



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening  
Programmes University Hospital North  
Midlands NHS Trust

31 July 2019

## About Public Health England

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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 University Hospital North Midlands NHS Trust (UHNM) screening service held on 31 July 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 (PHE 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 shared with the Midlands and East regional SQAS as part of the visit process

### Local screening service

University Hospital North Midlands provides services for a combined population of around 1.1 million in Staffordshire and Stoke-on-Trent. The population of Staffordshire and Stoke-on-Trent is mainly white British (95 - 98%). Stoke-on-Trent is characterised by high levels of deprivation and is currently the 14<sup>th</sup> most deprived local authority in England. Staffordshire is less deprived than Stoke-on-Trent, although pockets of high levels of deprivation exist.

The lead commissioner for University Hospital North Midlands maternity services is NHS North Staffordshire Clinical Commissioning Group (CCG). NHS England and NHS Improvement (NHSE/I) North Midlands commission antenatal and newborn screening.

University Hospital North Midlands maternity services are provided over 2 sites:

- Royal Stoke University Hospital - midwife birth centre and obstetric unit
- County Hospital – freestanding midwifery birth unit

University Hospital North Midlands offers all 6 antenatal and newborn screening programmes.

Birmingham Women's and Children's NHS Foundation Trust (BWCFT) provides the laboratory services for the analysis of newborn blood spot screening samples and Bolton NHS Foundation Trust (BNFT) provides the analysis for Down's syndrome, Edwards' syndrome and Patau's syndrome. All other laboratory services are provided by the laboratories at University Hospital North Midlands (UHNM).

Child health information service is provided by Midlands Partnership NHS Foundation Trust (MPFT).

## Findings

This is the second quality assurance visit to the antenatal and newborn screening programmes at University Hospital North Midlands. The first took place on 03 November 2015 and there are no outstanding recommendations.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 3 high priority findings as summarised below:

- written protocols/standard operating procedures are not in place across all programmes to support processes and failsafe procedures undertaken by the screening team
- screening guidelines need to be updated to reflect national guidance and national standards
- there is no audit schedule in place to monitor adherence to policy and standards across the antenatal and newborn screening services

## Shared learning

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

- the trust has ways of engaging with their community including an active maternity voices partnership (MVP) working group and 'What matters to you?' events where the public and staff can voice their views on the services they receive and offer suggestions on how they could be improved
- there is an operational support manager who is responsible for making sure staff are allocated protected learning time

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Implement a process for the regular reporting and monitoring of all national programme standards	NHS screening programmes service specifications 15 to 21	6 months	Standard	National programme standards are a standing item on the antenatal and newborn screening programme board agenda  Action plans presented to the programme board to address any identified gaps
2	The trust and commissioners should work together to undertake a health equity audit to identify and reduce inequalities	NHS screening programmes service specifications 15 to 21	12 months	Standard	Summary of the audit and findings presented at the antenatal and newborn screening programme board  Action plan(s) presented to the programme board to address any identified inequalities

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Review and update all screening guidelines to make sure that they meet national guidance and reflect internal processes	NHS screening programmes service specifications 15 to 21	6 months	High	Ratified guidelines presented at the antenatal and newborn screening programme board Action plan(s) presented to the programme board to address any identified inequalities
4	Develop standard operating procedures/protocols for processes undertaken by the screening team to support guidelines	NHS screening programmes service specifications 15 to 21	6 months	High	Ratified standard operating procedures/written protocols presented at the antenatal and newborn screening programme board
5	Agree and implement an annual audit schedule for all antenatal and newborn screening programmes	NHS screening programmes service specifications 15 to 21	12 months	High	Schedule agreed with commissioner's.  Annual audit schedule implemented.  Completed audits presented at the antenatal and newborn screening programme board  Action plan(s) to address any identified gaps

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Complete a user satisfaction survey and put in place an action plan to address findings	NHS screening programmes service specifications 15 to 21	6 months	Standard	Outcome of survey and actions taken is discussed at the antenatal and newborn screening programme board

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Make sure all medical staff involved in the screening pathway complete the training requirements	NHS screening programmes service specifications 15 to 21	12 months	Standard	Updated training needs analysis (TNA) and related action plan  Training log for staff

### Identification of cohort – antenatal

No recommendations made

### Identification of cohort – newborn

No recommendations made

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Update the trust website to include the latest information on the antenatal and newborn screening programmes	NHS screening programmes service specifications 15 to 21	6 months	Standard	Updated website

Sickle cell and thalassaemia screening - see recommendation 3

Infectious diseases in pregnancy screening - see recommendations 2 and 3

Fetal anomaly screening - see recommendation 3

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Implement and monitor a plan to consistently meet the acceptable level for KPI FA2 (18+0 to 20+6 fetal anomaly ultrasound coverage)	NHS screening service specification 16	12 months	Standard	Improvement plan agreed and monitored by the antenatal and newborn screening programme board  Submission of data that shows consistent achievement of the acceptable standard



## Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Implement and monitor a plan to consistently meet KPI NH2 (newborn hearing screening test - timeliness of audiology assessment)	NHS screening service specification 20	12 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening programme board  Submission of data that shows consistent achievement of the acceptable standard
11	Implement and monitor a plan to meet NHSP standard 3 (referral rate to diagnostic audiological assessment)	NHS screening service specification 20	12months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening programme board  Submission of data that shows consistent achievement of the acceptable standard
12	Make sure all hearing screeners complete the competency and training requirements	NHS screening service specification 20	12 months	Standard	Log of annual competency assessments for hearing screeners

### Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Make sure outcomes for standard 2 (abnormalities of the eye), standard 3 (DDH), standard 4 (DDH – risk factors) and standard 5 (bilateral undescended testes) are recorded on S4N	NHS screening service specification 21	12 months	Standard	Outcomes are recorded on S4N  Standards are monitored at antenatal and newborn screening the programme board

### Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Continue to implement and monitor the plan to meet the acceptable level for the KPI NB2 (avoidable repeat tests)	NHS screening service specification 19	6 months	Standard	Action plan that is agreed and monitored at the antenatal and newborn screening programme board  Submission of data that shows consistent achievement of the acceptable standard

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Implement and monitor a plan to meet newborn blood spot standard 3 (use of barcoded labels)	NHS screening service specification 19	12 months	Standard	<p>Action plan monitored at antenatal and newborn screening programme board</p> <p>Submission of data that shows consistent achievement of the acceptable standard</p>

## 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 and progress in response to the recommendations made for a period of 12 months after the report is published. 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.