



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes
Kent Community Health NHS Foundation
Trust

3 October 2019

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, research knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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 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.

www.gov.uk/phe/screening Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening) Blog: phescreening.blog.gov.uk

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



© Crown copyright 2020

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](https://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published: January 2020

PHE publications

gateway number: GW-1075

PHE supports the UN

Sustainable Development Goals



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 to 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 Kent Community NHS Foundation Trust newborn hearing screening programme and child health information service held on 3 October 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 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 shared with the south regional SQAS as part of the visit process

Local screening service

Kent Community Health Foundation Trust (KCHFT) delivers a range of health services in the community across Kent, East Sussex and London. KCHFT employs more than 5,000 staff and serves a total population of more than 2 million, with 1.4 million across Kent (trust website). KCHFT report that they are one of the largest community healthcare providers across England.

There are approximately 40 whole time equivalent (WTE) in the child health information service based in either Sevenoaks hospital or Folkestone.

The child health information service supports the following programmes:

- infectious diseases in pregnancy screening programme (hepatitis B)
- newborn hearing screening programme (NHSP)

- newborn bloodspot screening (NBS)
- newborn infant physical examination (NIPE)

The team provide services to the following trusts:

- Maidstone and Tunbridge Wells NHS Trust (MTW)
- Medway NHS Foundation Trust (MFT)
- Dartford and Gravesham NHS Trust (DGT)
- East Kent Hospitals University NHS Foundation Trust (EKHFT)
- Medway Community Healthcare (MCH)

KCHFT are contracted to provide newborn hearing screening services to:

- Maidstone and Tunbridge Wells NHS Trust
- Medway NHS Foundation Trust
- Dartford and Gravesham NHS Trust

The NHSP service is a hospital-based programme with screening teams located within maternity units at Darent Valley, Medway Maritime and Tunbridge Wells hospitals. Between April 2018 and March 2019 there were a total of 15,808 births recorded by the 3 trusts (Smart 4 Hearing (S4H) Data). Outpatient clinics are held for babies in the following circumstances: babies who are born at home, babies who are born at either Maidstone birthing centre or Crowborough birthing centre, babies who have moved into the area or babies who require a further screen.

The local population is characterised as 93.1% white British and 6.9% black minority ethnic groups (BME defined as all ethnic groups excluding white British, white Irish and white other) (2011 census).

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The following issues were identified by the QA visit team:

- there is limited clinical oversight of the NHSP
- the role and responsibilities of the local manager and team leader for the NHSP are not defined
- there is inadequate contingency and resilience for the child health information service manager
- there are inadequate competency assessments for newborn hearing screeners

Shared learning

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

- there are good working relationships with discharge coordinators at MTW
- there is a good process for scheduling hepatitis B vaccinations to babies born to screen positive mothers

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure signed contracts are in place for any sub-contracted services with adequate oversight by the public health commissioning team	Section 7a service specification nos. 15 to 21	6 months	Standard	Service level agreements and sub contracts
2	Consider revision of the terms of reference for the Kent and Medway programme board meeting to include the newborn hearing sub-group	Section 7a service specification nos. 15 to 21	6 months	Standard	Terms of reference
3	Include screening risks as a standing item at the Kent and Medway programme board	Section 7a service specification nos. 15 to 21	6 months	Standard	Terms of reference Revised agenda
4	Agree and document a commissioning escalation pathway for screening issues and risks	Section 7a service specification nos. 15 to 21	6 months	Standard	Ratified escalation policy
5	Establish an internal screening group within the Trust to make sure there is clinical oversight and governance of the screening services	Section 7a service specification nos. 15 to 21	6 months	Standard	Terms of reference Agenda and minutes of meetings Action log

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Formalise the child health information services operational group	Section 7a service specification nos. 15 to 21	6 months	Standard	Terms of reference Agenda and minutes of meetings Action log
7	Ensure oversight and approval of key performance indicator data by the directorate lead prior to national submission	Section 7a service specification nos. 15 to 21	6 months	Standard	Authorised submission of data from directorate lead or deputy
8	Manage all screening patient safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	All staff trained in incident reporting Incident reports presented to programme board Updated incident policy
9	Ensure all screening related risks are recorded on the trust risk register	Section 7a service specification nos. 15 to 21 Programme handbooks and standards	6 months	Standard	Updated risk register
10	Update all policies and standard operating procedures related to screening to ensure compliance with national service specifications and national programme guidance	Section 7a service specification nos. 15 to 21 Programme handbooks and standards	6 months	Standard	Ratified policies and standard operating procedures

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure that there is appropriate clinical oversight of the newborn hearing screening programme	Service specifications 15 and 21	3 months	High	Named clinical lead identified for the screening programme
12	Ensure that the role and responsibilities of the newborn hearing local manager and team leader are undertaken in accordance with national operational guidance	National screening programme operational guidance to updated 2 October 2019	3 months	High	Training needs analysis and action plan Updated job description
13	Ensure there is contingency and resilience within the child health information service	Service specifications 15 and 21	3 months	High	Workforce review and action plan
14	Ensure competency assessments for newborn hearing screeners are completed in line with national programme requirements	Service specification 20	3 months	High	Competency assessment checklist Documented process for assessment and feedback
15	Ensure all staff involved in the newborn hearing screening service have sufficient support to complete the diploma and ongoing training in line with the national service specification	Service specification 20	12 months	Standard	Training needs analysis and action plan

Equipment and IT

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Commence the review process for the child health information service IT contract	Service specifications 15 and 21	6 months	Standard	Minutes of review meeting

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure newborn hearing screening programme results are recorded against every baby's record within the child health information service's responsible cohort	Service specifications 15 and 21	6 months	Standard	Child health team to gain independent access to SMART 4 Hearing (S4H) Ratified document detailing the use of the S4H system, to include the management and resolution of missing results
18	Ensure newborn infant physical examination (NIPE) results are recorded against every baby's record within the child health information service's responsible cohort	Service specifications 15 and 21	6 months	Standard	Ratified document detailing the use of the SMART 4 NIPE system, to include the management and resolution of missing results

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update the trust website to include up to date information on the newborn hearing screening programme	Section 7a service specifications nos. 15 to 21	12 months	Standard	Updated website

Newborn Hearing Screening Programme

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Meet the acceptable threshold for standards 2 and 3 and KPI NH2.	Section 7a service specification no. 20	6 months	Standard	Audit and action plan for improvement Standard 2 and 3 and NH2 data
21	Develop a process to ensure that all cross-site babies are identified and screened appropriately	Section 7a service specification no. 20	6 months	Standard	Mapped pathway Cross site documented process
22	Update audiology referral letters to include more information regarding the reasons and benefits of referral	Section 7a service specification no. 20	6 months	Standard	Updated referral letter
23	Maximise the functionality of smart4hearing to reduce duplication, aid tracking and manage targeted follow ups	Section 7a service specification no. 20	6 months	Standard	Record referrals, appointments and outcomes on S4H including targeted follow ups

Newborn Bloodspot Screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Expedite newborn blood spot screening for all babies moving into the area to ensure babies are screened before they reach 365 days of age	Section 7a service specification no. 19	6 months	standard	Include process for prioritising babies by age to maximise screening offer and uptake
25	Embed the new pathway for babies that move into Kent and Medway who require newborn bloodspot screening within 21 days of registration	Section 7a service specification no. 19	9 months	standard	Meet the acceptable threshold for key performance indicator NB4

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 issued to the service. 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.