



Public Health
England

**Screening Quality Assurance visit
report**
NHS Antenatal and Newborn Screening
Services
Mid Yorkshire Hospitals NHS Trust

24 October 2018

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

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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Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



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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 antenatal and newborn screening service held on 24 October 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 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 collected during pre-review visits/discussions with Locala Community Partnerships for the child health information services on 16 October 2018, public health commissioners on 17 October 2018 and with the newborn hearing screening programme on 23 October 2018
- information shared with the north regional SQAS as part of the visit process

Local screening service

The Mid Yorkshire Hospitals NHS Trust (MYHT) offers all 6 NHS antenatal and newborn screening programmes.

Maternity services are provided across 3 hospital sites. A reconfiguration of services occurred in September 2016.

MYHT provides community midwifery services for antenatal and postnatal care to women living in the Wakefield and North Kirklees areas, including a woman's prison and an asylum seeker initial accommodation centre. There are large areas of social

deprivation and a high proportion of women from ethnic minority groups where English is not their first language.

Identified leads co-ordinate and oversee the antenatal and newborn screening programmes.

Between 1 April 2016 and 31 March 2017, 6913 women booked for maternity care with the Trust, with 6327 deliveries recorded.

Antenatal and newborn screening services, including the child health information services are commissioned by NHS England North (Yorkshire and the Humber) and Wakefield NHS Clinical Commissioning Group (CCG) and North Kirklees NHS CCG.

Findings

This is the second quality assurance visit to The Mid Yorkshire Hospitals NHS Trust. The first was in November 2014.

The service is patient centred and delivered by a team of dedicated and committed staff. There is evidence of excellent working relationships between staff across the screening programmes. Midwifery leadership has undergone changes recently following the appointment of a new head of midwifery.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- lack of capacity within the screening team to provide strategic oversight for the screening programmes
- lack of interoperability between the various IT systems to support electronic matching of cohort data
- limited audit to provide assurance of the end to end screening pathways and drive quality improvement
- lack of assurance regarding the effectiveness of the checks and audits for the Down's syndrome, Edwards' syndrome and Patau's syndrome screening
- lack of assurance around the competency of staff undertaking the newborn and infant physical examination

Shared learning

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

- PHE guidance on managing screening safety incidents is referenced in individual antenatal and newborn screening guidelines
- joint working between maternity services and the local authority with hard to reach groups to improve early bookings
- shared real time electronic data bases between the screening team and the laboratories to track women through the screening pathway
- a representative from the diabetic eye screening programme is invited to attend the antenatal screening clinical governance group meeting
- rapid process improvement workshop (RPIW) in response to capacity issues in sonography demonstrating learning from incidents
- zero tolerance approach for sickle cell and thalassaemia samples submitted to the laboratory without a family origin questionnaire
- screening team participate in the monthly infectious diseases multidisciplinary team meetings
- a local electronic reference library of unusual cases and abnormalities is available to support sonographer training
- bespoke trust letter to encourage attendance at audiology resulting in a significant improvement in key performance indicator NH2

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 and the role of the screening coordinators to make sure that they can provide strategic oversight for the screening programmes	1, 2, 3, 4 and 6	3 months	High	Outcome of review reported into local antenatal and newborn screening clinical governance groups and women's and children's governance group
2	Make sure the terms of reference for the antenatal and newborn screening clinical governance groups reflect the current membership and are ratified in line with the Trust governance structure	1	3 months	Standard	Trust ratified terms of reference
3	Make sure all relevant disciplines are included in the process of reviewing and updating policies, guidelines and SOPs	1, 2 and 6	6 months	Standard	Relevant parties included in the authorship
4	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	1, 2 and 6	6 months	Standard	Updated and revised policies/guidelines and standard operating procedures
5	Implement an annual audit schedule	1, 2 and 6	12 months	High	Annual audit schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	for all antenatal and newborn screening programmes to drive quality improvements and evidence that national programme standards are met				implemented. Completed audits presented at the antenatal and newborn screening clinical governance groups. Action plan(s) to address any identified gaps
6	Develop and implement a schedule for running regular data quality reports (Mid Yorkshire Hospitals NHS Trust Child Health Information Service)	1 and 6	6 months	Standard	Schedule in place Standard operating procedure
7	Develop and complete a user satisfaction survey specific to antenatal and newborn screening	1	12 months	Standard	User survey presented to local antenatal and newborn screening clinical governance groups. Action plan to address any identified gaps

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Put in place a process to monitor annual training and to make sure competency is maintained for all staff undertaking the newborn and infant physical examination (NIPE)	1 and 14	6 months	High	Process in place to assess ongoing training and competency. Monitored via the midwifery practice facilitator and NIPE Lead Reported to the newborn screening clinical governance group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Update the job description for the newborn hearing screening programme manager to reflect current roles and responsibilities and national guidance	1 and 13	3 months	Standard	Revised job description seen by QA
10	Progress the work around the introduction of the new maternity IT system to allow interoperability with laboratory and sonography IT systems to enable electronic matching of cohort data	1, 2, 3 and 6	12 months	High	Confirmation of electronic matching in place with progress monitored via the Antenatal and newborn screening clinical governance groups and the women and children's governance group

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Neonatal unit to obtain access to the newborn bloodspot failsafe solution (NBSFS) and the national IT system for the newborn and infant physical examination (NIPE SMART)	1 and 6	3 months	Standard	Email confirmation that access to the NBSFS and NIPE SMART is granted
12	Child health information service (Locala Community Partnerships) to obtain read only (national) access to the newborn bloodspot failsafe solution (NBSFS)	1 and 6	3 months	Standard	Email confirmation that access to the NBSFS is granted
13	Child health information service (Mid Yorkshire Hospitals NHS Trust) to send regular missing results reports	1 and 6	3 months	Standard	Email confirmation of report implementation and frequency

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	to the newborn hearing screening programme				
14	Put in place a process for child health to access newborn physical and infant examination results for babies born at other Trusts	1 and 6	6	Standard	Update to the newborn screening clinical governance group

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Review and update the maternity hand held record to make sure it reflects national guidance for Down's syndrome, Edwards' syndrome and Patau's syndrome and infectious diseases in pregnancy screening	1	3 months	Standard	Updated hand held record seen by QA

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Implement and monitor a plan to consistently meet key performance indicator ID2	3	12 months	Standard	Exception reporting to the antenatal screening clinical governance group. Acceptable threshold for ID2 consistently met

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Review the failsafes for the end to end pathway for Down's syndrome, Edwards' syndrome and Patau's syndrome screening	1, 6, 10 and 11	6 months	High	Outcome presented to antenatal screening clinical governance group
18	Implement and monitor a plan to submit key performance data for FA3	3	12 months	Standard	Action plan monitored via the antenatal screening clinical governance group. FA3 data submitted

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Review equity of access to improve attendance for screening at Pontefract and Dewsbury to meet the key performance indicator NH1 across all 3 sites	1 and 3	12 months	Standard	Key performance indicator NH1 met across all 3 sites. Progress reported at the newborn screening clinical governance group
20	Implement a process to generate local NHS letters to parents via the newborn hearing screening national IT system	13	3 months	Standard	Letters generated via the national IT system

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Monitor the progress and follow up of screen positive referrals for all 4 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
22	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
23	Make sure that ≥90% samples are submitted with a suitably validated NHS number bar coded label	2	6 months	Standard	Standard met - ≥90% of samples are submitted with a readable barcoded label
24	Implement and monitor a plan to meet key performance indicators NB1, NB2 and NB4	3	12 months	Standard	Acceptable threshold consistently met for NB1, NB2 and NB4
25	Review the process and frequency for requesting repeat samples and missing results	1, 3, and 6	3 months	Standard	New process in place. Progress reported at the newborn screening clinical governance group
26	Review the pathway for movers in to make sure that babies under a year of age have documented results (or declines) for all 9 conditions	1	3 months	Standard	Outcome of review presented to the newborn screening clinical governance group

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.