



Public Health
England

**Screening Quality Assurance visit
report**
NHS Antenatal and Newborn Screening
Services
South Tees Hospitals NHS Foundation
Trust

Public Health England leads the NHS Screening Programmes

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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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Published: October 2018
PHE publications
gateway number: 2018541

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Executive summary

Antenatal and newborn screening quality assurance (QA) 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 (QA) visit of the antenatal and newborn screening service held on 17 May 2017.

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 Child Health Records Department at Anywhere Trust on 10 October 2015
- information shared with the regional SQAS as part of the visit process

Local screening service

South Tees Hospitals NHS Foundation Trust (STHFT) offers all six NHS antenatal and newborn screening programmes. Maternity services are delivered across two hospital sites, the James Cook University Hospital and the Friarage Hospital, GP surgeries and a number of Children's Centres.

In 2015 to 2016, 5,591 women booked for maternity care with STHFT, with 5219 births recorded. Infectious diseases in pregnancy and sickle cell and thalassemia laboratory services are provided by the onsite virology and haematology laboratories respectively at the James Cook University Hospital. Newcastle Upon Tyne Hospitals NHS Foundation Trust (NUTH) provides laboratory services for Down's, Edwards and Patau's syndrome screening and newborn blood spot screening. South Tees Hospitals NHS Foundation Trust hosts the County Durham, Tees Valley and Hambleton and

Richmondshire newborn hearing screening programme. Child Health Information Services are provided by STHFT for the eligible newborn screening population resident in the Middlesbrough and Redcar and Cleveland area, and by Harrogate and District NHS Foundation Trust for those resident in Hambleton and Richmondshire.

STHFT meets 8 of 14 key performance indicators (KPIs), with one at the upper level of achievable and 7 at the acceptable threshold in Q2 2016 to 2017.

NHS England North (Cumbria and the North East) is the lead commissioner for antenatal and newborn screening programmes and commission STHFT Child Health Information Service (CHIS). NHS England North (North Yorkshire and Humber) are the responsible commissioners for antenatal and newborn screening programmes for the population of Hambleton, Richmondshire and Whitby and commission Harrogate and District NHS Foundation Trust CHIS. NHS South Tees and NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Groups are the commissioners for maternity services provided by STHFT.

Findings

This is the first QA visit to this service. Antenatal and newborn screening in STHFT is a well led patient focused service with a strong ethos for continuous quality improvement across the screening pathways and the service as a whole. It is delivered by a team who are highly motivated and who work well across all disciplines. The commitment to address areas falling short of standards, maintain patient safety and drive programme quality is clearly evident.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 9 high priority issues as summarised below:

- STHF is developing an in house NIPE training programme which does not have accreditation
- use of the newborn infant physical examination screening management and reporting tool (NIPE SMART) is suboptimal and does not demonstrate performance against the programme standards and expected failsafe mechanisms
- business continuity for the child health record services in the event of an IT failure and service changes is not evident

Shared learning

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

- screening has a high profile within the Trust
- working with neighbouring Trusts to resolve border issues and provide consistency in practice
- flexible booking clinics to facilitate early booking
- addition of a specific drop down on the internal incident reporting system to capture all antenatal and newborn screening incidents
- learning from incidents is communicated to staff within the 'Risky Business' newsletter
- 6 monthly meetings between the screening team and the laboratories for Sickle Cell and Thalassaemia (SCT) and Infectious Diseases in Pregnancy (IDPS) to proactively manage the screening interface
- hand held maternity record content is updated annually and includes alerts and prompts at failsafe points
- shortcut on desktop computers providing immediate access to specific guidance on managing screen positive women in the absence of the screening team
- use of a local newborn blood spot competency training package and mentors to improve performance for the key performance indicator for avoidable repeats (NB2)
- the seven day a week sonography service which includes fetal anomaly scan improving access to screening
- sonography led pathway for identified fetal anomaly with provision of psychological support and referral to fetal medicine
- the laboratories automated electronic alert system introduced for reporting positive results, declines and insufficient samples directly to the screening team's designated email account
- the direct upload of newborn hearing screening results via a CSV file into the child's electronic record

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	The commissioners should put in place formal links with NHS South Tees and with NHS Hambleton, Richmondshire and Whitby CCGs via NHS England North (North Yorkshire and Humber) to strengthen the contract monitoring process	4 to 10	6 months	Standard	Formal monitoring supported by new terms of reference and minutes
2	Make sure the head of midwifery/midwife consultant are actively engaged in the contract review group meeting process	4 to 10	6 months	Standard	Revised contract review process with specific reference to interface with the head of midwifery/midwife consultant
3	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
4	Revise the terms of reference for the ANNB Screening Operational Group to include frequency, membership, quoracy and governance	4 to 10	6 months	Standard	Terms of reference agendas, action plans, monitoring and meeting notes

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Develop a business continuity plan for Child Health Information Services in the event of an IT system failure	2, 8, 9, 10	12 months	Standard	Ratified business continuity plan
6	Review and update the screening policies/guidelines/standard operating procedures to support clinical practice, address the gaps identified and ensure compliance with national screening standards and guidance	2 to 25	6 months	High	Updated and revised policies/guidelines and standard operating procedures
7	Make sure that Child Health Information Service policies, guidelines and standard operating procedures demonstrate –well-defined systematic processes to reduce person dependent elements (both)	3, 8, 9, 10	6 months	High	Ratified guidelines and standard operating procedures

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
8	Amend screening support sonographer and deputy job descriptions to reflect roles and responsibilities of the posts with protected time to drive quality improvement	5, 6, 14, 15	3 months	High	Revised job description Job plan
9	Review and update the job descriptions for the Child Health Information Service staff in South Tees to include accountabilities and roles and responsibilities in relation to screening	3, 8, 9, 10	3 months	High	Revised job descriptions

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
10	Make sure that oversight for screening and monitoring of the failsafes is maintained within the Child Health Information Services in South Tees	3, 8, 9, 10	3 months	High	SOP for sign off of the KPIs Participation in the ANNB Screening Operational Group Staffing structure and process for escalation
11	Provide appropriate accommodation at the James Cook Hospital site to support the newborn hearing screening programme	9	12 months	Standard	Appropriate accommodation
12	Make sure a process is in place to record, monitor and report completion of in-house training and e-learning for sonographers	5, 6, 14, 15	6 months	Standard	Training record Annual report
13	Apply for accreditation for the in-house NIPE training programme	10	12 months	High	Monitor progress via the Maternity Service Training Group, the ANNB Screening Operational Group and the Maternity Risk Management Group
14	Develop a mechanism to enable electronic matching of the screening cohort	4, 5, 6, 26	12 months	Standard	Monitor progress via the ANNB Screening Operational Group and the Maternity Risk Management Group minutes

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
15	Make sure that exclusions are identified for matched cohort data and KPI reporting	4, 5, 6, 26	12 months	Standard	Monitor progress via the ANNB Screening Operational Group and Maternity Risk Management Group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Record the outcome of the NIPE newborn examination on the Child Health Information System in Harrogate and District NHS Foundation Trust	10	12 months	Standard	Standard operating procedure Minutes
17	Make sure that both Child Health Information Services standard operating procedures for child death notification are in line with current practice and outline process to reduce person dependent elements	8, 9, 10	6 months	Standard	Updated and revised standard operating procedure

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Carry out an audit to review access and uptake by site to make sure that services are being delivered in a way that meets the needs of the local populations	4 to 10	12 months	Standard	Completed audit with action plan

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Update laboratory risk assessment to include areas where human error can occur in the processing or reporting of samples	11	6 months	Standard	Updated and revised laboratory risk assessment
20	Implement the electronic Family Origin Questionnaire (FOQ)	7, 11	12 months	Standard	Electronic FOQ implemented

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Undertake real time audit of access to and failure to complete first trimester screening for Downs' Edwards and Patau's Syndrome	5, 6, 14, 15	6 months	High	Audit results reported via governance structure
22	Make sure that a process is in place to collect and submit data for key performance indicator FA2	6, 26	6 months	Standard	Action plan monitored at the Maternity Risk Management Group KPI reported

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Work with audiology to make sure that the acceptable threshold for key performance indicator NH2 is met for each reporting period	9, 26	12 months	Standard	KPI Minutes of meetings

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
24	Make sure that all NIPE examinations undertaken are recorded on NIPE SMART to manage the local screening process and link into the national failsafe system	10	12 months	High	KPIs ANNB Screening Operational Group, Maternity Risk Management Group and Contract Review Group minutes
25	Revise the newborn infant physical examination standard operating procedure to include the referral pathways for screen positive babies for all 4 individual referable conditions	10, 18	12 months	Standard	Revised guideline details the referral pathways to meet national programme standards
26	Make sure that babies with a screen positive result for the 4 referable conditions are seen in treatment services within the time frame to meet national programme standards with outcome recorded on the NIPE SMART system	10, 18	6 months	High	Audit demonstrating that all babies referred within the time frame meet national standards

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
27	Meet the acceptable threshold for key performance indicators NP1 and NP2	10, 18, 26	6 months	Standard	Minimum threshold for NP1 and NP2 met Action plan monitored through the ANNB Screening Operational Group, Contract Review Group and the Programme Board

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
28	Meet the acceptable threshold for key performance indicators NB2 and NB4	8, 26	6 months	Standard	Minimum threshold for NB2 and NB4 met Action plan monitored through the ANNB Screening Operational Group, Contract Review Group and the 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.