



Public Health
England

Screening Quality Assurance visit report

NHS Antenatal and Newborn Screening
Programmes Dartford and Gravesham
NHS Trust

20 September 2016

Public Health England leads the NHS Screening Programme

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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 4 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. Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Dartford and Gravesham NHS Trust antenatal and newborn screening programmes held on 20 September 2016.

1. Purpose and approach to quality assurance

The aim of QA 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, commissioner and external organisations as appropriate
- information shared with SQAS (South) as part of the visit process

2. Description of local screening programme

Dartford and Gravesham NHS Trust (DVH) provides healthcare to approximately 340,000 people living in Dartford, Gravesham, Swanley and Bexley. There is one main hospital site, Darent Valley Hospital in Dartford. A full range of antenatal and newborn screening services are provided at this site. A sonography service is also provided at Queen Mary's Hospital, Sidcup.

In 2014/15, the trust booked 5696 women. The mean maternal age was 30 years. The ethnicity of the women booking for maternity care at DVH is predominantly white (83%) with an increase in women from Eastern European background (annual report data 2014/15).

Delivery of the screening service involves interdependencies with other departments and providers for parts of the pathway. The screening service is provided by Dartford and Gravesham NHS Trust. It is commissioned by the local NHS England Public Health Commissioning Team (South – East).

3. Key findings

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

3.1 Shared learning

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

- initiatives to book and screen women earlier in pregnancy including the identification of a 'booking champion' midwife
- clear pathways developed by the screening and immunisation team for the management of newborn blood spot screen positive results
- user engagement initiatives demonstrated by the laboratory
- new regional pathway developed by the local NHS England Public Health Commissioning Team for babies moving into the area requiring newborn blood spot screening
- task and finish groups set up by the local NHS England Public Health Commissioning Team as a forum to share practice and to address performance issues

3.2 Immediate concerns for improvement

There were no immediate concerns identified.

3.3 High priority issues

The review team identified 18 high priority issues as grouped below. Please see section 3.4 for related recommendations.

Inability to track:

- antenatal cohort to ensure screening completed
- samples sent to external laboratories
- ultrasound scans at Queen Mary's Hospital, Sidcup
- completion of newborn infant physical examination (NIPE) screening and reporting tool (SMART) records to provide assurance that cohort is screened
- screen positive cohort identified through newborn infant physical examination (NIPE)
- repeat requests for newborn blood spot samples

Risk of delayed or missed antenatal screening tests:

- inability to identify all antenatal screening samples in laboratory, therefore risk that the full screening tests have not been completed
- lack of family origin questionnaires routinely attached to the sickle cell and thalassaemia request which compounds the laboratory's inability to identify antenatal samples
- inability of the electronic ordering system to meet the requirements of the infectious diseases in pregnancy (IDPS) screening programme

The turnaround times of antenatal samples within the sickle cell and thalassaemia (SCT) laboratory do not meet the requirements of the SCT programme.

There is no clear process for the communication and management of screen positive results at Queen Mary's Hospital.

Pathways and processes within the DVH screening programme do not comply with NHS Screening Programmes standards and handbooks. In particular:

- combined and quadruple screening pathways
- implementation of additional cardiac view as part of foetal anomaly scan

The governance arrangements for the sonography service at Queen Mary's Hospital, Sidcup are unclear.

4. Key recommendations

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

Level	Theme	Description of recommendation
High	Tracking	Track antenatal cohort to ensure women accepting screening receive a conclusive timely result
High	Tracking	Document and embed new failsafe for tracking of booking bloods
High	Tracking	Track samples sent to external laboratories
High	Tracking	Identify and track cohort of women attending fetal anomaly scan at Queen Mary's Hospital
High	Tracking	Track combined and quadruple samples sent to the Wolfson Institute of Preventive Medicine (Barts and London) laboratory
High	Tracking	Ensure completion of the newborn infant physical examination (NIPE) screening and reporting tool (SMART) record to confirm each baby is screened in a timely way
High	Tracking	Track screen positive newborn infant physical examination (NIPE) cases to ensure babies have entered treatment services in a timely way
High	Missed/delayed screening	Mitigate delay and risk of missed screens due to the inability of the midwife to take sample at booking
High	Missed/delayed screening	Identify antenatal samples in the sickle cell and thalassaemia (SCT) laboratory to ensure that the full screening test is completed

High	Missed/delayed screening	Ensure samples requiring sickle cell and thalassaemia (SCT) screening have an accompanied family origin questionnaire
High	Missed/delayed screening	Ensure that the ordering system meets the requirements of the infectious diseases in pregnancy screening (IDPS) programme
High	Turnaround times	Revise the sickle cell and thalassaemia (SCT) laboratory processes to identify and resolve the delay in turnaround times
High	Communication and management of screen positive results	Ensure there is a process for the communication and management of screen positive results for fetal anomaly scan at Queen Mary's Hospital and when women are scanned during weekends and evenings
High	Communication and management of screen positive results	Ensure that screen positive infectious diseases results are not reported to the maternity service prior to confirmation of result by the laboratory
High	Compliance with national screening standards	Revise the combined and quadruple pathways to ensure compliance with NHS screening programme standards and handbooks
High	Compliance with national screening standards	Implement additional cardiac view as part of the fetal anomaly scan
High	Governance	Ensure adequate governance arrangements for the sonography service at Queen Mary's Hospital are in place
High	Governance	Map each of the antenatal and newborn (ANNB) screening pathways to identify areas of risk

5. Next steps

Dartford and Gravesham NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report. The local NHS England Public Health Commissioning Team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The Screening QA Service (South) will support this process and the ongoing monitoring of progress.