

## Daily Newborn Examination Failsafe Access

Issue Date	Review Date	Version
October 2020	October 2025	1

### Purpose

To ensure babies have the newborn examination within the 72 hour screening standard.

### Who should read this document?

Delivery suite co-ordinators, neonatal examiners, neonatologists, ANNPs, ENNPs

### Key Messages

**Recommendation 15 from the Antenatal and Newborn Screening QA Assessment recommended access to the Newborn Examination Failsafe daily including weekends and Bank Holidays.**

To highlight to all maternity patient care areas any incomplete/not started newborn examinations.

Enable plans to be implemented to ensure newborn examinations are completed for all babies within the 72 hour screening standard with the exception of those that are too premature or being cared for on the Neonatal Intensive Care Unit.

### Core accountabilities

Owner	Ruth Rice Antenatal and Newborn Screening Coordinator
Review	Maternity Assurance Group
Ratification	Clinical Governance Lead – Alex Taylor
Dissemination (Raising Awareness)	Maternity Assurance Group
Compliance	Maternity Assurance Group

### Links to other policies and procedures

### Version History

1	October 2020	New SOP for Maternity and Neonatal Service
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*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents.  
Larger text, Braille and Audio versions can be made available upon  
request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

<b>Section</b>	<b>Description</b>	<b>Page</b>
1	Introduction	4
2	Definitions	4
3	Regulatory Background	4
4	Key Duties	4
5	Procedure to Follow	5
6	Document Ratification Process	5
7	Dissemination and Implementation	5
8	Monitoring and Assurance	5
9	Reference Material	5
	<b>Appendices</b>	<b>6</b>

## Standard Operating Procedure (SOP)

### Daily Newborn Examination Failsafe Access and Action

#### 1 Introduction

To ensure all babies born at, or transferred into the care of, University Hospitals Plymouth have the Newborn Examination performed by 72 hours of age.

#### 2 Definitions

The Public Health England Newborn Examination Screening standard is that all newborn babies, with the exception of extreme preterm babies or those too sick to withstand the examination, should have the examination performed between birth and 72 hours of age.

#### 3 Regulatory Background

Public Health England, Newborn and infant physical examination screening standards.

#### 4 Key Duties

To ensure all Maternity and neonatal staff are aware of the standard. Nominated staff to have access to the S4N failsafe, print a list of incomplete/not started examinations enabling identification of these babies and to plan for the examinations to be performed.

#### 5 Procedure to Follow

Saturday/Sunday/bank holidays

- For access to the S4N system see Appendix 1.
- Delivery suite night coordinator accesses the S4N failsafe and prints the not started/ incomplete examination list.
- Maternity care assistant to take the printed list to reception.
- Maternity receptionist asked to populate the list with the whereabouts of the babies and make 4 copies of the list.
- The midwife providing the early community administrator role collects the copies of the list and delivers them to all of the inpatient areas; Transitional care Ward (TCW), Neonatal Intensive Care Unit (NICU), Central Delivery Suite (CDS) and Argyll Ward keeping 1 copy to enable the follow up of babies discharged into the community setting.

All areas to plan to complete outstanding newborn examinations as listed in their individual area.

## **6 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with the development and management of formal documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed and ratified by the Maternity Assurance Group (MAG).

Non-significant amendments to this document may be made, under delegated authority from MAG, by the nominated author.

Significant reviews and revisions to this document will include a consultation with named groups across the Trust. For non-significant amendments, informal consultation will be restricted to named groups who are directly affected by the proposed changes.

## **7 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with the development and management of formal documents.

## **8 Monitoring and Assurance**

Access to the S4N system can be monitored by the Antenatal and Newborn screening team.

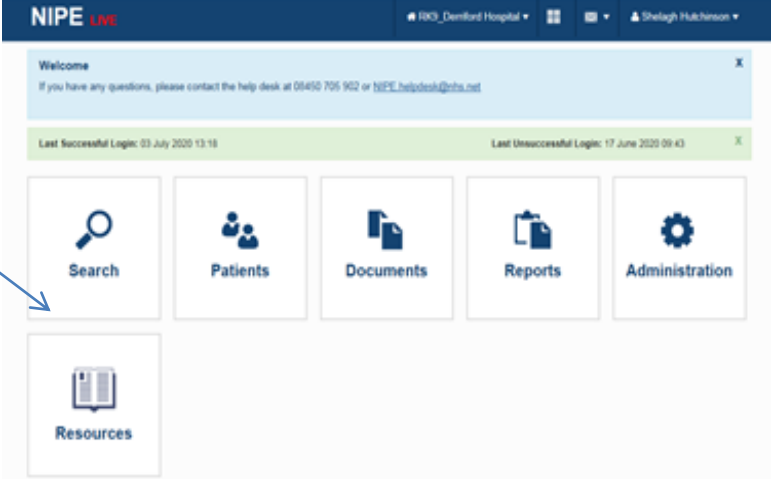
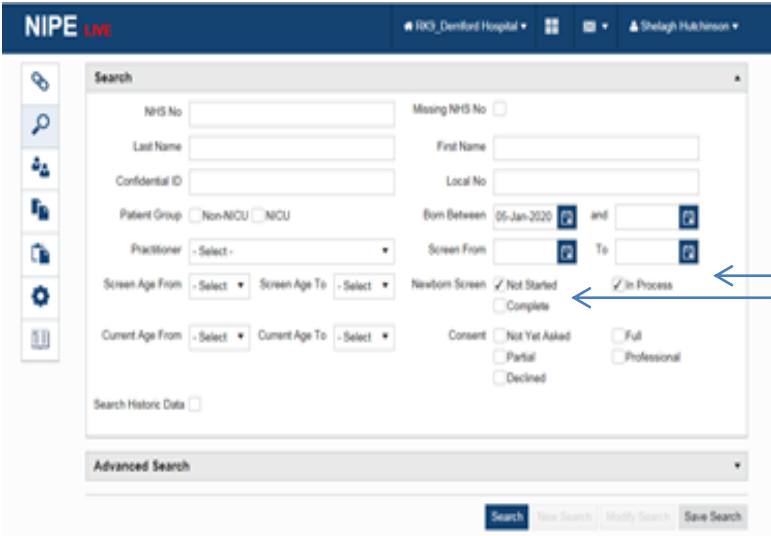
Key performance indicator reporting.

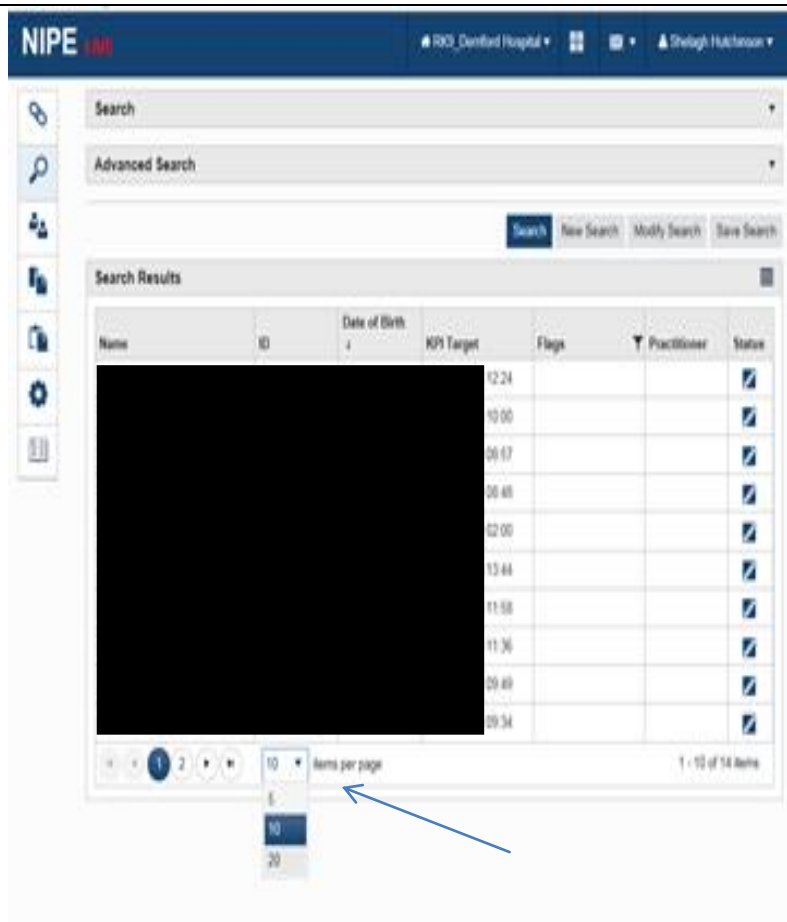
## **9 Reference Material**

Newborn and infant physical examination screening: standards 2008 Updated August 2018 Public Health England

Newborn and infant physical examination (NIPE) screening programme handbook. Updated 27<sup>th</sup> August 2019 Public Health England.

A daily 'to do' worklist can be viewed and then printed from the S4N system for distribution to the various areas of maternity where new born babies are to be found. This includes; CDS, TCW, and NICU and Argyll ward.

<p>Log onto the S4N system</p> <p>Click on the 'Search' button</p>	 <p>The screenshot shows the NIPE LIVE dashboard for RCSI, Doniford Hospital. At the top, there is a navigation bar with the user's name, Shelagh Hutchinson. Below this is a welcome message and a help desk contact. The main area contains several icons for different functions: Search, Patients, Documents, Reports, Administration, and Resources. A blue arrow points to the 'Search' icon.</p>
<p>Tick the boxes labelled 'Not Started' and 'In Process' (As illustrated)</p> <p>The system will automatically go back 6months in the date box to allow for any babies on the system who are awaiting completion of examination</p>	 <p>The screenshot shows the search interface in NIPE LIVE. It includes various search criteria such as NHS No, Last Name, First Name, Confidential ID, Local No, Patient Group, Practitioner, Screen Age, Current Age, Born Between, Screen From, To, Newborn Screen, Consent, and Search Historic Data. The 'Not Started' and 'In Process' checkboxes under the 'Newborn Screen' section are checked and highlighted with blue arrows.</p>
<p>If there are more than 10 babies listed, scroll down and adjust the figure (as illustrated), so that all babies are showing.</p>	<p>This section is currently blank in the provided image.</p>

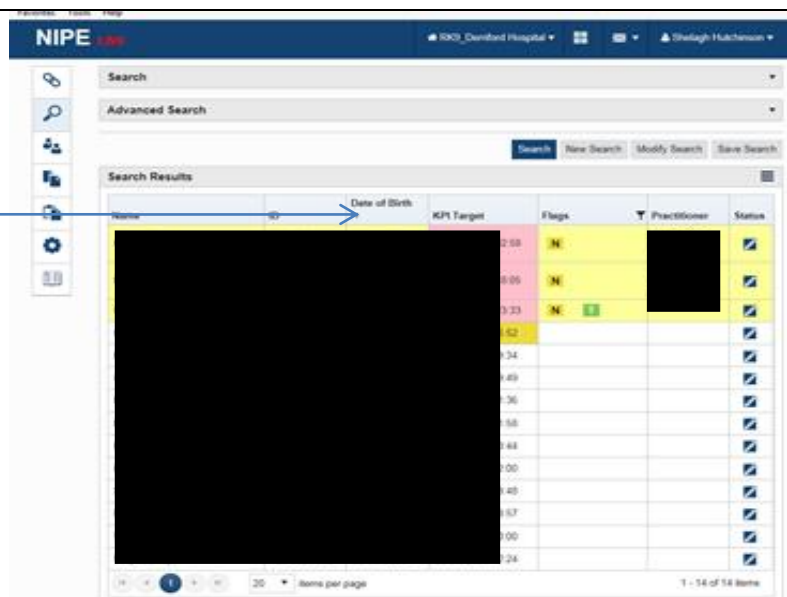


The newest babies will appear at the top of the list, rearrange the babies to the oldest on top by clicking on the 'Date of Birth' box (as illustrated)

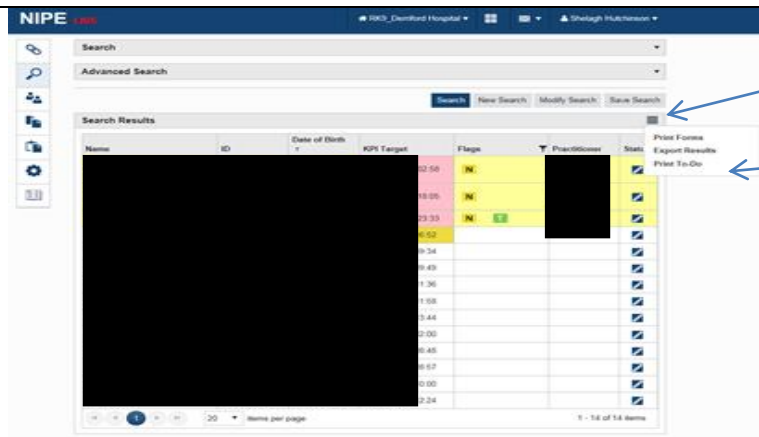
Babies who are already 72hours old will have their examination due box coloured pink

Babies over 48hours of age will have their examination due box coloured amber

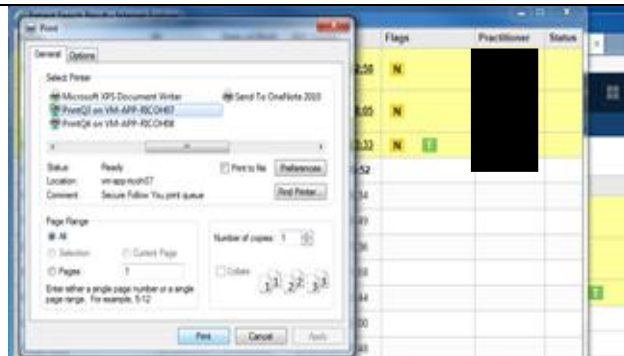
Babies less than 48hours of age will be plain in colour



To print the list, go to the 'burger' menu, click on it and scroll down to 'Print to do'



Several windows will pop up, click 'Print' on the last pop up window (as illustrated).



Ask maternity reception to let you know where the babies are, and distribute copies to the appropriate areas;  
 NICU  
 TCW  
 ARGYLL  
 Community Office (if baby has been discharged and no evidence S4N examination has been done)

