Department of Health

NHS England

# NHS public health functions agreement 2015-16

## Service specification no.21

## NHS Newborn and Infant Physical Examination Screening Programme

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# NHS public health functions agreement 2015-16

## Service specification no.21

## NHS Newborn and Infant Physical Examination Screening Programme

**Prepared by Public Health England**

# Contents

# Service specification No.21

This is a service specification within Annex C of the ‘NHS public health functions agreement 2015-16 (the ‘2015-16 agreement’) published in December 2014.

This service specification is to be applied by NHS England in accordance with the 2015-16 agreement. This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

Where a specification refers to any other published document or standard, it refers to the document or standard as it existed at the date when the 2015-16 agreement was made between the Secretary of State and NHS England Board. Any changes in other published documents or standards may have effect for the purposes of the 2015-16 agreement in accordance with the procedures described in Chapter 3 of the 2015-16 agreement

Service specifications should be downloaded in order to ensure that commissioners and providers refer to the latest document that is in effect.

The 2015-16 agreement including all service specifications within Annex C is available at www.gov.uk (search for ‘commissioning public health’).

# Section 1: Purpose of Screening Programme

## 1.1. Purpose of the Specification

To ensure a consistent and equitable approach across England a common national service specification must be used to govern the provision and monitoring of Newborn and Infant Physical Examination (NIPE) screening services.

The purpose of the service specification for the NHS Newborn and Infant Physical Examination (NIPE) Screening Programme is to outline the service and quality indicators expected by NHS England (NHS E) for the population for whom it is responsible and which meets the policies, recommendations and standards of the UK National Screening Committee (UK NSC).

The service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions which may apply, e.g. the Health and Social Care Act 2008 or the work undertaken by the Care Quality Commission. The specification will be reviewed and amended in line with any new guidance as quickly as possible.

This specification should be read in conjunction with:

- Current NHS NIPE guidance http://newbornphysical.screening.nhs.uk
- Newborn and Infant Physical Examination Standards and Competencies http://newbornphysical.screening.nhs.uk/publications
- Guidance & updates on Key Performance Indicators (KPIs) http://www.screening.nhs.uk/kpi
- Failsafe Processes http://www.screening.nhs.uk/failsafe
- UK NSC Guidance, Managing Serious Incidents in the English NHS National Screening Programmes http://www.screening.nhs.uk/incidents National Institute for Health and Clinical Excellence (NICE) Clinical guideline 37 Routine and postnatal care of women and their babies 2006 http://www.nice.org.uk/cg037

## 1.2. Aims

The NHS Newborn and Infant Physical Examination (NIPE) Screening Programme aims to:

- identify and refer all children born with congenital abnormalities of the heart, hips, eyes or testes, where these are detectable, within 72 hours of birth

- to further identify  abnormalities that may be detected, at the second physical examination performed between 6-8 weeks of age

## 1.3. Objectives

- offer the first (newborn) examination to every baby within 72 hours of birth; and at 6-8 weeks in order to reduce morbidity and mortality
- to facilitate appropriate neonatal referral and management

## 1.4. Expected Health Outcomes

The overall health outcomes are to reduce mortality and morbidity for the screened conditions by

- the identification of congenital abnormalities and early assessment and intervention for
  - Congenital Cardiac defects
  - Developmental Dysplasia of the Hip (DDH)
  - Ocular abnormalities
  - Undescended Testes

## 1.5 Principles

- all individuals will be treated with courtesy, respect and an understanding of their needs,
- all those participating in the NIPE Screening Programme will have adequate information on the benefits and risks to allow an informed decision to be made before participation
- the target population will have equitable access to screening
- screening will be effectively integrated across a pathway with clear lines of communication between different providers of services in screening centres, primary care and secondary care

## 1.6. Equality

The provider will be able to demonstrate what systems are in place to ensure equity of access to screening and subsequent diagnostic testing. This will include, for example, how

the services are designed to ensure that there are no obstacles to access on the grounds of race, culture, sexual preference, physical or learning disabilities.

The provider will have procedures in place to identify and support those families who are considered vulnerable/ hard-to-reach, including but not exclusive to, those who are not registered with a GP; asylum seekers; those with drug or alcohol harm issues; those with learning disabilities, physical disabilities or women/parents with communications difficulties. The provider will comply with safeguarding policies and good practice recommendations for such families.

Providers are expected to meet the public sector Equality Duty which means that public bodies have to consider all individuals when carrying out their day-to-day work – in shaping policy, in delivering services and in relation to their own employees.
https://www.gov.uk/equality-act-2010-guidance

It also requires that public bodies:

- have due regard to the need to eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities

# Section 2: Scope of Screening Programme

## 2.1. Description of screening programme

The UK National Screening Committee (UK NSC) policy for NIPE is that all eligible newborn babies will be offered the NIPE screen. This first screen should be offered within 72 hours of birth and then again at 6-8 weeks of age.

This universal offer of screening facilitates early detection of congenital defects of the heart, hips, eyes and testes. Any abnormalities detected or any clinical concerns identified will lead to a prompt referral for early clinical assessment by the relevant clinical expert.

In delivering a national screening programme and to ensure national consistency the local provider is expected to fulfil the following, in conjunction guidance from the NIPE Programme / UK NSC where appropriate and as detailed in national standards and policies:

- work to nationally agreed common standards and policies
- be required to implement and support national IT developments
- use materials provided by the national screening programme, e.g. information leaflets, e-learning and other training resources , and protocols for their use
- be required to respond to national actions such as change of IT software, equipment supplier, techniques
- work with the NHS in reporting , investigating and resolving screening incidents and the implementation of agreed actions
- provide data and reports against programme standards, key performance indicators, and quality indicators as required by the screening programme on behalf of the UK NSC
- take part in quality assurance (QA) processes and implement changes recommended by QA including urgent suspension of services if required
- implement and monitor failsafe procedures and continuously ensure quality
- work with bordering providers to ensure that handover of results or patients is smooth and robust
- participate in evaluation of the screening programme
- ensure all health care professionals access and complete appropriate training to maintain continuous professional development and competency
- ensure appropriate governance structures are in place

## 2.2. Care pathway

A full description of the NIPE screening pathway can be found on the Map of Medicine website at http://healthguides.mapofmedicine.com

There are two elements of the NIPE screening pathway:

1. **Newborn** examination within 72 hours of birth
2. **Infant** examination between 6-8 weeks of age

The **newborn** pathway consists of the following:

- the eligible population of 'new births' or 'new registrations' is identified through a birth notification and automatic transfer to the NIPE Screening Management and Reporting Tool (SMART) IT system or notification to the screening team by the local Child Health Department (CHRD)
- if the provider is not using NIPE SMART, a system must be in place to identify the eligible population for screening and to ensure appropriate failsafe processes are in place, monitored and managed. Use of such a system is **mandatory**
- the local maternity and IT services, or in exceptional cases the Child Health Department, is responsible for entering high quality, timely data into the NHS number registration system Patient Demographic System to enable electronic identification of babies eligible for screening within the NIPE SMART IT system before the examination is performed and within 6 hours of birth
- all eligible babies, born or resident in England, should be offered a NIPE screen within 72 hours of birth (see section 3.14 for details of exclusion criteria)
- It is expected that all reasonable efforts will be made to ensure that babies have their screen completed before they move area from the one in which they were born
- The initial screen will be completed (subject to parental consent) by 72 hours of age. It is recommended that Newborn Physical Examination is undertaken prior to discharge from hospital (unless home delivery) This maximises the opportunity for the examination to be completed within the 72 hour target
- the responsibility for identifying these babies remains with the birth unit until responsibility is formally passed to another maternity service or primary care
- it is the responsibility of the local Child Health Records Department to ensure screening results are recorded

- written information about the NIPE screen is provided to parents using the UK NSC booklet 'Screening Tests for You and Your Baby'
- the offer of screening and subsequent acceptance or decline should be documented
- screening should be undertaken in line with NIPE programme standards and guidance
- the outcome of the examination should be clearly recorded electronically and in the health records

The **infant** pathway consists of the following:

- all eligible babies resident in England, should be offered a NIPE screen between 6-8 weeks of age (see section 3.14 for details of exclusion criteria)
- the offer of screening and subsequent acceptance or decline should be documented
- screening should be undertaken in line with NIPE programme standards and guidance

**Management of results**

- The outcome of the examination should be clearly recorded electronically and in the health records
- Those babies with **screen negative** results return to the care pathway of the 'Healthy Child Programme'
- Those babies with **screen positive** results, appropriate referrals should be made in line with NIPE screening standards. In the first instance, this may be to an 'in-house' neonatologist/ paediatrician. Referral to other internal or external tertiary services will be expedited as is clinically appropriate.
- Providers must ensure that there are adequate, appropriate and linked clinical referral pathways in place across services

All providers are expected to review and risk assess local pathways in the light of national NIPE Programme guidance and work with the Quality Assurance teams, and NHS England Screening and Immunisation Leads and Teams to develop, implement and maintain appropriate risk reduction measures. This should involve mechanisms to audit implementation, report incidents, ensure staff training and development and competencies and have appropriate links with internal governance arrangements.

### 2.3. Failsafe arrangements

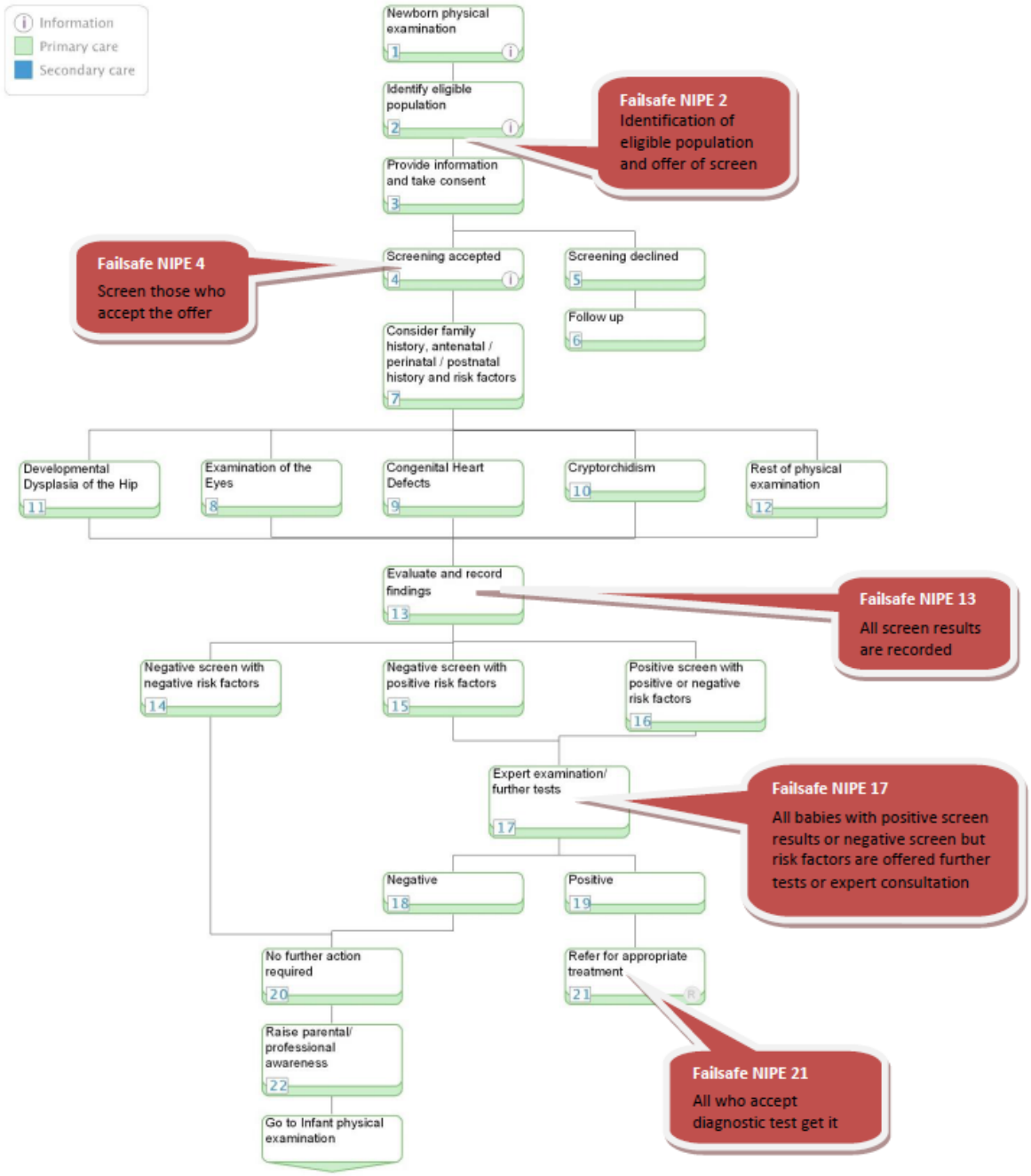
Quality Assurance within the screening pathway is managed by including failsafe processes. Failsafe is a back-up mechanism, in addition to usual care, which ensures if something goes wrong in the screening pathway, processes are in place to identify (i) what is going wrong and (ii) what action follows to ensure a safe outcome.

The provider is expected to:

- have and evidence appropriate failsafe mechanisms in place across the whole screening pathway.
- review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes or the National Screening programme
- work with NHS England and Quality Assurance Teams to develop, implement, and maintain appropriate risk reduction measures
- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents
- ensure that appropriate links are made with internal governance arrangements, such as risk registers
- ensure  staff have access to appropriate training and development to maintain competencies

NIPE Screening pathway with failsafe points can be found in Figure 1 below

Figure 1 NIPE Screening pathway with failsafe points



## 2.4. Roles and accountabilities through the screening pathway

The NIPE Programme is dependent on systematic specified relationships between stakeholders. Stakeholders include maternity and paediatric services and related clinicians, ultrasound services, orthopaedic, cardiology, ophthalmology and surgical services, primary care (General Practitioners, Health Visitors and Child Health Records Departments).

NHS England will be expected to ensure that the whole pathway is robust. The provider will be expected to fully contribute to ensuring that systems are in place to maintain the quality of the whole screening pathway in their organisation. This will include, but is not limited to:

- provision of robust screening coordination which links with all elements of the screening pathway
- ensuring that responsibilities relating to all elements of the screening pathway across organisations and organisational boundaries are identified
- developing joint audit and monitoring processes
- agreeing joint failsafe mechanisms where required to ensure safe and timely processes across the whole screening pathway
- contributing to any NHS England and public health screening lead initiatives in screening pathway development in line with UK NSC expectations
- providing robust electronic links for screening services across the screening pathway
- links with primary care

All Trusts should have

- a screening midwife/co-ordinator or other designated co-ordinator (and deputies) in place to oversee the screening programme.
- a clinical lead to support and oversee the NIPE programme

## 2.5. Commissioning Arrangements

NIPE screening services will be commissioned by NHS England alongside specialised services where appropriate. Commissioning the screening pathway involves commissioning at different levels which may include Area Teams, CCGs, and directly by maternity services. For specific information relating to 72 hour examination refer to ‘Maternity Pathway Payments: Who pays for what’ http://www.england.nhs.uk/wp-content/uploads/2014/01/who-pays-for-what-fin.pdf

## 2.6. Links between screening programme and national programme expertise

PHE, through the national screening programmes, is responsible for defining high-quality, uniform screening, providing accessible information to both the public and health care professionals, and developing and monitoring standards. It is also responsible for the delivery of national quality assurance, based at regional level, and for ensuring training and education for all those providing screening is developed, commissioned and delivered through appropriate partner organisations.

Public Health England (PHE) will be responsible for delivery of the essential elements of screening programmes best done once at national level.

These include:

- setting clear specifications for equipment, IT and data;
- procurement of equipment and IT where appropriate; (Procurement may undertaken by NHS England, but will need advice from PHE screening expertise and related clinical experts)

# Section 3: Delivery of Screening Programme

## 3.1. Service model summary

- NIPE screening is undertaken as part of the existing newborn physical examination within maternity and paediatric services
- The model of delivery for the NIPE 72 hour screening examination is primarily through maternity services care
- The model of delivery for the NIPE 6-8 week screening examination is primarily through primary services care
- Further detail and a description of the programme to support full implementation can be found at http://newbornphysical.screening.nhs.uk

## 3.2. Programme co-ordination

The provider will be responsible for ensuring that the part of the programme they deliver is coordinated and interfaces seamlessly with other parts of the programme with which they collaborate, in relation to timeliness and data sharing.

The Provider will have in place one or more named individuals responsible for the coordination of the delivery of the programme and provide contribution to planning supported by appropriate administrative support to ensure timely reporting and response to requests for information. Where there is only one named coordinator, the provider will ensure that there are adequate cover arrangements in place to ensure sustainability, safety and consistency of programme.

The provider and NHS England should meet at regular intervals to monitor and review the local screening pathway. The meetings should include representatives from programme coordination, clinical services and service management

### 3.3. Clinical and corporate governance

The provider will:

- ensure co-operation with and representation on the local screening oversight arrangements/ structures e.g. screening programme boards/ groups
- ensure that responsibility for the screening programme lies at Director level,
- ensure that there is appropriate internal clinical oversight of the programme and have its own management and internal governance of the services provided with the designation of a clinical lead, local programme co- ordinator/manager and the establishment of a multidisciplinary steering group/programme board including NHS England representation as a minimum, and has with terms of reference and a record of meetings
- ensure that there is regular monitoring and audit of the screening programme, and that, as part of organisation's clinical governance arrangements, the organisation's Board is assured of the quality and integrity of the screening programme
- comply with the UK NSC guidance *'Managing Screening Incidents in the English NHS National Screening Programmes Guidance* '
- have appropriate and timely arrangements in place for referral into treatment services that meet programme standards
- be able to provide documented evidence of clinical governance and effectiveness arrangements on request
- ensure that an annual report of screening services is produced which is signed off by the organisation's board.
- have a sound governance framework in place covering the following areas:
    - information governance/records management
    - equality and diversity
    - user involvement, experience and complaints
    - failsafe procedures
    - risks & mitigation plans

### 3.4. Definition, identification and invitation of cohort/eligibility

The eligible population is:

- all live babies within the total population for the maternity service for the **newborn** physical screening examination
- all live babies at 6 weeks of age for the **infant** physical screening examination

The provider must ensure that maternity services complete the birth registration process on the Patient demographic System without delay to enable automatic transfer of demographic information into NIPE SMART, to allow accurate and timely identification of the eligible population for screening.

All live babies are eligible for screening however it is acknowledged that screening may be delayed if a baby is too premature for examination (e.g. fused eyes) or they are too unwell to have the examination (i.e. it is not the critical priority at that given point in time).

See section 3.14 for details exclusion criteria.

### 3.5. Location(s) of programme delivery

The provider will ensure appropriate accessible service provision for the population to be screened while assuring that all locations fully comply with the policies, standards and guidelines referenced in this service specification and have the necessary capability for electronic access to the screening IT system (NIPE SMART).

### 3.6. Days/Hours of operation

The days and hours of operation are to be determined locally and must ensure sufficient resources are in place to meet screening demand within required timescales without compromising relevant standards and guidelines. However, timeliness is essential and is a key criteria of quality along all parts of the screening pathway.

### 3.7. Entry into the screening programme

See section 2.2: Care pathway and section 3.4 Definition, identification and invitation of cohort eligibility

Providers will ensure timely access to all aspects of the screening programme.

Babies who move into the area and who have not had NIPE screening test should be offered the screen by the local screening team in their new area of residence. Screening strategy for older children should be in line with NIPE programme guidance http://newbornphysical.screening.nhs.uk/.

### 3.8. Working across interfaces between departments and organisations

The screening programme is dependent on strong working relationships (both formal and informal) between the screening programmes including midwifery services, paediatric services, ultrasound, cardiology, ophthalmology, orthopaedic and surgical services general practitioners, child health records departments, health visitors and other primary care and specialist professionals.

Accurate and timely communication and handover across these interfaces is essential to reduce the potential for errors and ensure a seamless pathway for service users. It is essential that is named clinical responsibility at all times and at handover of care the clinical responsibility is clear.

The provider will be expected to fully contribute to ensuring that cross organisational systems are in place to maintain the quality of the entire screening pathway. This will include, but is not limited to:

- work to nationally agreed programme standards, policies and guidance
- provide strong clinical leadership and clear lines of accountability
- agree and document roles and responsibilities relating to all elements of the screening pathway across organisations to ensure robust handover arrangements between services
- develop joint audit and monitoring processes
- agree jointly on the failsafe mechanisms required to ensure safe and timely processes across the whole screening pathway
- develop an escalation process for screening incidents (SIs)
- contribute to any NHS England initiatives in screening pathway development in line with UK NSC expectations
- facilitate education and training both inside and outside the provider organisation

### 3.9. Information on test / screening programme

The provider will ensure that during pregnancy, after birth, and at other relevant points throughout the screening pathway, parents/carers are provided with information utilising the approved UK NSC booklet ‘Screening Tests for You and Your Baby’ as a guide for discussion. Where there are specific communication requirements (e.g. English is not the mother’s first language, visual/hearing impairment) appropriate interpretation services should be used.

### 3.10. Testing (performance of test by individuals)

Providers will ensure that the NIPE examination is performed by a health professional who is appropriately trained in line with national guidance.

See section 3.15 Staffing

### 3.11. Results giving, reporting and recording

Screening results should be explained to parents by appropriately trained staff. Results are given verbally and in writing on the examination screening page within the PCHR (Personal Child Health Record - 'Red Book')

The clinician undertaking the examination is responsible for ensuring the results and outcomes are recorded. This should be by use of that the nationally recommended (NIPE SMART) or an IT system that can ensure appropriate failsafe processes are in place, monitored and managed. Use of such a system is **mandatory**.

Results should also be reported on the CHIS and the GP records.

See section 2.2 for further detail

### 3.12. Transfer of and discharge from care obligations

Babies with screen negative NIPE examinations are discharged from the responsibility of the screening programme. Babies who require referral are discharged from the screening programme once they have been seen for assessment. The provider will retain care obligations throughout the NIPE process, unless formal transfer of care is made to another care provider and this is accounted for within a failsafe system.

### 3.13. Public information

Providers must always use the nationally-developed public information leaflets at all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided and should involve the national screening team before developing any other materials.

Providers must involve the national screening team in the development of local publicity campaigns to ensure accurate and consistent messaging, particularly around informed choice, and to access nationally-developed resources.

### 3.14. Exclusion criteria

- Screening may be delayed if a baby is too premature for examination or they are too unwell to have the examination (i.e. it is not the critical priority at that give point in time)
- These babies should be accounted for and the reason explained as mitigations in reporting against performance targets.
- All babies should have a NIPE examination as their condition allows

### 3.15. Staffing

Providers will have in place one or more named individuals (who may be the clinical lead, screening coordinator or designated co-ordinator) responsible for the coordination of the delivery of the programme and provide contribution to planning with appropriate administrative support to ensure timely reporting and response to requests for information. Where there is only one named coordinator, the provider will ensure that there are adequate cover arrangements in place to ensure sustainability, safety and consistency of programme. These staff are also responsible for ensuring that there is an on -going educational programme for health professionals involved in screening.

Providers are responsible for funding minimum training requirements to maintain an effective screening workforce including CPD where necessary. Training standards are detailed at http://newbornphysical.screening.nhs.uk/education

Providers should ensure training has been completed satisfactorily and recorded and that there is a system in place to assess on-going competency.

Providers will ensure that there are adequate numbers of appropriately trained staff in place to deliver the screening programme in line with best practice guidelines and NIPE national policy.

### 3.16. User involvement

In accordance with UK NSC standards and protocols the provider(s) will:

- demonstrate that they have collected (or have plans in place to collect) the views of service users, families and others in respect of the services they provide
- demonstrate how those views will influence service delivery for the purposes of raising standards
- make results of user surveys/questionnaires available to NHS England on request.

### 3.17. Premises and equipment

The provider will ensure that:

- suitable premises and equipment are provided for the screening programme and will have appropriate polices in place for equipment maintenance and replacement to ensure programme sustainability. The nationally recommended (NIPE SMART) or an IT system that can ensure appropriate failsafe processes is in place, monitored and managed should be in place. Use of such a system is **mandatory.**

### 3.18. Safety & Safeguarding

The provider should refer to and comply with the safety and safeguarding requirements as set out in the NHS Standard Contract. As an example, please see link below for 2013/14 NHS Standard Contract:

http://www.england.nhs.uk/wp-content/uploads/2013/03/contract-service.pdf

# Section 4: Service Standards, Risks and Quality Assurance

## 4.1. Key criteria and standards

Programme standards are available on the programme website http://newbornphysical.screening.nhs.uk . Providers will meet the acceptable and work towards the achievable programme standards. A number of resources to support providers are available on the programme website.

## 4.2. Risk assessment of the screening pathway

- Providers are expected to have an internal quality assurance and risk management process that assures the commissioners of its ability to manage the risks of running a screening programme.
  Providers will:
- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents
- ensure that appropriate links are made with internal governance arrangements, such as risk registers
- review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes or the National Screening programme
- work with the Commissioner and Quality Assurance Teams to develop, implement, and maintain appropriate risk reduction measures

High scoring risks will be identified and agreed between the provider and the commissioners and plans put in place to mitigate against them.

## 4.3. Quality assurance

Providers will participate fully in national Quality Assurance processes, co-operate in undertaking ad-hoc audits and reviews as requested by QA teams and respond in a timely manner to their recommendations. This will include the submission to QA teams and commissioners of:

- agreed data and reports from external quality assurance schemes

- minimum data sets as required – these may be required to be submitted to relevant national external bodies
- self-assessment questionnaires / tools and associated evidence

Failsafe systems must be able to identify, as early as possible, babies that may have been missed or where screening results are incomplete.

Providers will respond to QA recommendations by the submission of action plans to address identified areas for improvement and any non-conformities / deviations from recommended performance thresholds. Where QA believe there is a significant risk of harm to the population, they can recommend to commissioners to suspend a service.

### 4.4. Safety concerns, safety incidents and serious incidents

Providers will comply with the national guidance for the management of safety concerns and incidents in screening programmes and NHS England guidance for the management of serious incidents (http://www.screening.nhs.uk/incidents).

### 4.5. Procedures and Protocols

The provider will be able to demonstrate that they have audited procedures, policies and protocols in place to ensure best practice is consistently applied for all elements of the screening programme.

### 4.6. Continual service improvement

Where national recommendations and acceptable/achievable standards are not currently fully implemented the provider will be expected to indicate in service plans what changes and improvements will be made over the course of the contract period.

The provider shall develop a CSIP (continual service improvement plan) in line with the KPIs and the results of internal and external quality assurance checks. The CSIP will respond and any performance issues highlighted by the commissioners, having regard to any concerns raised via any service user feedback. The CSIP will contain action plans with defined timescales and responsibilities, and will be agreed with the commissioners.

# Section 5: Data and Monitoring

## 5.1. Key performance indicators

The provider shall adhere to the requirements specified in the document 'Key Performance Indicators for Screening. Please refer to http://www.screening.nhs.uk/kpi for further details, guidance and updates on these indicators

## 5.2. Data collection monitoring

Providers should:

- ensure that appropriate systems are in place to support programme delivery including audit and monitoring functions. This should be through use of the nationally recommended (NIPE SMART) or an IT system that can ensure appropriate failsafe processes are in place, monitored and managed. Use of such a system is **mandatory**
- continually monitor and collect data regarding its delivery of the service
- comply with the timely data requirements of the National Screening programmes and regional Quality Assurance teams. This will include the production of annual reports. The current dataset can be accessed from the National Screening programme website

Information recorded on NIPE SMART is available to the National Screening programme and the provider as part of the IT system functions.

The National Screening programme will produce regular performance reports for NHS England and providers of the screening programme

For quality and monitoring information should be shared with the National Congenital Anomaly and Rare Disease Registration Service

## 5.3. Public Health Outcomes Framework Indicators

NIPE screening contributes to the Public Health Outcomes Framework indicator on the uptake of screening for national screening programmes. Indicator 2.21vi Access to non-cancer screening programmes: newborn and infant physical examination screening

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256502/nhs_public_health_functions_agreement_2014-15.pdf

2.21vi: The percentage of babies eligible for the newborn physical examination who were tested within 72 hours of birth

Key Deliverable: The acceptable level should be achieved as a minimum by all services

Acceptable ≥ 95.0%

Achievable ≥ 99.5%