

# Public health functions to be exercised by NHS England

Service specification No.20

NHS Newborn Hearing Screening Programme

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

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Prepared by –

**Public Health England**

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# Service specification No.20

This is a service specification to accompany the 'NHS public health functions agreement 2016-17 (the '2016-17 agreement') published in December 2015.

This service specification is to be applied by NHS England in accordance with the 2016-17 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 2016-17 agreement was made between the Secretary of State and NHS England Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2016-17 agreement in accordance with the procedures described in Chapter 3 of the 2016-17 agreement

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

The 2016-17 agreement is available at [www.gov.uk](http://www.gov.uk) (search for 'commissioning public health').

All current service specifications are available at [www.england.nhs.uk](http://www.england.nhs.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 hearing screening services.

The purpose of this service specification for the NHS Newborn Hearing Service Screening Programme (NHSP) 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:

- Newborn hearing screening: programme overview: <https://www.gov.uk/newborn-hearing-screening-programme-overview>
- NHSP programme standards: <https://www.gov.uk/government/collections/nhs-population-screening-programme-standards>
- NHSP protocols <https://www.gov.uk/government/publications/newborn-hearing-screening-care-pathways>
- NHSP protocols for NICU/SCBU babies <https://www.gov.uk/government/publications/newborn-hearing-screening-care-pathways>
- NHSP staff induction and training requirements <http://cpd.screening.nhs.uk/cms.php?folder=5183>
- Managing Safety Incidents in NHS Screening Programmes <https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>
- NHS screening programmes: national data reporting <https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting>
- Modernising Children's Hearing Aid Services (MCHAS) protocols and guidelines <http://www.psych-sci.manchester.ac.uk/mchas/innfantHAfittingguidelines>
- diagnostic audiology protocols <http://www.thebsa.org.uk/resources/>
- 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/cg37>



Please note: NHSP Programme Standards are currently being revised and should be published in April 2016. As such some detail in this specification may need to be amended accordingly.

Please note: A new NHSP IT system (eSP) is in development with a planned implementation date during 2016. It will be named 'SMaRT4Hearing' (S4H). Any reference to 'eSP' contained within this document refers to eSP or S4H.

## **1.2 Aims**

NHSP aims to identify permanent moderate, severe and profound deafness and hearing impairment in newborn babies. The programme automatically offers all parents in England the opportunity to have their baby's hearing tested shortly after birth. Early identification gives babies a better 'life chance' of developing speech and language skills and of making the most of social and emotional interaction from an early age.

## **1.3 Objectives**

The objectives of the Newborn Hearing Screening programme are to:

- identify all children born with moderate to profound permanent bilateral deafness within four-five weeks of birth and to ensure the provision of safe, high quality age-appropriate assessments and support for deaf children and their families
- offer screening to all babies up to 3 months of age but ideally screening should be performed within days of birth
- promote and develop family friendly integrated services
- empower parents to make informed choices
- ensure equity of access for all children and families
- work to deliver an integrated approach to screening and follow-on services
- to influence the development and delivery of high quality screening services, utilising the latest research, technology, best practice guidance and benchmarking

## **1.4 Expected health outcome**

The optimal development of language and communication skills for children born with moderate to profound permanent bilateral hearing impairment.

## **1.5 Principles**

- all individuals will be treated with courtesy, respect and an understanding of their needs.
- all those participating in the hearing screening programme will have adequate information on the benefits and risks to allow an informed decision to be made before participating.
- the target population will have equitable access to screening.

- screening will be effectively integrated across a pathway with clear lines of communication between the different providers of services in screening centres, primary care and secondary care.

## 1.6 Equality

The objectives of the screening programme should include:

*Help reduce health inequalities through the delivery of the programme*

Key deliverables:

- Screening should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary
- A Health Equity Impact Assessment should be undertaken as part of both the commissioning and review of this screening programme, including equality characteristics, socio-economic factors and local vulnerable populations
- The service should be delivered in a culturally sensitive way to meet the needs of local diverse populations
- User involvement should include representation from service users with equality characteristics reflecting the local community including those with protected characteristics
- Providers should exercise high levels of diligence when considering excluding people with protected characteristics in their population from the programme and follow both equality, health inequality and screening guidance when making such decisions

The provider will be able to demonstrate what systems are in place to address health inequalities and ensure equity of access to screening, subsequent diagnostic testing and outcomes. This will include, for example, how the services are designed to ensure that there are no obstacles to access on the grounds of the nine protected characteristics as defined in the Equality Act 2010.

The provider will have procedures in place to identify and support those persons who are considered vulnerable/ hard-to-reach, including but not exclusive to, those who are not registered with a GP; homeless people and rough sleepers, asylum seekers, gypsy traveller groups and sex workers; those in prison; those with mental health problems; those with drug or alcohol harm issues; those with learning disabilities, physical disabilities or communications difficulties. The provider will comply with safeguarding policies and good practice recommendations for such persons.

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. See

<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 NSC policy on newborn hearing screening is that all eligible newborn babies in England should be offered screening for bilateral permanent hearing impairment (sensorineural or permanent conductive). Screening should be offered to all babies up to 3 months of age although ideally screening should be performed within days of birth. Those older than 3 months of age, or otherwise not eligible for screening, should be considered for referral to audiology.

In delivering a national programme and to ensure national consistency the local provider is expected to fulfil the following, in conjunction with guidance from the national screening programme where appropriate and as detailed in the programme guidance available on <https://www.gov.uk/topic/population-screening-programmes/newborn-hearing>

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

## 2.2 Care pathway

A description of the NHSP pathway for well babies and babies in Neonatal Intensive Care Unit (NICU)/Special Care Baby Unit (SCBU) is given below, along with diagrams of the pathways (Figure 1).

The NHSP pathway consists of the following:

- the eligible population of 'new births' or 'new registrations' is identified through a birth notification into the NHSP IT system (e-Screener Plus (eSP) system) or notification to the screening team by the local Child Health Department (CHRD)
- all eligible babies, born or resident in England, should be offered a newborn hearing screen before 3 months corrected age for prematurity (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
- eligible babies who move into the area under three months of age and who have not been screened should be offered a screen by the local screening team in their new area of residence. The coordinator/manager of the local screening service is responsible for identifying these babies through the screening IT system (eSP) and in partnership with CHRDs, and for arranging an appointment to carry out the screen
- the local maternity 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 eSP. This should be completed as soon as possible after birth and prior to **any** newborn screening being performed (i.e. NIPE/NHSP/NBS)
- written information about the NHSP is provided to parents/carers (using NHS Screening Programmes booklet 'Screening Tests for You and Your Baby') and a choice to be screened is offered
- the offer of screening and subsequent acceptance or decline should be recorded on the NHSP IT system (eSP) and documented in the Personal Child Health Record (PCHR or 'Red Book')
- the screening outcome should be recorded on the NHSP IT system (eSP) and documented in the PCHR or 'Red Book'
- a local failsafe protocol must be in place to ensure that all babies who commence the screen complete the testing pathway
- a multi-stage screening protocol is used. There are two versions of the protocol:

1. **'NICU/SCBU protocol'** – for babies who have been in a neonatal intensive care unit (NICU) or special care baby unit (SCBU) for more than 48 hours continuously
2. **'Well Baby protocol'** - for all other babies

**NICU/SCBU Protocol:** The term 'NICU' includes SCBU, PICU or children's ICU. It does not include transitional care.

The baby should be screened as close to discharge as possible while still in hospital. Wherever possible the baby should be well, not less than 34 weeks gestational age and any major medical or drug treatment completed. If the screen cannot be completed in hospital an outpatient appointment or home visit is required to complete the process.

In exceptional circumstance where the baby is not well enough by 3 months corrected age the screening may be carried out between 3 and 6 months of age. If the baby is not well enough at 6 months of age the baby should be discharged from the screening programme to the paediatrician and the GP with a recommendation for a referral to audiology at an appropriate time.

#### **Tests:**

The screening protocol has two types of test, carried out by the newborn hearing screener

- **automated otoacoustic emission (AOAE)**
  - **automated auditory brainstem response (AABR).**
- Tests performed at screening for **well-babies:**
    - **automated otoacoustic emission (AOAE1)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise:
    - **automated otoacoustic emission is repeated (AOAE2)**- if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise
    - **automated auditory brainstem response (AABR)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise the baby is referred to audiology for further testing
  - Tests performed at screening for **NICU/SCBU babies:**
    - **automated otoacoustic emission (AOAE)**
    - and
    - **automated auditory brainstem response (AABR)**
    - the onward pathway for **NICU/SCBU** babies is defined as follows:-

## Section 2: Scope of Screening Programme

- Clear response in both ears at AABR and no clear response at AOAE in both ears - referral to audiology for a (targeted) follow up at 7-9 months of age
- Clear response in both ears at AABR and any other combination of results at AOAE-discharge\* from screening programme
- Otherwise refer to audiology for early audiological assessment

\* Babies with risk factors present are referred to audiology for a (targeted) follow up at 7-9 months of age. These risk factors are given in the document “Guidelines for surveillance and audiological referral of infants & children following the newborn hearing screen” available on <http://cpd.screening.nhs.uk/newbornhearing>

**Diagnostic test/s** performed on babies referred to Audiology:

- otoacoustic emission (OAE) and/or threshold auditory brainstem response (ABR)

**Completed initial screens** can result in one of three outcomes:

- a clear response in both ears.
- a clear response in both ears but the baby requires a **targeted follow-up** due to other risk factors\*, as per protocol. Response: referral considered for audiological assessment at 7-9 months of corrected age
- no clear response in one or both ears. Baby referred to Audiology as described above. Ensure the midwifery team are aware of screen outcome

### **Incomplete/missed screens (NICU & Well babies)**

Babies that do not complete the screen should be offered an outpatient appointment or home visit to do so. Screening teams should make every effort to complete the screen and involve other professionals and primary care e.g. HVs where appropriate. However, in the event of non-completion the baby is discharged from the screening programme and the GP and HV informed.

See section 3.12 for more information on the end of the screening pathway. Technical details of the screening tests to be used in both the well-baby (hospital or community model) and NICU/SCBU screening protocols can be found on: <https://www.gov.uk/government/publications/newborn-hearing-screening-care-pathways>

All providers are expected to review and risk assess local pathways in the light of national NHSP programme guidance and work with the Quality Assurance teams and NHS England Screening and Immunisation Leads and

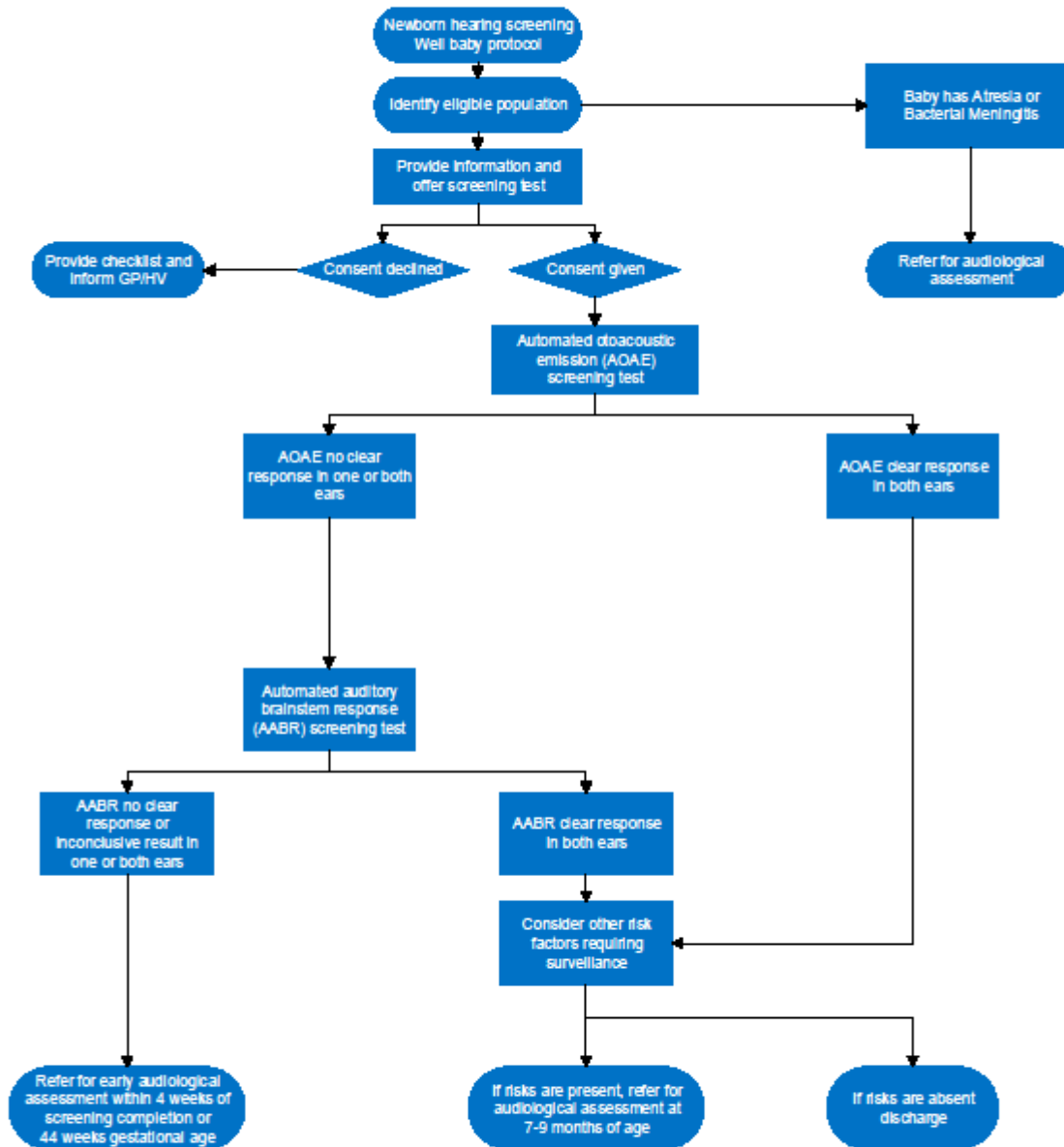
## Section 2: Scope of Screening Programme

Teams to develop, implement and maintain appropriate risk reduction measures. This should involve mechanisms to audit implementation, report incidents, ensure staff training, development and competencies and have appropriate links with internal governance arrangements.

A pathway for hearing screening is shown in Figure 1 below.

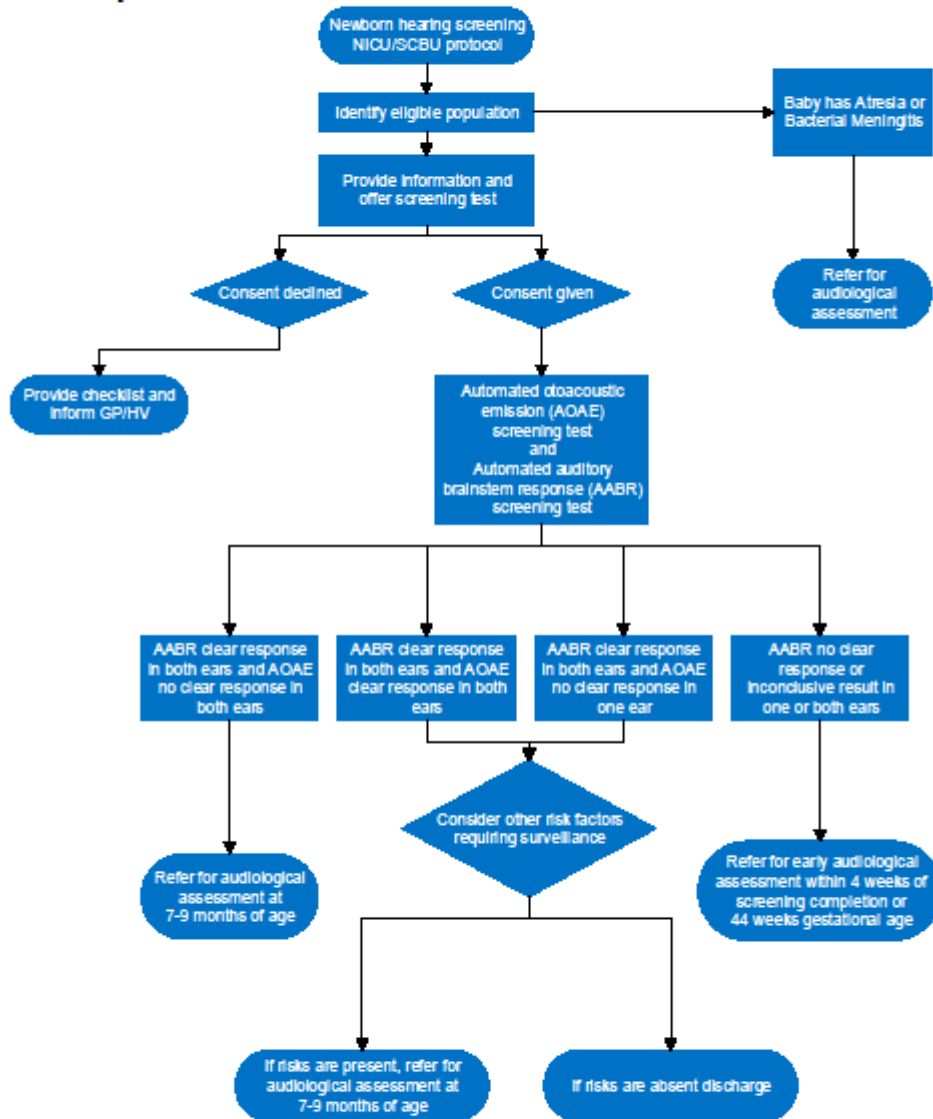
Figure 1: Screening pathway

Well baby protocol





NICU/SCBU protocol



### 2.3 Failsafe arrangements

Quality assurance (QA) within the screening pathway is managed by including failsafe processes. Failsafe is a back-up mechanism, in addition to usual care, which ensures that 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

### 2.4 Roles and accountabilities through the screening pathway

The NHSP programme is dependent on systematic specified relationships between stakeholders, which include maternity services, the hearing screening team, audiology departments, NICU/SCBU, paediatric medical services, primary care/GPs/HVs, CHRDs, social care and specialist services.

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
- ensure that responsibilities relating to all elements of the screening pathway across organisations and organisational boundaries are identified
- develop joint audit and monitoring processes
- agree joint failsafe mechanisms where required to ensure safe and timely processes across the whole screening pathway
- contribute to any NHS England and public health screening lead initiatives in screening pathway development in line with NHS screening programmes expectations

- provide robust electronic links for screening services across the screening pathway
- links with primary care

The provider is expected to have the following posts (and appropriate deputies) in place to oversee the screening programme.

- **NHSP Local Manager:** operational lead for the local NHS NHSP. Responsible for the day to day management of all aspects of the programme, including prompt and appropriate referral to audiology. This role normally requires 1wte per 10,000 births, with a minimum of 0.5wte.
- **NHSP Screener:** undertaking the screening tests, gathering and recording clinical and test data relevant to the screening process, and communicating with parents about outcomes. This role normally requires 8wte per 10,000 births in a hospital based programme.
- **NHSP Team Leader:** identify an existing senior post (typically from audiology/paediatrics) responsible for being the champion of, and strategic lead for, the local programme. The team leader is responsible for the quality and governance of the programme. It is expected that the role requirements will be fulfilled in 0.1wte.

Supporting information and documentation regarding role and responsibilities of key personnel is available on the NHSP website.

### 2.5 Commissioning arrangements

NHSP 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 NHS England, Clinical Commissioning Groups (CCGs) and directly by maternity services.

Refer to 'Maternity Pathway Payments: Who Pays for What? - Aspects of the Maternity Pathway Payment for the Screening and Immunisations Programmes' <https://www.england.nhs.uk/expo/wp-content/uploads/sites/18/2015/06/who-pays-mpp-upd-06-2015.pdf>

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

Public Health England (PHE), through the national screening programmes, is responsible for leading high-quality, uniform screening, and 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 and for ensuring training and education for all

## Section 2: Scope of Screening Programme

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 which are best done once at national level.

These include:

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

# Section 3: Delivery of Screening Programme

## 3.1 Service model summary

There are two models of service delivery:

See section 2.2 Care Pathway above for further details.

### **Hospital-based screening service (well-babies)**

Screening is undertaken in maternity units by NHSP trained staff. Ideally, the screen should be completed prior to discharge from hospital. If the initial screening process cannot be completed as an inpatient, an outpatient/home visit appointment will need to be arranged by the local NHSP service provider so that the screen can be completed within four weeks. In a hospital model the majority of babies will be screened by 10 days of age. If no clear result is obtained on all stages of the screen the baby is referred to diagnostic services provided by Audiology.

### **Community-based screening service (well-babies)**

Screening is carried out by specifically trained health visitors or other trained screeners. The first screening should take place at the primary health visitor birth visit at approximately 10 days of age. Any subsequent screening required should be completed by five weeks in the home or community clinic. In a community model screening will not usually be commenced until after 10 days of age. If no clear result is obtained on all stages of the screen the baby is referred to diagnostic services provided by Audiology.

### **NICU/SCBU babies - Hospital and Community sites**

Screening is carried out by NHSP trained screeners. In community sites this is generally NHSP trained NICU/SCBU nurses. The baby should be well and not less than 34 weeks gestational age. The entire screening process should be completed while the baby is still in hospital but as close to discharge as possible. If the screening process is not completed, an outpatient/home visit appointment should be arranged to complete the screen.

Regardless of the service delivery model, all babies with a screen positive outcome should be referred to audiology and seen for the initial appointment within four weeks of screen completion or by 44 weeks gestational age.

### **Audiology Services**

Audiology services should adhere to national guidance, record on eSP the audiology follow-up data on babies that refer from the screen as well as any children with later identified PCHI.

See section 4.3 for further information about audiology departments

### **3.2 Programme co-ordination**

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

Each provider will ensure that there is an appropriate level of dedicated Newborn Hearing Screening co-ordination i.e. Local Manager and Team Leader, with appropriate administrative support, to contribute to strategic development, to ensure timely reporting and to respond 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 the programme.

The provider and NHS England should meet at regular intervals to monitor and review the local screening pathway and outcomes. 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 overall 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 Team Leader who acts as clinical lead and a local programme manager
- ensure a multidisciplinary steering group/programme board, is in place, with NHS England representation, with terms of reference and 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 'Managing Safety Incidents in NHS Screening Programmes' guidance
- have appropriate and timely arrangements in place for referral into treatment services that meet the screening 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 target population is all newborn babies born in England and those babies under 3 months of age who have moved into the area (and who are the responsibility of NHS England) without having completed a hearing screen elsewhere first.

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 eSP to allow accurate and timely identification of the population eligible for screening. This should be completed as soon as possible after birth and prior to **any** newborn screening being performed (i.e. NIPE/NHSP/NBS)

See section 3.14 for details of exclusions.

### **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 linkage between the screening equipment and screening IT system (eSP).

### **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

### **3.8 Working across interfaces**

The screening programme is dependent on strong working relationships (both formal and informal) between the screening programme, eSP system, audiology departments, maternity services, medical services (paediatric audiology, ENT, audiovestibular medicine, genetics etc.), NICU/SCBU, child health departments, health visiting services and primary care 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 the responsible care provider is identified at all times, including during and after handover of care.

The provider will be expected to fully contribute to ensuring that cross organisational systems are in place to maintain the quality and safety of the entire screening pathway.

This will include, but is not limited to:

- work to nationally agreed programme standards, policies and guidance
- provide strong leadership and clear lines of accountability
- agree and document roles and responsibilities relating to all elements of the screening pathway across organisations to ensure appropriate handover arrangements are in place 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 safety incidents
- contribute to any NHS England initiatives in screening pathway development in line with NHS screening programme 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 approved information utilising the NHS screening programmes 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 and appropriate information provided..



### **3.10 Testing (equipment, performance of test by individuals)**

The provider must only use newborn hearing screening equipment and consumables that meet the NHSP technical specification as determined within the NHS Supply Chain framework agreement.

Screening equipment must be capable of electronic transfer of screening data to the national screening IT system (eSP).

Appropriate safety and quality checks of screening equipment must be undertaken in line with programme guidance/protocols

Only appropriately trained and accredited NHSP screening staff should carry out newborn hearing screening tests.

See section 3.15 Staffing

### **3.11 Results giving, reporting and recording**

Screening results should be explained to parents by appropriately trained NHSP screening staff. Results are given verbally and in writing on the hearing screening page within the PCHR ('Red Book') or, if this is not available, by giving the NHSP 'Clear Response' letter and checklists.

All screening and audiology data should be entered electronically on eSP (and CHIS) as soon as possible (within three working days of the test being carried out), where it is not automatically downloaded.

Audiology Departments are responsible for ensuring outcome data from screened babies, including aetiological information, as well as any children with later identified PCHI, is entered into eSP to allow screening outcomes to be effectively assessed.

Medical teams are responsible for adding aetiological investigation data into eSP for children with PCHI.

See section 2.2 for further detail

### **3.12 Transfer and discharge from care obligations**

Babies with a clear response in both ears following initial screening are discharged. Parents should be given written NHSP information regarding ongoing vigilance for any parental or professional concerns

Babies with a clear response in both ears but with relevant 'risk factors' are offered referral for audiological assessment at 8 months of corrected age. Further details of relevant risk factors are given in "Guidelines for surveillance

and audiological referral of infants & children following the newborn hearing screen” on the <http://cpd.screening.nhs.uk/newbornhearing> website

Babies with no clear response in one or both ears following screening (AOAE and AABR) are discharged from the responsibility of the screening programme once the baby has been seen for assessment within audiology.

### 3.13 Public information

- Providers must always use the patient information leaflets from PHE Screening 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. PHE Screening should be consulted and involved before developing any other supporting materials.
- Providers must involve PHE Screening and PHE Communications in the development of local publicity campaigns to ensure accurate and consistent messaging, particularly around informed choice, and to access nationally-developed resources. For local awareness campaigns, local contact details must be used.
- Providers must not develop their own information about screening for local NHS websites but should always link through to the national information on NHS Choices <http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/newborn-hearing-test.aspx> and GOV.UK <https://www.gov.uk/topic/population-screening-programmes/newborn-hearing>
- To support PHE Screening to carry out regular reviews of the national screening public information leaflets and online content, providers are encouraged to send PHE Screening the results of any local patient surveys which contain feedback on these national resources.

### 3.14 Exclusion criteria

- Babies at less than gestational age 34 weeks or over 3 months of (corrected) age
- Atresia or microtia (no patent canal in one or both ears). These babies should be referred directly for audiological assessment as the risk of hearing loss is high
- Meningitis (confirmed or strongly suspected bacterial meningitis or meningococcal septicaemia): urgent referral directly to Audiology for full evaluation is required
- Screening programmes should liaise with paediatric services to ensure that the screen outcome for these babies is recorded in eSP and that prompt referral to audiology is made

### 3.15 Staffing

See section 2.4 Roles and accountabilities through the screening pathway.

Providers will have in place a NHSP Local Manager and Team Leader to oversee the delivery and monitoring of the screening programme. These staff are also responsible for ensuring that there is an on-going educational programme for health professionals involved in hearing screening.

Staff must use the national IT system (eSP) to record all screening and follow up data. This includes surveillance and audit of data quality and completeness in line with national recommendations and reports.

Providers must facilitate hearing screener training in line with programme requirements/standards as detailed in the NHSP 'Screener Competence Framework' available on <http://cpd.screening.nhs.uk/newbornhearing>

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 NHSP national policy.

That all personnel supporting the newborn hearing screening programme work within agreed national NHSP protocols. Details of these are available on the NHSP website.

That audiology services have trained and accredited clinical audiologists of appropriate grade and experience to undertake the post screen audiological assessments.

Providers must allow appropriate annual CPD in line with programme requirements, for example a screening study day or completion of UK NSC e-learning for all professionals involved in the NHSP Care Pathway.

Parents of children confirmed with PCHI should be offered referral to an aetiological investigation service.

### 3.16 User involvement

The provider will be required to:

- 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 planning and delivery for the purposes of raising standards
- make results of any user surveys/questionnaires available to NHS England on request

- participate in the local Children's Hearing Services Working Group (CHSWG)

### **3.17 Premises and equipment**

The provider will:

- provide, use, and ensure maintenance and calibration of screening equipment in accordance with manufacturer specification and NHSP equipment protocols
- provide, use, and ensure maintenance and calibration of ABR testing equipment in accordance with manufacturer specification and NHSP equipment protocols
- ensure that appropriate consumables are available to ensure continuous operation
- ensure that equipment is kept in good repair and replaced as appropriate in line with national recommendations which can be found at the National Screening programme website
- provide evidence that daily Quality Assurance checks on screening equipment are undertaken in line with NHSP protocols
- ensure that appropriate IT systems are available to enable the screeners and audiologists access to the national screening management system (eSP), Patient Management Systems and other patient information systems
- ensure that appropriate accommodation is available in maternity sites to allow the undertaking of the screen and within Audiology Departments to undertake the assessments from the screen
- provide space adequate to store screening equipment and to enable screeners to undertake their administrative responsibilities

### **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 2015-16 NHS Standard Contract:

<http://www.england.nhs.uk/nhs-standard-contract/15-16/>

# Section 4: Service Standards, Risks and Quality Assurance

## 4.1 Key criteria and standards

Programme standards are available on the programme website <https://www.gov.uk/government/collections/nhs-population-screening-programme-standards> . 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 pathway

Providers are required 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 risks are reported through internal governance arrangements, such as departmental or corporate 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 Screening Quality Assurance Service (SQAS) 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. The provider will identify risks with high scores. The provider and commissioner will agree plans to mitigate risks.

## 4.3 Quality Assurance

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

- agreed data and reports from external quality assurance schemes
- minimum data sets as required .
- self-assessment questionnaires / tools and associated evidence

All providers should operate failsafe systems that can identify, as early as possible, babies that may have been missed or where screening results are incomplete.

Providers will respond to SQAS recommendations within agreed timescales. They will produce with agreement of commissioners of the service an action plan to address areas for improvement that have been identified in recommendations. Where SQAS believe there is a significant risk of harm to the population, they can recommend to commissioners to suspend a service.

### **Audiology Services**

Audiology departments undertaking audiological assessments on babies referred from screening should participate in a scheme for external peer-review process of ABR (as described at <http://www.thebsa.org.uk/bsa-groups/electrophysiology-group/ep-additional-resources/>).

Commissioners' should ensure that Audiology services participate in, and maintain accreditation to defined quality standards operating under the umbrella of the United Kingdom Accreditation Schemes (UKAS) / Improving Quality in Physiological Services (IQIPS).

#### **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

<https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes>

#### **4.5 Procedure 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 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 to 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 NHS Screening Programmes: national data reporting. Please refer to <https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting> for further details, guidance and updates on these indicators.

The national screening programme will produce regular KPI and performance reports for the provider of the screening programme and NHS England to monitor and evidence adherence to the screening pathway

## 5.2 Data collection monitoring

Providers should:

- ensure that appropriate systems are in place to support programme delivery including audit and monitoring functions
- continually monitor and collect data regarding its delivery of the service
- comply with the timely data requirements of the national screening programmes and Quality Assurance teams. This will include the production of annual reports.

The provider will ensure timely and accurate completion of data onto eSP for all stages of the care pathway defined within the system.

Information recorded on eSP 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 provider 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 Indicator

NHSP screening contributes to the Public Health Outcomes Framework indicator on the uptake of screening for national screening programmes. Indicator 2.21v 'Access to non-cancer screening programmes: Newborn hearing screening'. The percentage of babies eligible for newborn hearing screening for whom the screening process is complete within 4 weeks corrected age (hospital programmes - well babies, all programmes - NICU babies) or 5 weeks corrected age (community programmes – well babies)

## Section 5: Data and Monitoring

Key Deliverable: The acceptable level should be achieved as a minimum by all services. Please note: these thresholds may be amended in line with revised programme standards due for publication April 2016

Acceptable  $\geq$  95.0%

Achievable  $\geq$  99.5%

2013-14 national baseline is 97.8%

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/389168/S7A\\_1516\\_FINAL.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/389168/S7A_1516_FINAL.pdf)