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Screening Quality Assurance visit report

The Princess Alexandra Hospital NHS Trust NHS Antenatal and Newborn Screening Programmes

15 and 16 October 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 Princess Alexandra Hospital NHS Trust screening service held on 15 and 16 October 2019.

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(s), commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Princess Alexandra Hospital NHS Trust offers all 6 NHS antenatal and newborn screening programmes. The maternity unit at the Princess Alexandra hospital provides antenatal, intrapartum and postnatal care. There is a level 2 neonatal intensive care unit.

Data presented at the QA visit showed that in 2018 to 2019, there were 4,020 deliveries recorded by the trust (including live births and still births).

The Princess Alexandra Hospital NHS Trust provides the laboratory testing for:

- infectious diseases in pregnancy screening
- sickle cell and thalassemia screening

United Kingdom Accreditation Service (UKAS) will assess both ISO 15189:2012 requirements and the screening QA requirements as an integrated process. The interfaces between the laboratory and the trust were reviewed at the QA visit and are included in the scope of this report.

Antenatal and newborn screening services interface with the following external providers, for the purposes detailed below:

- Mid Essex Hospital NHS Trust – combined test for Down’s syndrome, Edwards’ syndrome and Patau’s syndrome for the fetal anomaly screening programme
- Wolfson Institute of Preventive Medicine, part of Barts and The London School of Medicine and Dentistry – quadruple test for Down’s syndrome for the fetal anomaly screening programme
- Great Ormond Street Hospital for Children NHS Foundation Trust laboratory services - newborn blood spot screening programme
- Provide UK – Child Health Information Service (CHIS)

The providers listed above are not included in the scope of this report.

NHS England and NHS Improvement (NHS E/I) East of England, Screening and Immunisation Team, is the lead commissioner for the antenatal and newborn screening programmes. Co-commissioning arrangements are in place with West Essex CCG and NHS England specialised commissioning.

Findings

This was the second QA visit to the antenatal and newborn screening programmes delivered by The Princess Alexandra Hospital NHS Trust. The first QA visit took place in April 2015. The action plan from the first visit is completed and there are no outstanding recommendations. The QA team commented on the notable improvement in the quality of the antenatal and screening programmes since the previous visit.

The QA team observed the professional and knowledgeable staff delivering the antenatal and newborn screening programmes. The offered antenatal and newborn screening services were women and family focussed.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 2 high priority findings as summarised below:

- there is no formalised fast track sickle cell and thalassaemia pathway for known at risk women or at-risk couples
- the quadruple testing service currently provided as part of the Down's syndrome screening pathway for the fetal anomaly screening programme is outside of the section 7a service specification and national screening programme policy

Shared learning

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

- a quarterly Screening Focus newsletter is produced by the screening team and is sent out to all staff within the family and women's division. The newsletter includes shared learning, education updates and essential reminders
- the trust incident management policy has an appendix on managing safety incidents in NHS screening programmes which is also cross referenced in the main body of the policy. A one page workflow on 'screening incidents and issues within the antenatal and newborn screening service' supports the management of incidents
- a one page 'Learning Summary' is used to share learning from incidents. The learning summary shares what happened, what went well, what could be improved and what has been learned
- the quality improvement approach to audit and how this has improved antenatal and newborn screening service delivery

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Implement a process for the regular reporting and monitoring of all antenatal and newborn screening standards	NHS screening programmes service specifications 15 to 21 (2018 to 2019) All antenatal and newborn screening standards	6 months	Standard	National screening standards as a standing item on the antenatal and newborn screening programme board agenda Action plans presented to the programme board to address any identified gaps Include reporting against screening standards in the antenatal and newborn screening programmes annual report
02	The commissioners and provider should work together to undertake a health equity audit and develop an action plan to identify and reduce screening inequalities in underserved	NHS screening programmes service specifications 15 to 21 (2018	12 months	Standard	Summary of the audit and findings presented at the antenatal and newborn screening programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	and protected population groups	to 2019) Guidance for NHS commissioners on equality and health inequality duties 2015 NHS Accessible Information standard and specification			Action plan(s) presented to the programme board to address any identified inequalities
03	Complete a user survey to gather views about the antenatal and newborn screening pathways and use findings to inform service delivery	NHS screening programmes service specifications 15 to 21 (2018 to 2019)	12 months	Standard	Summary of findings presented at the antenatal and newborn screening programme board Action plan(s) presented to the programme board to address any identified changes in service delivery required

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Make sure the screening team have suitable premises to provide the antenatal and newborn screening programmes, including a suitable area to hold confidential, sensitive conversations with parents and staff	NHS screening programmes service specifications 15 to 21 (2018 to 2019)	12 months	Standard	Provision of suitable workspace confirmed to the programme board
05	Include antenatal and newborn screening training requirements in the training needs analysis	NHS screening programmes service specifications 15 to 21 (2018 to 2019)	12 months	Standard	Revised training needs analysis presented a the programme board

Identification of cohort – antenatal

No recommendations were identified in this section.

Identification of cohort – newborn

No recommendations were identified in this section.

Invitation, access and uptake

No recommendations were identified in this section.

Sickle cell and thalassaemia screening

See Recommendation 1

See Recommendation 2

See Recommendation 4

No.	Recommendation	Reference	Timescale	Priority	Evidence required
06	Formalise the sickle cell and thalassaemia fast track pathway for known carriers at the point of referral / booking appointment in line with national programme guidance and service specifications	NHS screening programmes service specifications 18 (2018 to 2019)	3 months	High	Ratified fast track pathway presented to the programme board

Infectious diseases in pregnancy screening

See Recommendation 1

See Recommendation 2

See Recommendation 4

No.	Recommendation	Reference	Timescale	Priority	Evidence required
07	Implement and monitor an improvement plan to meet infectious diseases in pregnancy standards 5a and 5b (HIV and hepatitis B time to intervention timely assessment).	Infectious diseases in pregnancy screening standards valid for data collected from	12 months	Standard	Improvement plan agreed and monitored by the antenatal and newborn screening programme board Submission of data that

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		1 April 2018 NHS screening programmes service specifications 15 (2018 to 2019)			shows consistent achievement of the acceptable standard

Fetal anomaly screening

See Recommendation 1

See Recommendation 2

See Recommendation 4

No.	Recommendation	Reference	Timescale	Priority	Evidence required
08	Make sure the laboratory services for the quadruple testing for Down's syndrome complies with national guidance	NHS screening service specification no.16 (2018 to 2019)	3 months	High	Evidence of approval through local governance structure

Newborn hearing screening

See Recommendation 1

See Recommendation 2

See Recommendation 4

No.	Recommendation	Reference	Timescale	Priority	Evidence required
09	Implement and monitor a plan to consistently meet the acceptable level for KPI NH2 (timely assessment for referrals)	Newborn hearing screening standards valid for data collected from 1 April 2018 NHS screening service specification No. 21 2018 to 2019	12 months	Standard	Improvement plan agreed and monitored by the antenatal and newborn screening programme board Submission of data that shows consistent achievement of the acceptable standard
10	Implement and monitor a plan to meet newborn hearing screening standard 2 (well babies who do not show a clear response in both ears at automated otoacoustic emission 1 (AOAE1))	Newborn hearing screening standards valid for data collected from 1 April 2018 NHS screening service specification No. 21 2018 to 2019	12 months	Standard	Improvement plan agreed and monitored by the antenatal and newborn screening programme board Submission of data that shows consistent achievement of the acceptable standard

Newborn and infant physical examination

See Recommendation 1

See Recommendation 2

See Recommendation 4

Newborn blood spot screening

See Recommendation 1

See Recommendation 2

See Recommendation 4

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review and revise the plan to consistently meet the acceptable level for the KPI NB2 (avoidable repeat tests)	Newborn blood spot screening standards valid for data collected from 1 April 2017 NHS screening service specification No. 19 2018 to 2019	6 months	Standard	Improvement plan that is agreed and monitored at the antenatal and newborn screening programme board Submission of data that shows consistent achievement of the acceptable standard
12	Implement and monitor an improvement plan to meet	Newborn blood spot screening	12 months	Standard	Improvement plan that is

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	newborn blood spot screening <ul style="list-style-type: none"> • standard 3 (use of barcoded labels) • standard 4 (first sample taken on day 5) • standard 5 (samples received in less than or equal to 3 working days) 	standards valid for data collected from 1 April 2017 NHS screening service specification No. 19 2018 to 2019			agreed and monitored at the antenatal and newborn screening programme board Submission of data that shows consistent achievement of the acceptable standard

Next steps

The Princess Alexandra Hospital NHS Trust is responsible for developing an action plan with the commissioners to complete the recommendations of 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. Following this, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline further actions, if needed.