard	Investigation and findings presented to the programme board NHSP standard 3

Newborn and infant physical examination

– see recommendation 12

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20.	Implement and monitor a plan to meet KPI NB 2 (avoidable repeats)	Service specification No. 19 NBS standard 6	3 months	Standard	Action plan that is agreed and monitored by programme board Submission of KPI data – NB2
21.	Investigate the data supplied by the laboratory to make sure standards are met for: <ul style="list-style-type: none"> • standard 3 (use of barcoded labels) • standard 4 (taking sample on day 5) • standard 5 (timely receipt of sample into laboratory) 	NBS standards 3, 4 and 5	12 months	Standard	Summary of the audit findings and action plan monitored at programme board
22.	Make sure result letters are sent to all parents/carers including where there is a suspected positive result, or the baby is too old for cystic fibrosis screening	Service specification No. 19	6 months	Standard	Updated SOP including template letter, presented to programme board

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/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. 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.