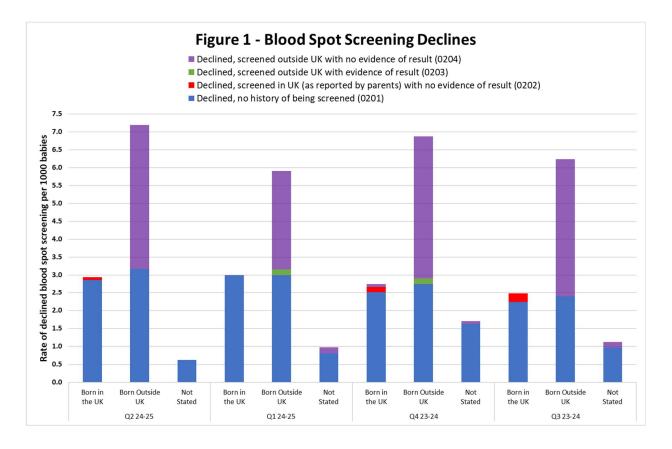
Manchester Newborn Screening Laboratory Quarterly Blood Spot Screening Report: Quarter 2 2024-25

Manchester Newborn Screening Laboratory, which serves babies born in Greater Manchester, Lancashire and South Cumbria, received 13852 blood spot samples between 1st July 2024 and 30th September 2024. 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.

Declines

In Quarter 2 the laboratory received 139 notifications of declined blood spot screening. Figure 1 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.



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 2 displays performance against standard 3.

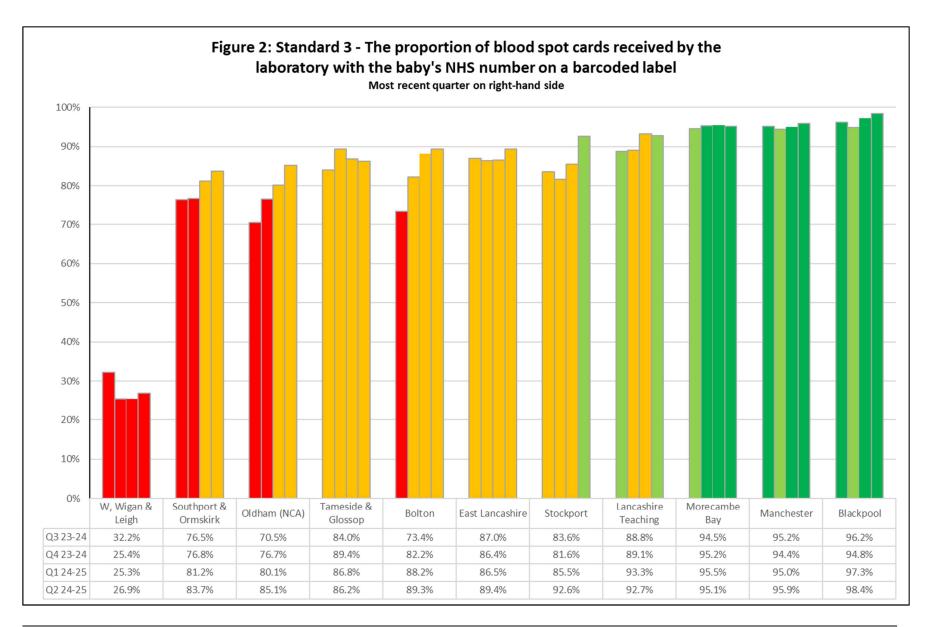
Overall, 86% of samples received in quarter 2 of 2024/25 had a barcoded NHS number label, which is higher than the previous quarter (84%). Of the 11 maternity units, 5 met the acceptable standard with 3 of these meeting the achievable threshold.

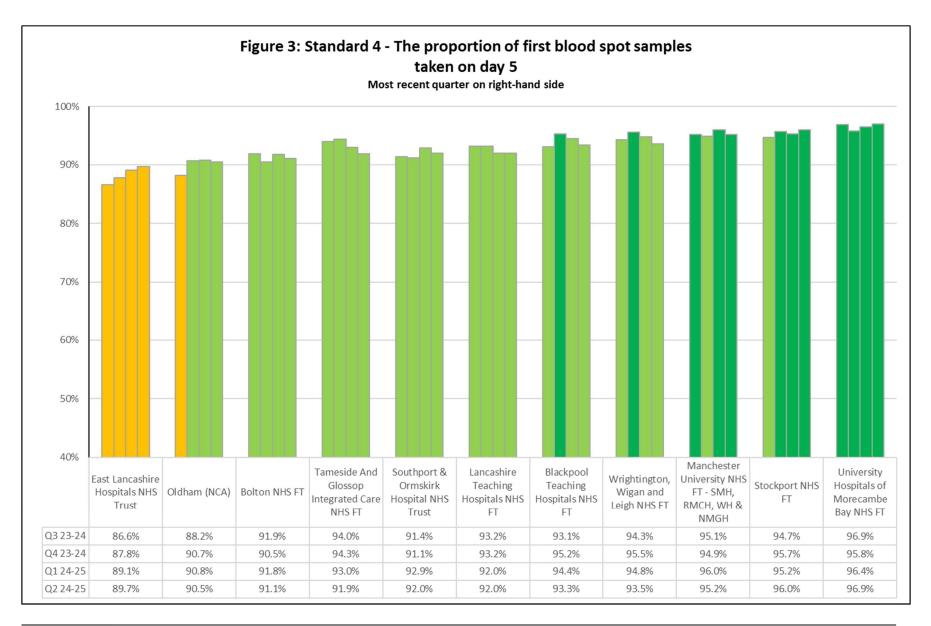
Standard 4 - The proportion of first blood spot samples taken on day 5

Acceptable: ≥ 90.0% of first blood spot samples are taken on day 5. **Achievable:** ≥ 95.0% of first blood spot samples are taken on day 5.

Figure 3 displays performance against standard 4. Overall, 91.5% of samples received in quarter 2 of 2024/25 were collected on day 5, which is slightly lower than the previous quarter (92%). 10 out of the 11 maternity units met standard 4, and 3 of these met the achievable threshold.







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.

Figure 4 displays performance against standard 5.

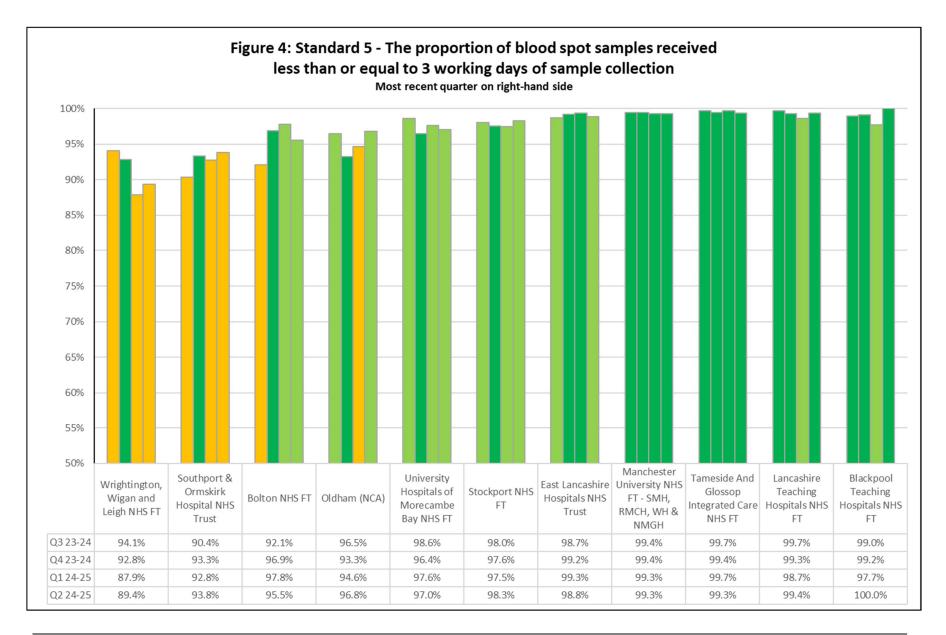
Overall, 97.5% of samples were received within 3 working days. Nine Trusts met the standard, with 4 of these reaching the achievable threshold. Performance was similar to the previous quarter (97.2% samples received within 3 working days).

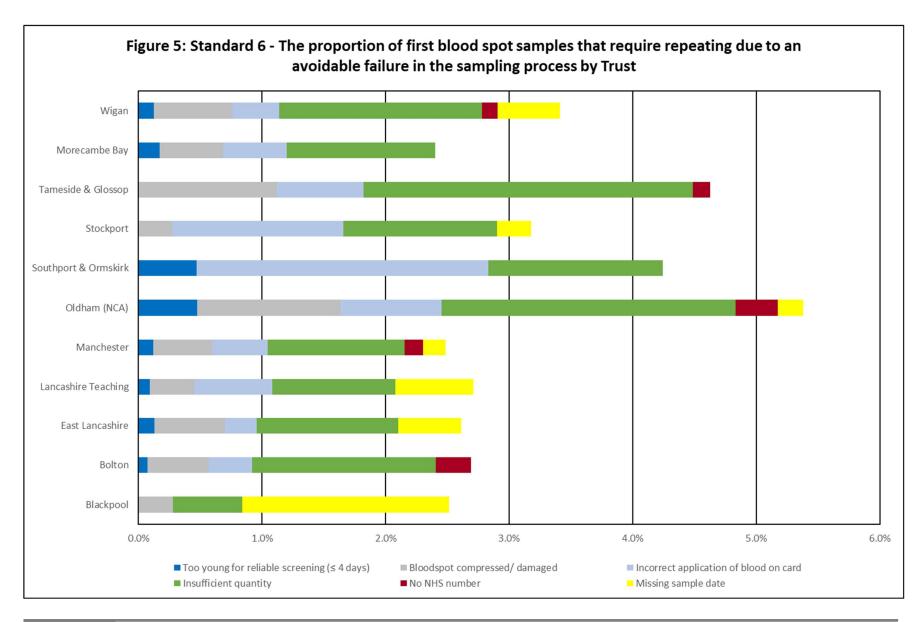
Standard 6 - The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process

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

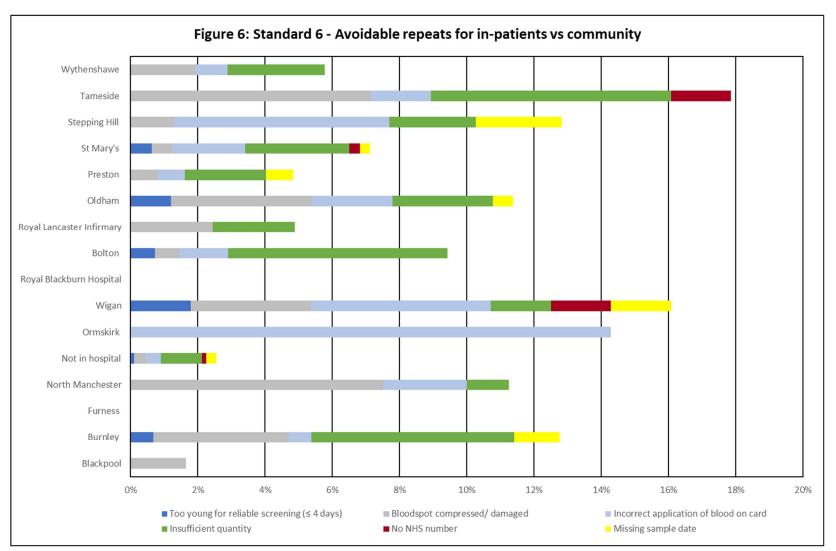
Achievable: Avoidable repeat rate is $\leq 1.0\%$

The avoidable repeat rate for quarter 2 was 3.3%, which is slightly lower compared to quarter 1 (3.4%). The main reason for an avoidable repeat was insufficient blood, followed by incorrect application of blood. The performance for each trust is displayed in figure 5. None of the Trusts met the achievable or acceptable standard. Figure 6 compares the avoidable repeat rate for samples collected from in-patients with samples collected from babies at home/in the community. The rate was 2.6% for babies at home (2.8% in quarter 1) and 9.3% for samples collected from in-patients (8.7% in quarter 1).





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The avoidable repeat rate for RMCH was 66.7% (2 out of 3 samples).

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Q2 24-25 Tabl	e 1 - Summary	of Performanc	e	
Trust	Standard 3	Standard 4	Standard 5	Standard 6
Blackpool Teaching Hospitals NHS FT	98.4%	93.3%	100.0%	2.5%
Bolton NHS FT	89.3%	91.1%	95.5%	2.7%
East Lancashire Hospitals NHS Trust	89.4%	89.7%	98.8%	2.6%
Lancashire Teaching Hospitals NHS FT	92.7%	92.0%	99.4%	2.7%
Manchester University NHS FT - SMH, RMCH, WH & NMGH	95.9%	95.2%	99.3%	2.5%
Oldham (NCA)	85.1%	90.5%	96.8%	5.4%
Southport & Ormskirk Hospital NHS Trust	83.7%	92.0%	93.8%	4.2%
Stockport NHS FT	92.6%	96.0%	98.3%	3.2%
Tameside And Glossop Integrated Care NHS FT	86.2%	91.9%	99.3%	4.6%
University Hospitals of Morecambe Bay NHS FT	95.1%	96.9%	97.0%	2.4%
Wrightington, Wigan and Leigh NHS FT	26.9%	93.5%	89.4%	3.4%



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

Acceptable: \ge 80% of second blood spot samples taken on day 21 to day 24 Achievable: \ge 90% of second blood spot samples taken on day 21 to day 24

During quarter 2 there were 4 repeats for raised IRT (CF inconclusive). Of these, 75% were collected on day 21-24. CF inconclusive repeats are performed by Screening Link Health Visitors. The data is presented by Maternity Unit in table 2.

Quarter 2 204-25 - Standard 7a										
Maternity Unit	Age at c	ollection repeat	of CF	Total	% collected day 21-24					
	17	21	22		uay 21-24					
Bolton NHS FT	1			1	0%					
Lancashire Teaching Hospitals NHS FT		1		1	100%					
Manchester University NHS FT - SMH, RMCH, WH, NMGH			1	1	100%					
Stockport NHS FT		1		1	100%					
Total	1	2	1	4	75%					

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: \geq 80.0% of repeat blood spot samples taken as defined Achievable: \geq 90.0% of repeat blood spot samples taken as defined

During quarter 2 there were 31 repeats for borderline TSH (CHT). Of these, 81% were collected 7-10 days after the original sample. Table 3 displays the information by Trust.

Quarte	er 2 204	-25 - St	andard	7b				
	Num	ber of da		% collected 7-10				
Trust		colle	Total	days after				
	6	7	8	9	10	11		original sample
Blackpool Teaching Hospitals NHS FT					1		1	100%
Bolton NHS FT				1			1	100%
East Lancashire Hospitals NHS Trust		1	1	2			4	100%
Lancashire Teaching Hospitals NHS FT			1				1	100%
Manchester University NHS FT - SMH, RMCH, WH & NMGH		4	5	2			11	100%
Oldham (NCA)	1	1	2	1		3	8	50%
Stockport NHS FT		1	1				2	100%
University Hospitals of Morecambe Bay NHS FT			1			1	2	50%
Wrightington, Wigan and Leigh NHS FT	1						1	0%
Grand Total	2	7	11	6	1	4	31	81%

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

Acceptable: \geq 75.0% of repeat blood spot samples taken as defined Achievable: \geq 85.0% of repeat blood spot samples taken as defined

During quarter 2, 125 CHT pre-term repeats were received. Performance by trust is displayed in table 4. 84% were collected on day 28 or at discharge, 15% were collected after day 28.

Quarter 2 204-	25 - Sta	ndard 7	2		
Trust		er of Pre-te samples co		Total	% Prem repeats collected on day 28
	EARLY	ON-TIME	ON-TIME LATE		or at discharge
Blackpool Teaching Hospitals NHS FT		6		6	100%
Bolton NHS FT		14		14	100%
East Lancashire Hospitals NHS Trust		8	3	11	73%
Lancashire Teaching Hospitals NHS FT		13	1	14	93%
Manchester University NHS FT - SMH, RMCH, WH & NMGH		36	7	43	84%
Oldham (NCA)		12	5	17	71%
Southport & Ormskirk Hospital NHS Trust	1	1		2	50%
Stockport NHS FT		5	1	6	83%
Tameside And Glossop Integrated Care NHS FT		4	1	5	80%
University Hospitals of Morecambe Bay NHS FT		2		2	100%
Wrightington, Wigan and Leigh NHS FT		3	1	4	75%
Not Stated		1		1	100%
Grand Total	1	105	19	125	84%

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

There were 9 screen positive samples for CHT and 4 for IMD in quarter 1. All were referred within 3 working days of sample receipt.

Standard 11 - Timely entry into clinical care

Data for standard 11 is displayed in table 5.

	Table 5: Standard 11 Number of														
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%	2 x PKU, 2 x IVA									
CHT (suspected on first sample)	Attend first clinical appointment by 14 days of age	Acceptable: 100%	4	5	80%	1 x baby seen in clinic on day 19 (initial sample collected day 11). Incident logged.									
CHT (suspected on repeat following borderline TSH)	Attend first clinical appointment by 21 days of age	Acceptable: 100%	4	4	100%										
CF (2 CFTR mutations detected)	Attend first clinical appointment by 28 days of age	Acceptable:≥95.0% Achievable:100%	9	9	100%										
нси	Attend first clinical appointment by 28 days of age	Acceptable:≥95.0% Achievable:100%	0	0	0%										
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	1	1	100%										
SCD	Attend first clinical appointment by 90 days of age	Attend first clinical appointment by 90 days of age	8	8	100%	1 baby has not been seen, but has not reached 90 days of age									

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Incidents

Details of incidents which have been referred to QA, either detected by the laboratory or occurred at MFT

Incident Number	Incident Date	Incident Severity	Incident Harm	Summary of incident	Further details	MFT or external	Lab/ Ward/ Maternity Unit	Local Area Team	QA informed
2517110	01/07/2024	2 - minor	1 - no harm	Blood spot collection error: delay/ failure to collect screening sample	Screen terminated on movement in baby	External	Lancashire Care Health Visitors	Lancashire	Yes
2519467	08/07/2024	2 - minor	2 - slight	Blood spot collection error: delay/ failure to collect screening sample	Screen terminated on movement in baby	External	East Lancs Health Visiting Team	Lancashire	Yes
2521806	08/07/2024	1 - low	1 - no harm	Parents notified of screen positive result 2 days earlier than protocol	CF positive baby's parents notified on the positive result on a Monday instead of a Wednesday leading to distress and anxiety	External	Salford Health Visitors	Greater Manchester	Yes
2524627	12/09/2024	2 - minor	2 - slight	Blood spot collection error: delay/ failure to collect screening sample	Screen terminated on movement in baby	External	Stockport Health Visitors	Greater Manchester	Yes
2531150	12/08/2024	2 - minor	2 - slight	Blood spot collection error: delay/ failure to collect screening sample	Screen terminated on movement in baby	External	Lancaster Health Visiting Team	Lancashire	Yes
2536991	30/08/2024	2 - minor	2 - slight	Blood spot collection error: delay/ failure to collect screening sample	Screen terminated on movement in baby	External	Lancashire Care Health Visitors	Lancashire	Yes
2538711	04/09/2024	2 - minor	1 - no harm	Blood spot labelling error: another baby's bar-coded demographic sticker, detected prior to reporting	Handwritten details did not match the barcoded sticker	MFT	Ward 68, SMH (NICU)	Greater Manchester	Yes

Appendix

	Quarter 2 2024-25: 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	Unreadable Barcodes	Percentage of all blood spot cards including babies' NHS number	Percentage of all blood spot cards including ISB bar-coded babies' NHS number	Percentage of all Unreadable Barcodes								
Blackpool Teaching Hospitals NHS FT	733	733	721	5	100.0%	98.4%	0.7%								
Bolton NHS FT	1602	1598	1431	54	99.8%	89.3%	3.4%								
East Lancashire Hospitals NHS Trust	1690	1689	1511	18	99.9%	89.4%	1.1%								
Health Visitor	284	282	3	0	99.3%	1.1%	0.0%								
Lancashire Teaching Hospitals NHS FT	1152	1152	1068	25	100.0%	92.7%	2.2%								
Manchester University NHS FT - SMH & RMCH & WH & NMGH	3589	3583	3443	27	99.8%	95.9%	0.8%								
Not Stated	7	7	6	0	100.0%	85.7%	0.0%								
Oldham (NCA)	1615	1609	1375	10	99.6%	85.1%	0.6%								
Southport & Ormskirk Hospital NHS Trust	227	227	190	4	100.0%	83.7%	1.8%								
Stockport NHS FT	757	756	701	19	99.9%	92.6%	2.5%								
Tameside And Glossop Integrated Care NHS FT	760	759	655	20	99.9%	86.2%	2.6%								
University Hospitals of Morecambe Bay NHS FT	610	610	580	5	100.0%	95.1%	0.8%								
Wrightington, Wigan and Leigh NHS FT	826	825	222	462	99.9%	26.9%	55.9%								
Grand Total	13852	13830	11906	649	99.8%	86.0%	4.7%								

		Qua	rter 2 20	24-25: S	tandard	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	0	657	25	5	4	13	0.0%	93.3%	3.6%	0.7%	0.6%	1.8%
Bolton NHS FT	1	1290	88	21	7	9	0.1%	91.1%	6.2%	1.5%	0.5%	0.6%
East Lancashire Hospitals NHS Trust	4	1404	114	15	7	22	0.3%	89.7%	7.3%	1.0%	0.4%	1.4%
Health Visitor	0	1	0	0	0	196	0.0%	0.5%	0.0%	0.0%	0.0%	99.5%
Lancashire Teaching Hospitals NHS FT	1	1012	61	9	6	11	0.1%	92.0%	5.5%	0.8%	0.5%	1.0%
Manchester University NHS FT - SMH, RMCH, WH & NMG	5	3185	117	18	7	14	0.1%	95.2%	3.5%	0.5%	0.2%	0.4%
Not Stated	0	1	0	0	0	1	0.0%	50.0%	0.0%	0.0%	0.0%	50.0%
Oldham (NCA)	8	1330	90	7	10	25	0.5%	90.5%	6.1%	0.5%	0.7%	1.7%
Southport & Ormskirk Hospital NHS Trust	1	195	9	3	2	2	0.5%	92.0%	4.2%	1.4%	0.9%	0.9%
Stockport NHS FT	0	694	25	1	1	2	0.0%	96.0%	3.5%	0.1%	0.1%	0.3%
Tameside And Glossop Integrated Care NHS FT	0	655	40	5	0	13	0.0%	91.9%	5.6%	0.7%	0.0%	1.8%
University Hospitals of Morecambe Bay NHS FT	1	567	15	0	1	1	0.2%	96.9%	2.6%	0.0%	0.2%	0.2%
Wrightington, Wigan and Leigh NHS FT	1	737	36	5	0	9	0.1%	93.5%	4.6%	0.6%	0.0%	1.1%
Grand Total	22	11728	620	89	45	318	0.2%	91.5%	4.8%	0.7%	0.4%	2.5%

	Quarter	2 2024-25	5: Standar	d 5			
Trust	Number of samples received in 3 or fewer working days of sample being taken	Number of samples received in 4 or fewer working days of sample being taken	Number of samples received in 5 or more 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	Percentage of samples received by laboratories in 4 or fewer working days of sample being taken	Percentage of samples received by laboratories on or after 5 working days of sample being taken
Blackpool Teaching Hospitals NHS FT	718	718	0	718	100.0%	100.0%	0.0%
Bolton NHS FT	1416	1464	18	1482	95.5%	98.8%	1.2%
East Lancashire Hospitals NHS Trust	1616	1624	11	1635	98.8%	99.3%	0.7%
Health Visitor	196	205	15	220	89.1%	93.2%	6.8%
Lancashire Teaching Hospitals NHS FT	1134	1141	0	1141	99.4%	100.0%	0.0%
Manchester University NHS FT - SMH, RMCH, WH & NMGH	3462	3479	8	3487	99.3%	99.8%	0.2%
Not Stated	2	2	4	6	33.3%	33.3%	66.7%
Oldham (NCA)	1535	1575	11	1586	96.8%	99.3%	0.7%
Southport & Ormskirk Hospital NHS Trust	213	221	6	227	93.8%	97.4%	2.6%
Stockport NHS FT	742	754	1	755	98.3%	99.9%	0.1%
Tameside And Glossop Integrated Care NHS FT	752	753	4	757	99.3%	99.5%	0.5%
University Hospitals of Morecambe Bay NHS FT	590	594	14	608	97.0%	97.7%	2.3%
Wrightington, Wigan and Leigh NHS FT	732	802	17	819	89.4%	97.9%	2.1%
Grand Total	13108	13332	109	13441	97.5%	99.2%	0.8%

					Quar	ter 2 2024-25	5: 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 - SMH & RMCH & WH & NMGH	Not Stated	Oldham (NCA)	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)	0	1	2	0	1	4	0	7	1	0	0	1	1	18
0302: too soon after transfusion (<72 hours)	0	2	3	0	0	7	0	5	0	1	0	0	0	18
0303: insufficent sample	4	21	18	12	11	37	0	35	3	9	19	7	13	189
0304: unsuitable sample (blood quality): incorrect blood application	0	5	4	11	7	15	0	12	5	10	5	3	3	80
0305: unsuitable sample (blood quality): compressed/damaged	2	7	9	2	4	16	0	17	0	2	8	3	5	75
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0308: unsuitable sample: NHS number missing/not accurately recorded	0	4	0	1	0	5	0	5	0	0	1	0	1	17
0309: unsuitable sample: date of sample missing/not accurately recorded	12	0	8	1	7	6	0	3	0	2	0	0	4	43
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	0	0	0	0	0	0	0	0	0	0	0	0
0312: unsuitable sample: >14 days in transit, too old for analysis	0	0	0	1	0	0	0	0	0	0	0	0	0	1
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	18	38	41	28	30	83	0	79	9	23	33	14	27	423
Number of first samples received/ babies tested	716	1413	1569	156	1107	3342	2	1469	212	724	713	583	791	12797
Avoidable Repeat Requests Rate Transfusion Repeats are not	2.5%	2.7%	2.6%	17.9%	2.7%	2.5%	0.0%	5.4%	4.2%	3.2%	4.6%	2.4%	3.4%	3.3%

					Qı	uarter 2	2024-25	: Standa	rd 6 by (Current I	Hospital							
Status code and description of avoidable repeat	Blackpool Victoria Hospital	Burnley General Hospital	Furness General Hospital	North Manchester General Hospital	Not in hospital	Ormskirk & District General	Royal Albert Edward Infirmary	Royal Blackburn Hospital	Royal Bolton Hospital	Royal Lancaster Infirmary	Royal Manchester Childrens Hospital	Royal Oldham Hospital	Royal Preston Hospital	St Mary's Hospital	Stepping Hill Hospital	Tameside General Hospital	Wythenshawe Hospital	Grand Total
0301: too young for reliable screening (≤ 4 days)	0	1	0	0	11	0	1	0	1	0	0	2	0	2	0	0	0	18
0302: too soon after transfusion (<72 hours)	0	3	0	0	0	0	0	0	2	0	0	5	0	6	1	0	1	18
0303: insufficent sample	0	9	0	1	140	0	1	0	9	1	1	5	3	10	2	4	3	189
0304: unsuitable sample (blood quality): incorrect blood application	0	1	0	2	51	2	3	0	2	0	0	4	1	7	5	1	1	80
0305: unsuitable sample (blood quality): compressed/damaged	1	6	0	6	40	0	2	0	1	1	1	7	1	2	1	4	2	75
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0308: unsuitable sample: NHS number missing/not accurately recorded	0	0	0	0	14	0	1	0	0	0	0	0	0	1	0	1	0	17
0309: unsuitable sample: date of sample missing/not accurately recorded	0	2	0	0	35	0	1	0	0	0	0	1	1	1	2	0	0	43
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	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0312: unsuitable sample: >14 days in transit, too old for analysis	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
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	1	19	0	9	292	2	9	0	13	2	2	19	6	23	10	10	6	423
Number of first samples received/ babies tested	61	149	10	80	11392	14	56	1	138	41	3	167	124	323	78	56	104	12797
Avoidable Repeat Requests Rate	1.6%	12.8%	0.0%	11.3%	2.6%	14.3%	16.1%	0.0%	9.4%	4.9%	66.7%	11.4%	4.8%	7.1%	12.8%	17.9%	5.8%	3.3%
Transfusion Repeats are not inc	luded in the	Avoidable F	epeat calcu	lation														