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Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes Calderdale and
Huddersfield NHS Foundation Trust

5 February 2020

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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 Calderdale and Huddersfield NHS Foundation Trust screening service held on 5 February 2020

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 conference calls with commissioning teams and the Calderdale and Huddersfield child health information service on 3 February 2020
- information shared with the north regional SQAS as part of the visit process

Local screening service

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provides hospital services for around 374,000 people from a widespread area in West Yorkshire. There are areas of affluence but also several areas of socio-economic deprivation and a high proportion of women from ethnic minority groups where English is not their first language.

Low and high risk maternity services are provided from 2 hospital sites at Huddersfield Royal Infirmary and Calderdale Royal Hospital with outreach services being delivered from community settings including GP surgeries, health centres and children's centres.

In 2018 to 2019, 5840 women booked for maternity care at CHFT, with 5046 births. CHFT offers all 6 NHS antenatal and newborn screening programmes.

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

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- the process for escalating and managing screening programme issues, risks and concerns is unclear
- there is no clear team lead for the newborn hearing screening programme
- screening safety incidents are not managed in accordance with national guidance

Shared learning

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

- offer of screening for NHSP to babies with life limiting conditions resident in the local children's hospice
- 2 year rotational post to the deputy screening coordinator role to assist succession planning

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 terms of reference for the antenatal and newborn screening trust oversight group to include representation for each screening programme, function of the group and documentation of the governance arrangements for the group	1	6 months	High	Updated ratified terms of reference including membership, nominated clinical leads for each screening programme, accountability to trust board meeting frequency review of risks and escalation of issues Minutes to demonstrate attendance
2	Make sure there is a job description for the role of team leader for NHSP which includes arrangements for reporting and accountability	1, 13	6 months	High	Job description which includes documentation of arrangements and structure
3	Head of midwifery to receive newborn blood spot NB1 and NB4 key performance indicator data for scrutiny and monitoring	1, 2	6 months	Standard	Confirmation that NBS key performance data is submitted to the Head of Midwifery quarterly

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Manage all screening safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes	4	6 months	High	Training log to demonstrate that staff are trained in incident reporting Incident reports presented to antenatal and newborn screening oversight group and programme board
5	Amend maternity risk management strategy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes" (2017)	4,5	6 months	Standard	Updated ratified policy presented at antenatal and newborn screening oversight group
6	Update screening guidelines and standard operating procedures (SOPs) to make sure that they meet national guidance including correct use of terminology and meet 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 oversight group
7	Implement an annual audit schedule for all antenatal and newborn screening programmes to drive quality improvements and evidence that national programme standards are met	1, 2, 6, 7, 8, 9, 10,11,12,13,14	12 months	Standard	Annual audit schedule implemented. Completed audit and action plans presented at the antenatal and newborn screening oversight group

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Complete a user survey to gather views about the antenatal and newborn screening pathways	1,16,17,18,19, 20, 21	12 months	Standard	Outcome of survey is discussed at the antenatal and newborn screening oversight group with action plan monitored
9	Identify a named person in the neonatal unit with responsibility for newborn screening with close links to the screening team	1, 6, 13, 14	3 months	Standard	Minutes to confirm attendance at the antenatal and newborn screening oversight group screening
10	Update the job descriptions for the screening coordinator and child health services team lead to include roles, responsibilities and accountability	1	6 months	Standard	Formal job descriptions which have been updated and agreed
11	Make sure a formal quality assurance programme of ultrasound equipment is in place to monitor scanner performance in accordance with British Medical Ultrasound Society guidelines	1, 2,10	6 months	Standard	Plan in place with evidence of quality assurance checks undertaken presented at the local operational group

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Make sure that the data collection process reports FA2 accurately	1,11	6 months	Standard	Data submitted with accurate exclusions applied

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Implement and monitor a plan to meet the acceptable threshold for the key performance indicator NB4	1,3	6 months	Standard	Action plan that is agreed and monitored at contract review group meetings and the antenatal and newborn screening oversight group Key performance indicator data NB4 meets the acceptable threshold.

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Make sure that women whose pregnancies are known to be at risk of sickle cell and thalassaemia can access early prenatal diagnostic testing prior to booking	1,7	6 months	Standard	Updated guideline presented at antenatal and newborn screening oversight group. Evidence of monitoring access to early prenatal diagnosis presented at local operational group
15	Update the trust website to include links to screening leaflets and information	1	12 months	standard	Website updated

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Make sure women who decline the formal reoffer of screening are referred to a multidisciplinary team (MDT) to agree further management	1,8	6 months	Standard	Updated guideline presented at antenatal and newborn screening oversight group Evidence of monitoring women who decline presented at antenatal and newborn screening oversight group Minutes from MDT

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Implement and monitor a plan to meet KPI FA1	1,11	6 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening oversight group Submission of KPI data
18	Implement and monitor a plan to meet FASP-S08a and FASP- S08b	1,11	6 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening oversight group Submission of annual standards data
19	Audit sonographers to make sure that they follow the FASP cardiac protocol	10	6 months	Standard	Ongoing audit presented at the antenatal and newborn screening oversight group

Newborn hearing screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement and monitor a plan to meet NHSP-S03	1,13	6 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening oversight group Submission of KPI data and annual standards data.

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Implement and monitor a plan to make sure all babies are allocated ultrasound scan of the hips at the appropriate time to meet screening standards and KPI NP2	1,14	6 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening oversight group and programme board KPI and standards data
22	Make sure all hip referral outcomes are recorded on SMaRT4NIPE (S4N)	1,14	6 months	Standard	Evidence of all outcomes recorded presented at antenatal and newborn screening oversight group

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Implement and monitor a plan to consistently meet KPI NB2	1,3	6 months	Standard	Action plan that is agreed and monitored by the antenatal and newborn screening oversight group and 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(s) needed.