



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes Sheffield Teaching
Hospitals NHS Foundation Trust

Executive Summary

2 October 2019

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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 Sheffield Teaching Hospitals NHS Foundation Trust screening service held on 2 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 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 to commissioning team on 30 September 2019
- information shared with the regional SQAS as part of the visit process

Local screening service

Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) provides acute and community services to a population of 640,000 including specialist services for the populations of Yorkshire and The Humber, parts of mid-Yorkshire and north Derbyshire. There are areas of affluence but also several areas of social deprivation. The population is predominantly white British with 19% of women booking at the trust from black or minority ethnic groups where English may not be their first language.

Low and high-risk maternity services are provided from The Jessop Wing Maternity Unit on the Royal Hallamshire Hospital site with outreach services being delivered from community settings including GP surgeries, health centres and children's centres.

In 2018 to 2019, 6,793 women booked for maternity care at STHFT, with 6,631 births. STHFT offers all 6 NHS antenatal and newborn screening programmes.

Maternity services are commissioned by NHS Sheffield Clinical Commissioning Group and NHS England and NHS Improvement – the North East and Yorkshire (Yorkshire and the Humber) commission the antenatal and newborn screening programmes.

Findings

This is the second quality assurance visit to Sheffield Teaching Hospitals NHS Foundation Trust, the first was in July 2015. There were 3 outstanding recommendations from this visit handed over to the public health commissioners/screening and immunisation team for ongoing monitoring.

The service is delivered by a team of dedicated staff who are committed to quality improvement. There is evidence of excellent working relationships between staff across the screening programmes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 10 high-priority findings, summarised as:

1. Governance arrangements including lines of accountability for the child health information service are not clear.
2. Screening team are not informed of all screening safety incidents with learning shared with the wider maternity team.
3. Limited annual audit schedule for all antenatal and newborn screening programmes to drive quality improvements and evidence that national programme standards are being met.
4. The maternity service to cease faxing birth notifications to the child health information service.
5. The child health information service is not undertaking timely validation of registrations.
6. There is no equity of access to the maternity service and early antenatal screening services for women living out of area.

7. Babies on the neonatal surgical unit at Sheffield Children's Hospital NHS Foundation Trust are not receiving screening that meets the national programme standard.
8. The newborn hearing screening programme is not meeting the national standards with an on-going programme of quality improvement work in place.
9. New contraindications to hearing screening are not included in the risk assessment with processes in place to manage direct referrals to audiology.
10. Babies moving into the area under three months of age who have not been screened are not offered hearing screening.

Shared learning

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

- new midwives rotate into the antenatal clinic to develop a working relationship with the screening team.
- the use of e-check in in the antenatal clinic and pathfinder to manage capacity and track women through the department
- peer review of anomaly scans and cardiac views
- provision for engaging with vulnerable women and hard to reach groups
- clinical supervision for sonographers and rostered e learning time
- electronic referrals to the fetal medicine unit

Recommendations

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

Governance and leadership

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|---|
| 1 | Update the terms of reference for the antenatal and newborn screening group to demonstrate the monitoring of findings from audits, action plans and risks. | 1 | 6 months | Standard | Updated ratified terms of reference. |
| 2 | Head of Midwifery to receive newborn hearing screening (NHSP) and newborn blood spot (NBS) key performance indicator data for scrutiny and monitoring. | 1,2 | 3 months | Standard | NHSP and NBS key performance data submitted to the Head of Midwifery quarterly. |
| 3 | Establish a process for the maternity service/screening team to inform the quarterly contract review meetings with commissioners. | 1 | 3 months | Standard | Process established with minutes/action log. |
| 4 | Make sure there are documented governance arrangements with clear lines of accountability for the child health information service. | 1 | 3 months | High | Documentation of ratified arrangements and structure. |
| 5 | Establish a process to make sure the screening team are informed of all screening safety incidents with learning shared with the wider maternity team. | 4,5, | 3 months | High | Documented process with log of incidents and reported at the antenatal and newborn screening group and evidence of learning shared. |
| 6 | Include antenatal and newborn screening programmes in the business continuity plan for STHFT and SCHFT. | 1,6 | 12 months | Standard | Updated ratified business continuity plan presented at the antenatal and newborn screening group. |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|--------------------------------------|-----------|----------|--|
| 7 | Update screening guidelines and standard operating procedures (SOPs) to make sure that they meet national guidance including correct use of terminology and include current practice. | 1, 7, 8, 9, 10, 11, 12, 13, 14 | 12 months | Standard | Updated guidelines ratified within the trust and presented at the antenatal and newborn screening group. |
| 8 | Implement an annual audit schedule for all antenatal and newborn screening programmes to drive quality improvements and evidence that national programme standards are met including an equity audit. | 1, 2, 6, 7, 8, 9, 10, 11, 12, 13, 14 | 12 months | High | Annual audit schedule implemented. Completed audits presented at the antenatal and newborn screening group. Action plan(s) to address any identified gaps |
| 9 | Complete a user satisfaction survey to gather views about the newborn hearing screening programme. | 1,2,13 | 6 months | Standard | Outcome of survey and actions taken is discussed at the antenatal and newborn screening clinical governance group. |

Infrastructure

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|---|
| 10 | Review the structure of the newborn hearing screening team to ensure there is a local programme manager to meet the national service specification. | 1 | 12 months | Standard | Identified local programme manager with job description detailing role and responsibilities. |
| 11 | Make sure the trust facilitates hearing screener training in line with programme requirements as detailed in the NHSP 'Screener Competence Assessment'. | 1 | 12 months | Standard | Hearing screener training that meets the requirements for screener competency assessment. Monitored by NHSP lead and reported to antenatal and newborn screening group. |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|---|
| 12 | Make sure there are job descriptions for all Child Health Information Service (CHIS) staff detailing role, responsibility and accountability. | 1 | 6 months | Standard | Job descriptions for all CHIS personnel amended to detail role, responsibility and accountability for the NHS newborn screening programmes. |
| 13 | Develop a strategic plan for quality improvement for all the antenatal and newborn screening programmes to meet achievable thresholds. | 1 | 6 months | Standard | Strategic plan monitored at the antenatal and newborn screening group. |
| 14 | Implement an electronic process for birth notifications to be sent directly from the maternity system to the child health information service | 1 | 3 months | High | Electronic process established. |

Identification of cohort – newborn

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|--|
| 15 | Child health information service to undertake timely validation of registrations | 1 | 3 months | High | Weekly validation completed and reported to service |
| 16 | Implement and monitor a plan to meet the acceptable threshold for the key performance indicators NB4 and NH1 | 1 | 6 months | Standard | Action plan that is agreed and monitored at contract review group meetings and the antenatal and newborn screening group Submission of key performance indicator data NB4 and NH1 |

Invitation, access and uptake

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|--|
| 17 | Develop a service improvement plan to make sure there is timely access to the maternity service for early antenatal screening. | 1 | 6 months | Standard | Service improvement plan agreed and monitored at antenatal and newborn screening group. ST2 meeting the achievable threshold. |
| 18 | Make sure there is equity of access to services for women living out of area. | 1 | 3 months | High | Service review with revised care pathway demonstrating women living out of area have equitable access to maternity services and antenatal screening. |

Newborn hearing screening

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|--|-----------|-----------|----------|---|
| 19 | Make sure newborn hearing screening is offered to babies on the neonatal surgical unit at Sheffield Children's Hospital NHS Foundation Trust (SCHFT) to meet national programme standards. | 1 | 3 months | High | NHSP data reports demonstrating that babies at the SCHFT are offered screening that meets national programme standards. Monitored by NHSP lead and antenatal and newborn screening group. |
| 20 | Implement and monitor a plan to meet the standards for the newborn hearing screening programme | 1,13 | 12 months | High | Recovery plan monitored by NHSP lead and antenatal and newborn screening group. |
| 21 | Make sure the new contraindications to hearing screening are included in the risk assessment with processes in place to manage direct referrals to audiology. | 1 | 3 months | High | Revised risk assessment includes new contraindications. Monitored by NHSP lead and antenatal and newborn screening group. |

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|--|
| 22 | Make sure babies under three months of age moving into the area who have not been screened are offered hearing screening. | 1,13 | 3 | High | Ratified standard operating procedure for care pathway. Monitored by NHSP lead and antenatal and newborn screening group. |
| 23 | Implement and monitor a plan to meet the acceptable threshold for the key performance indicator NH2. | 1,13 | 6 months | Standard | Service improvement plan agreed and monitored at antenatal and newborn screening group. |
| 24 | Make sure the data discrepancy reports are reviewed with action taken as required. | 1,13 | 6 months | Standard | Investigation and management of data discrepancies monitored by NHSP lead and reported to antenatal and newborn screening group. |

Newborn and infant physical examination

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|--|
| 25 | Update the local referral pathway for babies with undescended testes to make sure it meets the national standard. | 1, 14 | 6 months | Standard | Updated, ratified guideline describing the care pathway that meets national programme standards. |
| 26 | Make sure all outcomes following referral are recorded on SMaRT4NIPE | 1,14 | 6 months | Standard | Performance reported to and monitored at antenatal and newborn screening group. |
| 27 | Implement and monitor a plan to meet the acceptable threshold for the key performance indicator NP2 | 1,14 | 6 months | Standard | Service improvement plan agreed and monitored at antenatal and newborn screening group. |

Newborn blood spot screening

| No. | Recommendation | Reference | Timescale | Priority | Evidence required |
|-----|---|-----------|-----------|----------|--|
| 28 | Implement and monitor a plan to meet the standards for the newborn blood spot screening programme | 1,15 | 12 months | Standard | Plan monitored by the antenatal and newborn screening group. |