



Public Health  
England



# **Screening Quality Assurance visit report**

NHS Antenatal and Newborn Screening  
Programmes

Gateshead Health NHS Foundation Trust

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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 Gateshead Health NHS Foundation Trust screening service held on 22 May 2018.

### 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 visits discussions with commissioners on 21 May 2018
- information collected during pre-visit visit discussions with laboratories on 21 May 2018
- information shared with the North regional SQAS as part of the visit process

### Local screening service

Gateshead Health NHS Foundation Trust (GHFT), the Queen Elizabeth Hospital (QEH) is situated in Gateshead which is the largest of the 5 Tyne and Wear metropolitan authorities. GHFT provides services to a population of approximately 201,000 and the borough contains both urban and rural areas.

Consultant and midwifery led services is provided by QEH on one central site. Approximately 20% of Gateshead women choose to deliver their babies at neighbouring Newcastle upon Tyne NHS Foundation Trust. Community midwifery services for antenatal and postnatal care are provided to women living in Gateshead

and the surrounding areas of Blaydon, Dunston and Felling and the more rural localities of Whickham, Ryton and Chopwell.

Between 1 April 2016 and 31 March 2017 there were 2,353 women booked and 1,879 births at QEH.

Antenatal and newborn screening services are commissioned by NHS England North, Cumbria and North East sub region and Newcastle and Gateshead clinical commissioning group (CCG).

There are identified leads to coordinate and oversee the antenatal and newborn screening programmes. Governance processes are clearly outlined with risks managed appropriately across the Trust.

## Findings

This is the second quality assurance visit to this Trust. The first was in September 2014.

The service is patient-centred and delivered by a team that is dedicated and committed to quality improvement. QEH is a forward-looking service engaged in screening, public health and quality improvement. The service is focused on equity and meeting the needs of women and babies.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 5 high priority findings which were:

- a lack of assurance about the transition and migration to EMIS web
- a lack of assurance about a monitoring plan for the 0 to19 service that is moving to Harrogate Foundation Trust and the transfer to 1 point contact with Harrogate health visitors
- a lack of resilience within the screening team including no senior NHSP clinical support at weekends within NHSP to provide assurance of the ongoing safety of the screening programmes
- unclear laboratory processes regarding 'auto cancellation' of requests for sickle cell and thalassaemia and infectious diseases screening

## Shared learning

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

- commissioner focus on health inequalities in antenatal and newborn screening with learning shared nationally
- the local screening coordinator having links with the diabetic link midwife and circulating a list of where retinopathy screening is available to the GPs and diabetic link nurse for screening
- the establishment of a tripartite laboratory network meeting across 3 sites in the laboratory hub to improve quality

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Review the capacity of the screening team to provide assurance for contingency and resilience within the screening service	1, 2, 3, 4, 6	3 months	High	Outcome of review reported into local ANNB operation group including outcome of plans for appointment of failsafe officer
2	Update the midwife sonographer job description to reflect the role including governance arrangements for the SSS role	1, 2, 3, 4, 6, 10, 11, 12,	3 months	Standard	Ratified job descriptions or additions agreed. Clear governance arrangements in place
3	Formalise the governance arrangements for the 3 sites involved in the laboratory tripartite network meetings to assure all sites of the screening service	1, 2, 3, 4, 6, 7, 8, 9	6 months	Standard	Organogram to clarify the governance arrangements to all sites
4	Develop mechanisms for sharing good practice between the 3 sites (within the tripartite) including lessons learnt from incidents	1 to 9	6 months	Standard	Standing agenda item in the terms of reference. Minutes of meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Review NHSP structure and provision to make sure deputy or senior screener support and supervision is available across the 3 NHSP sites	1, 2, 3, 4, 6, 7, 13	3 months	High	Outcome of review reported through local ANNB operation group. Senior support and supervision available for NHSP

### Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Put in place a plan to meet KPIs not reaching acceptable threshold such as FA1, ID2 to assure the safety of the screening programme	3	3 months	Standard	KPI submitted meets acceptable threshold
7	Implement an annual audit schedule for all antenatal and newborn screening programmes to demonstrate failsafe processes, evidence equity of access and that national programme standards are met	1, 2, 3, 4, 6, 7,	12 months	Standard	Audit presented to local ANNB operation group
8	Develop and complete an annual user satisfaction survey specific to antenatal and newborn screening	1 to 6	12 months	Standard	User survey presented to local ANNB operation group. Action plan to address any identified gaps

### Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Make sure the implementation plan for transition to EMIS web is monitored with actions taken for any delays		6 months	High	Implementation plan and Emis web implemented. Submission of newborn KPI data that meet thresholds Action plan monitored if delay to implementation
10	Put in place an action plan to meet the acceptable threshold for KPI NB2	3	6 months	Standard	Acceptable threshold met
11	Child health to put in place and monitor the governance arrangements and escalation routes for the transfer of health visiting service between Sunderland Foundation Trust and Harrogate NHS Foundation Trust	1 to 6	3 months	High	Escalation routes for issues clarified. Action plan monitored through local ANNB operation group and governance within the Trust

### Sickle cell and thalassaemia screening and Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Turnaround times for confirmatory test results to be reported using an electronic link to improve communication	1, 2, 3, 4, 6, 12	6 months	Standard	Email to confirm electronic links established
13	Audit the turnaround times for samples sent to the Newcastle laboratory for variants and partner testing to take action to reduce risk	1, 2, 3, 4, 6, 12	12 months	Standard	Outcome of audit reported into the tripartite laboratory network meetings and local ANNB operation group



No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Update the laboratory sickle cell and thalassaemia protocol to include donor egg to reflect current practice	1, 5, 7	3 months	Standard	Updated policy ratified
15	Review and clarify the process for 'auto cancellation' of requests for sickle cell and thalassaemia and infectious diseases samples	1, 7, 8	3 months	High	Updated guideline ratified All staff aware of the process

### Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Put in place a plan and submit KPI FA2 data	1, 2, 3, 4	6 months	Standard	KPI FA2 submitted and acceptable threshold met
17	Identify a cardiac champion and put in place training for new staff and any locums	1, 4	6 months	Standard	Email confirmation of appointment of cardiac champion. Log of training activity
18	Put in place a mechanism to share learning with sonographers following fetal abnormality	1, 4	6 months	Standard	Agreed mechanism monitored via local ANNB operational group

## Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop and monitor an action plan to meet KPI NH2 acceptable threshold at Gateshead	1, 3, 4, 6, 13	6 months	Standard	Acceptable threshold met consistently
20	Child health and newborn hearing screening to review the process for reconciliation of NHSP and NBS lists to assure themselves that outcomes are recorded on child health system, particularly for 'movers in'	1, 3, 4, 6, 13	6 months	Standard	Agreed process for reconciliation of lists in place and monitored

## Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Put in place and monitor a plan to meet KPI NP1 and NP2 that includes compliance with the data description for NP2 referrals	1, 2, 3, 5, 6, 14	6 months	Standard	Acceptable threshold met consistently for KPI NP1 and NP2
22	Monitor the progress and follow up of screen positive referrals to ensure that the outcome is recorded on NIPE SMART	1, 2, 3, 4, 5, 6, 14	6 months	Standard	All outcomes recorded on NIPE SMART
23	Put in place a process for new staff to maintain competency and clinical supervision with NIPE	1, 2, 3, 5, 6, 4	12 months	Standard	Clinical supervision in place
24	Child health to seek read only access to NIPE SMART system	4, 6, 14	3 months	Standard	Access to NIPE SMART granted (email confirmation)

## Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Child health to attend and be represented at regional and local meetings for shared learning and opportunities for peer support	1 to 6	6 months	Standard	Minutes of meetings demonstrate involvement
26	Child health to review the process for 'movers in' and set up an electronic audit once EMIS web is implemented	1 to 6	12 months	Standard	Outcome of audit reported through local ANNB operational group

## Next steps

The Gateshead Health NHS Foundation Trust 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.