



Department
of Health

NHS
England

Public health functions to be exercised by NHS England

Service specification No.20

NHS Newborn Hearing Screening Programme

November 2013

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Public health functions to be exercised by NHS England

Service specification No.20

NHS Newborn Hearing Screening Programme

Prepared by –

Public Health England

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Service specification No.20

This is a service specification within Part C of the agreement 'Public health functions to be exercised by NHS England' dated November 2013 (the '2014-15 agreement').

The 2014-15 agreement is made between the Secretary of State for Health and NHS England under section 7A of the National Health Service Act 2006 ('the 2006 Act') as amended by the Health and Social Care Act 2012.

This service specification is to be applied by NHS England in accordance with the 2014-15 agreement. An update to this service specification may take effect as a variation made under section 7A of the 2006 Act. Guidance agreed under paragraph A38 of the 2014-15 agreement may inform the application of the provisions of this service specification.

This service specification is not intended to replicate, duplicate or supersede any other legislative provisions that may apply.

The 2014-15 agreement including all service specifications within Part C is available at www.gov.uk (search for 'commissioning public health').

Section 1: Purpose of Screening Programme

1.1 Purpose of the Specification

To ensure a consistent and equitable approach across England a common national service specification must be used to govern the provision and monitoring of newborn 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 NHS England's responsible population 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 needs to be read in conjunction with:

- Current NHSP guidance which is found in the UK NSC website. <http://hearing.screening.nhs.uk>
- NHSP programme standards: <http://hearing.screening.nhs.uk/standardsandprotocols#fileid10752>
- Guidance and updates on KPIs: <http://www.screening.nhs.uk/kpi>
- UK NSC Guidance, Managing Serious Incidents in the English NHS National Screening Programmes: <http://www.screening.nhs.uk/quality-assurance#fileid9902>
- Failsafe processes: <http://hearing.screening.nhs.uk/qualityassurance#fileid23420>
- Protocols for SCBU/NICU babies
- NHS local programme guidance manual
- Staff induction and training requirements
- Modernising Children's Hearing Aid Services (MCHAS) protocols and guidelines <http://www.psych-sci.manchester.ac.uk/mchas/guidelines/>

1.2 Aims

The aim of the NHSP is to ensure optimal development of language and communication in children born with moderate to profound permanent bilateral deafness.

1.3 Objectives

- 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 world class support for deaf children and their families.
- To raise standards in service performance to achieve better outcomes in screening, assessment, diagnosis and rehabilitation.
- To ensure a robust evaluative culture of service provision locally, regionally and nationally.
- To promote and develop family friendly integrated services.
- To empower parents to make informed choices.
- To ensure equality of access for all children and families.
- To work to deliver an integrated approach to screening and follow-on services.
- To be recognised as the world's leading hearing screening programme and 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

Optimal development of language and communication in children born with moderate to profound permanent bilateral deafness.

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'.

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 between the different providers, screening centres, primary care and secondary care.

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 should be offered bilateral screening for permanent hearing impairment (sensorineural or permanent conductive). Ideally screening should be offered within days of birth, but may, in exceptional circumstances, be attempted up to 3 months of (corrected) age. Those older than 3 months corrected age, or otherwise not eligible for screening, should be considered for referral to audiology.

This universal service facilitates early detection of congenital hearing loss and swift referral for audiological assessment and treatment if necessary.

In delivering a national programme and to ensure national consistency the local provider is expected to fulfill the following, in conjunction with guidance from the National Programme Centre where appropriate and as detailed in the Standard Operating Procedures available on <http://hearing.screening.nhs.uk/standardsandprotocols>

- Work to nationally agreed common standards and policies
- Be required to implement and support national IT developments
- Use materials provided by the national Programme Centre, e.g., leaflets, and protocols for their use
- Be required to respond to national action/lessons such as change of software, equipment supplier, techniques
- Work with NHS England in reporting on and resolving serious incidents
- Provide data and reports against programme standards, key performance indicators (KPIs), and quality indicators as required by the Programme Centre on behalf of the UK NSC
- Take part in quality assurance processes and implement changes recommended by QA including urgent suspension of services if required
- Implement and monitor failsafe procedures and continuously ensure quality
- Work with bordering providers to ensure that handover of results or patients is smooth and robust
- Participate in evaluation of the screening programme

2.2 Care pathway

A description of the NHSP pathway for well and babies in Special Care Baby Unit (SCBU)/ Neonatal Intensive Care Unit (NICU) is given below, along with diagrams of the pathways showing failsafe processes identified by the national screening programme.

The pathway for the detection of bilateral, permanent hearing impairment (sensorineural or permanent conductive) in newborn babies consists of the following:

- The eligible population of 'new births' or 'new registrations' is identified through a birth notification into the NHSP IT system (eSP system) or local Child Health Departments.
- All eligible babies, born or resident in England, should be offered a newborn hearing screen (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 of the local screening service is responsible for identifying these babies through the screening management IT system (eSP), and for arranging an appointment to carry out the screen. Written information about the NHSP is provided to parents/carers and a choice to be screened is offered.
- A multi-stage screening protocol is used. There are two versions of the protocol:
 - '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.
 - 'Well Baby protocol' - for all other babies
- The screening protocol has two types of test, carried out by the newborn hearing screener. A third test is undertaken on referred babies as part of the initial audiology appointment.
 - Tests carried out at screening:
 - automated oto-acoustic emission (AOAE) – if the response is not clear then babies have a:
 - automated auditory brainstem response (AABR) – if the response is not clear then babies are referred to Audiology for further testing.
 - Test carried on babies referred to Audiology:
 - oto-acoustic emission (OAE) and/or 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 8 months of corrected age
- No clear response in one or both ears. Response: Baby referred to Audiology as described above. Ensure the midwifery team are aware of screen outcome

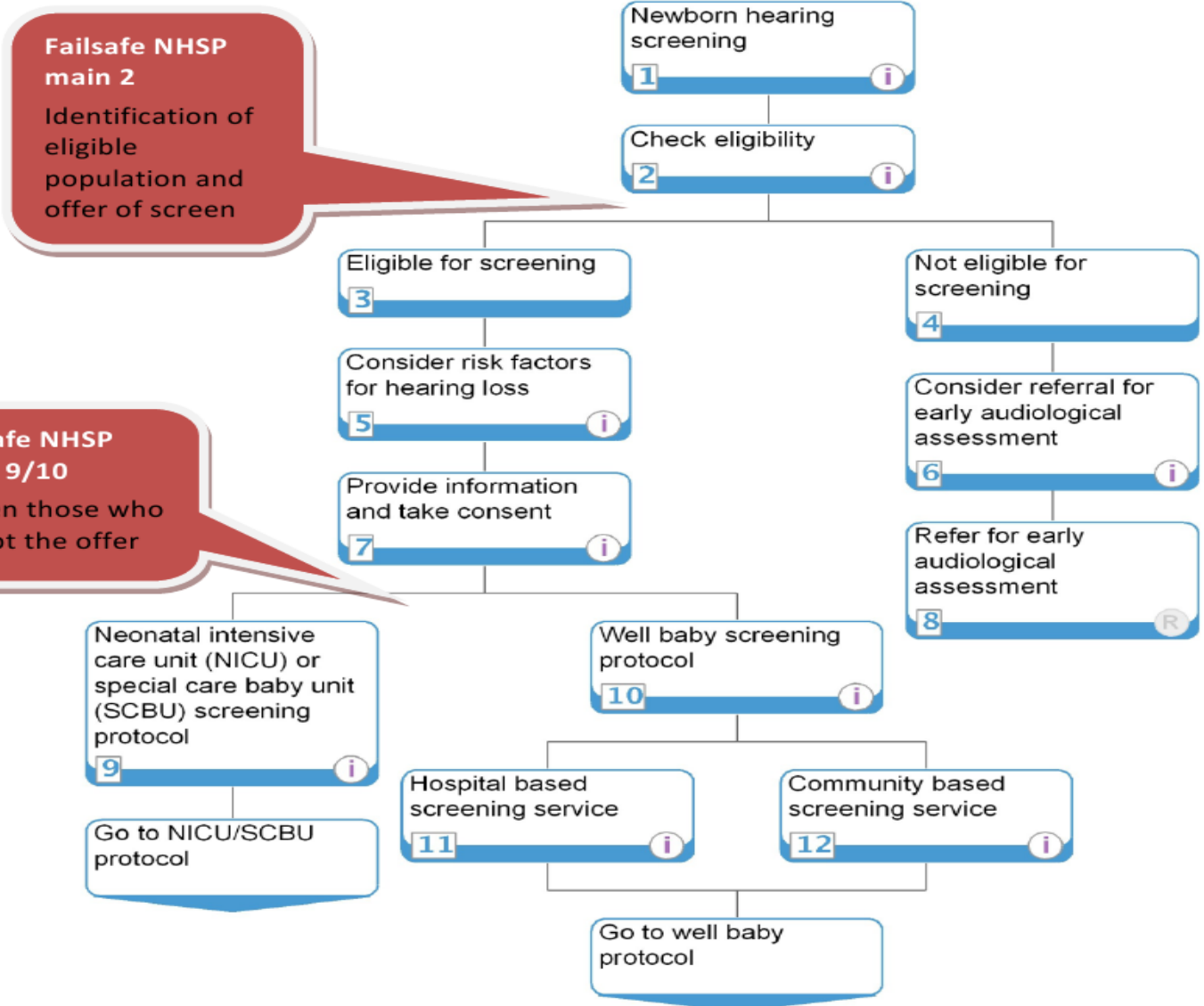
See section 3.13 for more information on the end of the screening pathway.

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 the NHSP website <http://hearing.screening.nhs.uk/>

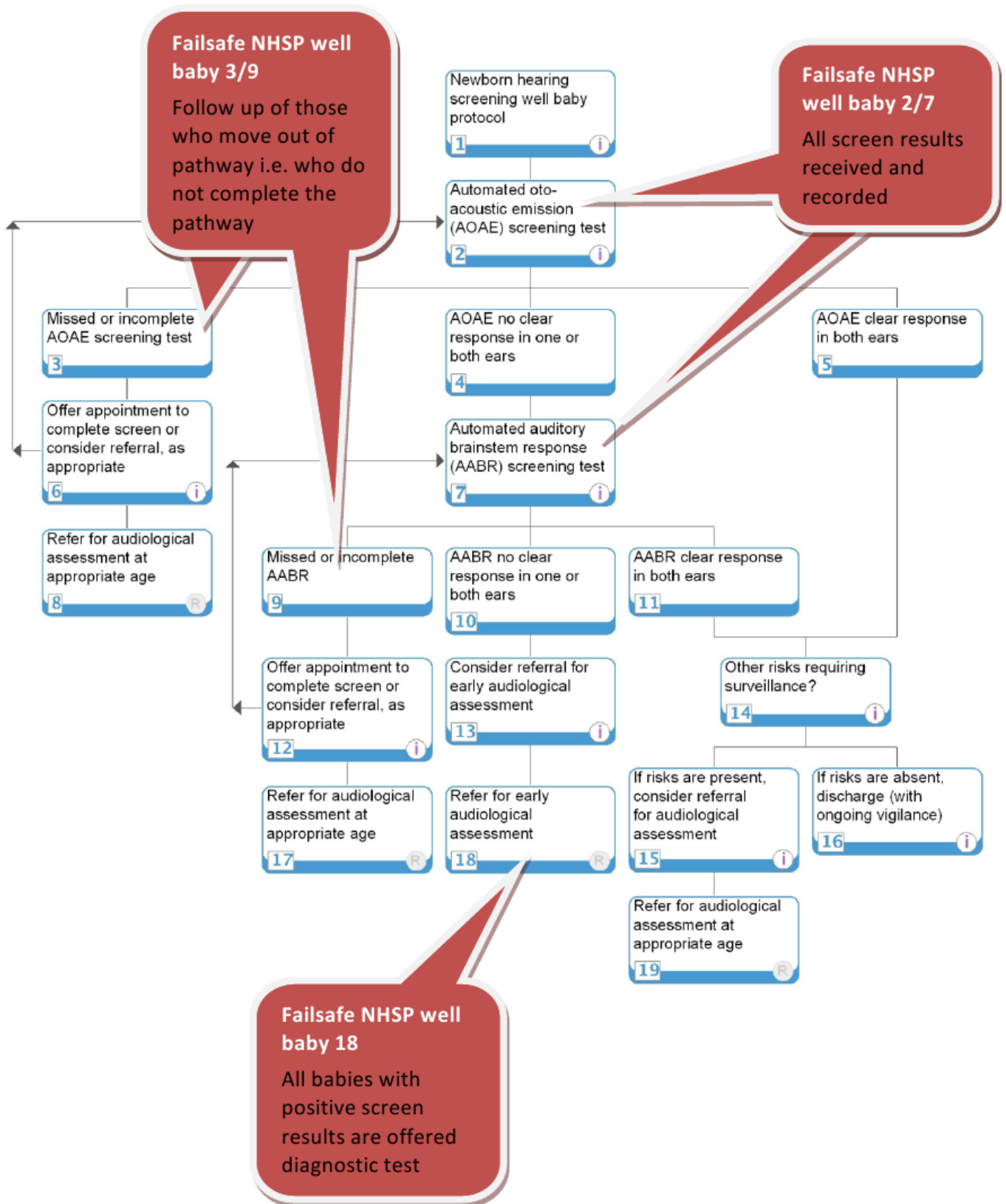
A full description of the screening pathways can be found on the Map of Medicine

at: http://eng.mapofmedicine.com/evidence/map/newborn_hearing_screening1.html

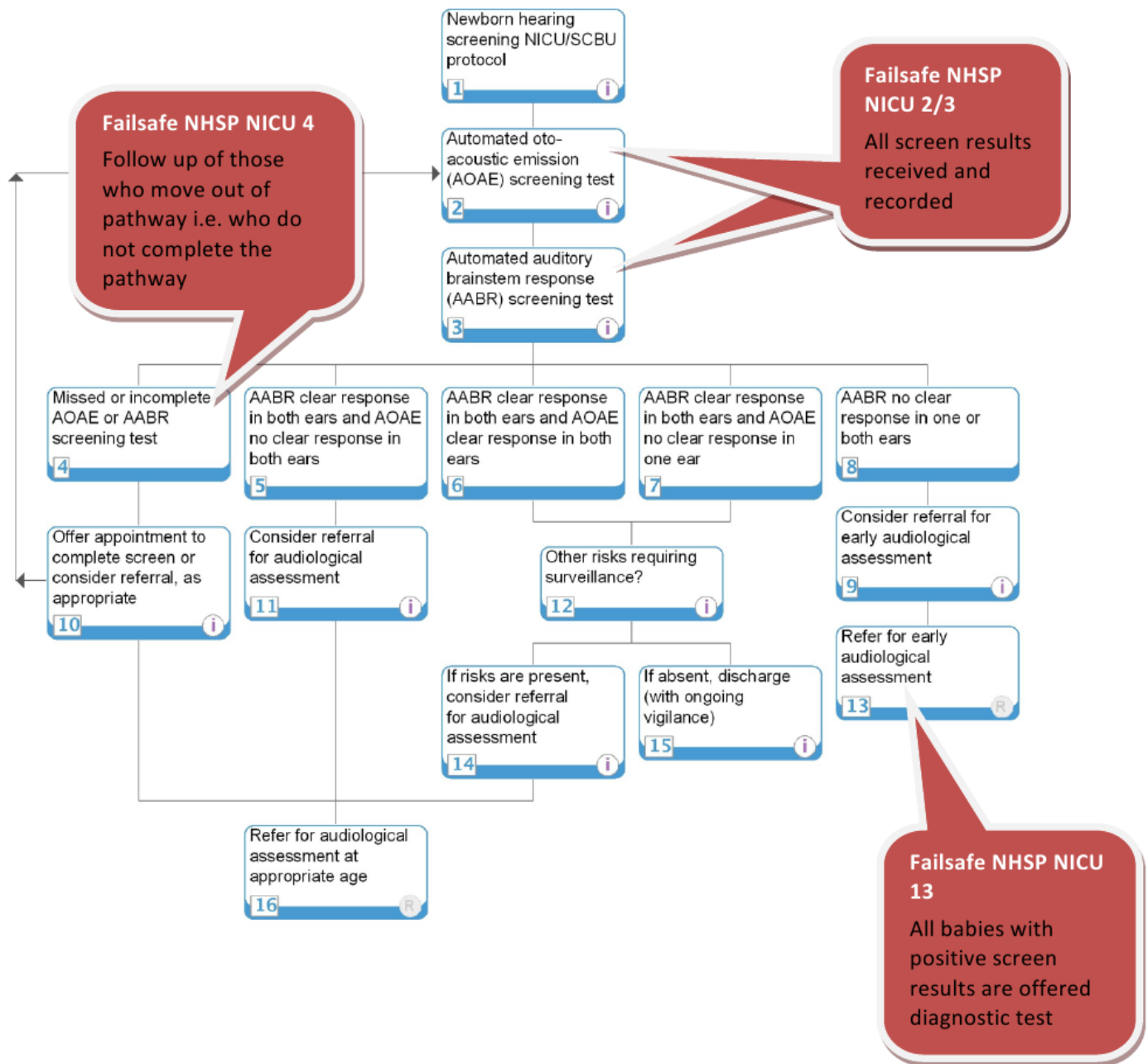
A. Main screening pathway



B. Well baby pathway



C. NICU/SCBU baby pathway



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.

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider is expected to:

- have appropriate failsafe mechanisms in place across the whole screening pathway. A complete list of the failsafe processes in the NHSP to be met by the provider can be found on the National Screening Programme website
- review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes or the UK NSC
- 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 routine staff training and development

2.4 Roles and accountabilities through the screening pathway

Roles and responsibilities of key personnel

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider is expected to have the following posts in place:

- NHSP Local Manager/Coordinator. Operational lead for the local NHS NHSP and 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.

In addition the provider is expected to identify an existing senior post to take on the role of NHSP team leader 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

Pathway	Provider	Possible Responsibility for elements of Commissioning	Possible Responsibility for elements of Contracting	Rationale and other comments
Identify cohort in a timely manner	Maternity Services (plus occasionally through general practice and health visiting services)	AT	CCG	<p>Identification of the cohort is carried out through birth notifications entered onto the eSP system or CHIS.</p> <p>For those babies in the UK who are born abroad, identification takes place in primary care following registration with a GPs practice. Child Health Records Departments (CHRD) inform health visitors of “movers in following regular checks.</p>
Inform/Maximise uptake in a timely manner	Maternity Services (plus occasionally through general practice and health visiting	AT	CCG	Informing the cohort and maximising uptake in a timely manner takes place during routine midwifery-led care, and sometimes through primary

	services)			<p>care.</p> <p>Health visitors may inform families moving into the area.</p> <p><i>CCGs/NHSE Area teams will have responsibility for commissioning maternity care and hearing screening.</i></p> <p><i>The NHSE will have responsibility for holding primary care contracts and commissioning health visiting services.</i></p>
Screening test: sample taking	Acute Trust provider / health visiting services	AT	CCG	<p>Hospital model of service provision - hearing test performed by NHSP trained staff employed by the Acute Trust.</p> <p>Community model of service provision – hearing test performed by specially trained health visitors, trained</p>

				<p>screeners, or other trained healthcare professionals.</p> <p>Hospital paediatric audiology departments provide the first auditory brainstem response (ABR) test.</p>
Screening test: analysis	Acute Trust provider / health visiting services	AT	CCG	<p>Hospital model of service provision – AOAE and AABR results analysed by NHSP trained staff employed by the Acute Trust</p> <p>Community model of service provision – AOAE and AABR results analysed by specially trained health visitors, trained screeners, or other trained healthcare professionals.</p> <p>ABR test results analysed by hospital paediatric audiology.</p>

<p>Screening test: results reporting</p>	<p>Acute Trust provider / health visiting services</p>	<p>AT</p>	<p>CCG</p>	<p>Hospital model of service provision – AOAE and AABR results given to parents by NHSP trained staff employed by the Acute Trust</p> <p>Community model of service provision – AOAE and AABR results given to parents by specially trained health visitors, trained screeners, or other trained healthcare professionals.</p> <p>ABR test results given to parents by hospital paediatric audiology.</p>
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The commissioning of the NHSP pathway involves commissioning at different levels. The NHSP services will be commissioned by NHS England alongside specialised services where appropriate.

2.6 Links between screening programme and national programme centre expertise

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

These include:

- developing, piloting and roll-out to agreed national service specifications of all extensions to existing screening programmes and new screening programmes;
- setting QA standards;
- setting and reviewing programme standards;
- setting and reviewing national service specifications and advising on section 7A agreements (under the direction of the Department of Health requirements);
- developing education and training strategies;
- providing patient information;
- determining data sets and management of data, for example to ensure Key Performance Indicators (KPIs) are collected;
- setting clear specifications for equipment, IT and data;
- procurement of 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);
- collect, collate and quality assure data for cancer and non-cancer screening programmes;
- monitor and analyse implementation of NHS commissioned screening services;
- provide advice to the Department of Health on priorities and outcomes for NHS England mandate and section 7a agreement, and to lead on detailed provisions, in particular the 7a agreement on screening;
- advise NHS England how to increase uptake of screening.

PHE will also be responsible for

- providing the quality assurance (QA) functions for screening programmes;
- providing PH expertise and advice on screening at all levels of the system, including specialist PH expertise being available as part of NHS ENGLAND screening commissioning teams;
- ensuring action is taken to optimise access to screening programmes, e.g. among socio-economically disadvantaged groups.

Public health functions to be exercised by NHS England

- ensuring reports on important aspects of screening are available at various geographies (e.g. local authority) to enable population based oversight

Section 3: Delivery of Screening Programme

3.1 Service model summary

There are two models of service delivery:

Hospital-based screening service

Screening is undertaken in maternity units by NHSP trained staff who are specifically employed to carry out the screen. Ideally, the screen should be completed prior to discharge from hospital. If the initial screening process cannot be completed as an inpatient, an outpatient appointment will need to be arranged by the local NHSP service provider so that the screen can be completed within four weeks.

Community-based screening service

Screening is carried out by specifically trained health visitors or other trained screeners or trained health care assistants. The first screening is to 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 their home or in a community clinic.

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 referral. Audiology services should adhere to national specifications and participate in a peer-review process of ABR and the NHS IQIPS initiative.

Specific protocols are available for babies in special care baby or neonatal units.

3.2 Programme co-ordination

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources each 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-ordinator time with appropriate administrative support to be responsible for the operational coordination of the screen, 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 and consistency of programme.

Each provider will ensure that there is an appropriate level of dedicated Clinical Audiologist or Physician time with appropriate administrative support to be responsible for the operational coordination of the post-newborn reactive and hearing surveillance programmes and to contribute to strategic development.

3.3 Clinical and corporate governance

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider will:

- ensure co-operation with and representation on the local screening oversight arrangements/structures
- ensure that responsibility for the screening programme lies at Director level
- ensure that there is appropriate internal clinical oversight of the programme and have its own management and internal governance of the services provided with the appointment of a Clinical Lead, a local programme manager and the establishment of a multidisciplinary steering group (that meets quarterly) as a minimum
- ensure that there is regular monitoring and audit of the screening programme, and that, as part of organisation's Clinical Governance arrangements, the organisation's Board is assured of the quality and integrity of the screening programme
- comply with the UK NSC guidance on managing serious incidents.
- have appropriate and timely arrangements in place for referral into treatment services that meet the screening programme standards found on the National Screening programme Website
- 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 newborn hearing screen is offered to all newborn babies born in England and to those babies under 3 months old who have moved into the area (and who are the responsibility of NHS England) without having completed a hearing screen elsewhere first.

See section 3.14 for details of exclusions.

3.5 Location(s) of programme delivery

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider will ensure 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.

Guidance on appropriate locations for, and infrastructure (appropriate space, equipment, IT capability etc.) required for carrying out screening can be found in “*NHS Local Programme Guidance Manual*” available from the NHSP website.

3.6 Days/Hours of operation

The provider will ensure that days and hours of operation are sufficient to meet the national programme standards on coverage.

Programme standards can be found in “*Standards in the NHS Newborn Health Screening Programme*” available from the NHSP website.

3.7 Entry into the screening programme

See section 2.2: Care pathway

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, medical services (paediatric audiology, ENT, audiovestibular medicine, genetics etc.), child health departments, midwifery services, primary care professionals, the voluntary sector and parent groups. 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 there remains clear named clinical responsibility at all times and at handover of care the clinical responsibility is clarified. NHS England will ensure that the service is provided seamlessly across the whole pathway. This will include, but is not limited to:

- agreeing and documenting roles and responsibilities relating to all elements of the screening pathway across organisations to ensure appropriate handover arrangements are in place between services
- providing strong clinical leadership and clear lines of accountability
- developing joint audit and monitoring processes
- working to nationally agreed Programme standards and policies
- agreeing jointly on what failsafe mechanisms are required to ensure safe and timely processes across the whole screening pathway
- contributing to any NHS ENGLAND Screening Lead's initiatives in screening pathway development in line with UK NSC expectations
- meeting the NHSP screening programme standards covering managing interfaces which can be found in "*Standards in the NHS Newborn Health Screening Programme*" available from the National Screening programme website

3.9 Information on test/screening programme

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources 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 on newborn hearing screening. Where English is not the parent's fluent language, a trained interpreter should be used during the booking appointment and appropriate written information provided. A wide range of NHSP information available for local use with parent/carers has been developed in a variety of formats and languages.

3.10 Testing (laboratory service, performance of test by individuals)

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider will only use newborn hearing screening equipment, including AOAE and AABR equipment, nationally procured and approved by the NHSP.

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

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 or 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, is entered into eSP to allow screening outcomes to be effectively assessed.

Guidance on results reporting and recording can be found in "*NHS Local Programme Guidance Manual*" available from the NHSP website.

3.12 Transfer and discharge from care obligations

- Babies with a clear response in both ears following initial screening are discharged from screening with ongoing vigilance for any parental or professional concerns.
- Babies with no clear response following initial screening (OAE and ABR) are discharged from the screening programme once the audiological assessment has been undertaken.

3.13 Parent/carer information

Parents of babies discharged from the screening programme with a clear response in both ears should be given written NHSP information regarding ongoing vigilance.

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 as these children may be at risk of developing labyrinthitis ossificans. Further rapid referral for cochlear implant may be required.

3.15 Staffing

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider 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 fulfil the NHSP Screening programme induction and training requirements and work within agreed national NHSP protocols. Details of these are available on the NHSP website.

That there is in place a workforce plan designed to maintain a sustainable programme, especially where increases in birth rate are predicted and/or when there are difficulties in the recruitment of appropriately qualified healthcare staff.

That there are a sufficient number of trained and accredited clinical audiologists of appropriate grade to undertake the OAE and / or ABR audiological assessments (part 3 of the screening process).

That NHSP screeners and Local Managers undertake NHSP nationally approved training.

That all professionals involved in the NHSP Care Pathway keep up to date with NHSP nationally approved and provided CPD activity.

3.16 User involvement

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources 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
- show that all families are given information about how to provide feedback about services they receive, including about the complaints procedure.
- ensure parental representation on the local Children's Hearing Services Working Group (CHSWG)

Collection of the views of service users/families will often be via surveys or questionnaires. It is expected that such surveys will take place on a regular (rather than ad hoc) basis and that the results will be made available to NHS England on request.

3.17 Premises and equipment

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the provider will:

- provide, use, and ensure maintenance and calibration of appropriate screening equipment as per the NHSP National Screening programme Equipment Protocols.
- provide, use, and ensure maintenance and calibration of ABR testing equipment as per the NHSP National Screening programme Equipment Protocols.
- ensure that all consumables are stocked in appropriate size and batches 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
- ensure that appropriate IT systems are available to enable the screeners and audiologists access to the national screening management system (e-Screener Plus), Patient Management Systems and other patient information systems.
- ensure that appropriate accommodation is available in maternity sites to allow the undertaking of the neonatal screen and within Audiology Departments to undertake the assessments from the screen and from the post newborn surveillance and reactive referral programmes (hospital model). Appropriate space will also be required for storage and for screeners to undertake their administrative responsibilities.

Safety & Safeguarding

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

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

Section 4: Service Standards, Risks and Quality Assurance

4.1 Key criteria and standards

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

4.2 Risk assessment of the screening pathway

Providers are expected to have an internal quality assurance and risk management process that assures the commissioners of its ability to manage the risks of running a screening programme.

Providers will:

- ensure that appropriate failsafe mechanisms are included 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 the Commissioner 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 routine staff training and development is undertaken

On a quarterly basis high scoring risks will be identified and agreed between the provider and the commissioners and plans put in place to mitigate against them. Risk identification should take into account failsafe mapping (please also see section 2.3 Failsafe Arrangements).

4.3 Quality assurance

Providers will participate fully in national Quality Assurance processes and respond in a timely manner to recommendations made. This will include the submission to QA teams and commissioners of:

- data and reports from external quality assurance schemes
- minimum data sets as required – these may be required to be submitted to relevant national external bodies

Public health functions to be exercised by NHS England

- self-assessment questionnaires / tools and associated evidence
- audits or data relating to nationally agreed internal quality assurance processes

Providers will participate fully in the QA visit process where required and cooperate in undertaking ad-hoc audits and reviews as requested.

Providers will respond to QA recommendations by the submission of action plans to address identified areas for improvement and any non-conformities / deviations from recommended performance thresholds.

Where QA believe there is a significant risk of harm to the population, they will recommend to commissioners to suspend a service.

4.4 Serious incidents

Providers will comply with the national guidance for the management of incidents in screening programmes and NHS England guidance for the management of incidents. “Managing Incidents in England NHS National Screening Programmes Interim Guidance” and “NHS Commissioning Board. (2013) Serious Incident Framework – an update to the 2010 National Framework for Reporting and Learning from Serious Incidents Requiring Investigation. NHS Commissioning Board: London”.

4.5 Procedures and Protocols

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

4.6 Continual service improvement

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

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

4.7 Teaching and Training

The provider will ensure that:

- education, training and staff development are an integral part of the service and complies with the requirements of the screening programme
- it keeps up to date with clinical advances
- contributes to education and training of other relevant professionals where appropriate

The provider should also aspire to participate in properly conducted quality research where possible (with appropriate ethical approval).

Section 5: Data and Monitoring

5.1 Continual service improvement

Where national recommendations and core and/or developmental 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 performance (Guidance and updates on KPIs: <http://www.screening.nhs.uk/kpi>) and the results of internal and external quality assurance checks. The CSIP will respond and any performance issues highlighted by NHS England, 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 NHS England.

5.2 Data collection, monitoring and reporting

Activity, performance and KPI data will be collected by providers and shared with NHS England to allow benchmarking between areas within the eligible screening programme population.

5.3 Key Performance Indicators / Public Health Outcomes Framework

Public Health Outcomes Framework Indicator

2.21v: 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)

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

Acceptable $\geq 95.0\%$

Achievable $\geq 99.5\%$

2012-13 national baseline is 97.5%

In accordance with UK NSC standards and protocols 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 the 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.