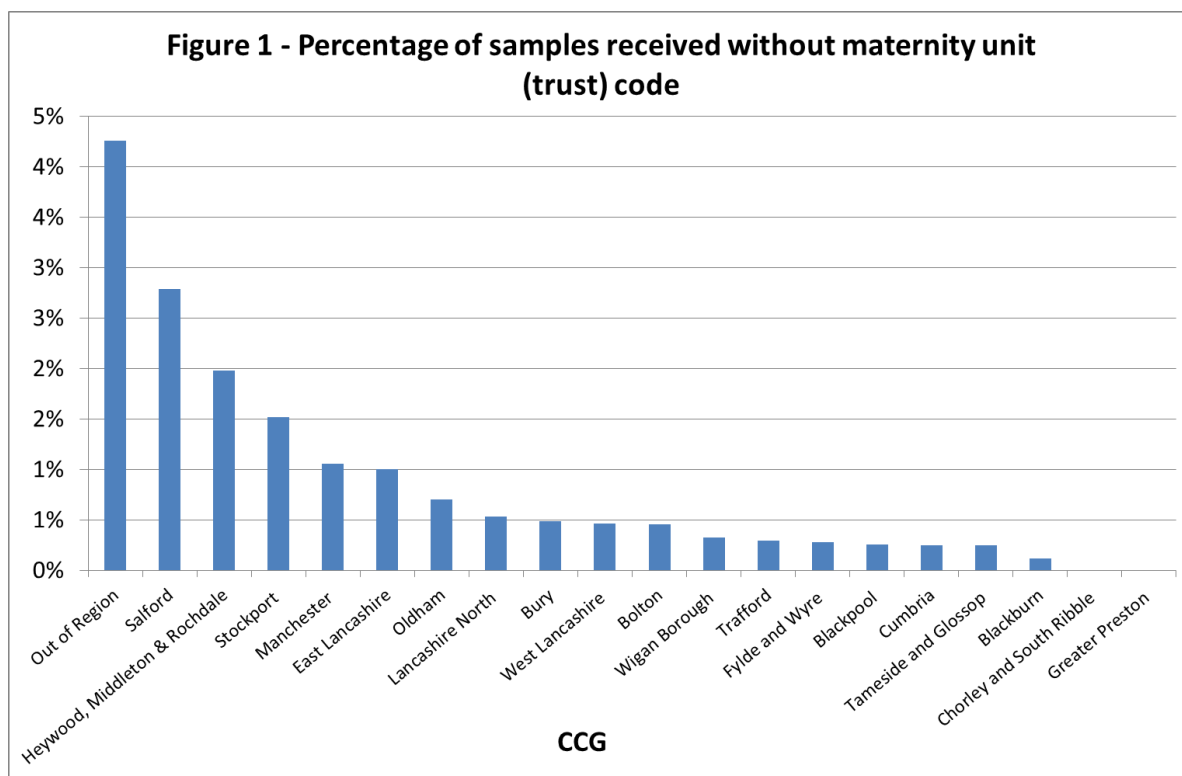


Manchester Newborn Screening Laboratory Quarterly Blood Spot Screening Report: Quarter 3 2019-20

Manchester Newborn Screening Laboratory, which serves babies born in Greater Manchester, Lancashire and South Cumbria, received 14149 blood spot samples between 1st October and 31st December 2019. This report describes performance against the NHS Newborn Blood Spot Screening Programme Standards. Full details of the standards including definitions and exclusions can be found at <https://www.gov.uk/government/publications/standards-for-nhs-newborn-blood-spot-screening>. The appendix of this document contains the data for standards 3-7 in table form.

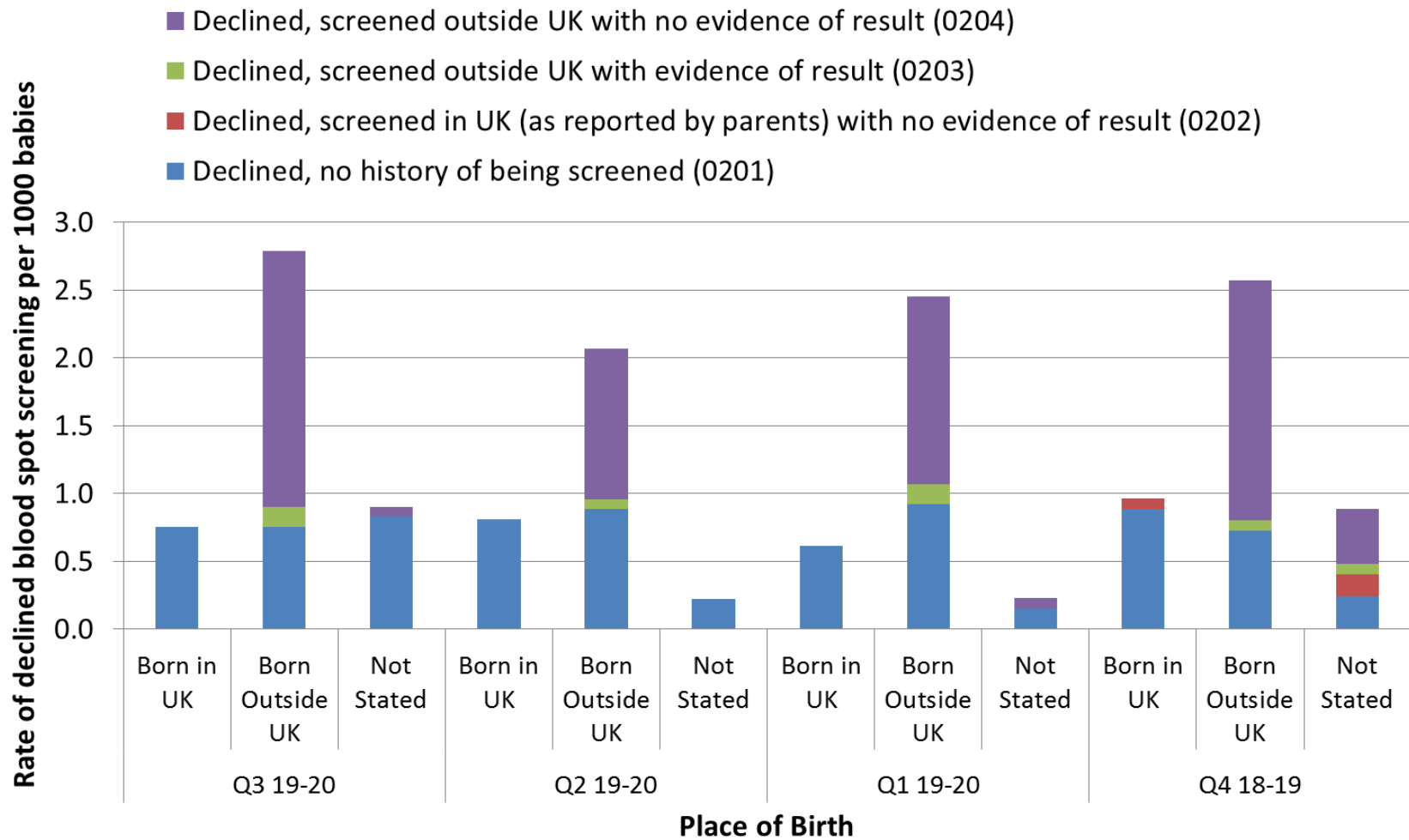
The data for the laboratory reportable standards is presented by maternity unit/NHS trust of the sample taker. For accurate figures, please ensure the trust code is written/stamped on the blood spot card (in the PCT field). The proportion of samples with a missing maternity unit/trust code is presented in figure 1 by CCG. Overall the maternity/ trust code was missing from 118 sample cards (0.8%).



Declines

In quarter 3 the laboratory received 59 notifications of declined blood spot screening. Figure 2 shows the trends in declined screens over the past year, by place of birth (born in UK or born outside of UK). The laboratory should be notified of all declines, including those for babies screened elsewhere, rather than directly notifying Child Health.

Figure 2 - Blood Spot Screening Declines



Key to colour coding

Met achievable threshold
Met acceptable threshold
Within 10% of acceptable threshold
More than 10% below acceptable threshold

Standard 3 – The proportion of blood spot cards received by the laboratory with the baby’s NHS number on a barcoded label

Acceptable: $\geq 90.0\%$ of blood spot cards are received by the laboratory with the baby’s NHS number on a barcoded label.

Achievable: $\geq 95.0\%$ of blood spot cards are received by the laboratory with the baby’s NHS number on a barcoded label.

Figure 3 displays performance against standard 3.

Overall, 82.7% of samples received October to December 2019 had a barcoded NHS number label, which is lower than quarter 2 (86.2%). Several areas have had a decrease in performance especially Wigan. Of 11 maternity units, 4 met the standard, including two reaching the achievable threshold (East Lancashire and Lancashire Teaching).

Standard 4 - The proportion of first blood spot samples taken on day 5

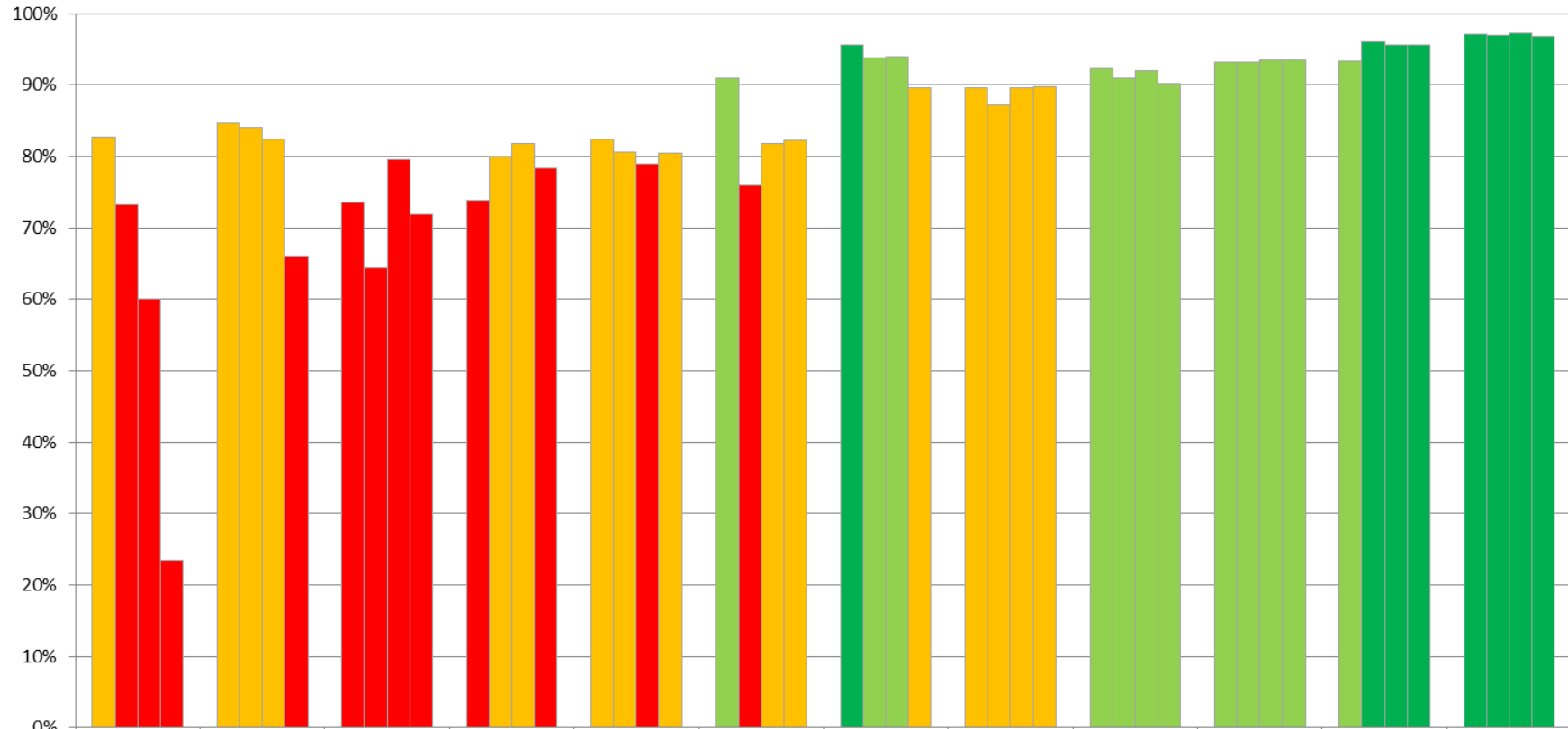
Acceptable: $\geq 90.0\%$ of first blood spot samples are taken on day 5.

Achievable: $\geq 95.0\%$ of first blood spot samples are taken on day 5.

Figure 4 displays performance against standard 4. Overall, 91.5% of samples received October to December 2019 were collected on day 5. Of 11 maternity units, 10 met standard 4, which is similar to quarter 2 (91.9%; 9 units met the standard). Manchester FT and Morecambe Bay met the achievable threshold.

Figure 3: Standard 3 – The proportion of blood spot cards received by the laboratory with the baby’s NHS number on a barcoded label

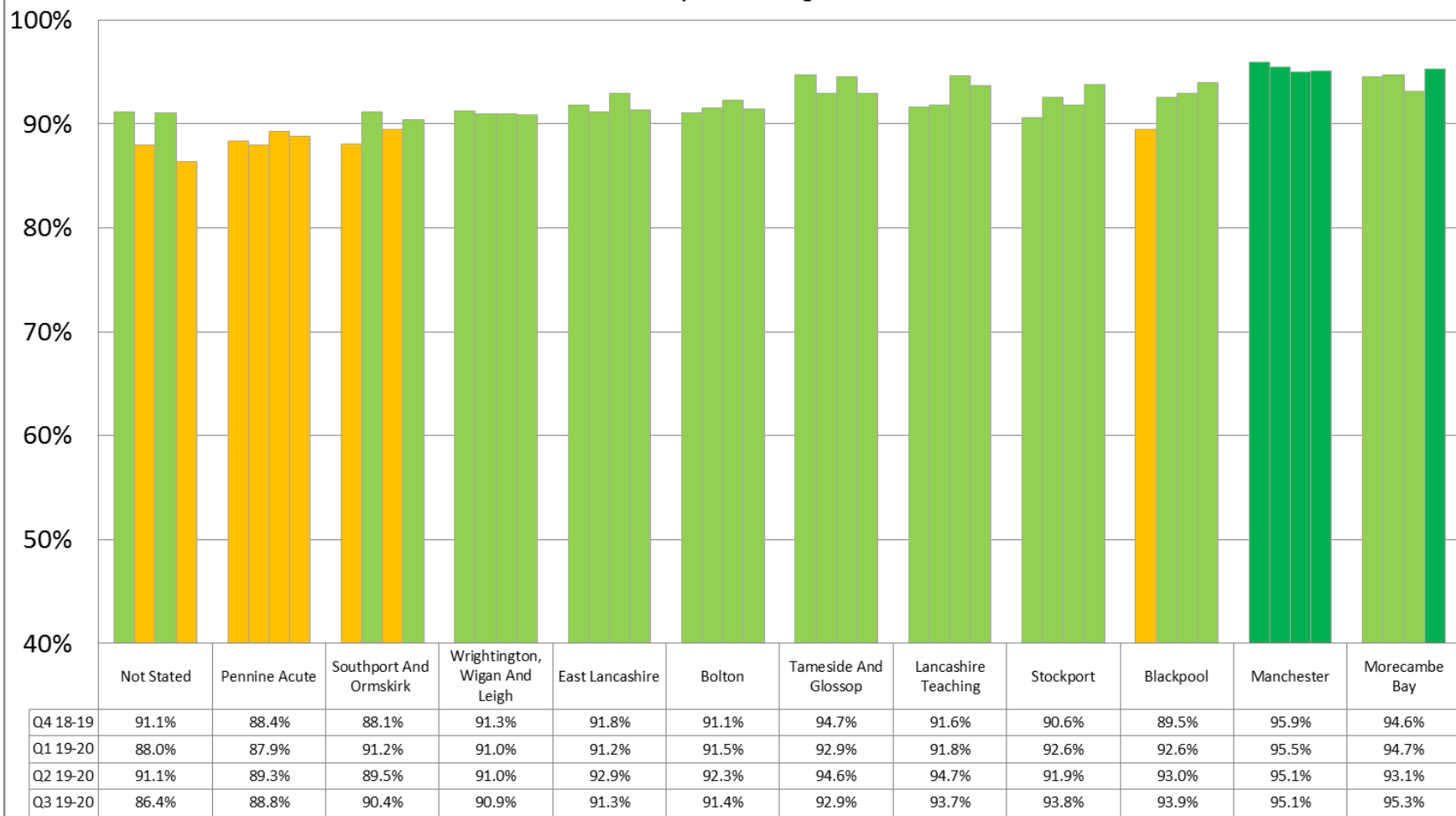
Most recent quarter on right-hand side



	W. Wigan And Leigh	Not Stated	Southport And Ormskirk	Pennine Acute	Bolton	Tameside And Glossop	Blackpool	Morecambe Bay	Stockport	Manchester	East Lancashire	Lancashire Teaching
Q4 18-19	82.6%	84.7%	73.6%	73.9%	82.4%	91.0%	95.6%	89.5%	92.2%	93.2%	93.3%	97.1%
Q1 19-20	73.2%	84.0%	64.4%	80.0%	80.5%	76.0%	93.7%	87.2%	90.9%	93.2%	96.1%	96.9%
Q2 19-20	60.0%	82.3%	79.5%	81.8%	78.9%	81.8%	94.0%	89.7%	92.0%	93.5%	95.5%	97.3%
Q3 19-20	23.5%	66.1%	71.9%	78.4%	80.5%	82.2%	89.7%	89.8%	90.2%	93.5%	95.7%	96.8%

Figure 4: Standard 4 - The proportion of first blood spot samples taken on day 5

Most recent quarter on right-hand side



Standard 5 - The proportion of blood spot samples received less than or equal to 3 working days of sample collection

Acceptable: $\geq 95.0\%$ of all samples received less than or equal to 3 working days of sample collection.

Achievable: $\geq 99.0\%$ of all samples received less than or equal to 3 working days of sample collection.

Performance against the transport standard (figure 5) was good. Overall 98.6% samples were received within 3 working days. 10 Trusts met the standard, including 6 reaching the achievable threshold. Performance was very similar to the last quarter (98.1% samples received within 3 working days). Southport and Ormskirk have shown some improvement since quarter 2.

Standard 6 - The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process

Acceptable: Avoidable repeat rate is $\leq 2.0\%$

Achievable: Avoidable repeat rate is $\leq 1\%$

The avoidable repeat rate for quarter 3 was 2.5%, compared with 2.3% in quarter 2. The performance for each trust is displayed in figure 6. Four Trusts met the standard. Only Tameside met the achievable standard. Figure 7 compares the avoidable repeat rate for samples collected from in-patients with sample collected from babies at home/ in the community. The rate was 1.8% for babies at home (similar to quarter 2; 1.7%) and 7.1% for samples collected from in-patients (7.2% in quarter 2).

Figure 5: Standard 5 - The proportion of blood spot samples received less than or equal to 3 working days of sample collection

Most recent quarter on right-hand side



Figure 6: Standard 6 - The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process

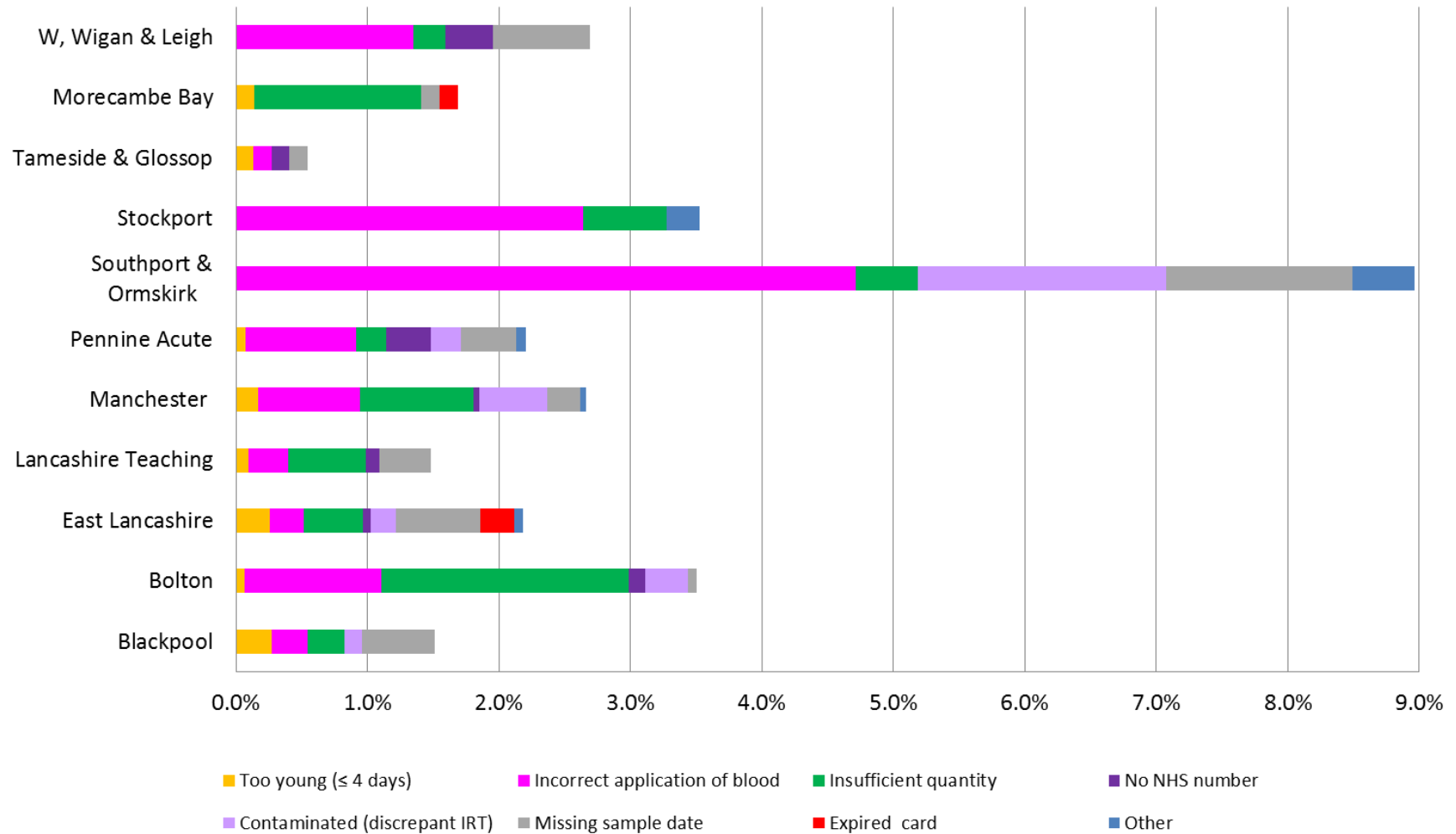
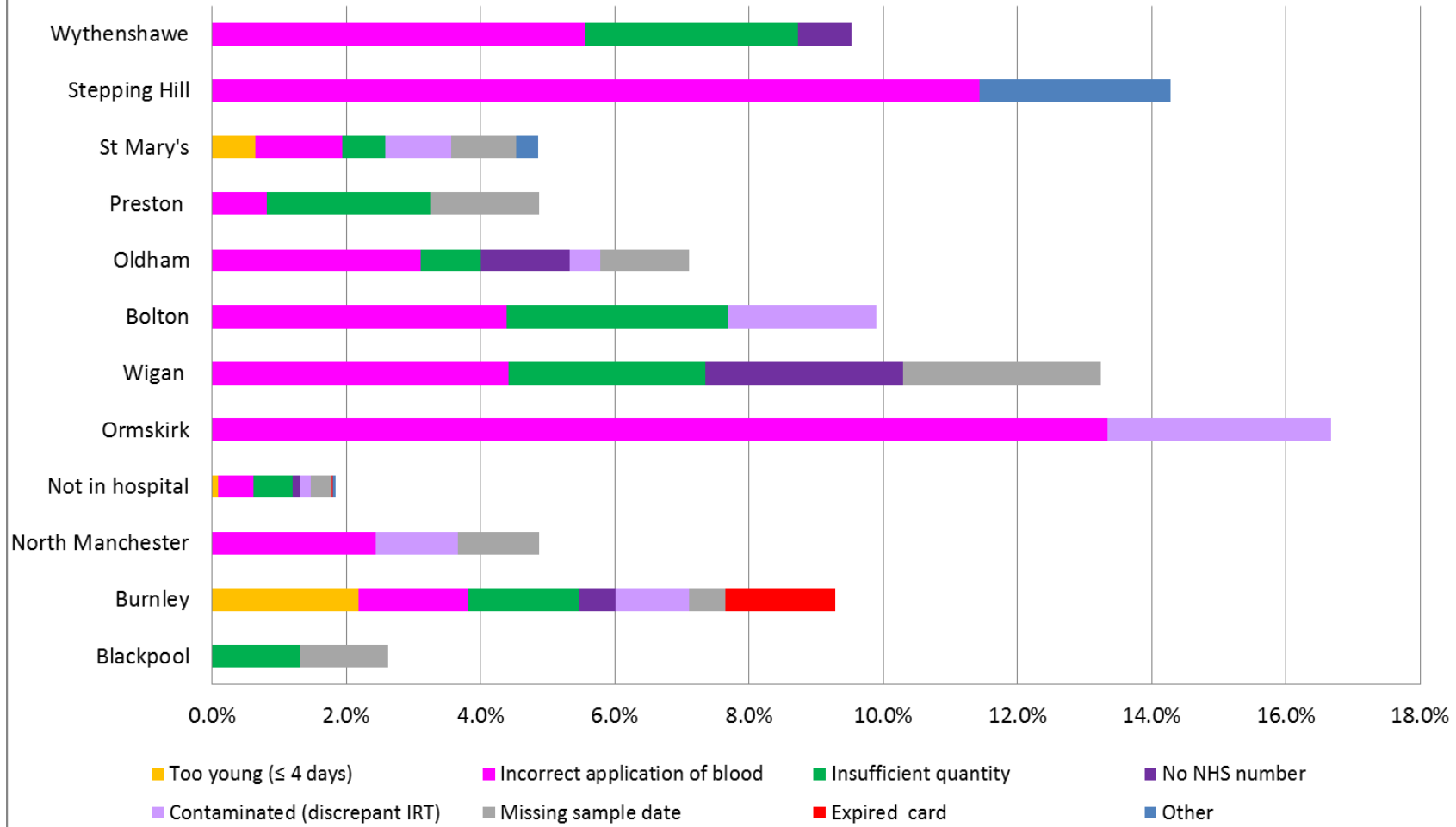


Figure 7: Standard 6 - Avoidable repeats for in-patients vs community



There were no avoidable repeats for the following hospitals: Furness, Blackburn, Lancaster, RMCH and Tameside.

Q3 19-20 Table 1 - Summary of performance				
Trust	STD 3	STD 4	STD 5	STD 6
Blackpool Teaching Hospitals NHS FT	89.7%	93.9%	99.6%	1.5%
Bolton NHS FT	80.5%	91.4%	99.2%	3.5%
East Lancashire Hospitals NHS Trust	95.7%	91.3%	99.3%	2.2%
Lancashire Teaching Hospitals NHS FT	96.8%	93.7%	98.6%	1.5%
Manchester University NHS FT	93.5%	95.1%	99.2%	2.7%
Pennine Acute Hospitals NHS Trust	78.4%	88.8%	97.0%	2.2%
Southport & Ormskirk Hospital NHS Trust	71.9%	90.4%	69.8%	9.0%
Stockport NHS FT	90.2%	93.8%	99.5%	3.5%
Tameside And Glossop Integrated Care NHS FT	82.2%	92.9%	99.6%	0.5%
University Hospitals of Morecambe Bay NHS FT	89.8%	95.3%	98.9%	1.7%
Wrightington, Wigan and Leigh NHS FT	23.5%	90.9%	98.9%	2.7%

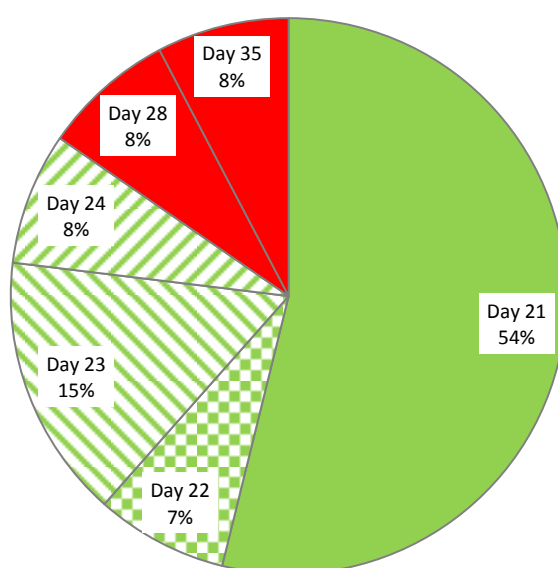
Standard 7a - The proportion of second blood spots for raised IRT taken on day 21 to day 24

Acceptable: ≥ 95% of second blood spot samples taken on day 21 to day 24

Achievable: ≥ 70% of second blood spot samples taken on day 21

The acceptable threshold was not met for Standard 7a. During quarter 2 there were 13 repeats for raised IRT (CF inconclusive). Of these, 54% (7) were collected on day 21 and 85% (11) on day 21-24. CF inconclusive repeats are performed by Screening Link Health Visitors. The data is presented in figure 7 and by local Child Health Records Department, in table 2.

Figure 7: Standard 7a - The proportion of second blood spots for raised IRT taken on day 21 to day 24



Q3 Table 2 - Standard 7a

Child Health Records Department	Age at Collection of CF Inconclusive Repeat (days)						Grand Total	% collected day 21	% collected day 21-24
	21	22	23	24	28	35			
Ashton, Wigan & Leigh					1		1	0%	0%
Barrow	1						1	100%	100%
Blackburn	1		1				2	50%	100%
Central Lancashire/Chorley	1						1	100%	100%
Manchester	1			1		1	3	33%	67%
Oldham			1				1	0%	100%
Rochdale	2						2	100%	100%
Salford	1						1	100%	100%
Stockport		1					1	0%	100%
Grand Total	7	1	2	1	1	1	13	54%	85%

Standard 7b - The proportion of second blood spot samples for borderline TSH taken between 7 and 10 calendar days after the initial borderline sample

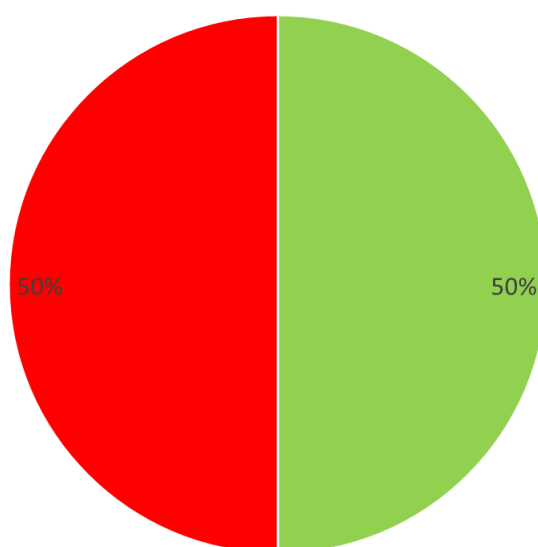
Acceptable: ≥ 95.0% of second blood spot samples taken as defined

Achievable: ≥ 99.0% of second blood spot samples taken as defined

Standard 7b was not met. Figure 8 displays the proportion collected 7-10 days after the initial sample and table 3 displays the information by Trust.

Figure 8: Standard 7b - The proportion of second blood spot samples for borderline TSH taken 7-10 days after the initial sample

■ 7-10 days after original sample ■ >10 days after original sample



Q3 Table 3: Standard 7b														
Trust	Number of days between original sample and collection of repeat sample											Grand Total	% collected 7-10 days after original sample	
	7	8	9	10	11	12	13	14	15	16	17			
Blackpool Teaching Hospitals NHS FT								1					1	0%
Bolton NHS FT	1		1						1				3	67%
East Lancashire Hospitals NHS Trust			2		1			1					4	50%
Lancashire Teaching Hospitals NHS FT	1						1						2	50%
Manchester University NHS FT - SMH & RMCH	1	1					1						3	67%
Manchester University NHS FT - Wythenshawe			2			1				1			4	50%
Not Stated		1											1	100%
Pennine Acute Hospitals NHS Trust	2	3		1		1				1			8	75%
Southport & Ormskirk Hospital NHS Trust				1									1	100%
Tameside And Glossop Integrated Care NHS FT			1		1		1	1	1				5	20%
University Hospitals of Morecambe Bay NHS FT						1	2					1	4	0%
Grand Total	5	5	6	2	2	3	5	3	3	1	1	36	50%	

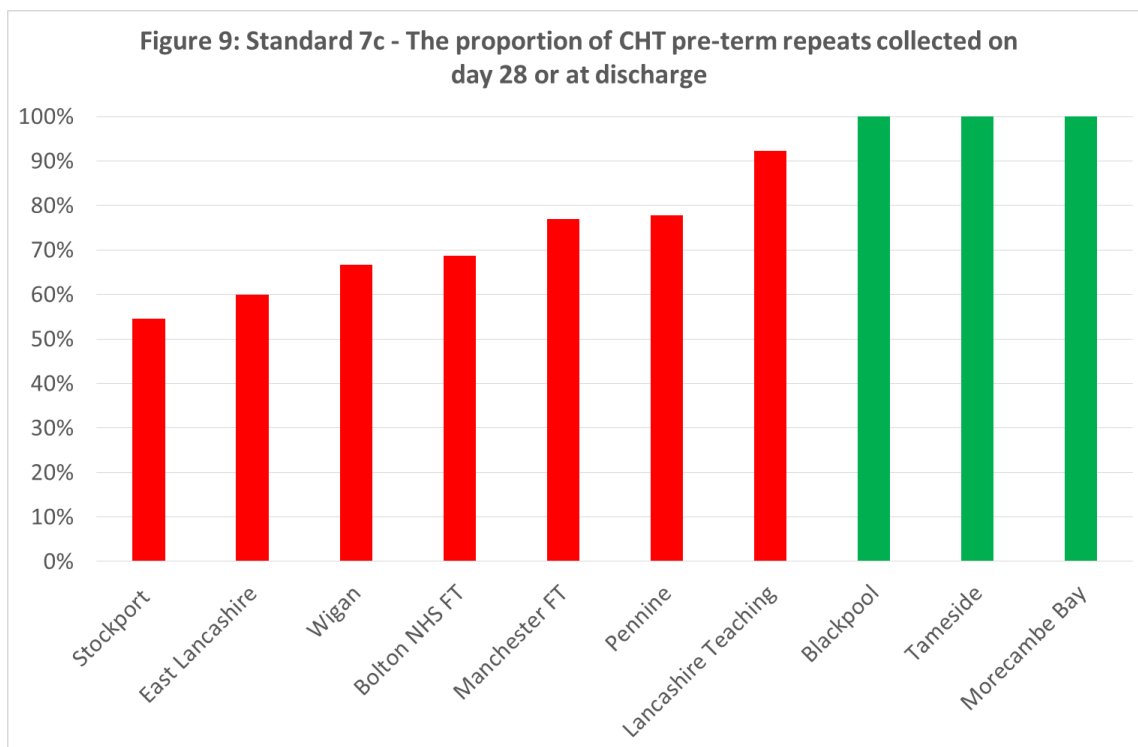
Standard 7c - The proportion of CHT pre-term repeats collected on day 28 or at discharge

Acceptable: ≥ 95.0% of second blood spot samples taken as defined

Achievable: ≥ 99.0% of second blood spot samples taken as defined

Standard 7c was not met. During quarter 3, 118 CHT pre-term repeats (second samples only, avoidable repeats excluded) were received. Performance by trust is displayed in figure 9. 75% were collected on day 28 or at discharge. 3% were collected too early and required a further repeat. 21% were collected after day 28.

Of note, 8 out of 20 babies with samples collected after day 28 had transfusions on days 25-28, which would account for the delayed sampling.



Standard 9 - Timely processing of CHT and IMD (excluding HCU) screen positive samples

Acceptable: 100% of babies with a positive screening result (excluding HCU) have a clinical referral initiated within 3 working days of sample receipt

12 samples screened positive for CHT during quarter 3. 100% of babies were referred within 3 working days.

There were 4 IMD positives (excluding HCU) and all were referred within 3 working days.

Standard 11 - Timely entry into clinical care

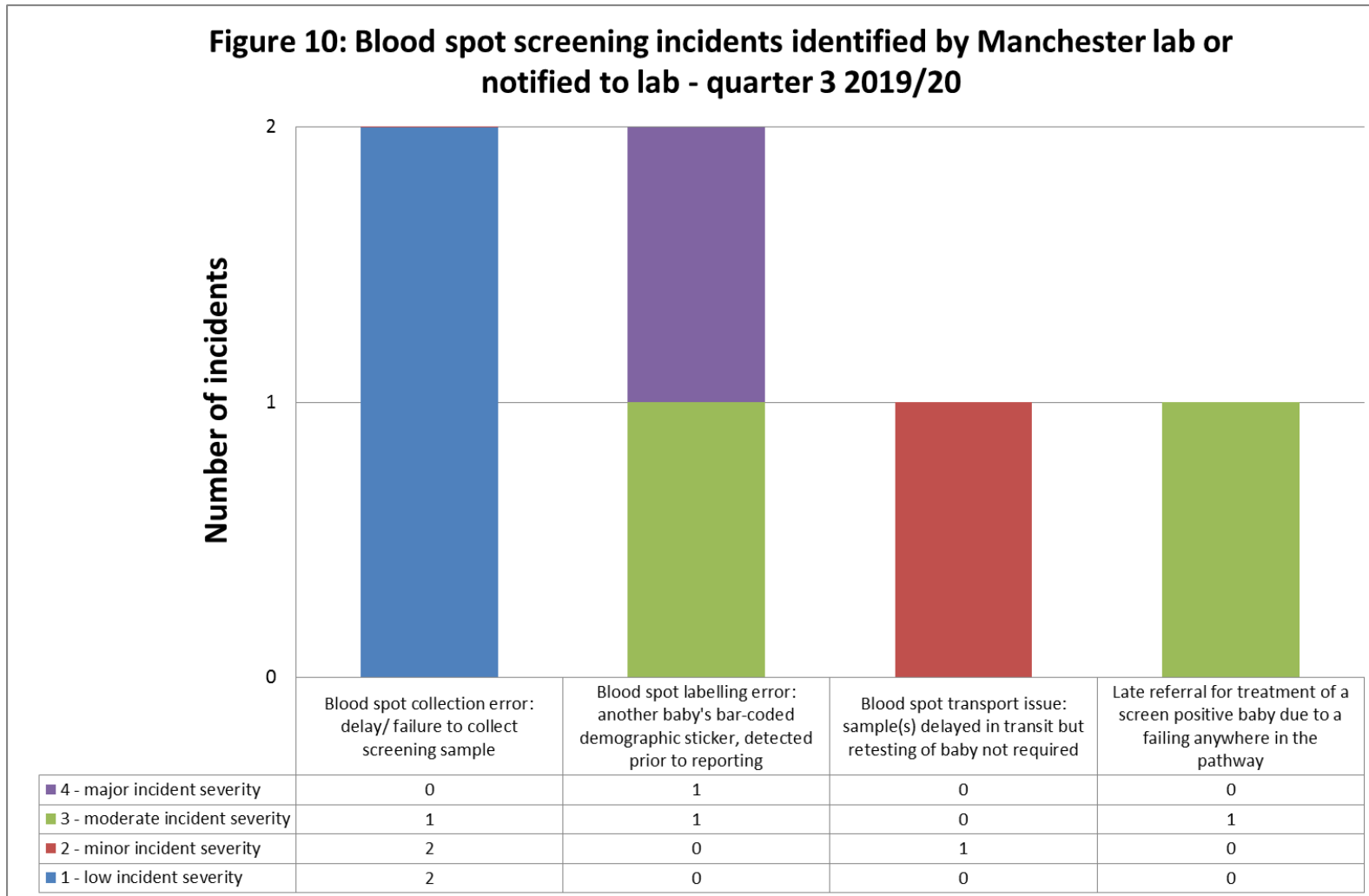
Data for standard 11 is displayed in table 4.

Table 4: Standard 11

Condition	Criteria	Thresholds	Number of babies seen by specialist services by condition specific standard	Number of babies referred	Percentage seen by specialist services by condition specific standard	Comments
IMDs (excluding HCU)	Attend first clinical appointment by 14 days of age	Acceptable: 100%	4	4	100%	
CHT (suspected on first sample)	Attend first clinical appointment by 14 days of age	Acceptable: 100%	6	6	100%	
CHT (suspected on repeat following borderline TSH)	Attend first clinical appointment by 21 days of age	Acceptable: 100%	6	6	100%	
CF (2 CFTR mutations detected)	Attend first clinical appointment by 28 days of age	Acceptable: $\geq 95.0\%$ Achievable: 100%	6	6	100%	
HCU	Attend first clinical appointment by 28 days of age	Acceptable: $\geq 95.0\%$ Achievable: 100%	0	0	N/A	
CF (1 or no CFTR mutation detected)	Attend first clinical appointment by 35 days of age	Attend first clinical appointment by 35 days of age	2	4	50%	The two babies not seen by 35 days are/ were in-patients. One baby has only one small cystic kidney (normal sweat test at 41 days) and the other baby is extremely pre-term.
SCD	Attend first clinical appointment by 90 days of age	Attend first clinical appointment by 90 days of age	4	3	75%	One baby not seen by 90 days is extremely preterm.

Incidents

Figure 10 displays blood spot screening incidents identified by the lab or notified to the lab. A summary table of incidents is included in the appendix.



Appendix

Quarter 3 2019-20: Standard 3					
Trust	Number of all samples (including repeats)	Number of blood spot cards including baby's NHS number	Number of blood spot cards including ISB label barcoded baby's NHS number	Percentage of all blood spot cards including babies' NHS number	Percentage of all blood spot cards including ISB bar-coded babies' NHS number
Blackpool Teaching Hospitals NHS FT	745	745	668	100.00%	89.66%
Bolton NHS FT	1724	1722	1388	99.88%	80.51%
East Lancashire Hospitals NHS Trust	1680	1677	1607	99.82%	95.65%
Health Visitor	120	117	5	97.50%	4.17%
Lancashire Teaching Hospitals NHS FT	1048	1047	1014	99.90%	96.76%
Manchester University NHS FT	2551	2548	2384	99.88%	93.45%
Not Stated	118	116	78	98.31%	66.10%
Pennine Acute Hospitals NHS Trust	2759	2749	2163	99.64%	78.40%
Southport & Ormskirk Hospital NHS Trust	231	231	166	100.00%	71.86%
Stockport NHS FT	829	829	748	100.00%	90.23%
Tameside And Glossop Integrated Care NHS FT	760	759	625	99.87%	82.24%
University Hospitals of Morecambe Bay NHS FT	736	736	661	100.00%	89.81%
Wrightington, Wigan and Leigh NHS FT	848	845	199	99.65%	23.47%
Grand Total	14149	14121	11706	99.80%	82.73%

Quarter 3 2019-20: Standard 4												
Trust	Number of first samples taken on or before day 4	5	6	7	8	9+	4 or earlier	5	6	7	8	9 or later
Blackpool Teaching Hospitals NHS FT	2	682	33	6	0	3	0.28%	93.94%	4.55%	0.83%	0.00%	0.41%
Bolton NHS FT	1	1408	98	13	9	11	0.06%	91.43%	6.36%	0.84%	0.58%	0.71%
East Lancashire Hospitals NHS Trust	4	1413	104	17	0	9	0.26%	91.34%	6.72%	1.10%	0.00%	0.58%
Health Visitor	0	2	1	0	0	102	0.00%	1.90%	0.95%	0.00%	0.00%	97.14%
Lancashire Teaching Hospitals NHS FT	1	942	50	6	3	3	0.10%	93.73%	4.98%	0.60%	0.30%	0.30%
Manchester University NHS FT	3	2206	84	7	8	12	0.13%	95.09%	3.62%	0.30%	0.34%	0.52%
Not Stated	0	76	11	0	0	1	0.00%	86.36%	12.50%	0.00%	0.00%	1.14%
Pennine Acute Hospitals NHS Trust	2	2324	209	47	16	19	0.08%	88.80%	7.99%	1.80%	0.61%	0.73%
Southport & Ormskirk Hospital NHS Trust	0	189	12	6	0	2	0.00%	90.43%	5.74%	2.87%	0.00%	0.96%
Stockport NHS FT	0	745	39	6	3	1	0.00%	93.83%	4.91%	0.76%	0.38%	0.13%
Tameside And Glossop Integrated Care NHS FT	1	683	33	9	1	8	0.14%	92.93%	4.49%	1.22%	0.14%	1.09%
University Hospitals of Morecambe Bay NHS FT	1	674	20	4	0	8	0.14%	95.33%	2.83%	0.57%	0.00%	1.13%
Wrightington, Wigan and Leigh NHS FT	1	737	62	8	1	2	0.12%	90.88%	7.64%	0.99%	0.12%	0.25%
Grand Total	16	12081	756	129	41	181	0.12%	91.50%	5.73%	0.98%	0.31%	1.37%
<i>Excludes samples with missing dates</i>												

Quarter 3 2019-20: Standard 5			
Maternity Unit	Number of samples received in 3 or fewer working days of sample being taken	Total number of samples received	Percentage of samples received by laboratories in 3 or fewer working days of sample being taken
Blackpool Teaching Hospitals NHS FT	740	741	99.9%
Bolton NHS FT	1607	1630	98.6%
East Lancashire Hospitals NHS Trust	1599	1608	99.4%
Health Visitor	101	113	89.4%
Lancashire Teaching Hospitals NHS FT	1031	1037	99.4%
Manchester University NHS FT	2424	2435	99.5%
Not Stated	91	93	97.8%
Pennine Acute Hospitals NHS Trust	2683	2729	98.3%
Southport & Ormskirk Hospital NHS Trust	191	228	83.8%
Stockport NHS FT	826	829	99.6%
Tameside And Glossop Integrated Care NHS FT	752	755	99.6%
University Hospitals of Morecambe Bay NHS FT	714	733	97.4%
Wrightington, Wigan and Leigh NHS FT	820	840	97.6%
Grand Total	13579	13771	98.6%

Quarter 3 2019-20: Standard 6 by Trust														
Status code and description of avoidable repeat	Blackpool Teaching Hospitals NHS FT	Bolton NHS FT	East Lancashire Hospitals NHS Trust	Health Visitor	Lancashire Teaching Hospitals NHS FT	Manchester University NHS FT	Not Stated	Pennine Acute Hospitals NHS Trust	Southport & Ormskirk Hospital NHS Trust	Stockport NHS FT	Tameside And Glossop Integrated Care NHS FT	University Hospitals of Morecambe Bay NHS FT	Wrightington , Wigan and Leigh NHS FT	Grand Total
0301: too young for reliable screening (<= 4 days)	2	1	4	0	1	4	0	2	0	0	1	1	0	16
0302: too soon after transfusion (<72 hours)	0	4	4	0	3	10	1	4	1	0	0	0	2	29
0303: insufficient sample	2	29	7	4	6	20	0	6	1	5	0	9	2	91
0304: unsuitable sample (blood quality): incorrect blood application	2	16	4	0	3	18	2	22	10	21	1	0	11	110
0305: unsuitable sample (blood quality): compressed/damaged	0	0	1	0	0	1	1	2	1	2	0	0	0	8
0306: Unsuitable sample: day 0 and day 5 on same card	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0307: unsuitable sample for CF: possible faecal contamination	1	5	3	0	0	12	0	6	4	0	0	0	0	31
0308: unsuitable sample: NHS number missing/not accurately recorded	0	2	1	1	1	1	0	9	0	0	1	0	3	19
0309: unsuitable sample: date of sample missing/not accurately recorded	4	1	10	0	4	6	2	11	3	0	1	1	6	49
0310: unsuitable sample: date of birth not accurately matched	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0311: unsuitable sample: expired card used	0	0	4	0	0	0	0	0	0	0	0	1	0	5
0312: unsuitable sample: >14 days in transit, too old for analysis	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0313: unsuitable sample: damaged in transit	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Avoidable Repeat Requests	11	54	34	5	15	62	5	58	19	28	4	12	22	329
Number of first samples received/ babies tested	729	1540	1558	112	1010	2326	106	2631	212	794	736	709	817	13280
Avoidable Repeat Requests Rate	1.5%	3.5%	2.2%	4.5%	1.5%	2.7%	4.7%	2.2%	9.0%	3.5%	0.5%	1.7%	2.7%	2.5%
<i>Transfusion Repeats are not included in the Avoidable Repeat calculation</i>														

Quarter 3 2019-20: Standard 6 by Current Hospital																		
Status code and description of avoidable repeat	Blackpool Victoria Hospital	Burnley General Hospital	Furness General Hospital (FUR)	North Manchester General Hospital (NMGH)	Not in hospital	Ormskirk & District General (ODGH)	Royal Albert Edward Infirmary (RAEI)	Royal Blackburn Hospital	Royal Bolton Hospital	Royal Lancaster Infirmary	Royal Manchester Childrens Hospital	Royal Oldham Hospital	Royal Preston Hospital (RPH)	St Mary's Hospital, Manchester (SMH)	Stepping Hill Hospital (SHH)	Tameside General Hospital	Wythenshawe Hospital	Grand Total
0301: too young for reliable screening (≤ 4 days)	0	4	0	0	10	0	0	0	0	0	0	0	0	2	0	0	0	16
0302: too soon after transfusion (<72 hours)	0	4	0	0	1	1	2	0	4	0	1	4	3	9	0	0	0	29
0303: insufficient sample	1	3	0	0	68	0	2	0	6	0	0	2	3	2	0	0	4	91
0304: unsuitable sample (blood quality): incorrect blood application	0	3	0	2	63	4	3	0	8	0	0	7	1	4	8	0	7	110
0305: unsuitable sample (blood quality): compressed/damaged	0	0	0	0	5	0	0	0	0	0	0	0	0	1	2	0	0	8
0306: Unsuitable sample: day 0 and day 5 on same card	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0307: unsuitable sample for CF: possible faecal contamination	0	2	0	1	19	1	0	0	4	0	0	1	0	3	0	0	0	31
0308: unsuitable sample: NHS number missing/not accurately recorded	0	1	0	0	12	0	2	0	0	0	0	3	0	0	0	0	1	19
0309: unsuitable sample: date of sample missing/not accurately recorded	1	1	0	1	36	0	2	0	0	0	0	3	2	3	0	0	0	49
0310: unsuitable sample: date of birth not accurately matched	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0311: unsuitable sample: expired card used	0	3	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	5
0312: unsuitable sample: >14 days in transit, too old for analysis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0313: unsuitable sample: damaged in transit	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of Avoidable Repeat Requests	2	17	0	4	215	5	9	0	18	0	0	16	6	15	10	0	12	329
Number of first samples received/ babies tested	76	183	20	82	11668	30	68	1	182	54	7	225	123	309	70	56	126	13280
Avoidable Repeat Requests Rate	2.6%	9.3%	0.0%	4.9%	1.8%	16.7%	13.2%	0.0%	9.9%	0.0%	0.0%	7.1%	4.9%	4.9%	14.3%	0.0%	9.5%	2.5%
<i>Transfusion Repeats are not included in the Avoidable Repeat calculation</i>																		

Quarter 3 2019-20: Standard 7c						
Trust	Number of Pre-term CHT second samples collected:				% Prem repeats collected on day 28 or at discharge	% Prem repeats collected on day 28 or earlier
	Early	On time	Late	Total		
Blackpool Teaching Hospitals NHS FT		2		2	100%	100%
Bolton NHS FT	1	11	4	16	69%	75%
East Lancashire Hospitals NHS Trust	1	6	3	10	60%	70%
Lancashire Teaching Hospitals NHS FT		12	1	13	92%	92%
Manchester FT	1	20	5	26	77%	81%
Pennine Acute Hospitals NHS Trust	1	21	5	27	78%	81%
Stockport NHS FT		6	5	11	55%	55%
Tameside And Glossop Integrated Care NHS FT		4		4	100%	100%
University Hospitals of Morecambe Bay NHS FT		3		3	100%	100%
Wrightington, Wigan and Leigh NHS FT		4	2	6	67%	67%
Grand Total	4	89	25	118	75%	79%

Incident Number	Incident Date	Incident Severity	Incident Harm	Summary of incident	Further details	Lab/ Ward/ Maternity Unit
2092726	08/10/19	3 - moderate	2 - slight	Late referral for treatment of a screen positive baby due to a failing anywhere in the pathway	Delay in collection of repeat sample for borderline CHT	North Manchester NNU
2095984	24/09/19	3 - moderate	3 - moderate	Blood spot collection error: delay/ failure to collect screening sample	Collected day 34	Ward 68, SMH (NICU)
2098630	09/11/19	1 - low	1 - no harm	Blood spot collection error: delay/ failure to collect screening sample	Collected day 9 (missed day 5 visit)	SMH Community Midwives
2100141	13/11/19	3 - moderate	2 - slight	Blood spot labelling error: another baby's bar-coded demographic sticker, detected prior to reporting	Same surname	Burnley NNU
2101373	25/11/19	1 - low	1 - no harm	Blood spot collection error: delay/ failure to collect screening sample	Collected on day 6 instead of day 5.	SMH Community Midwives
2101378	20/11/19	4 - major	2 - slight	Blood spot labelling error: another baby's bar-coded demographic sticker, detected prior to reporting		Lancashire (Preston/Chorley) Community Midwives
2104111	10/12/19	2 - minor	2 - slight	Blood spot collection error: delay/ failure to collect screening sample	Collected on day 18	Ward 68, SMH (NICU) & Manchester Child Health
2105813	20/12/19	2 - minor	1 - no harm	Blood spot collection error: delay/ failure to collect screening sample	Collected on day 6 (postnatal visit missed)	SMH Community Midwives
2106027	22/12/19	2 - minor	1 - no harm	Blood spot transport issue: sample(s) delayed in transit but retesting of baby not required	Sample found in diary	SMH Community Midwives