



Public Health  
England



# **Quality Assurance Report**

## **Antenatal and Newborn Screening Programme**

Observations and recommendations  
from visit to Doncaster and Bassetlaw  
NHS Foundation Trust on 5 May 2016

Version 1.0/ September 2016

**Public Health England leads the NHS Screening Programmes**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 better 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 four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

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Published September 2016

PHE publications gateway number: 2016272



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# Executive summary

The findings in this report relate to the quality assurance (QA) review of the Doncaster and Bassetlaw Antenatal and Newborn Screening Programme held on 5 May 2016, incorporating NHS England Yorkshire and Humber, South Yorkshire and Bassetlaw, screening and immunisation team.

## 1. Purpose and approach to quality assurance (QA)

The aim of quality assurance in NHS screening programmes is to maintain minimum standards and promote continuous improvement in antenatal and newborn 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits to Bassetlaw Child Health
- information shared with the Screening Quality Assurance Service (North) team as part of the visit process

## 2. Description of local screening programme

Doncaster and Bassetlaw NHS Foundation Trust provides both consultant led high-risk and midwifery led low-risk maternity services based at Doncaster Women's Hospital and Bassetlaw Hospital. There are satellite outreach services in Mexbrough and Retford. The screening programme has an eligible population of approximately 170,000.

The ANNB programme provided by Doncaster and Bassetlaw NHS Foundation Trust (DBHFT) is commissioned through the Maternity Payment Pathway (MPP) and the Commissioning support unit coordinates this commissioning arrangement on behalf of Doncaster and Bassetlaw clinical commissioning groups (CCGs). NHS England Yorkshire and Humber, South Yorkshire and Bassetlaw screening and immunisation team (SIT) is the lead commissioning team overseeing the process for monitoring functions for screening.

Based on the data from the 2014/15 antenatal and newborn screening annual report, Doncaster and Bassetlaw booked 5,296 women (eligible booking population) for maternity services with 5,236 recorded births. DBHFT has achieved nine of the 14 key performance indicators (KPIs), with four at the upper level of achievable and five at the acceptable lower threshold. Action plans were provided in evidence for two of the KPIs where the minimum performance standard was not met.

### 3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

#### 3.1 Shared Learning

The review team identified several areas of practice that are worth sharing:

- evidence of a strong positive relationship with commissioners and collaborative working across the screening pathways. This was demonstrated by quarterly screening programme specific meetings at operational level. An example of this process working across Infectious Diseases in Pregnancy Screening (IDPS) is the collaborative approach to the end to end tracking for babies born to Hepatitis B women
- DBHFT suite of antenatal and newborn screening guidelines are multidisciplinary, comprehensive and presented in a consistent format that detail specific instructions necessary to deliver the screening programmes
- evidence of effective team communication across the newborn bloodspot (NBS) pathway demonstrated through cohesive action plan monitoring of performance and development of specific NBS tool/visual aid to help reduce the avoidable repeat rate for NBS sampling
- strong ethos of commitment to service improvement and development within the screening service and between sites, demonstrated through identification of a dedicated screening room where women can be counselled/assessed in privacy - use of midwifery support workers, appointment of an audit officer and development of the audit schedule for screening
- introduction of K2MS Athena (maternity information system) with electronic interface with pathology and sonography demonstrating the ability to identify and track the screening cohort from offer to outcome. This is worthy of showcasing to other sites/providers to demonstrate the benefits and advantages of this operating model
- robust screening incident reporting process in place demonstrated through the use of Datix (risk management reporting system used) and, in particular, the use of the Local Screening Coordinators (LCOs) as Datix handlers

KPI performance:

KPI performance over the last four quarters demonstrates that DBHFT have consistently achieved nine of the 13 KPIs, of which four were at the upper achievable threshold.

DBHFT demonstrate exemplary attention to detail for individual action plans and should seek to develop a consolidated action plan to include the five KPIs that do not currently meet the acceptable threshold (ID2, NH2, NP1, NP2 and NB4 see Ink:

<https://www.gov.uk/government/publications/nhs-population-screening-reporting-data-definitions>) and develop ways to drive quality and monitor improvements to reach acceptable level consistently.

### 3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

### 3.3 High priority issues

The review team identified high priority issues, as grouped below. Please see section 3.4 for related recommendations.

Information technology:

- the maternity website should reflect the current service provision with latest contact details

Staffing/workforce

- the Screening support sonographer (SSS) and deputy require dedicated hours for the role to undertake audit and support the delivery of the Fetal anomaly screening programme
- the functions and outcome of the audit officer role to ensure that it reflects the failsafe functions and there is no disruption to the integrity of the excellent screening service

Audit/performance monitoring:

- a comprehensive annual audit schedule is required to monitor application and failsafe processes for all screening programmes not just KPI performance
- review performance of KPIs that do not meet the acceptable level

Governance/policy:

- review the pathway for babies into Bassetlaw to ensure that newborn bloodspot screening is offered to all babies up to one year of age
- local authority commissioners of the health visitor (HV) service to assure continuity and oversight of the HV role in relation to NBS and newborn infant physical examination (NIPE)

## 4. Key recommendations

A number of recommendations were made related to the high level issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation
High	Policy and guidelines	Develop and implement a robust process for notification of child deaths/deceased babies to all key stakeholders
High	Workforce	Enable the SSS to carry out the function of the role by enabling protected time as detailed within job descriptions for the delivery of Fetal anomaly screening programme
High	Workforce	As part of the administrative review, maintain and safeguard the role of the audit officer to ensure that the vital audit and failsafe functions continue to protect the integrity of the screening service
High	Invitation, access and uptake – newborn screening	Review performance against KPIs NP1, NH2 and NB4 and take action to ensure acceptable level is reached consistently
High	Invitation, access and uptake of newborn screening	Review the 'movers in' pathway for Bassetlaw to ensure NBS screening is offered to all babies up to one year of age in line with national standards
High	Invitation, access	Update the maternity trust website to reflect the current services offered and contact details
High	Governance / policy	Develop a process to engage with local authority (LA) commissioners of the HV service to assure continuity and oversight of the HV role in relation to NBS and NIPE

## 5. Next steps

Doncaster and Bassetlaw NHS Foundation Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England Yorkshire and Humber, South Yorkshire and Bassetlaw screening and immunisation team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Screening QA service will support this process and the ongoing monitoring of progress.