



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Services
County Durham and Darlington NHS
Foundation Trust

Executive Summary

30 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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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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 antenatal and newborn screening service held on 30 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 provided during the pre-visit conference call with commissioners on the 21 January 2019
- information shared with the north regional SQAS as part of the visit process

Local screening service

County Durham and Darlington NHS Foundation Trust (CDDFT) covers a large geographical area with a mixture of urban and rural areas providing services from 5 hospital sites to a population of 650,000.

CDDFT offers all 6 NHS antenatal and newborn screening programmes.

Acute and high risk maternity services are provided at the University Hospital of North Durham and Darlington Memorial Hospital. Satellite pregnancy assessment, antenatal clinic, ultrasound and community midwifery services are provided at Bishop Auckland General Hospital, Shotley Bridge Hospital and Chester-le-Street Community Hospital, GPs surgeries and Children's Centres including a dedicated midwifery service for women at HMP Low Newton.

Identified leads coordinate and oversee the antenatal and newborn screening programmes.

Between 1 April 2017 and 31 March 2018, 5,616 women booked for maternity care with the trust, with 4,869 deliveries recorded.

NHS North Durham, Durham Dales Easington and Sedgefield and Darlington Clinical Commissioning Groups commission the maternity services. NHS England North (Cumbria and North East) commission antenatal and newborn screening.

Findings

This is the second quality assurance visit to County Durham and Darlington NHS Foundation Trust, the first was in May 2015.

The service is women centred and delivered by a team of dedicated and committed staff. There is evidence of close and effective working relationships between staff across the screening programmes and with external stakeholders. Following appointment in 2015, the head of midwifery is leading quality improvements through service reconfiguration for cross site variances. Significant changes in staffing have occurred over this period.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5-high priority findings, summarised as:

- limited strategic oversight and leadership for the screening team
- the trust does not demonstrate organisational accountability structure for ANNB screening including detail of escalation routes for performance issues to the board
- there is no process to monitor annual training and to make sure competency is maintained for all staff (including medical staff) undertaking the newborn and infant physical examination
- there is no plan in place to make sure the new NHSP screener completes the level 3 diploma for health screeners qualification
- the trust does not submit matched cohort data

Shared learning

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

- individual antenatal and newborn screening guidelines reference PHE guidance on managing screening safety incidents
- zero tolerance approach for sickle cell and thalassaemia samples submitted to the laboratory without a family origin questionnaire
- exploring innovative service delivery options for newborn and infant examination programme with consideration to move to an outpatient model for term healthy babies
- revision to the letter to encourage attendance by parents with their baby at audiology appointments with text reminders to improve performance for key performance indicator NH2
- competency based training package to reduce the newborn blood spot avoidable repeat rate

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Put in place direct reporting to the Head of Midwifery for the antenatal and newborn screening programmes	1	3 months	High	Meeting notes confirming direct reporting to the Head of Midwifery for the antenatal and newborn screening programmes
2	Amend the screening coordinator and deputy job descriptions to reflect roles, responsibilities, national guidance and accountability	1	12 months	Standard	Amended job descriptions
3	Demonstrate organisational accountability structure for ANNB screening including detail of escalation routes for performance issues and governance	1	3 months	High	Copy of the structure and escalation routes Updated terms of reference for Quality Screening Steering Group
4	Update the job description for the newborn hearing senior screeners to include contingency for the local NHSP team manager	1 and 13	12 months	Standard	Amended job description
5	Head of midwifery to receive NHSP key performance indicator data for scrutiny and monitoring	1 and 3	6 months	Standard	NHSP key performance data submitted to the Head of Midwifery quarterly
6	Amend trust risk management policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes" (2017)	1, 4 and 5	12 months	Standard	Updated policy ratified and presented at the Quality Screening Steering Group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Update the screening policies, guidelines and standard operating procedures to make sure that they meet national guidance	1-14	6 months	Standard	Updated policies/guidelines ratified and presented at the Quality Screening Steering Group
8	Undertake an equity audit to identify barriers for entry or uptake of screening	1-3, 6-14	12 months	Standard	Equity audit completed Action plan to address any identified gaps

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Amend the screening support sonographer and deputy job descriptions to include roles, responsibilities and accountability in line with national guidance	1, 2, 10-12	12 months	Standard	Updated screening support sonographer and deputy job descriptions with protected time to drive quality improvement
10	Make sure staff counselling women and partners at risk of sickle cell disease and thalassaemia meet the national training requirements	1 and 7	12 months	Standard	Attendance at NHS screening programme accredited genetics risk assessment and counselling module or equivalent
11	Put in place a process to monitor annual training and competency for all staff (including medical staff) undertaking the newborn and infant physical examination (NIPE)	1 and 14	6 months	High	Register of annual training and competency monitored via the Quality Screening Steering Group and inclusion within appraisal and check of professional registration
12	Make sure the new NHSP screener completes the level 3 diploma for health screeners qualification	1 and 13	12 months	High	Confirmation of completion

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Submit matched cohort data and detail of all inclusions and exclusions	1-3	12 months	High	Matched cohort data submitted with full detail of inclusions and exclusions

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	The child health information service to record completed NIPE examinations on the child health information IT system	1 and 14	12 months	Standard	Standard operating procedure and reported to Quality Screening Steering Group
15	The child health information service to put in place a process to receive newborn physical and infant examination results for babies born at other trusts	1, 6 and 17	12 months	Standard	Standard operating procedure and reported to Quality Screening Steering Group

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure women booking to deliver at a neighbouring trust and from out of area receive equitable access to early antenatal screening	1-3, 6-9	6 months	Standard	Audit to demonstrate equitable access for screening for women booking to deliver at a neighbouring trust and living out of area
17	Make sure there is a tracking process to ensure concluded results for women who have booking bloods undertaken by the phlebotomy service	1 and 6	6 months	Standard	Standard operating procedure and audit demonstrates effective failsafe

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Establish a formal process for the management and training of staff with repeated data entry errors	2,13	12 months	Standard	Guideline to detail the process with performance monitoring using local and national data discrepancy reports
19	Implement and monitor a plan to meet the acceptable level for the key performance indicator (KPI) NH2 time from screening to attendance at an audiological assessment appointment	1-3	12 months	Standard	Action plan that is agreed and monitored at the Quality Screening Steering Group. Acceptable level KPI NH2 met

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Monitor the progress and follow up of screen positive referrals for all 4 NIPE referable conditions to ensure that the outcome is recorded on the national IT system (NIPE SMART)	1, 2, 6 and 14	6 months	Standard	All outcomes recorded on NIPE SMART
21	Implement and monitor a plan to meet key performance indicator NP2	3	12 months	Standard	Acceptable threshold consistently met for NP2

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Implement and monitor a plan to meet key performance indicator NB4	1-3	12 months	Standard	Acceptable threshold consistently met for NB4

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.