



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes
The Newcastle Upon Tyne Hospitals
NHS Foundation Trust

15 May 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 Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) screening service held on 15 May 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 conference calls with commissioning teams (24 April) and newborn infant physical examination (NIPE) programme lead (13 May)
- information shared with the north regional SQAS as part of the visit process

Local screening service

The Newcastle Upon Tyne NHS Foundation Trust (NUTH) provides care for a population of approximately 300,000 in Newcastle and the wider population of the North East across a mainly urban geographical area.

Low and high-risk maternity services are provided from one hospital site at the Royal Victoria Infirmary (RVI) with outreach services being delivered from community settings including GP surgeries and children's centres. The trust provides tertiary care for maternal and fetal medicine, neonatal and paediatric intensive care.

In 2018 to 2019, 5990 women booked for maternity care at The Newcastle Upon Tyne NHS Foundation Trust (NUTH). This included 3140 from the Newcastle area and 2850 from out of the area. There were 6417 births in the same year.

NUTH offers all 6 NHS antenatal and newborn screening programmes.

NHS Newcastle and Gateshead Clinical Commissioning Group (CCG) commissions maternity services. NHS England North (Cumbria and North East) commission antenatal and newborn screening.

Findings

This is the second quality assurance visit to Newcastle Upon Tyne Hospitals NHS Trust, the first was in September 2015.

The service is delivered by a team of dedicated staff who are committed to quality improvement. There is evidence of excellent working relationships between staff across the screening programmes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings which were:

- governance arrangements for antenatal and newborn (ANNB) screening in the trust are unclear
- terms of reference for the antenatal and newborn screening operational groups are in draft format and do not describe the current process
- there are no documented processes to demonstrate the daily operational responsibilities of the screening team
- job descriptions for screening support sonographers do not include accountability, roles and responsibilities for screening
- there is no agreed process for the newborn hearing screening service to report screening incidents to NUTH
- the newborn infant physical examination training programme is delivered in house and it is not university accredited as required within national guidance

Shared learning

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

- extensive work with the maternity voices partnership to engage black and minority ethnic groups in maternity services including work to address issues in antenatal and newborn screening
- shared competency-based training package to reduce the newborn blood spot avoidable repeat rate
- previously known high risk couples or women with carrier status for sickle cell and thalassaemia can be directly referred for prenatal diagnostic testing prior to booking if requested

Recommendations

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

Governance and leadership

No	Recommendation	Reference	Timescale	Priority	Evidence required
1	Develop an organisational accountability structure for antenatal and newborn screening which includes escalation routes for governance and performance issues	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	3 months	High	Copy of the structure and escalation routes
2	Produce terms of reference for the antenatal and newborn screening trust operational groups and ensure all key stakeholders are represented at each meeting	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	6 months	High	Updated ratified terms of reference including membership, nominated clinical leads for each screening programme, accountability to trust board meeting frequency review of risks and escalation of issues Minutes to demonstrate attendance
3	Put in place a mechanism to make sure that the head of midwifery approves the key performance indicator data for NB1, NB4, NH1 and NH2 quarterly	2, 3	6 months	Standard	Standard operating procedure

No	Recommendation	Reference	Timescale	Priority	Evidence required
4	Review and update the job descriptions for screening support sonographers to include accountability roles and responsibility for screening	NHS screening programmes service specifications 16 and 17	6 months	High	Updated job description with email confirmation of implementation
5	Provide a mechanism to enable the newborn hearing screening service to report screening incidents directly into The Newcastle Upon Tyne NHS Foundation Trust incident reporting system	4	3 months	High	IT access made available. Standard operating procedures that reflect the process for the management and reporting of incidents in screening for newborn hearing screening
6	Update screening guidelines and standard operating procedures (SOPs) to make sure that they meet national guidance.	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	12 months	Standard	Updated guidelines ratified within the trust and presented at the antenatal and newborn screening governance group
7	Document the processes for managing women and babies through screening and referral pathways.	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	6 months	High	Ratified SOP presented to the antenatal and newborn screening governance group
8	Make sure audit of antenatal and newborn screening including equity audit is included on the trust audit schedule.	4 to 10	12 months	Standard	Audit schedule Audits presented at the local antenatal and newborn screening meetings
9	Complete a user satisfaction survey to gather views about the antenatal and newborn screening pathways	NHS screening programmes service specifications 16,17, 18, 19, 20, 21	6 months	Standard	Outcome of survey and actions taken is discussed at the antenatal and newborn screening clinical governance group

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Make sure that there is appropriate administrative support for the local screening coordinators to allow time for audit and quality improvement including the improvement of key performance indicators	4 to 10	6 months	Standard	Job description Job plan
11	Apply for accreditation for in-house NIPE training programme	14	12 months	High	Monitor progress via the antenatal screening operational group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Implement an electronic process to upload results from the SMaRT4NIPE system directly into SystemOne	14	6 months	Standard	Standard operating procedure to document the process

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Implement and monitor a plan to address the increased referral rate to audiology for the newborn hearing screening programme.	National service specification 20	6 months	Standard	Action plan monitored, and minutes recorded at the newborn screening operational group

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Implement and monitor a plan to meet the achievable threshold for NP2 (timely assessment of developmental dysplasia of the hip).	National service specification 21	6 months	Standard	Action plan that is agreed and monitored by newborn screening operational meeting Use of NIPE SMART Submission of KPI NP2
15	Track the progress and follow up of screen positive referrals for all 4 NIPE referable conditions and make sure that the outcome is recorded on the national IT system (SMaRT4NIPE) (S4N)	14	6 months	Standard	All outcomes recorded on S4N

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Implement and monitor a plan to address NB2 (avoidable repeat samples)	National service specification 19	6 months	Standard	Action plan agreed and monitored via the newborn screening operational group. Minutes to reflect this

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement and monitor a plan to address standard 3 (samples received in the laboratory with a readable NHS number barcoded label) and standard 5 (timely receipt of a sample in the newborn screening laboratory)	1, 2	6 months	Standard	Action plan agreed and monitored via the newborn screening operational group Minutes to reflect this
18	Implement and monitor a plan to meet key performance indicator NB4 (coverage for movers in)	National service specification 19	12 months	Standard	Action plan that is agreed and monitored by screening operational group Minutes to reflect this

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.