



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes Dorset Hospital NHS
Foundation Trust and Dorset HealthCare
University NHS Foundation Trust

22 January 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 Dorset Hospital NHS Foundation Trust (DCHFT) and Dorset HealthCare University NHS Foundation Trust (DHUFT) screening service held on 22 January 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 providers, commissioner and external organisations
- information shared with the South East regional SQAS as part of the visit process

Local screening service

Dorset County Hospital NHS Foundation Trust (DCHFT)

Dorset County Hospital NHS Foundation Trust (DCHFT) provides maternity services to the local population of around 250,000 people, living within Weymouth and Portland, West Dorset, North Dorset and Purbeck (CQC report November 2018).

The main hospital site is Dorset County Hospital. The trust also provides services at 5 community hospitals in Weymouth, Portland, Bridport, Blandford Forum and Sherborne.

DCHFT has a level 1 neonatal unit that cares for babies born from 32 weeks gestation.

Between April 2018 and March 2019, 1879 women booked for maternity care and the trust recorded 1683 births. The local pregnant population is characterised as 87.38%

white British, 7.40% other white ethnic background, 2.80% Asian, 0.10% Chinese, 0.30% black, 0.30% mixed race and 0.40% other ethnic background. 1.30% of women were recorded as ethnicity unknown. The maternal age range is 15 to 47 with a mean age of 31 years at booking for maternity care (all data submitted with previsit evidence data for 1 April 2018 to 31 March 2019). The screening service is commissioned by and on behalf of NHS England South (South West).

DCHFT shares a border with neighbouring hospitals, including Royal Devon and Exeter NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust, Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Salisbury NHS Foundation Trust.

Services at DCHFT include:

- maternity services provided at Dorset County Hospital in Dorchester
- ultrasound service is provided at Dorset County Hospital and at 3 community hospitals; Bridport, Blandford and Weymouth.
- analysis of SCT screening samples at DCHFT
- analysis of infectious diseases screening samples at DCHFT
- fetal medicine specialist services (FM) at DCHFT 1 day a week
- level 1 local neonatal care unit (LNU) which accepts babies from 32 weeks gestation
- NIPE and NBS screening (NBS) which are performed at the hospital site and in the community

Dorset HealthCare University NHS Foundation Trust (DHUFT)

Dorset HealthCare University NHS Foundation Trust provides community health services for a population of approximately 700,000 people across the county of Dorset. Most of the services are provided in the community, in people's homes or in local centres through locally based health and social care teams and facilities (CQC report April 2018).

The newborn services are provided for babies born at Dorset County Hospital NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Royal Bournemouth and Christchurch NHS Foundation Trust and babies moving into the area from neighbouring trusts who are still eligible for screening. The eligible population for newborn hearing screening (NHSP) in 2018/19 was 6539 (annual NHSP data for Standard 1)

Services at DHUFT include:

- newborn hearing service (community model)
- child health information service (CHIS)

Delivery of the screening service involves interdependencies with other providers for parts of the pathway and the following services are outside the scope of this report:

- analysis and calculation of result for first trimester screening samples provided by Royal Devon and Exeter NHS Foundation Trust
- analysis and calculation of result for quadruple screening samples provided by Portsmouth Hospitals NHS Trust
- analysis of samples for newborn blood spot screening provided by Portsmouth Hospitals NHS Trust
- prenatal diagnostic tests (mainly chorionic villus sampling – CVS) provided at Wessex Fetal Medicine Service (University Hospital Southampton NHS Foundation Trust) and fetal medicine services at Poole Hospital NHS Foundation Trust

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- governance arrangements lack clarity in accountability for antenatal and newborn service at trust board and directorate level
- the NHSP mobilisation steering group has not yet been formalised and established
- there is a lack of trained staff to deliver newborn hearing screening programme under the new model
- infectious disease in pregnancy screen positive results are not communicated to women by staff members who are appropriately trained
- women are not referred to specialist services in a timely way after disclosure of an infectious diseases in pregnancy screen positive result on the primary sample

Shared learning

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

- there is a dedicated NHSP screening management team responsible for the mobilisation of the new model and achievement of PHE standards during the transition
- the use of a maternity newsletter for general information and 'Safety Pin' to inform staff of any urgent risk and safety information including changes to the screening pathway and shared learning
- annual updates to all sonography staff by local screening coordinator (LCO) to ensure awareness of changes within the screening programmes
- anomaly scan images are audited on a quarterly basis (3 scans per sonographer). A group feedback session is included in the team meetings
- CHIS have an exemplary business continuity plan

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Develop a trust organisational accountability structure for antenatal and newborn service including detail of clinical oversight, escalation route for governance and performance issues	Section 7a service specification no 15-21	6 months	High	Antenatal and newborn screening governance chart with defined roles and responsibilities
2	Formalise the NHSP mobilisation steering group membership and terms of reference (ToR) including all stakeholders and commissioners	Section 7a service Specification no 20	3 months	High	Formalise terms of reference for mobilisation meeting
3	Revise the ToR for the regional programme board to include inequalities and reflect the change of commissioning arrangements	Section 7a service specification no 15-21	6 months	Standard	Revised terms of reference
4	Ensure signed contracts are in place for any sub contracted services with oversight by the public health commissioning team including laboratory services for second trimester screening	NHS standard contract	6 months	Standard	Confirmation at programme board that contracts/sub contracts are in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	DCHFT and DHUFT to manage all screening safety incidents and serious incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	All screening stakeholders to be trained in incident reporting Incident reports presented to programme board Reference to PHE guidance 'Managing safety incidents in NHS screening programmes (2017) in trust wide policies
6	DCHFT to complete a user survey to gather views about the antenatal and newborn screening pathways	Section 7a service specifications no 15 - 21	12 months	Standard	Outcome of survey is discussed at programme board
7	DCHFT to undertake screening specific audits to demonstrate compliance with national programme requirements	Section 7a service specifications no 15 - 21	6 months	Standard	Audit Action plan Shared learning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Complete a health equity audit to ensure there are systems in place to address health inequalities and equity of access to screening, subsequent diagnostic testing and outcomes.	Section 7a service specifications no 15 - 21	12 months	Standard	Health equity audit Action plan Shared learning

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Ensure the provision of observed structured clinical examination (OSCE) are in place for newly appointed NHSP screeners	Section 7a service specification 20	6 months	High	Completion of NHSP screener training
10	Ensure job descriptions are revised for the screening specialist midwife and the deputy screening specialist midwife	Section 7a service specifications no 15 - 21	6 months	Standard	Ratified job description including elements of screening responsibility and contingency planning
11	Develop and formalise contingency plans for NIPE lead and the screening specialist midwives	Section 7a service specification 21	6 months	Standard	Formalised contingency plan to include monitoring of the national failsafe IT systems
12	DCHFT to ensure all staff involved in the screening pathway undertake and complete the training requirements	Section 7a service specifications no 15 - 21	12 months	Standard	Training log to include online training

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					Training needs analysis and related action plan
13	Implement a replacement schedule for ultrasound equipment to provide resilience within the ultrasound screening service	Section 7a service specification 16-17 NHS Fetal Anomaly Screening Programme Handbook for ultrasound practitioners (April 2015) NHS Fetal Anomaly Screening Programme Handbook (June 2015)	12 months	Standard	Business plan

Identification of cohort – antenatal

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Ensure all women that have been referred for antenatal care have been accounted for in the screening cohort	Section 7a service specification 16-18	6 months	Standard	Audit outcomes and action plan Risk assessment Ratified policy
15	Implement a weekly process for tracking each woman through the screening pathway to make sure that screening is offered, screening tests are performed and results are received	Section 7a service specification 16-18	6 months	Standard	Screen shot of tracking (failsafe) system to include out of area women Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined

Identification of cohort – newborn

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop a process for allocation of NHS numbers for newborn cohort in the event of maternity IT system failure	Section 7a service specification 19-21	6 months	Standard	Collaborative process developed for the allocation of NHS numbers between maternity and CHIS Standard operating procedure
17	Implement an auditable process to identify and track each baby eligible for screening from offer to screening result	Section 7a service specification 19-21	6 months	Standard	Standard operating procedure for managing the tracking process with roles and responsibilities clearly outlined
18	Ensure all admissions to special care baby unit (SCBU) are communicated to NHSP services	Section 7a service specification No. 20	6 months	Standard	Standard operating procedure
19	Implement a process for notifying key stakeholders about deceased babies (including updating the baby's status as deceased on the screening IT systems)	Section 7a service specification 19-21	6 months	Standard	Standard operating procedure for the notification of deceased babies with roles and responsibilities clearly outlined

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Amend the trust maternity website to ensure the correct screening information is presented	Section 7a service specification 15-21	12 months	Standard	Amended trust maternity website

Sickle cell and thalassaemia screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Develop a tracking system to capture screen positive women to ensure completion of pathway	Section 7a service specification 18	6 months	Standard	Screenshot of tracker

Infectious diseases in pregnancy screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure screening results are explained to women by an appropriately trained member of staff within 10 days of a confirmed screen positive result	Section 7a service specification 15	3 months	High	Evidence of staff training
23	Refer screen positive women to specialist services without delay following disclosure of the confirmed result on the primary screening sample	Section 7a service specification 15	3 months	High	Updated ratified policy
24	Develop a process for the management of rejected samples and inconclusive results	IDPS Laboratory Handbook	6 months	Standard	Updated ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Update screen positive tracker to ensure all elements of the pathway are captured	Section 7a service specification 15	6 months	Standard	Screenshot of tracker

Fetal anomaly screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Meet the acceptable threshold for standard 8a and 8b (local or tertiary referral to fetal medicine services within 3 or 5 working days respectively)	Fetal Anomaly Screening Programme (FASP) Standards	6 months	Standard	Audit
27	Offer full karyotype testing to all women undergoing chorionic villus sampling (CVS) and ensure result is known prior to offer of termination of pregnancy in the absence of ultrasound anomaly	NHS Fetal Anomaly Screening Programme Handbook Valid from August 2018	6 months	Standard	Ratified policy

Newborn and infant physical examination

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Meet the acceptable threshold for key performance indicator (KPI) data NP2 (proportion of babies receiving ultrasound examination by 2 weeks of age for suspected developmental dysplasia of the hip)	Section 7a service specification No. 21	6 months	Standard	KPI data submission

Newborn blood spot screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Meet the acceptable thresholds for NBS standards 3 and 4	NBS standard 3 and 4	6 months	Standard	Action plan that is agreed and monitored by programme board Submission of data annually to national programme
30	Meet the acceptable threshold for KPI data NB2 (NBS avoidable repeat rate)	Service specification No. 19 NBS standard 6	6 months	Standard	Submission of KPI data - NB2
31	Ensure PHE template letters are used when communicating screen negative results to parents	Service specification No. 19	6 months	Standard	Use of national template letters

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.