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England

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Screening Quality Assurance visit report

Antenatal and Newborn Screening
Programmes
Northern Devon Healthcare NHS Trust

19 June 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 Northern Devon Healthcare NHS Trust screening service held on 19 June 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 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 south regional SQAS as part of the visit process

Local screening service

Northern Devon Healthcare NHS Trust provides services for a population of 484,000 people across 960 square miles of north and eastern Devon. Consultant and midwifery led services are provided at the trust. All antenatal and newborn screening programmes are offered. Newborn hearing screening is carried out by health visitors.

This service is managed by Devon County Council and is a county wide service, screening babies born at 2 maternity units in Devon. The child health information service is provided by Health Intelligence. This is a region wide service covering a geographic area from Bristol to Cornwall.

Between April 2018 and March 2019 approximately 1500 women booked for antenatal care with the service, with approximately 1400 deliveries within the same timeframe.

Data provided by the service shows that the maternity population is characterised as 96% white British.

Local screening services are commissioned by NHS England South West (Bristol, North Somerset, Somerset, South Gloucestershire, Devon, Cornwall and the Isles of Scilly).

The scope of this review includes the following services:

- the maternity service
- the sonography service for fetal anomaly screening
- the newborn hearing screening service
- the child health information service

Delivery of the screening service involves interdependencies with other providers for parts of the pathway:

- analysis and risk calculation of first and second trimester screening samples for Down's syndrome, Edwards' syndrome and Patau's syndrome are performed by the Royal Devon and Exeter NHS Foundation Trust and The Newcastle upon Tyne Hospitals NHS Foundation Trust respectively
- newborn blood spot screening sample analysis is performed by North Bristol NHS Trust
- laboratory screening services for sickle cell and thalassaemia and infectious diseases are provided locally by Northern Devon Healthcare NHS Trust

These providers were outside of the scope of this review, however the interfaces relating to the delivery of screening programmes were examined.

Women and babies who require enhanced care are referred for fetal medicine or neonatal intensive care to the Royal Devon and Exeter NHS Foundation Trust or to University Hospitals Bristol NHS Foundation Trust. There is a special baby care unit at Northern Devon Healthcare NHS Trust.

Findings

This is the second QA visit to the antenatal and newborn screening services at Northern Devon Healthcare NHS Trust. During the visit there was evidence of good working relationships between the various teams. It was evident that staff are dedicated to ensuring a high level of service for pregnant women and babies. The local service was aware of some areas for further development and are already planning some enhancements for the future.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 1 high priority finding as summarised below:

- there are no work instructions describing the processes for managing women and babies through the screening pathway. In the absence of key individuals these would support resilience within the screening service

Shared learning

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

- the training programme for new and existing staff within the newborn hearing screening service has been awarded the Recognising the Quality of Learning and Education (RQLE) quality assurance mark by the University of Surrey
- the screening service has a system in place which ensures that women receive the results of all screening tests if screening is performed before a miscarriage or a termination of pregnancy
- women have early access to the maternity service and this is illustrated as approximately 80% of women have results available for sickle cell and thalassaemia screening by 10 weeks' gestation

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	The commissioner should ensure signed contracts are in place with all subcontractors	Service specifications 15 to 18	12 months	Standard	Confirmation that contracts are seen by the commissioners
02	The commissioner and stakeholders should work together to develop and implement a health inequalities strategy	Service specification 15 to 21 Guidance for NHS Commissioners on equality and health inequality duties 2015	12 months	Standard	Copy of the strategy and action plan

03	Ensure there is appropriate clinical oversight of the antenatal and newborn screening programmes	Service specifications 15 to 19 and 21	6 months	Standard	Named consultant clinical lead identified for the screening programmes and function included in a job plan
04	Implement a trust operational group to support a coordinated approach and give greater oversight of the screening services	Service specifications 15 to 21	9 months	Standard	Terms of reference to include membership for all 6 screening programmes, frequency of meetings, accountability, review of risks and escalation of issues. Minutes of meeting
05	Formalise the trust maternity multi-disciplinary group	Service specifications 16, 17 and 21	6 months	Standard	Terms of reference to include membership, nominated clinical leads for each screening programme, frequency of meetings, accountability, review of risks and escalation of issues
06	Update policy within the newborn hearing service to include reference to dealing with incidents in accordance with 'managing safety incidents in NHS screening programmes' guidance	Managing safety incidents in NHS screening programmes	6 months	Standard	Updated policy

07	Revise screening guidelines to ensure that local practice is reflected in current documents (see policies and guidelines section of main report)	Service specifications 15 to 19 and 21	12 months	Standard	Revised guidelines which have been benchmarked against the NHS screening programme service specifications
08	Develop a suite of work instructions (standard operating procedures) to describe processes for managing women and babies through the screening pathway	Service specifications 15 to 19 and 21	6 months	High	Work instructions
09	Review and amend current work instructions (standard operating procedures) within the newborn hearing service to enable use for day to day operational guidance	Service specification 20	6 months	Standard	Work instructions
10	Document agreed audits of the antenatal and newborn screening programmes on an audit schedule	Service specifications 15 to 19 and 21	12 months	Standard	Audit schedule
11	Complete a user survey to gather views about the antenatal and newborn screening pathways	Service specifications 15 to 21	12 months	Standard	Outcome of survey and action plan are discussed at the antenatal and newborn screening programme board

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Review staffing for the screening service to ensure that there is resilience to meet the requirements of the screening programmes	Service specifications 15 to 19 and 21	12 months	Standard	Documented work force plan for antenatal and newborn screening services including programme coordination and administration, clinical/team leadership, education and training for staff, monitoring of cohort tracking IT systems and succession planning
13	Ensure counselling of women and couples at risk of sickle cell and thalassaemia is performed by appropriately trained staff	Service specification 18	12 months	Standard	All staff counselling women and couples at risk of sickle cell and thalassaemia must have completed the NHS screening programme accredited genetic risk assessment and counselling module or equivalent
14	Ensure mandatory training for staff includes information on all 6 screening programmes	Service specifications 15 to 21	12 months	Standard	Training plan for all 6 screening programmes including information provided by the newborn hearing screening service

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure all staff involved in undertaking newborn infant physical examinations complete competency assessments	Service specification 21	12 months	Standard	Records for staff to be updated and monitored at the antenatal and newborn screening programme board
16	Document a process for notifying key stakeholders when changes are made to records on the national newborn failsafe IT solutions	Service specifications 19 to 21	6 months	Standard	Work instruction

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Build on the existing IT solutions to allow the electronic collection of key performance data for the antenatal screening programmes	Service specifications 15 to 18	12 months	Standard	Electronic solution for collecting key performance data

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Document the process for the generation of an NHS number in the case of the failure of the maternity IT system	Service specifications 19 to 21	6 months	Standard	Work instruction

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Implement a process for tracking babies in the special care baby units to make sure that newborn hearing screening is offered and performed appropriately	Service specification 20	6 months	Standard	Work instruction
20	Implement a process to ensure that all babies born at Northern Devon Healthcare NHS Trust with special conditions or contraindications for screening are communicated from maternity to the newborn hearing screening service	Service specification 20	6 months	Standard	Work instruction
21	Document a process for notifying key stakeholders about deceased babies within Northern Devon Healthcare NHS Trust that includes an update of the baby's status as deceased on the national screening IT systems	Service specifications 19 and 21	6 months	Standard	Work instruction
22	Document the process for the follow up of babies who are not brought to an appointment for the newborn infant physical examination or newborn blood spot screening	Service specifications 19 and 21	6 months	Standard	Work instruction

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	The commissioners should ensure that the multi-organisational pathway for key performance indicator NB4 (coverage for babies for newborn blood spot screening who move in to the area in the first year of life) is fully implemented	Service specification 19	6 months	Standard	Action plan that is agreed and monitored at the antenatal and newborn screening programme board

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Ensure that all 18 to 20+6 week fetal anomaly scan appointments are in line with fetal anomaly screening programme recommendations	Service specification 17	12 months	Standard	Audit of fetal anomaly scan appointment times presented at the antenatal and newborn screening programme board

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Implement and monitor a plan to meet the acceptable level for the key performance indicator NH2 (time from screening outcome to attendance at an audiological assessment appointment)	Service specification 20	12 months	Standard	Action plan that is agreed and monitored at the antenatal and newborn screening programme board Submission of KPI data NH2

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Implement a process to track and record outcomes for each screen positive baby referred from the newborn infant physical examination screening pathway on SMaRT4NIPE	Service specification 21	6 months	Standard	Work instruction

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Implement and monitor a plan to meet NBS standard 5 – timely receipt of a sample in the newborn screening laboratory	NBS standard 5	12 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn programme board

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 needed.