# Manchester Newborn Screening Laboratory Quarterly Blood Spot Screening Report: Quarter 1 2026-27

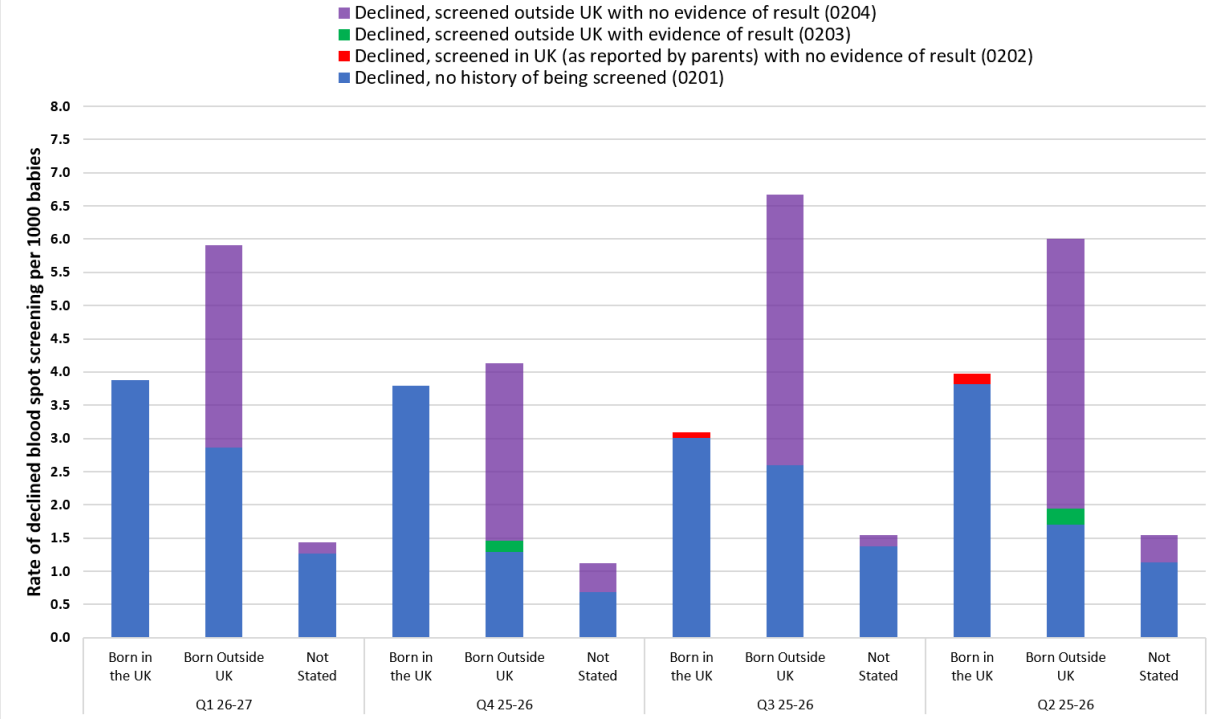
Manchester Newborn Screening Laboratory, which serves babies born in Greater Manchester, Lancashire and South Cumbria, received 12594 blood spot samples between 1st April 2026 and 30th June 2026. This report describes performance against the NHS Newborn Blood Spot Screening Programme Standards. Full 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 1 the laboratory received 133 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.

**Figure 1 - 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:** ≥ 90.0% of blood spot cards are received by the laboratory with the baby's NHS number on a barcoded label.
**Achievable:** ≥ 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, 89% of samples received in quarter 1 of 2026/27 had a barcoded NHS number label, which is higher than the previous quarter (87.4%). Of the 11 maternity units, 6 met the acceptable standard with 2 of these meeting the achievable threshold.

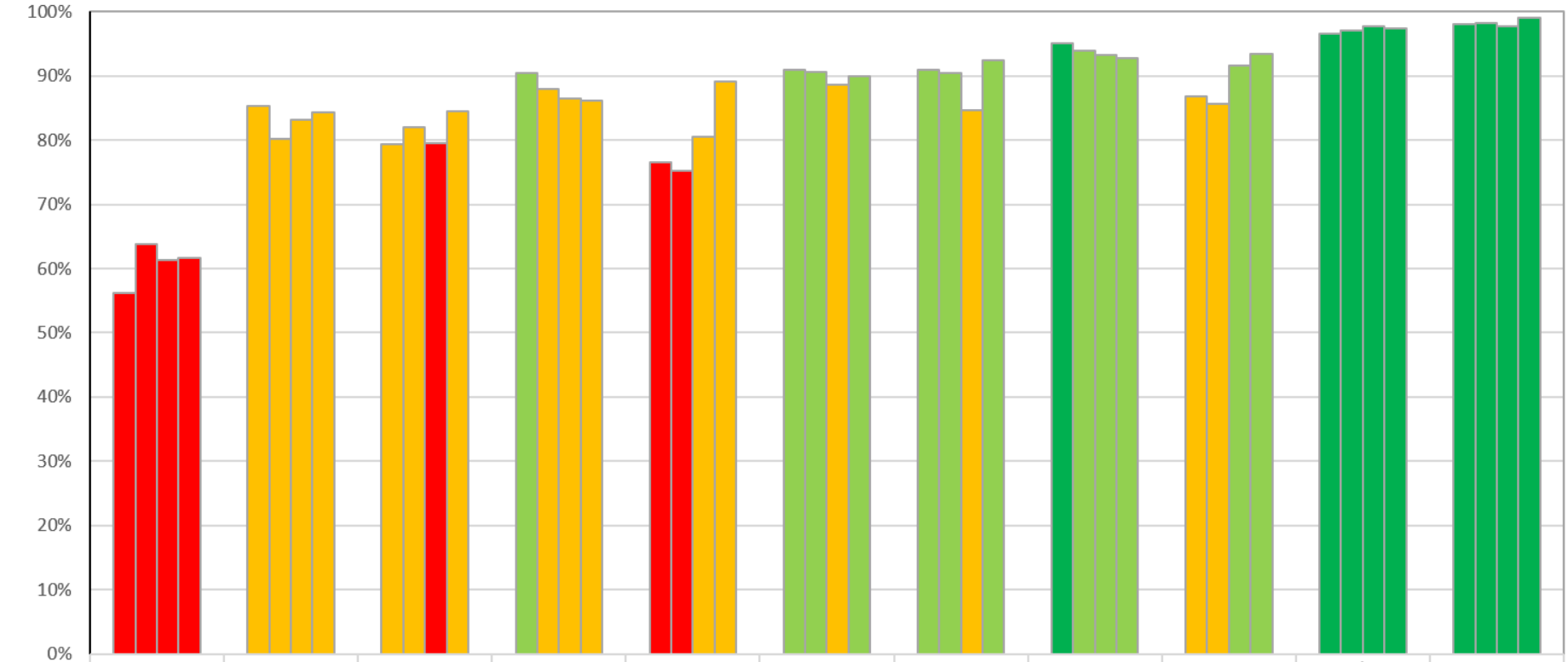
**Standard 4 - The proportion of first blood spot samples taken on day 5**

**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, 92.9% of samples received in quarter 1 of 2026/27 were collected on day 5, which is slightly higher than the previous quarter (92.6%). 10 out of the 11 maternity units met standard 4, and 6 of these met the achievable threshold.

## Figure 2: Standard 3 - The proportion of blood spot cards received by the laboratory with the baby's NHS number on a barcoded label

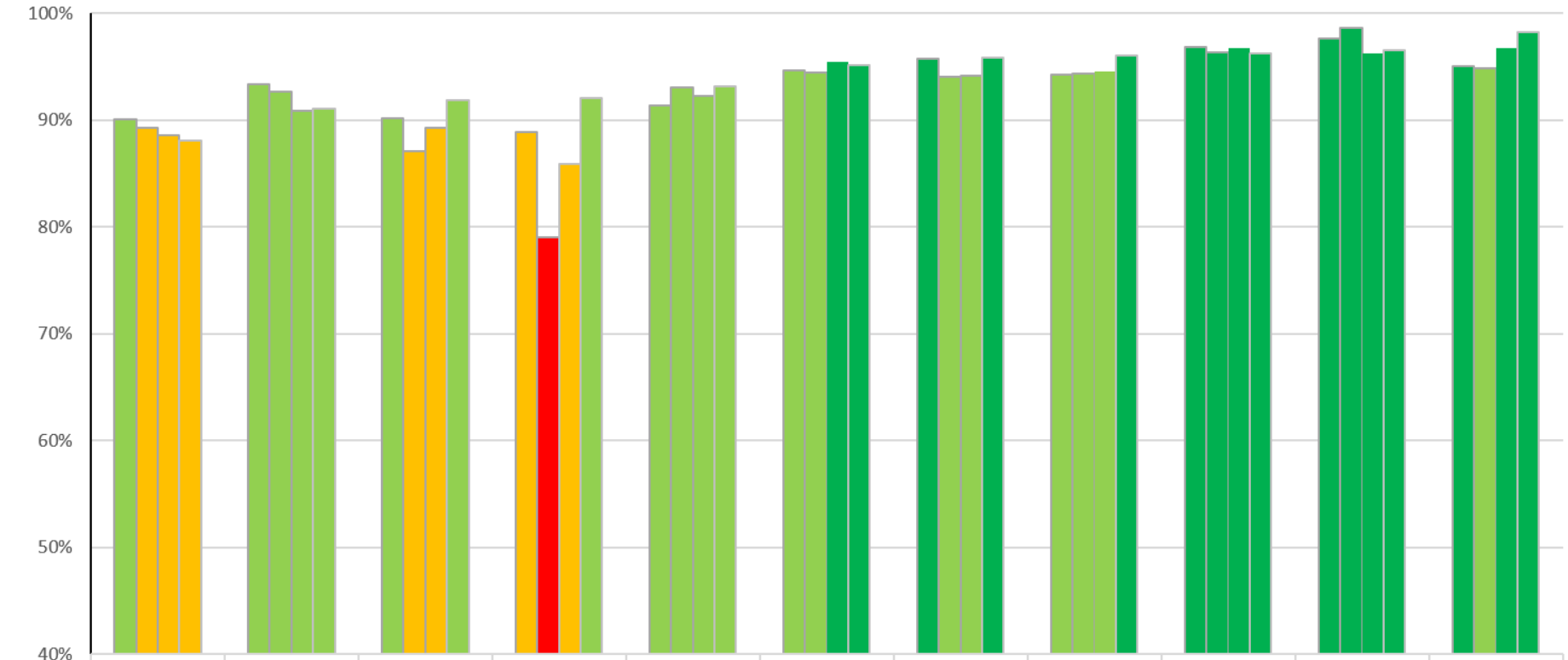
**Most recent quarter on right-hand side**




| | Wrightington, Wigan and Leigh NHS FT | Oldham (Pennine Acute Hospitals NHS Trust) | Southport & Ormskirk Hospital NHS Trust | University Hospitals of Morecambe Bay NHS FT | East Lancashire Hospitals NHS Trust | Lancashire Teaching Hospitals NHS FT | Tameside And Glossop Integrated Care NHS FT | Stockport NHS FT | Bolton NHS FT | Manchester University NHS FT - SMH, RMCH, WH & NMGH | Blackpool Teaching Hospitals NHS FT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q2 25-26 | 56.2% | 85.4% | 79.4% | 90.5% | 76.6% | 90.9% | 90.9% | 95.0% | 86.8% | 96.6% | 98.1% |
| Q3 25-26 | 63.9% | 80.3% | 82.0% | 87.9% | 75.3% | 90.6% | 90.4% | 94.0% | 85.6% | 97.1% | 98.3% |
| Q4 25-26 | 61.3% | 83.2% | 79.6% | 86.4% | 80.6% | 88.7% | 84.6% | 93.2% | 91.5% | 97.8% | 97.8% |
| Q1 26-27 | 61.6% | 84.3% | 84.5% | 86.2% | 89.1% | 90.0% | 92.4% | 92.8% | 93.4% | 97.4% | 99.1% |

## Figure 3: Standard 4 - The proportion of first blood spot samples taken on day 5

**Most recent quarter on right-hand side**




| | East Lancashire Hospitals NHS Trust | Bolton NHS FT | Oldham (NCA) | Southport & Ormskirk Hospital NHS Trust | Tameside And Glossop Integrated Care NHS FT | Wrightington, Wigan and Leigh NHS FT | Blackpool Teaching Hospitals NHS FT | Lancashire Teaching Hospitals NHS FT | Manchester University NHS FT - SMH, RMCH, WH & NMGH | University Hospitals of Morecambe Bay NHS FT | Stockport NHS FT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q2 25-26 | 90.0% | 93.4% | 90.2% | 88.9% | 91.3% | 94.6% | 95.7% | 94.2% | 96.8% | 97.7% | 95.1% |
| Q3 25-26 | 89.3% | 92.6% | 87.1% | 79.0% | 93.1% | 94.5% | 94.0% | 94.3% | 96.4% | 98.7% | 94.8% |
| Q4 25-26 | 88.6% | 90.9% | 89.3% | 85.9% | 92.3% | 95.4% | 94.1% | 94.5% | 96.7% | 96.2% | 96.7% |
| Q1 26-27 | 88.1% | 91.1% | 91.8% | 92.1% | 93.1% | 95.1% | 95.9% | 96.0% | 96.3% | 96.6% | 98.3% |

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

**Acceptable:** ≥ 95.0% of all samples received less than or equal to 3 working days of sample collection.

**Achievable:** ≥ 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, 98.5% of samples were received within 3 working days. Nine Trusts met the standard, with 6 of these reaching the achievable threshold. Performance was more than the previous quarter (97.7% 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**

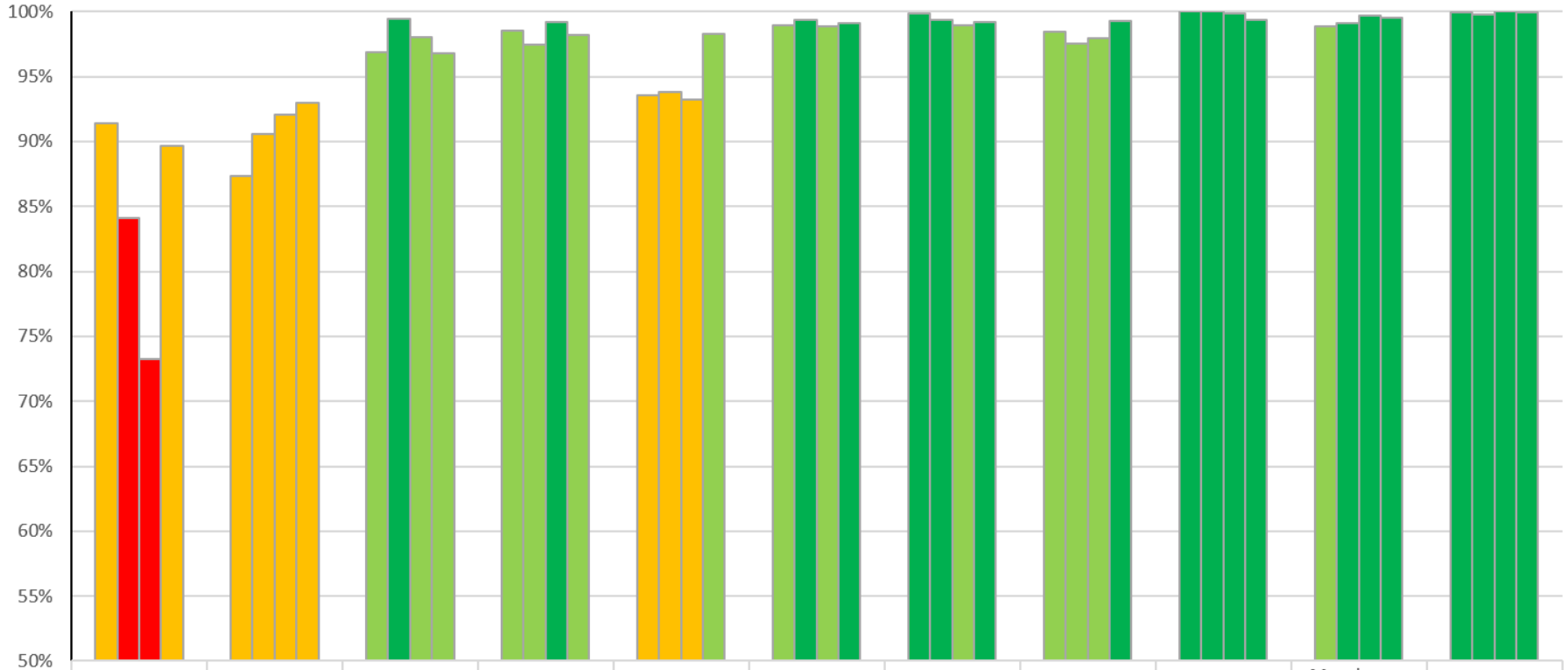
**Acceptable:** Avoidable repeat rate is ≤ 2.0%

**Achievable:** Avoidable repeat rate is ≤ 1.0%

The avoidable repeat rate for quarter 1 was 2.3%, which is the same as compared to quarter 4. The main reason for an avoidable repeat was a compressed/damaged sample followed by insufficient blood. The performance for each trust is displayed in figure 5. Four Trusts met the acceptable standard and two met the achievable 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 2.1% for babies at home (1.8% in quarter 4) and 4.2% for samples collected from in-patients (6% in quarter 4).

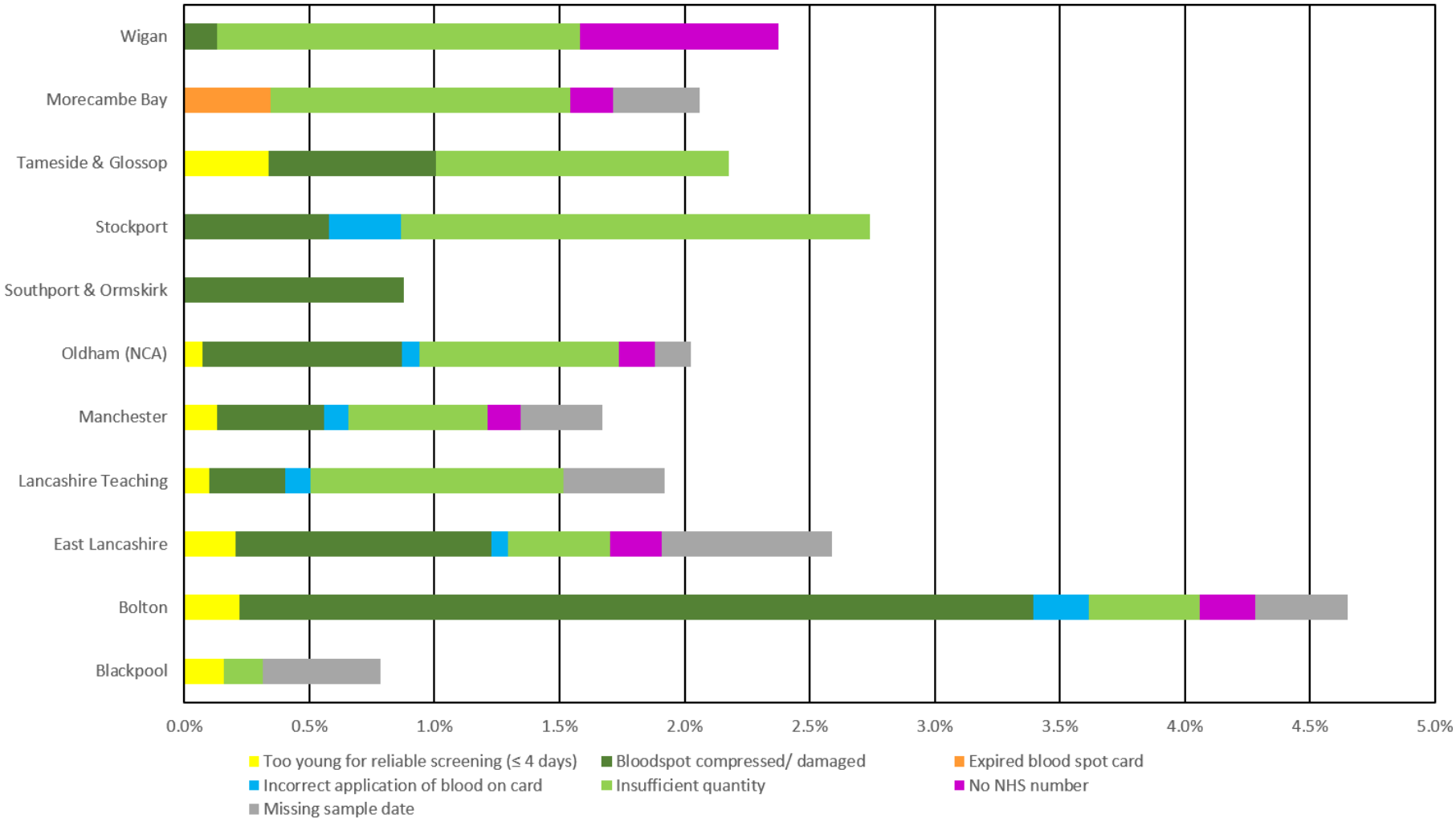
## Figure 4: Standard 5 - The proportion of blood spot samples received less than or equal to 3 working days of sample collection

**Most recent quarter on right-hand side**

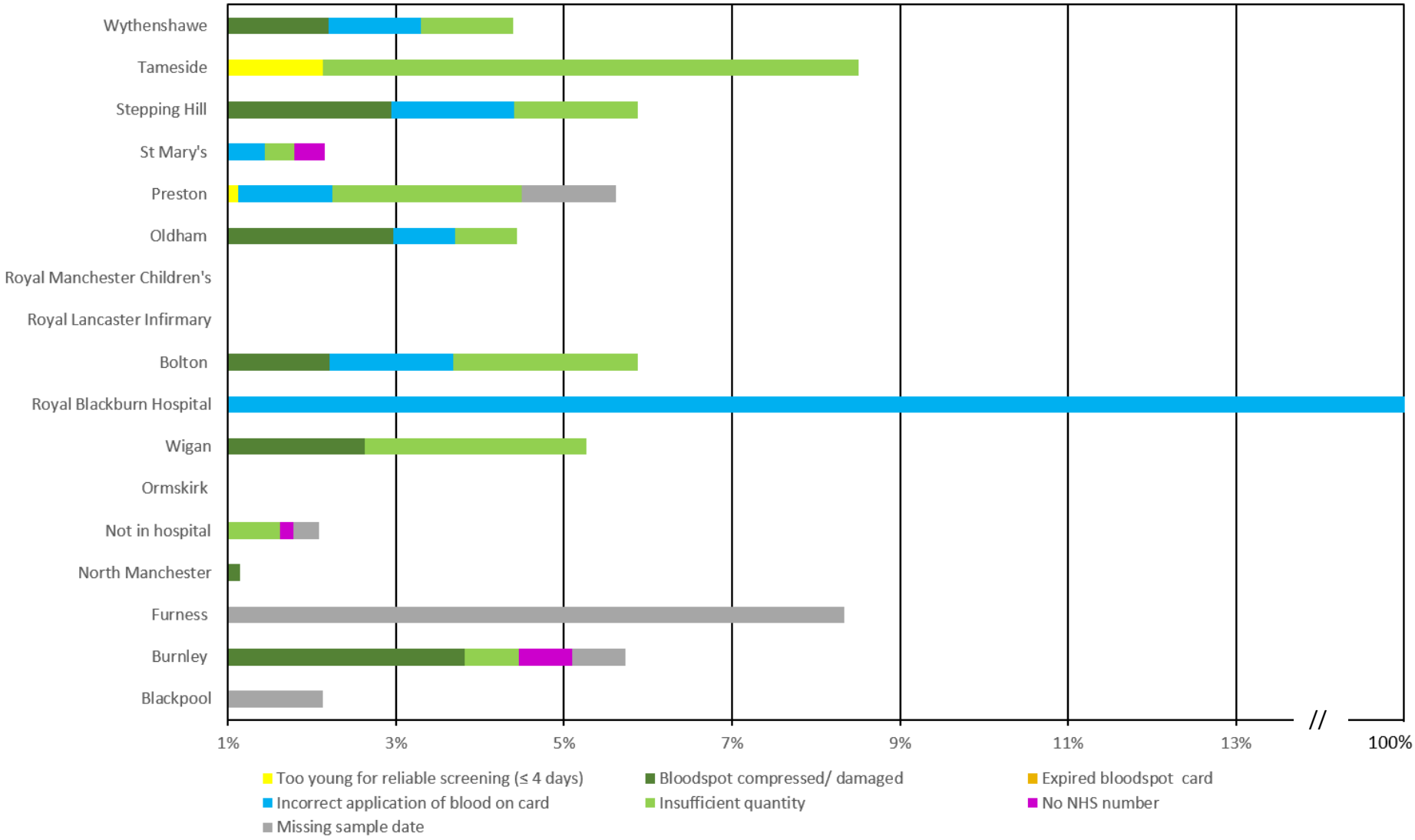



| | Southport & Ormskirk Hospital NHS Trust | Wrightington, Wigan and Leigh NHS FT | Tameside And Glossop Integrated Care NHS FT | Bolton NHS FT | Oldham (NCA) | East Lancashire Hospitals NHS Trust | University Hospitals of Morecambe Bay NHS FT | Stockport NHS FT | Blackpool Teaching Hospitals NHS FT | Manchester University NHS FT - SMH, RMCH, WH & NMGH | Lancashire Teaching Hospitals NHS FT |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Q2 25-26 | 91.4% | 87.4% | 96.9% | 98.5% | 93.6% | 98.9% | 99.8% | 98.4% | 100.0% | 98.9% | 99.9% |
| Q3 25-26 | 84.1% | 90.5% | 99.4% | 97.5% | 93.8% | 99.3% | 99.4% | 97.6% | 100.0% | 99.2% | 99.8% |
| Q4 25-26 | 73.3% | 92.1% | 98.1% | 99.2% | 93.2% | 98.8% | 98.9% | 98.0% | 99.8% | 99.7% | 100.0% |
| Q1 26-27 | 89.7% | 93.0% | 96.8% | 98.2% | 98.3% | 99.1% | 99.2% | 99.3% | 99.4% | 99.6% | 99.9% |

**Figure 5: Standard 6 - The proportion of first blood spot samples that require repeating due to an avoidable failure in the sampling process by Trust**



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



| Q1 26-27 Table 1 - Summary of Performance | | | | |
|---|---|---|---|---|
| Trust | Standard 3 | Standard 4 | Standard 5 | Standard 6 |
| Blackpool Teaching Hospitals NHS FT | 99.1% | 95.9% | 99.4% | 0.8% |
| Bolton NHS FT | 93.4% | 91.1% | 98.2% | 4.6% |
| East Lancashire Hospitals NHS Trust | 89.1% | 88.1% | 99.1% | 2.6% |
| Lancashire Teaching Hospitals NHS FT | 90.0% | 96.0% | 99.9% | 1.9% |
| Manchester University NHS FT (SMH, RMCH, WH & NMGH) | 97.4% | 96.3% | 99.6% | 1.7% |
| Oldham (NCA) | 84.3% | 91.8% | 98.3% | 2.0% |
| Southport & Ormskirk Hospital NHS Trust | 84.5% | 92.1% | 89.7% | 0.9% |
| Stockport NHS FT | 92.8% | 98.3% | 99.3% | 2.7% |
| Tameside And Glossop Integrated Care NHS FT | 92.4% | 93.1% | 96.8% | 2.2% |
| University Hospitals of Morecambe Bay NHS FT | 86.2% | 96.6% | 99.2% | 2.1% |
| Wrightington, Wigan and Leigh NHS FT | 61.6% | 95.1% | 93.0% | 2.4% |

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

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

During quarter 1 there were 4 repeats for raised IRT (CF inconclusive). 75% of samples 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.

**Table 2**

| Quarter 1 2026-27 - Standard 7a | | | | |
|---|---|---|---|---|
| Maternity Unit | Age at collection of CF repeat | | Total | % collected day 21-24 |
| | 15 d | 21 d | | |
| Bolton NHS FT | 1 | 0 | 1 | 0% |
| Manchester University NHS FT - SMH & RMCH | 0 | 1 | 1 | 100% |
| Stockport NHS FT | 0 | 1 | 1 | 100% |
| Wrightington, Wigan and Leigh NHS FT | 0 | 1 | 1 | 100% |
| **Total** | **1** | **3** | **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:** ≥ 80.0% of repeat blood spot samples taken as defined
**Achievable:** ≥ 90.0% of repeat blood spot samples taken as defined

During quarter 1 there were 28 repeats for borderline TSH (CHT). Of these, 100% were collected 7-10 days after the original sample. Table 3 displays the information by Trust.

**Table 3**

| Quarter 1 2026-27 - Standard 7b | | | | | | |
|---|---|---|---|---|---|---|
| Trust | Number of days between original sample | | | | Total | % collected 7-10 days after original sample |
| | 7 | 8 | 9 | 10 | | |
| Blackpool Teaching Hospitals NHS FT | 0 | 1 | 0 | 0 | 1 | 100% |
| Bolton NHS FT | 0 | 0 | 1 | 1 | 2 | 100% |
| East Lancashire Hospitals NHS Trust | 1 | 1 | 0 | 0 | 2 | 100% |
| MFT combined | 2 | 1 | 3 | 0 | 6 | 100% |
| Oldham (NCA) | 1 | 3 | 2 | 1 | 7 | 100% |
| Stockport NHS FT | 0 | 2 | 2 | 1 | 5 | 100% |
| Tameside And Glossop Integrated Care NHS FT | 0 | 0 | 1 | 0 | 1 | 100% |
| Wrightington, Wigan and Leigh NHS FT | 1 | 1 | 1 | 1 | 4 | 100% |
| **Grand Total** | **5** | **9** | **10** | **4** | **28** | 100% |

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

**Acceptable:** ≥ 75.0% of repeat blood spot samples taken as defined
**Achievable:** ≥ 85.0% of repeat blood spot samples taken as defined

During quarter 1, 126 CHT pre-term repeats were received. Performance by trust is displayed in table 4. 85% were collected on day 28 or at discharge, 14% were collected after day 28 and 2% were collected before day 28.

**Table 4**

| Quarter 1 26-27 - Standard 7c | | | | | |
|---|---|---|---|---|---|
| Trust | Number of Pre-term CHT second samples | | | Total | % Prem repeats collected on day 28 or at discharge |
| | EARLY | ON-TIME | LATE | | |
| Blackpool Teaching Hospitals NHS FT | 1 | 3 | 1 | 5 | 60% |
| Bolton NHS FT | | 15 | 5 | 20 | 75% |
| East Lancashire Hospitals NHS Trust | | 16 | 3 | 19 | 84% |
| Lancashire Teaching Hospitals NHS FT | | 10 | 1 | 11 | 91% |
| Manchester University NHS FT - SMH, RMCH, WH & NMGH | | 36 | 1 | 37 | 97% |
| Oldham (NCA) | 1 | 18 | 5 | 24 | 75% |
| Tameside And Glossop Integrated Care NHS FT | | 1 | | 1 | 100% |
| University Hospitals of Morecambe Bay NHS FT | | 3 | | 3 | 100% |
| Wrightington, Wigan and Leigh NHS FT | | 5 | 1 | 6 | 83% |
| **Grand Total** | **2** | **107** | **17** | 126 | 85% |

**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 11 screen positive samples for CHT and 6 for IMD in quarter 4. 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.

| 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% | 6 | 6 | 100% | 3 PKU, 1 MCADD, 1 GA1, 1 HT1.<br>One baby had an early screen for PKU due to family history - not included in these figures |
| **CHT (suspected on first sample)** | Attend first clinical appointment by 14 days of age | Acceptable: 100% | 3 | 4 | 75% | One baby was seen in clinic on day 17. This sample took 6 calendar days/4 working days to reach the lab.<br>In addition, one baby had a d5 sample which was transfused and required a repeat. The repeat TSH was borderline which resulted in a referral as baby was 12 days old. Not included in figures. |
| **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: ≥ 95.0%<br>Achievable: 100% | 1 | 1 | 100% | Baby seen on neonatal unit |
| **HCU** | Attend first clinical appointment by 28 days of age | Acceptable: ≥ 95.0%<br>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 | 0 | 0 | N/A | 1 baby died prior to a sweat test being performed (not included in figures) |
| **SCD** | Attend first clinical appointment by 90 days of age | Attend first clinical appointment by 90 days of age | 4 | 4 | 100% | 3 babies excluded as not yet 90 days of age |

## Incidents

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

| Incident Number | Incident Date | Incident Harm | Summary of incident | Further details | MFT or external | Lab/ Ward/ Maternity Unit | Local Area Team | QA informed |
|---|---|---|---|---|---|---|---|---|
| 2734245 | 30/04/26 | 1 - no harm | Blood spot labelling error: wrong DOB on sample. | A movement in baby had incorrect DOB on NBBS card. The date on the card meant that the baby was eligible for screening. However, CHIS later informed us that the DOB was incorrect and the baby was >54 weeks old and not eligible for screening. As testing had started, the decision was made to complete the screening pathway by reporting the results to CHIS. The results were not suspected for 10 conditions (& CF not eligible as >8 weeks old). | External | Stockport Health Visitors | Greater Manchester | Yes |
| 2751468 | 22/06/26 | 1 - no harm | Lab reporting error: result incorrectly reported by laboratory | Newborn Blood Spot Screening Results for 48 samples were inadvertently re-reported from MFT to the CarePlus Child Health System (SystemC) via the Trust Integration Engine. This was due to a miscommunication with the software engineer in Finland during upgrade of the server and Newborn Screening Software. The re-reported information was the same except for an incorrect date of sample receipt in 6 cases. All data checked against original data - no difference in results. Communicated with Child Health and SystemC to get the incorrect records updated. | MFT | NBS Lab | Greater Manchester | Yes |

## Appendix

| Quarter 1 2026-27: 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 | 647 | 647 | 641 | 2 | 100% | 99.1% | 0.3% |
| Bolton NHS FT | 1552 | 1549 | 1450 | 13 | 99.8% | 93.4% | 0.8% |
| East Lancashire Hospitals NHS Trust | 1682 | 1679 | 1499 | 5 | 99.8% | 89.1% | 0.3% |
| Health Visitor | 182 | 182 | 3 | 0 | 100% | 1.6% | 0.0% |
| Lancashire Teaching Hospitals NHS FT | 1022 | 1022 | 920 | 32 | 100% | 90.0% | 3.1% |
| Manchester University NHS FT - SMH & RMCH & WH & NMGH | 3190 | 3186 | 3108 | 14 | 100% | 97.4% | 0.4% |
| Not Stated | 7 | 6 | 5 | 0 | 86% | 71.4% | 0.0% |
| Oldham (NCA) | 1469 | 1467 | 1239 | 15 | 99.9% | 84.3% | 1.0% |
| Southport & Ormskirk Hospital NHS Trust | 116 | 116 | 98 | 3 | 100% | 84.5% | 2.6% |
| Stockport NHS FT | 724 | 724 | 672 | 13 | 100% | 92.8% | 1.8% |
| Tameside And Glossop Integrated Care NHS FT | 616 | 616 | 569 | 8 | 100% | 92.4% | 1.3% |
| University Hospitals of Morecambe Bay NHS FT | 601 | 600 | 518 | 1 | 99.8% | 86.2% | 0.2% |
| Wrightington, Wigan and Leigh NHS FT | 786 | 780 | 484 | 164 | 99.2% | 61.6% | 20.9% |
| **Grand Total** | **12594** | **12574** | **11206** | **270** | **99.8%** | **89.0%** | **2.1%** |

| Quarter 1 2026-27: Standard 4 | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Trust | First blood spot samples where date of sample was not known | 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 | 3 | 1 | 608 | 15 | 5 | 1 | 4 | 0.2% | 95.9% | 2.4% | 0.8% | 0.2% | 0.6% |
| Bolton NHS FT | 5 | 4 | 1235 | 90 | 8 | 7 | 12 | 0.3% | 91.1% | 6.6% | 0.6% | 0.5% | 0.9% |
| East Lancashire Hospitals NHS Trust | 10 | 3 | 1293 | 133 | 14 | 8 | 17 | 0.2% | 88.1% | 9.1% | 1.0% | 0.5% | 1.2% |
| Health Visitor | 0 | 0 | 3 | 0 | 0 | 0 | 130 | 0.0% | 2.3% | 0.0% | 0.0% | 0.0% | 97.7% |
| Lancashire Teaching Hospitals NHS FT | 4 | 1 | 948 | 29 | 6 | 0 | 3 | 0.1% | 96.0% | 2.9% | 0.6% | 0.0% | 0.3% |
| Manchester University NHS FT - SMH, RMCH, WH & NMGH | 10 | 2 | 2931 | 69 | 10 | 8 | 25 | 0.1% | 96.3% | 2.3% | 0.3% | 0.3% | 0.8% |
| Not Stated | 0 | 0 | 3 | 0 | 0 | 0 | 1 | 0.0% | 75.0% | 0.0% | 0.0% | 0.0% | 25.0% |
| Oldham (NCA) | 2 | 1 | 1270 | 78 | 10 | 8 | 16 | 0.1% | 91.8% | 5.6% | 0.7% | 0.6% | 1.2% |
| Southport & Ormskirk Hospital NHS Trust | 0 | 0 | 105 | 8 | 1 | 0 | 0 | 0.0% | 92.1% | 7.0% | 0.9% | 0.0% | 0.0% |
| Stockport NHS FT | 0 | 0 | 681 | 10 | 2 | 0 | 0 | 0.0% | 98.3% | 1.4% | 0.3% | 0.0% | 0.0% |
| Tameside And Glossop Integrated Care NHS FT | 0 | 2 | 556 | 31 | 6 | 0 | 2 | 0.3% | 93.1% | 5.2% | 1.0% | 0.0% | 0.3% |
| University Hospitals of Morecambe Bay NHS FT | 2 | 0 | 562 | 14 | 2 | 1 | 3 | 0.0% | 96.6% | 2.4% | 0.3% | 0.2% | 0.5% |
| Wrightington, Wigan and Leigh NHS FT | 0 | 1 | 721 | 31 | 1 | 0 | 4 | 0.1% | 95.1% | 4.1% | 0.1% | 0.0% | 0.5% |
| **Grand Total** | **36** | **15** | **10916** | **508** | **65** | **33** | **217** | **0.1%** | **92.9%** | **4.3%** | **0.6%** | **0.3%** | **1.8%** |

| Quarter 1 2026-27: Standard 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 | 640 | 644 | 0 | 644 | 99.4% | 100% | 0.0% |
| Bolton NHS FT | 1422 | 1445 | 3 | 1448 | 98.2% | 99.8% | 0.2% |
| East Lancashire Hospitals NHS Trust | 1516 | 1524 | 5 | 1529 | 99.1% | 99.7% | 0.3% |
| Health Visitor | 133 | 135 | 4 | 139 | 95.7% | 97.1% | 2.9% |
| Lancashire Teaching Hospitals NHS FT | 1011 | 1012 | 0 | 1012 | 100% | 100% | 0.0% |
| Manchester University NHS FT - SMH, RMCH, WH & NMGH | 3130 | 3139 | 5 | 3144 | 99.6% | 100% | 0.2% |
| Not Stated | 4 | 4 | 0 | 4 | 100% | 100% | 0.0% |
| Oldham (NCA) | 1429 | 1454 | 0 | 1454 | 98.3% | 100% | 0.0% |
| Southport & Ormskirk Hospital NHS Trust | 104 | 112 | 4 | 116 | 89.7% | 96.6% | 3.4% |
| Stockport NHS FT | 717 | 721 | 1 | 722 | 99.3% | 99.9% | 0.1% |
| Tameside And Glossop Integrated Care NHS FT | 596 | 608 | 8 | 616 | 96.8% | 98.7% | 1.3% |
| University Hospitals of Morecambe Bay NHS FT | 592 | 596 | 1 | 597 | 99.2% | 99.8% | 0.2% |
| Wrightington, Wigan and Leigh NHS FT | 729 | 764 | 20 | 784 | 93.0% | 97.4% | 2.6% |
| Grand Total | 12023 | 12158 | 51 | 12209 | **98.5%** | **99.6%** | **0.4%** |

| Quarter 1 2026-27: 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) | 1 | 3 | 3 | 0 | 1 | 4 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | **15** |
| 0302: too soon after transfusion (<72 hours) | 0 | 6 | 5 | 0 | 0 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 18 |
| 0303: insufficent sample | 1 | 6 | 6 | 2 | 10 | 17 | 0 | 11 | 0 | 13 | 7 | 7 | 11 | **91** |
| 0304: unsuitable sample (blood quality): incorrect blood application | 0 | 3 | 1 | 0 | 1 | 3 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | **11** |
| 0305: unsuitable sample (blood quality): compressed/damaged | 0 | 43 | 15 | 2 | 3 | 13 | 0 | 11 | 1 | 4 | 4 | 0 | 1 | **97** |
| 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 | 3 | 3 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 1 | 6 | **19** |
| 0309: unsuitable sample: date of sample missing/not accurately recorded | 3 | 5 | 10 | 0 | 4 | 10 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | **36** |
| 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 | 2 | 0 | **2** |
| 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** | 5 | 63 | 38 | 4 | 19 | 51 | 0 | 28 | 1 | 19 | 13 | 12 | 18 | **271** |
| **Number of first samples received/ babies tested** | 637 | 1355 | 1468 | 93 | 989 | 3049 | 4 | 1382 | 114 | 693 | 597 | 583 | 758 | **11722** |
| **Avoidable Repeat Requests Rate** | **0.8%** | **4.6%** | **2.6%** | **4.3%** | **1.9%** | **1.7%** | **0.0%** | **2.0%** | **0.9%** | **2.7%** | **2.2%** | **2.1%** | **2.4%** | **2.3%** |

*Transfusion Repeats are not included in the Avoidable Repeat calculation*

| Quarter 1 2026-27: Standard 6 by Current 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 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | **15** |
| 0302: too soon after transfusion (<72 hours) | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 0 | 5 | 0 | 2 | 0 | 0 | 0 | 18 |
| 0303: insufficent sample | 0 | 1 | 0 | 0 | 77 | 0 | 1 | 0 | 3 | 0 | 0 | 1 | 2 | 1 | 1 | 3 | 1 | **91** |
| 0304: unsuitable sample (blood quality): incorrect blood application | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 1 | 2 | 1 | 0 | 1 | **11** |
| 0305: unsuitable sample (blood quality): compressed/damaged | 0 | 6 | 0 | 1 | 77 | 0 | 1 | 0 | 2 | 0 | 0 | 4 | 0 | 2 | 2 | 0 | 2 | **97** |
| 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 | 1 | 0 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | **19** |
| 0309: unsuitable sample: date of sample missing/not accurately recorded | 1 | 1 | 1 | 0 | 32 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | **36** |
| 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 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | **2** |
| 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** | 1 | 9 | 1 | 1 | 219 | 0 | 2 | 1 | 8 | 0 | 0 | 6 | 5 | 6 | 4 | 4 | 4 | **271** |
| **Number of first samples received/ babies tested** | 47 | 157 | 12 | 87 | 10490 | 5 | 38 | 1 | 136 | 36 | 4 | 135 | 89 | 279 | 68 | 47 | 91 | **11722** |
| **Avoidable Repeat Requests Rate** | 2.1% | 5.7% | 8.3% | 1.1% | 2.1% | 0.0% | 5.3% | 100% | 5.9% | 0.0% | 0.0% | 4.4% | 5.6% | 2.2% | 5.9% | 8.5% | 4.4% | **2.3%** |

*Transfusion Repeats are not included in the Avoidable Repeat calculation*