



Public Health  
England

# Quality Assurance Report

## Antenatal and Newborn Screening Programme

Observations and recommendations  
from visit to The Dudley Group NHS  
Foundation Trust on 25-26 January  
2016

Version Final/ 22.03.2016

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

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# Executive summary

The findings in this report relate to the quality assurance (QA) review of The Dudley Group NHS Foundation Trust screening programme held on 25 26 January 2016.

## 1. Purpose and approach to Quality Assurance (QA) (For complete description, see page 11)

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:
- information shared with the Quality Assurance Service as part of the visit process.

## 2. Description of Local Screening Programme

The Dudley Group NHS Foundation Trust antenatal and newborn (ANNB) screening programme has an eligible population of approximately 58,000 (office of national statistics (ONS) 2014).

Teenage pregnancy rates for Dudley have remained higher than the England average. The joint strategic needs assessment (JSNA) (2014) gave a conception rate per 1,000 live births of 30.7 for Dudley and 24.3 per 1,000 births for England. The ONS 2014 data show the conception rate for Dudley was 28.8 per 1,000 births and for England, 23.9 per 1,000 births.

The 2011 Census showed that the white British ethnic group constituted 88.5% of the borough population, compared to 92.5% in 2001, and was the predominant group amongst all age ranges. The percentage of the population that was non-white British was highest in children and young adult age groups. The distribution of the non-white British population is such that there are strong concentrations within certain neighbourhoods, with local proportions as high as 59%. These neighbourhoods include; Dudley, Blower's Green and Lye. (See section 8.1 for more details)

Dudley clinical commissioning group (CCG) holds the main maternity payment pathway contract and is the lead commissioner for Dudley Group NHS Foundation Trust (DGH). NHS England (West Midlands) is a co-commissioner with accountability for commissioning responsibilities under the public health functions within section 7a. The West Midlands screening and immunisation team (SIT) are embedded within NHS England and provide public health advice.

The Dudley Group NHS Foundation Trust offers all NHS antenatal and newborn screening programmes; there is a specialist midwife screening coordinator and deputy in post with designated clerical support. Acute and community maternity services are provided by Russell's Hall Hospital in Dudley. According to the trust annual report 2014-2015, there were 4967 women booked for maternity care and 4451 births.

The following regional key stakeholder services for the antenatal and newborn screening programme for DGH are beyond the scope of this report. However the interface between them and DGH was reviewed in order to inform this report:

- Birmingham Women's Hospital (BWH) Foundation Trust fetal anomaly screening Laboratory
- Birmingham Children's Hospital (BCH) Foundation Trust for the newborn bloodspot Laboratory
- Heart of England NHS Trust (HEFT) for confirmatory virology testing
- BWH Foundation Trust fetal medicine department for the tertiary genetic services.
- Black Country Partnership Foundation Trust for specialist nurse Haemoglobinopathy counselling

### 3. Key Findings

The Immediate and High Priority issues are summarised below as well as areas of good practice (See page 12 for definitions). For a complete list of recommendations, please refer to the related section within the full report, or to the list of all recommendations on page 42.

The trust does not have a maternity IT system and are unable to provide electronic information on coverage and uptake for antenatal screening programmes. Therefore, the trust is not able to identify the total number of eligible women booked for antenatal care in order to track the woman through the pathway and provide reliable key performance indicator (KPI) data. The

peer reviewers found that manual systems currently in place to track screening results places pressure on the screening team as they are time consuming and leave room for errors.

There is no systematic approach to ensure all babies have NIPE examination performed within 72 hours of birth. Current KPI data shows 88.7% of babies have NIPE examination therefore the trust cannot account for over 10% of all births.

The ANNB screening programme board chaired by the West Midlands screening and immunisation lead (SIL), reviews quality and performance and has a standard agenda item to monitor action plans to improve the screening service. A gap analysis is performed annually against the screening service specifications and action plans are agreed and monitored by the board. The inclusion of laboratory staff, ultrasound and newborn programme leads as members of the programme board would assist in the monitoring of incidents and driving service improvements.

The trust has strengthened the quality and governance framework for the whole organisation and is in the process of implementing a new governance structure. The maternity division are currently changing their risk management guidelines to align with the new corporate governance strategy.

The trust is in transition moving from a community NHSP screening programme model and implementing a change to the hospital model. The trust are training maternity support workers to perform the hearing screen prior to discharge home, which will allow them to provide 24 hour cover.

Birmingham Community Healthcare (BCHC) NHS trust has been awarded the contract to provide the child health information system for the Dudley area which commences on 1st April 2016. The new service will see the creation of three regional Hubs, one in Stratford for the South Midlands and one in Stafford for the North Midlands. Dudley child health records department (CHRD) will be incorporated into the Birmingham hub and is located at the Springfield Children's Centre in Moseley, Birmingham with Systems C's Careplus as the regional child health records department.

In 2015 a capacity review of the obstetric ultrasound service identified increasing demand for obstetric ultrasound appointments which have had an impact on the ability to provide routine screening services. These capacity issues have since been placed on the radiology risk register.

The trust currently meets the acceptable standards for KPIs ID1, FA1, ST1, ST3, NB1, NB2, NB3, NH1 and NH2. However, it does not reach the acceptable standard for KPIs ID2, ST2, NP1 and NP2. (See Appendix 1 Page 45)

### 3.1 Shared Learning

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

- the trust's governance framework encourages staff to report and learn from incidents. For example, they have a monthly chatter newsletter which includes learning from incidents. The content of mandatory training is informed through incident trends. The trust has staff side representatives that will support and guide staff to undertake risk assessments in response to incidents
- it was noted that ANNB screening has a high profile within the trust. This is evidenced by senior maternity managers participating in governance boards throughout the organisation where screening information, incidents and complaints are reported and monitored. The Head of Midwifery (HoM) is the line manager for the lead specialist midwife screening coordinator
- despite ultrasound capacity issues, the senior support sonographer (SSS) and deputy maintain protected time to ensure nuchal translucency (NT) image reviews and audits are completed and fed back to individual practitioners. DQASS reports are fed back directly to sonographers by e mail from the SSS
- the laboratory monitor requests for repeat antenatal screening blood samples and send letters to women to inform them if a repeat is required. If a screening result does not arrive within the laboratory within 10 days the screening team is notified and further action taken

### 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:

The review team identified four main themes:



- the trust does not have a maternity information system and cannot track the eligible population through the ANNB screening pathway. This means that there is no assurance that all those eligible for screening are offered, tested, receive a test result and that the result is acted upon in accordance with national standards. KPIs, although submitted, are not a true reflection of the service (Section 8.1)
- there is no failsafe system in place to manually or electronically track babies through the NIPE pathway (Section 8.4)
- the maternity division have a new quality and governance framework and are in the process of implementing a quality and governance structure that will need to be audited to ensure there is compliance against the new corporate risk management strategy (Section 8.5)
- there is no audit to establish why the maternity booking referral process cannot meet KPI ST2 , women tested by 10 weeks gestation, NHS SCT programme (Section 8.1)

#### 4. Key Recommendations

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

<b>Level</b>	<b>Theme</b>	<b>Description of recommendation</b>	<b>Lead Responsibility</b>	<b>Full recommendation found on page 42</b>
High	Tracking the eligible population	The trust should have a systematic process in place using matched cohort data to ensure that screening has been offered, test performed and results received	DGH	Page 21 (8.1.1)
High	Measure NIPE programme performance	The trust should collect and submit data for NP1 and NP2 in line with agreed contractual arrangements. Service Specification no 21. Data reported quarterly.	DGH	Page 30 (8.4.1)
High	National Electronic	The trust should implement the NIPE SMART or adequate	DGH	Page 25 (8.2.3)

	Failsafe System to track babies through the screening pathway	alternative electronic failsafe system in line with Service Specification no.21		
High	Maternity Governance	The trust should develop an audit schedule to ensure compliance with trust guidelines and the new corporate risk management strategy.	DGH	Page 35 (8.5.4)
High	Early Access	Review the effectiveness of the plan to meet KPI ST2 and ensure timescales for action. The improvement plan must meet the 10 week target set by the NHS SCT programme	DGH	Page 21 (8.1.2)

For more information on expected timeframe for completion of recommendations, please see page 12.

## 5. Next Steps

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

NHS England West Midlands will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The Regional screening QA service will provide advice on a continuing basis to support this process