



Public Health
England



NHS public health functions agreement 2019-20

**Service specification No.20
NHS Newborn Hearing Screening Programme**

NHS England and NHS Improvement



NHS public health functions agreement 2019-20

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 and NHS Improvement 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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Service specification No.20

This is a service specification to accompany the 'NHS public health functions agreement 2019-20 (the '2019-20 agreement').

This service specification is to be applied by NHS England and NHS Improvement in accordance with the 2019-20 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 2019-20 agreement was made between the Secretary of State and NHS England and NHS Improvement Board, unless otherwise specified. Any changes in other published documents or standards may have effect for the purposes of the 2019-20 agreement in accordance with the procedures described in Chapter 3 of the 2019-20 agreement.

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

The 2019-20 agreement is available at www.gov.uk (search for 'commissioning public health').

All current service specifications are available at 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 Screening Programme (NHSP) is to outline the service and quality indicators expected by NHS England and NHS Improvement (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 that may apply, e.g. the Health and Social Care Act 2012 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](#)
- [NHSP programme standards](#)
- [NHSP Operational Guidance](#)
- [NHSP protocols](#)
- [NHSP protocols for NICU babies](#)
- [NHSP staff induction and training requirements](#)
- [Managing Safety Incidents in NHS Screening Programmes](#)
- [NHS screening programmes: national data reporting](#)
- [Modernising Children's Hearing Aid Services \(MCHAS\) protocols and guidelines](#)
- [Diagnostic audiology protocols](#)
- [National Institute for Health and Clinical Excellence \(NICE\) Clinical guideline 37 Routine and postnatal care of women and their babies 2006](#)
- [Improving Quality in Physiological services \(IQIPS\)](#)

The role of PHE Screening

The national screening team in Public Health England (PHE Screening) provides expert advice and support to the NHS Screening Programme. It does those things which make sense to do once rather than by each individual screening service. This includes:

- developing and monitoring standards
- producing public information leaflets
- quality assurance of local screening services
- enabling accessible training and education

Providers should subscribe to the [PHE Screening blog](#) for the latest national news and updates. [National documentation and guidance](#) are published on [GOV.UK](#).

1.2 Aims

The Newborn Hearing Screening Programme (NHSP) aims to identify permanent moderate, severe and profound deafness and hearing impairment in newborn babies. The programme 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 although ideally screening should be performed within days of birth
- promote and develop family friendly integrated services
- empower parents/carers 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

Addressing inequalities and ensuring equal access to screening

Screening is inherently equitable because it is offered to all individuals within the eligible population. One of the objectives of the NHS Screening Programmes is to help reduce health inequalities. The [PHE Screening inequalities strategy](#) has more information.

Delivery of the screening programme contributes to reducing health inequalities and should include the following deliverables:

- screening should be delivered in a way which addresses local health inequalities, tailoring and targeting interventions when necessary
- a Health Equity Audit 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 equality, health inequality and screening guidance when making such decisions

The provider will demonstrate they have systems in place to address health inequalities and make sure there is equity of access to screening, subsequent diagnostic testing and outcomes. This will include, for example, how the services are designed to make sure 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 <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

Personal informed choice

All screening is an individual choice. The UK NSC has published [guidance](#) for screening programmes in the 4 UK countries to follow. Everyone must be given the opportunity to make an informed choice about whether to be screened. The decision should be based on an understanding of:

- why they are being offered screening
- what happens during the test
- the benefits and risks of screening
- the potential outcomes (including types of result, further tests and treatment)
- what happens to their screening records

If someone is provided with the above information about the programme and chooses not to have screening, then this is a valid choice and must be respected.

Sharing personal information

Under the [2010 Equality Act](#), screening services are required to anticipate and prevent discrimination against people with learning disabilities.

The duty of care to share information can be as important as the duty to protect patient confidentiality. GPs and other health professionals should have the confidence to share relevant information with screening services in the best interests of their patients. For example, a GP may know that an individual with a learning disability requires accessible information about screening in easy read format or needs a longer than normal appointment slot.

See [NHS England's information sharing policy](#) for more detailed guidance.

PHE Screening's [privacy notice](#) has more information about how screening data is shared within the legal requirements, including those of the General Data Protection Regulation (GDPR).

Reasonable adjustments

Under the [2010 Equality Act](#), screening providers have a legal duty to make [reasonable adjustments](#) to make sure services are accessible to disabled people as well as everybody else.

Screening providers must follow the [Accessible Information Standard](#) by law. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand with support, so they can communicate effectively with health and social care services.

As part of the Accessible Information Standard, screening providers must do 5 things.

1. Ask people if they have any information or communication needs and find out how to meet their needs.
2. Record those needs clearly and in a set way.
3. Highlight or flag the person's file or notes so it is clear that they have information or communication needs and how to meet those needs.
4. Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. Take steps to ensure that people receive information which they can access and understand and receive communication support if they need it.

National accessible information materials

PHE Screening has published national easy read versions of screening information leaflets and screening appointment letter templates.

Local screening providers should use these national materials when inviting individuals for screening who have been identified as needing information in an easy read format.

Large print and audio (MP3) versions of standard information leaflets are also available to download from [GOV.UK](https://www.gov.uk) for people with sight loss.

Local screening providers should send any individual requests for hard copy Braille versions of PHE Screening leaflets to the [screening helpdesk](#)

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](#).

- work to nationally agreed programme standards, policies, recommended guidance and pathways
- 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 checks and audit 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 and NHS Improvement in reporting, investigating and resolving screening incidents and implement agreed actions in accordance to the [Managing Safety Incidents in NHS Screening Programmes](#)
- provide evidence that all healthcare professionals access and complete appropriate training to maintain continuous professional development and competency
- use materials provided by the national programme, e.g. information, leaflets, training resources and guidance
- participate in evaluation of the screening programme

2.2 Screening pathway

The NHSP pathway consists of the following:

Identify eligible population

- 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
- the eligible population of 'new births' or 'new registrations' is identified through a birth notification into the NHSP national IT system or notification to the screening team by the local child health records department (CHRD)
- the local maternity services, or in exceptional cases the CHRD, 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 national IT system. This should be completed as soon as possible after birth and ideally prior to any newborn screening being performed (i.e. NIPE/NHSP/NBS)
- where a NHS number has not been generated for any reason the provider should have systems in place to identify these eligible babies and undertake screening without delay
- a mechanism should be in place to identify babies who move into the area under three months of age who have not been screened. The local screening programme must be informed of these babies by child health/health visitor/primary care teams. The manager of the local screening service is responsible for arranging an appointment and to carry out the screen.
- local checks and audits processes must be in place to ensure that all babies who commence the screen complete the testing pathway
- 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 national IT system and documented in the Personal Child Health Record (PCHR or 'Red Book')
- the screening outcome should be recorded on the national IT system and documented in the PCHR or 'Red Book'

See section 3.14 for exclusions

A multi-stage screening protocol is used. There are two versions of the protocol:

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

NICU 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 corrected 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.

Screening 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)**

See section 3.10 for further information

- 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 babies**:
 - automated otoacoustic emission (AOAE)
 - and
 - **automated auditory brainstem response (AABR)**
 - the onward pathway for **NICU babies** is defined as follows: -
 - 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 listed in the document "[Guidelines for surveillance and audiological referral of infants & children following the newborn hearing screen](#)".

Diagnostic test/s are performed on babies referred to Audiology and include otoacoustic emission (OAE) and/or threshold auditory brainstem response (ABR)

Completed screens can result in one of three outcomes:

- a clear response in both ears.
- a clear response in both ears but due to relevant risk factors the baby requires a targeted follow-up at 7-9 months of corrected age
- no clear response in one or both ears. Baby referred to audiology. Ensure the midwifery team and primary care are aware of screen outcome

Incomplete/missed screens (NICU & Well babies)

Screening teams should make every effort to complete the screen either in hospital, out-patient or home setting 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.

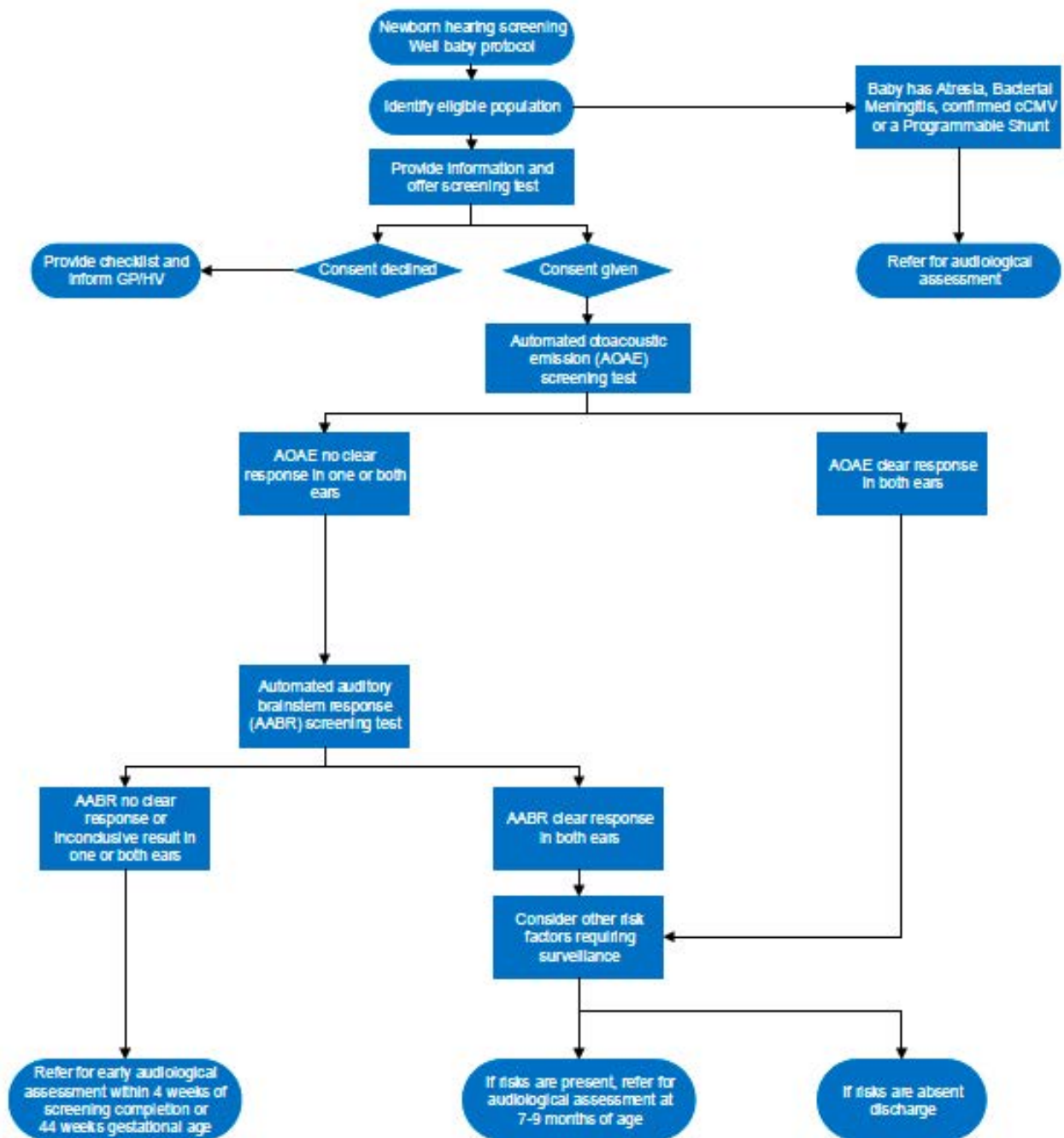
Further details of the screening tests to be used in both the well-baby (hospital or community model) and NICU screening protocols can be found in section 3.10 and in the patient journey section in the [NHSP operational guidance](#).

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 and NHS Improvement 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, development and competencies and have appropriate links with internal governance arrangements.

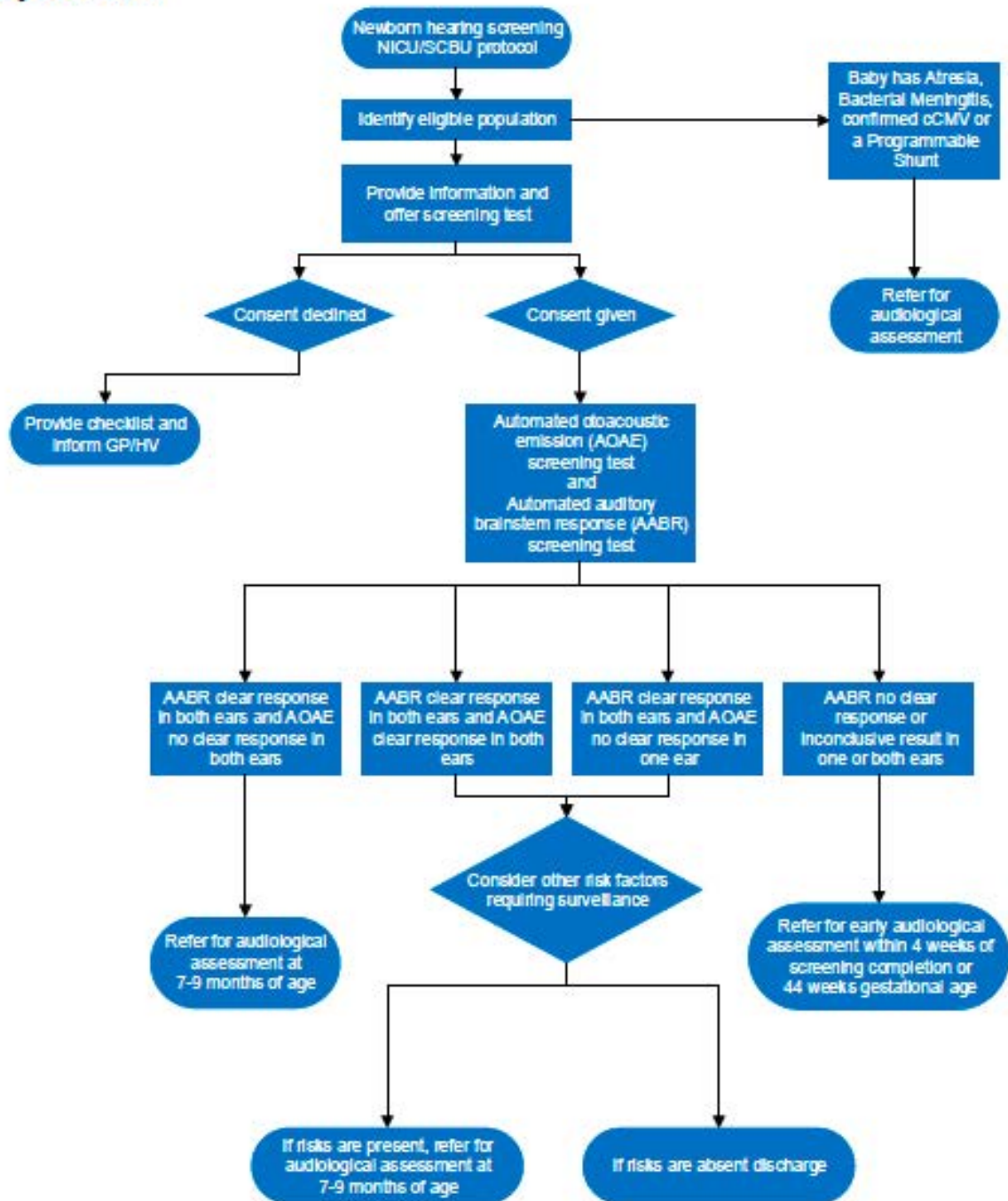
The pathways for hearing screening are below in Figure 1.

Figure 1: Screening pathway

Well baby protocol



NICU protocol



2.3 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, child health record departments, social care and specialist services.

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

- NHSP Local Manager
- NHSP Screener
- NHSP Team Leader

See section 3.15 for further information

NHS England and NHS Improvement 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 checks and audits mechanisms where required to ensure safe and timely processes across the whole screening pathway
- contribute to any NHS England and NHS Improvement 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

2.4 Commissioning arrangements

NHSP screening services will be commissioned by NHS England and NHS Improvement alongside specialised services where appropriate. Commissioning the screening pathway involves commissioning at different levels which may include NHS England and NHS Improvement, Clinical Commissioning Groups (CCGs) and directly by maternity services.

2.5 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 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 and NHS Improvement but will need advice from PHE screening programme expertise and related clinical experts)
- evaluation and modification of changes to screening protocols and policies

Section 3: Delivery of Screening Programme

3.1 Service model summary

There are two models of service delivery:

See section 2.2 screening pathway for further details.

Hospital-based screening service (well-babies)

Screening is undertaken 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 responsible 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 response is obtained on completion of the screen, the baby is referred to diagnostic services provided by audiology.

Community-based screening service (well-babies)

Screening is carried out by NHSP trained health visitors or other NHSP 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 of age 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 response is obtained on completion of the screen, the baby is referred to diagnostic services provided by audiology.

NICU babies - Hospital and Community model

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 NICU babies with a no clear response outcome should be referred to audiology and seen for the initial appointment within four weeks of screen completion or by 44 weeks corrected gestational age.

Audiology Services

Audiology services should adhere to national guidance, record on the national IT system 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.

3.3 Governance and leadership

The provider will:

- cooperate with and have representation on local oversight arrangements as agreed with NHS England and NHS Improvement commissioners such as screening programme boards
- identify a Trust director who is responsible for the screening programme
- ensure internal clinical oversight and governance is overseen by an identified clinical lead and a programme manager who has overall responsibility for the programme across the pathway
- provide documented evidence of clinical governance that includes:
 - compliance with the NHS Trust and NHS England and NHS Improvement information governance/records management
 - user involvement, experience and complaints
 - checks and audits procedures
 - risks and mitigation plans
- ensure that there is regular monitoring and audit of the screening programme, and as part of the organisation's clinical governance arrangements, the board is assured of the quality and integrity of the screening programme
- produce an annual report of screening services, which is signed off by the organisation's board
- ensure the programme is delivered by trained workforce that meet national requirements

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 and NHS Improvement) 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/Birth Notification Application without delay to enable automatic transfer of demographic information into the national IT system to allow accurate and timely identification of the population eligible for screening. This should be completed as soon as possible after birth and ideally prior to **any** newborn screening being performed (i.e. NIPE/NHSP/NBS)

Where a NHS number has not been generated for any reason the provider should have systems in place to identify these eligible babies and undertake screening without delay.

Where a NHS number has not been generated and a delay in screening has occurred it should be reported as a screening incident as per 'Managing safety incidents in screening programmes guidance'

A mechanism should be in place to identify babies who move into the area under three months of age who have not been screened. The local screening programme must be informed of these babies by child health/health visitor/primary care teams. The local screening service is responsible for adding the baby's details to the NHSP national IT system, arranging an appointment and undertaking the screen.

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 national IT system.

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: screening 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, national IT system supplier, 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 checks and audits required to ensure safe and timely processes across the whole screening pathway
- develop an escalation process for safety incidents
- contribute to any NHS England and NHS Improvement initiatives in screening pathway development in line with NHS screening programme expectations
- facilitate education and training both inside and outside the provider organisation and maintain records of training outcomes

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 and 'Screening tests for you and your baby: babies in special care units' as appropriate. 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.

Provide and use equipment in accordance with manufacturer specification and NHSP equipment protocols

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

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 and 3.17 Premises and equipment

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. Parents should be given (or shown in PCHR) the 'reaction to sounds' and 'making sounds' [checklists](#).

All screening and audiology data should be entered electronically on the national IT system as soon as possible but within 3 days of the test being performed.

Screening results should be recorded on the Child Health Information System (CHIS). A local mechanism for sharing results between local screening programme and Child Health department should be in place. This can be achieved by a NHSP national IT system report being sent to CHRD by Trusts or by CHRD being given Trust(s) permission for read only access to the NHSP national IT system.

Audiology Departments are responsible for ensuring timely outcome data from screen positive babies, including information on aetiological referral and for children with later identified PCHI, is entered into the national IT system to allow screening outcomes to be effectively assessed.

Medical teams are responsible for adding aetiological investigation data into the national IT system for children with PCHI.

3.12 Transfer and discharge from care obligations

Babies with a clear response in both ears following initial screening are discharged. Parents should be advised 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 7-9 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".

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.

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

3.13 Public information

PHE Screening uses published best practice processes to develop public information leaflets. It also works with NHS Digital to ensure that information on the [NHS.UK](#) website for the public is accurate.

Providers must:

1. use the public information leaflets from PHE Screening at all stages of the screening pathway
2. involve PHE in the development of any local awareness campaigns
3. not duplicate clinical information on local websites
4. involve PHE if they want to move from providing printed leaflets to online sources of information

Using the leaflets provided by PHE ensures accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment are provided. PHE Screening must be consulted and involved before developing any other supporting materials.

Providers must involve PHE 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 so that the national screening helpdesk is not over.

Local provider websites must not duplicate clinical information about screening but should be restricted to contact and logistical information. Links should be provided to the national information on [NHS.UK](https://www.nhs.uk) (or the relevant programme page) and [GOV.UK](https://www.gov.uk) (or the relevant programme page).

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.

Ordering leaflets

Providers can order [leaflets developed by PHE Screening](#) for free for core screening purposes.

Leaflets are regularly updated so providers should not order more than 3 months' supply, or stockpile leaflets, as they could become out of date and need to be destroyed. Leaflets for non-core activities, such as local health promotion purposes, can be bought from the national print provider.

PHE can only provide one leaflet per person per screening episode. A screening episode is defined as an invitation (with any subsequent reminders) for a particular screening test. People who are referred for further assessment following a screen should get a single copy of the appropriate follow-up leaflet.

Antenatal and newborn screening is treated as a single episode, so women should get a single copy of [Screening Tests for You and Your Baby](#) to last the entire antenatal and newborn period.

This means that duplicate copies should not be provided with reminder letters or if people lose or forget their leaflet. They should be signposted to electronic sources of information instead.

3.14 Exclusion criteria

- **Babies less than 34 weeks gestational age or over 3 months of (corrected) age:** 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 corrected age
- **Programmable shunts:** these babies are contra-indicated for the screen and must be referred directly for audiological assessment

Babies with the following conditions are contra-indicated for the screen and must be urgently referred directly for audiological assessment as the risk of hearing loss is high

- **Atresia or microtia** (no patent canal in one or both ears)
- **Meningitis** (confirmed or strongly suspected bacterial meningitis or meningococcal septicaemia)
- **Confirmed congenital cytomegalovirus**

Screening programmes should liaise with paediatric services to ensure that the screen outcome for these babies is recorded in the national IT system and that prompt referral to audiology is made.

3.15 Staffing, education and training

See section 2.4 Roles and accountabilities through the screening pathway.

Providers will have in place:

- **NHSP Local Manager:** operational lead for the local NHSP programme. 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 programme website.

The NHSP Local Manager and Team Leader will oversee the delivery and monitoring of the screening programme. They are also responsible for ensuring that there is an ongoing educational programme for health professionals involved in hearing screening.

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

Providers should use nationally produced data reports to monitor local screening programme performance and screener activity.

PHE screening makes available a variety of education and training for NHS screening staff. Evidence based, up-to-date e-learning resources, study days and courses can be accessed here <https://www.gov.uk/guidance/nhs-population-screening-education-and-training>

In addition, each screening programme will have specific guidance for the initial training and ongoing learning for screeners. This learning should be facilitated, supported and monitored by local screening providers. In line with professional regulations individuals have a responsibility to ensure their practice is up-to-date and evidence based. Local programmes can use the national programme training guidance and resources to support this.

Providers must facilitate hearing screener training in line with programme requirements/ standards as detailed in the NHSP '[Screener Competence assessment](#)'.

Newly employed non-professionally regulated screening staff must undertake the Level 3 Diploma for Health Screeners [qualification](#).

In 2019-20 NHS England and NHS Improvement will ensure that the NHS locally, in collaboration with their local HEE board, meets the training requirements and cost of the screener diploma for the Newborn Hearing Screening Programme.

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.

Personnel supporting the newborn hearing screening programme work within agreed national NHSP guidance.

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 NHSP e-learning for all professionals involved in the NHSP care pathway.

3.16 User involvement

The provider will be required to:

- demonstrate that they regularly seek out the views of service users, families and others in respect of planning, implementing and delivering services
- 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 and NHS Improvement on request
- participate in the local Children's Hearing Services Working Group (CHSWG)

3.17 Premises and equipment

The provider will:

- provide and use equipment in accordance with manufacturer specification and NHSP equipment protocols
- ensure maintenance and calibration of screening equipment in accordance with manufacturer specification and NHSP equipment protocols
- provide, use, and ensure maintenance and calibration of testing equipment in audiology in accordance with manufacturer specification and NHSP equipment protocols
- ensure that appropriate consumables are available to enable continuous operation
- ensure that equipment is kept in good repair and replaced as appropriate in line with manufacturer recommendations
- ensure that the current versions of software and firmware are installed on all equipment and IT systems

- provide evidence that daily Quality Assurance checks on screening equipment are performed before the equipment is used to screen babies. If the equipment fails any of the checks/QA tests it must be removed from service until the fault is investigated and rectified in line with NHSP [operational guidance](#)
- ensure that appropriate IT systems are available to enable the screeners and audiologists access to the national screening IT system, 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 in 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 the 2015-16 NHS [Standard Contract](#).

Section 4: National standards, risks and quality assurance

The provider will:

- meet the acceptable national [standards](#) and work towards attaining and maintaining the achievable standards
- adhere to specific professional standards and guidance as detailed in the NHSP [operational guidance](#)
- maintain a register of risks, working with NHS England and NHS Improvement and quality assurance teams within Public Health England to identify key areas of risk in the screening pathway, and make sure these points are reviewed in contracting and peer review processes
- participate fully in national quality assurance (QA) processes which includes:
 - submitting agreed minimum data sets and reports from external quality assurance schemes
 - undertaking ad-hoc audits and reviews as requested
 - completing self-assessment questionnaires / tools and associated evidence
 - responding to SQAS recommendations within agreed timescales providing specified evidence
 - producing with agreement of commissioners of the service an action plan to address areas for improvement that are identified in recommendations
- operate and evidence
 - check points that track individuals through the screening pathway
 - identify, as early as possible, individuals that may have missed screening, where screening results are incomplete or where referral has not happened
 - have process in place to mitigate against weakness in the pathway
- have arrangements in place to refer individuals to appropriate treatment services in a timely manner and these should meet programme standards
- demonstrate that there are audited procedures, policies and protocols in place to ensure the screening programme consistently meets programme requirements
- comply with guidance on [managing safety incidents](#) in national screening programmes and NHS England and NHS Improvement serious incident framework
- make sure business continuity plans are in place where required
- make sure sub-contracts and/or service level agreements with other providers meet national standards and guidance

Service improvement

The provider will develop and agree with commissioners a CSIP (continual service improvement plan) in cases where national recommendations and/or screening standards are not fully met. The CSIP will include the following:

- action plans specifying changes and improvements that will be made during the contract period
- defined timescales for actions
- roles and responsibilities for actions
- performance issues highlighted by the commissioners
- concerns raised by service users

New technologies

New technologies should not be used for screening unless approved by the UK National Screening Committee.

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 make sure 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).

Section 5: Data and Monitoring

The collection, analysis and comparison of good quality data is critical for the all NHS screening programmes in England.

PHE Screening aims to develop a consistent approach to data collection and reporting across all screening programmes and is committed to making sure that stakeholders have access to:

- reliable and timely information about the quality of the screening programme
- data at local, regional and national level
- quality measures across the screening pathway without gaps or duplications

Performance thresholds are selected to align with existing screening standards and service objectives; 1 or 2 thresholds are specified.

The acceptable threshold is the lowest level of performance which screening services are expected to attain to assure patient safety and service effectiveness. All screening services should exceed the acceptable threshold and agree service improvement plans to meet the achievable threshold. Screening services not meeting the acceptable threshold are expected to put in place recovery plans to deliver rapid and sustained improvement.

The achievable threshold represents the level at which the screening service is likely to be running optimally. All screening services should aspire to attain and maintain performance at or above this level.

5.1 Key performance indicators (KPIs) and screening standards

The provider should adhere to the requirements as specified on following web pages: KPIs: "[Reporting data definitions](#)" and [Screening standards](#):

Please note that indicator definitions are updated regularly and you should always obtain the most recent version available.

The national screening programme will produce regular KPI and performance reports for the provider of the screening programme and NHS England and NHS Improvement 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 the national IT system for all stages of the care pathway defined within the system.

Information recorded on the national IT system 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 NHS Improvement 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

PHE Screening contributes to the Public Health Outcomes Framework (PHOF) “indicator 2.20 – National Screening Programmes”. Each screening programme reports on one or more sub-indicators.

NHSP screening contributes to the 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)

Acceptable $\geq 98.0\%$

Achievable $\geq 99.5\%$

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