Public Health England

NHSP Reports – Guidance for Screening Programmes

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1.0 Performance reports

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<td>Standards and KPI Reports</td>
<td>NHSP Local Managers and Team Leaders. Commissioners (via Local Managers)</td>
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1.1 Programme Standards and KPI reports

**Purpose**: Enable performance monitoring and reporting of programme performance within provider units and to commissioners.

**Frequency**: quarterly and annually

**Action**: Sites will be notified when the reports are available. Sites should download and save the report. Review programme performance

**Note on populations**
There are many populations that can be defined for reporting purposes for a given screening site. The following list shows some of them:

1. Babies whose records are created within a site i.e. by creating site
2. Babies whose records are currently within a site i.e. by current site
3. Babies who have any their screening activity within a site
4. Babies who have all of their screening activity within a site
5. Babies who have their initial screening test within a site
6. Babies who have their screening outcome set within a site
7. Babies who are the responsibility of a particular CCG at birth.
8. Babies who are currently the responsibility of a CCG

We have always produced reports for populations 1 and 2 above and KPI reporting has used population 2 above. Both of these populations may contain records where some or all of the screening activity has taken place in another site. We have, therefore, added a third report using the population described in 3 above. This will include any baby with any screening activity within your site regardless of the location of the record at the time of reporting. This has been included to help sites identify performance issues. Consider a baby that starts the screen in site A and completes in site B. This baby will be included in report 3 for site A and site B. Site A’s report will include the screening tests carried out in site A. Site B’s report will include the screening tests carried out in site B.

Thus the following reports will be produced:
• Report 1 - Records created within the site
• Report 2 - Records currently in the site
• Report 3 - Records with any screening activity within the site. In this case an individual baby’s results may be included in more than one facility.

Full details of the calculations are provided in the programme standards document https://www.gov.uk/government/publications/newborn-hearing-screening-programme-quality-standards and are summarised below.

**Standard 1 (NH1)**

<table>
<thead>
<tr>
<th>complete screens</th>
<th>expressed as a percentage</th>
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<tbody>
<tr>
<td>eligible babies</td>
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</table>

“complete screens” (numerator) includes babies for whom a conclusive screening result was available by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies) and babies referred to an audiology department because a newborn hearing screening encounter was inconclusive or contraindicated.

The “screening outcomes” that comprise a complete screen are:

- Clear response-no follow up required
- Clear response- targeted follow up required
- No clear response-bilateral referral, unilateral referral
- Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
- Incomplete-screening contraindicated

eligible babies (denominator) is the total number of babies born within the reporting period whose mother was registered with a GP practice within the CCG, or (if not registered with any practice) resident within the area covered by the provider NHSP site or CCG area, excluding:

- any baby who died before screening could be completed
- babies that have not reached 4 weeks corrected age (hospital programmes-well babies, NICU babies) or 5 weeks corrected age (community programmes-well babies) at the time of the report
- Babies born in England and have had their record transferred electronically to Wales or another home country

Corrected age is used for babies born at <40 weeks gestation or both NICU and well baby protocols.
Standard 2

<table>
<thead>
<tr>
<th>babies who do not show a clear response in both ears at AOAE1</th>
<th>expressed as a percentage</th>
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</thead>
<tbody>
<tr>
<td>babies tested at AOAE1</td>
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The possible outcomes at AOAE1 are:
- CR/CR
- NCR/NCR
- NCR/CR
- CR/NC
- NCR/NC
- CR/ND
- NCR/ND
- NC/NC
- NC/ND

[CR=clear response, NCR=no clear response, NC=not complete, ND=not done]

Babies who do not show a clear response in both ears at AOAE1 (numerator) is the total number of well babies who do not show a clear response in both ears at AOAE1. Thus the numerator includes all above combinations except CR/CR.

Babies tested at AOAE1 (denominator) is the total number of well babies who have any AOAE1 test

Standard 3

<table>
<thead>
<tr>
<th>referrals for diagnostic audiological assessment</th>
<th>expressed as a percentage</th>
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</thead>
<tbody>
<tr>
<td>complete screens</td>
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</table>

Referrals for diagnostic audiological assessment (numerator) is the total number of babies that receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment. The “screening outcomes” that require a diagnostic referral are:
- No clear response-bilateral referral, unilateral referral
- Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
- Incomplete-screening contraindicated

“complete screens” (denominator) is the total number of eligible babies for whom a decision about referral or discharge from the screening programme is made. The “screening outcomes” that comprise a complete screen are:
- Clear response-no follow up required
- Clear response- targeted follow up required
- No clear response-bilateral referral, unilateral referral
• Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
• Incomplete-screening contraindicated

**Standard 4**

| referrals for diagnostic audiological assessment who are offered an appointment that is within the required timescale | expressed as a percentage |
| referrals for diagnostic audiological assessment |

*Referrals for diagnostic audiological assessment* (denominator) is the total number of *babies* who receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment. It includes the following “screening outcomes”:

• No clear response-bilateral referral, unilateral referral
• Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
• Incomplete-screening contraindicated

The numerator is the number of babies from the denominator who are offered an appointment that is within the required timescale. The required timescale is *either* within 4 weeks of screen completion or by 44 weeks gestational age.

**Standard 5 (NH2)**

| referrals for diagnostic audiological assessment who attend an appointment that is within the required timescale | expressed as a percentage |
| referrals for diagnostic audiological assessment |

*Referrals for diagnostic audiological assessment* (denominator) is the total number of *babies* who receive a no clear response result in one or both ears or other result that requires an immediate onward referral for audiological assessment. It is defined as the following “screening outcomes”:

• No clear response-bilateral referral, unilateral referral
• Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
• Incomplete-screening contraindicated

The numerator is the number of babies from the denominator who attend an appointment within the required timescale. The required timescale is *either* within 4 weeks of screen completion or by 44 weeks gestational age.
1.2 Additional information for internal monitoring

These reports are included for internal programme monitoring only. They will be familiar to you from the previous quality standards reports. The measures are summarised below:

Screens offered

The numerator is the number of records with one of the following screening outcomes:
- Clear response-no follow up required
- Clear response- targeted follow up required
- No clear response-bilateral referral, unilateral referral
- Incomplete-baby/equipment reason, equipment malfunction, equipment not available, baby unsettled
- Incomplete-screening contraindicated
- Incomplete – appointments missed
- Incomplete – declined screen, withdrawn consent

Or any record where consent to screen has been set to “yes” and one of the following screening outcomes:
- Incomplete – lost contact
- Incomplete – out of screening coverage
- Incomplete – lack of capacity

Or any record where consent to screen has been asked for but screening hasn’t yet taken place.

The denominator is all records excluding records with screening outcome
- Incomplete – deceased
- Incomplete – screening contraindicated
- Incomplete – late entry

Screens completed by 3 months

The numerator is the number of records with a screening outcome set within 3 months.

The denominator is the total number of records excluding incomplete – late entry and incomplete - deceased

Screens declined

The numerator is all records with a screening outcome of incomplete - declined or incomplete - withdrew consent. The denominator is all records with completed screen, excluding incomplete – deceased, incomplete – late entry and incomplete – screening contraindicated.
Well baby referrals from OAE2

| babies who do not show a clear response in both ears at AOAE2 | expressed as a percentage |
| babies tested at AOAE2 |

The possible outcomes at AOAE2 are:
- CR/CR
- NCR/NCR
- NCR/CR
- CR/NC
- NCR/NC
- CR/ND
- NCR/ND
- NC/NC
- NC/ND

[CR=clear response, NCR=no clear response, NC=not complete, ND=not done]

Babies who do not show a clear response in both ears at AOAE2 (numerator) is the total number of well babies who do not show a clear response in both ears at AOAE2 and have completed their screen. Thus the numerator includes all above combinations except CR/CR.

Babies tested at AOAE2 (denominator) is the total number of well babies who have started their screen (i.e. have one or more tests and screening outcome is not set to incomplete – late entry, incomplete – deceased or incomplete – screening contraindicated).

NICU with bilateral NCR on OAE

The number of records with NICU protocol who have started the screen (i.e. have one or more tests and screening outcome is not set to incomplete – late entry, incomplete – deceased or incomplete – screening contraindicated) but do not have a clear response at OAE on both ears, irrespective of the test result at AABR.

NICU bilateral referrals from AABR

Numerator is the total number of babies that receive a no clear response - bilateral referral result (NICU protocol).

Denominator is the total number of eligible babies (NICU protocol) who have started a screen (i.e. have one or more tests and screening outcome is not set to incomplete – late entry, incomplete – deceased or incomplete – screening contraindicated).
NICU unilateral referrals from AABR

Numerator is the total number of babies that receive a no clear response-unilateral referral result (NICU protocol)

Denominator is the total number of eligible babies (NICU protocol) who have started a screen (i.e. have one or more tests and screening outcome is not set to incomplete – late entry, incomplete – deceased or incomplete – screening contraindicated).

Total bilateral referrals (including NICU)

Numerator is the total number of babies that receive a no clear response - bilateral referral result

Denominator is the total number of eligible babies who have completed their screen.

Total unilateral referrals (including NICU)

Numerator is the total number of babies that receive a no clear response - unilateral referral result

Denominator is the total number of eligible babies who have completed their screen.

Total incomplete referrals

Numerator is the total number of babies that receive one of the following screen outcomes:
- Incomplete - baby/equipment reason
- incomplete - equipment malfunction
- incomplete - equipment not available
- incomplete - baby unsettled
- incomplete-screening contraindicated

Denominator is the total number of eligible babies who have completed their screen.

1.3 NH1 (Standard 1) not achieved - exception report

This report lists all records which breached the NH1 timeframe.

Sites will be notified when the reports are available. Download and save the report and review each record to identify the reason for failure to meet the standard. Check whether there are any mitigating circumstances and notify the national programme data manager. This information is collated and sent to the NHS screening programmes for publishing with the data.

Mitigations for NH1 breaches should be shared with commissioners at antenatal and newborn screening programme boards.
1.4 NH2 (Standard 5) not achieved - exception report

This report lists all records which breached the NH2 timeframe.

Sites will be notified when the reports are available. Download and save the report and review each record to identify the reason for failure to meet the standard. Check whether there are any mitigating circumstances and notify the national programme data manager. This information is collated and sent to the NHS screening programmes for publishing with the data.

Mitigations for NH2 breaches should be shared with commissioners at antenatal and newborn screening programme boards.

1.5 EQA funnel plots

Purpose: To inform the QA team and peer reviewers about programme performance regarding coverage (NH1), referral rate, time to first assessment (NH2) and yield of bilateral PCHI. Presents data for all sites in the form of funnel plots to enable identification of outliers.

Frequency: quarterly

These reports are not supplied to sites as they contain detailed Trust level information.
2.0 Highlight reports: sites

The purpose of these reports is to highlight issues that require action by Screening Managers.

2.1 Report 1 - Well babies with screen outcome of Clear Response - No Follow Up Required or Clear Response - Targeted Follow Up without supporting screening tests

**Purpose:** The report identifies Well Babies who have been given screen outcomes of Clear Response - No Follow Up Required or Clear Response - Targeted Follow Up where the results on the national screening IT system do not justify these outcomes.

**Frequency:** monthly

**Action:** Sites will be notified when the reports are available. Sites should download and save the report. Sites should investigate and validate every record on the report to ascertain if the screening outcome is safe or if recall is needed. Document the action taken in a case note in the national screening IT system. Record the action in the spreadsheet (in final column of report ‘Outcome of Investigations’). Save the updated spreadsheet for audit purposes. Report any clinical incidents identified. Note: the report is cumulative; records will continue to appear on the list each month until they are investigated and corrected. Records that remain unresolved for over a month will be reported to the QA team.

2.2 Report 2 - NICU babies with screen outcome of Clear Response - No Follow Up Required or Clear Response Targeted Follow Up without supporting AABR test results

**Purpose:** The report identifies NICU Babies who have been given screen outcomes of ‘Clear Response, No Follow Up’ or ‘Clear Response Targeted Follow Up’ where the results on National Screening IT System do not justify these outcomes.

**Frequency:** monthly

**Action:** Sites will be notified when the reports are available. Sites should download and save the report. Investigate and validate every record on the report to ascertain if the screening outcome is safe or recall is needed. Document the action taken in a case note. Record the action in the spreadsheet (in final column of report ‘Outcome of Investigations’). Save the updated spreadsheet for audit purposes. Report any clinical incidents identified. Note: the report is cumulative; records will continue to appear on the list each month until they are investigated and corrected. Records that remain unresolved for over a month will be reported to the QA team.

2.3 Report 3 - Imported test results changed from No Clear Response or Not Complete to Clear Response

**Purpose:** To alert sites to records where an imported test result from the screening equipment is No Clear Response and the test result in national screening IT system is Clear Response.

**Frequency:** monthly

**Action:** Sites will be notified when the reports are available. Download and save the report. Identify the test results that have been changed to ascertain if the screening outcome is safe.
or recall is needed. Document the action taken in a case note on the IT system. Note: if the test has been assigned to the wrong ear, this test result must be set to Not Required and the correct test added manually as a new test, otherwise the test will remain on the report. Record the action in the spreadsheet (in final column of report ‘Outcome of Investigations’). Save the updated spreadsheet for audit purposes. Report any clinical incidents identified. Note: the report is cumulative; records will continue to appear on the list each month until they are investigated and corrected. **Records that remain unresolved for over a month will be reported to the QA team**

2.4 Report 4 - Imported test results differ: other discrepancies

**Purpose:** to alert sites to test results changed by the user on import to the national screening IT system.

**Frequency:** monthly

**Action:** This report should be used for local audit of procedures and in competency assessment or performance management of staff. Discrepancy may be the result of a genuine mistake: or it may have been done following poor practice e.g. repeating tests with No Clear Response results.

2.5 Report 6 - Test Method of Entry Different from SEDQ

**Purpose:** to identify test results entered in national screening IT system using a method of entry other than SEDQ

**Frequency:** monthly

**Action:** All test results not entered into the national screening IT system via SEDQ must be recorded in a local log and checked by the Local Programme Manager at the time of occurrence. The log must be reconciled with this report and discrepancies investigated as this may identify an incident.

2.6 Report 7 - Records on Transfer in Queue aged older than 1 month

**Purpose:** to alert sites to records on their transfer in queue for babies aged over 1 month.

**Frequency:** monthly

**Action:** Sites should process the transfer in queue daily. For some records it may be appropriate to transfer and share the record.

*See section x of the operational handbook.* Any records which appear on the report must be actioned immediately.

2.7 Report 8 - Records on Transfer out Queue aged older than 1 month

**Purpose:** to alert sites to records on their transfer out queue for babies aged over 1 month.
Frequency: monthly
**Action:** Sites should process the transfer out queue daily. For some records it may be appropriate to transfer and share the record. [See section x of the operational handbook.](#) Any records which appear on the report must be actioned immediately.

**2.8 Report 9 - Referrals with Estimated Gestational Age (GA) at Birth Less than 21 Weeks**

**Purpose:** The report lists records with a GA of <21 weeks. GA is required for the calculation of KPI NH2. Note: when GA shows as ‘0’ it is because it was not entered on the birth registration system.

**Frequency:** monthly

**Action:** Ascertain the correct GA and enter in national screening IT system. This report is cumulative and records will stay on the report until they are assigned a gestational age >= 21 weeks.

**2.9 Report 10 - Test Results Assigned to Unknown Screener**

**Purpose:** To show tests assigned to an ‘unknown screener’ on national screening IT system. In adherence to NHS guidelines no activity should be assigned to generic usernames.

**Frequency:** monthly

**Action:** Assign the tests to the correct screener or health visitor in national screening IT system by editing the test result and selecting the correct screener or health visitor. If the user does not appear in the facility where the test has taken place, sites must contact the national screening IT system helpdesk and ask for the user to be added. If the error is a recurring issue with a particular piece of equipment, the equipment should be reconfigured to include the user.

**3.0 Activity reports**

The purpose of these reports is to provide information to Screening Managers and Team Leaders.

**3.1 Monthly activity report – basic**

**Purpose:**

1. To list any record for which the site has carried out any screening testing irrespective of the current location of the record. This information may be required by provider trusts. The basic activity report lists the confidential identifier of babies with one or more tests performed in a site and the number of AOAE and AABR tests performed, by protocol and current facility.

2. To enable screening managers to monitor the number of attempts at each protocol stage by each screener. The basic activity report lists the confidential identifier of babies with one or more tests performed in a site and the number of AOAE and AABR tests performed, by protocol and current facility.
If the number of AOAE attempts at each protocol stage exceeds 6, the figure is highlighted in red. If the number of AABR attempts at each protocol stage exceeds 4, the figure is highlighted in red. Note: Date of first test is included to allow the user to filter out records which have appeared in previous month’s reports if required. Note: in the current version of the report a baby who is screened in more than one month will appear in each month’s report.

**Frequency:** monthly  
**Action:** as required. Address any issues of too many test attempts with individual screeners.

Please note: This report enables identification of all screening activity undertaken by the site for the reporting month.

### 3.2 Monthly activity report – extended

**Purpose:** This report was developed to enable more detailed reporting to those provider trusts that require it. It shows the information in the basic report but with more detail for each patient. Note: Date of first test is included to allow the user to filter out records which have appeared in previous month’s reports if required.

**Frequency:** monthly  
**Action:** as required. This report is supplied by secure email only and is only available directly from the NHSP Data Manager. The report enables identification of all screening activity undertaken by the site for the reporting month.

### 3.3 Transfers In Records Currently in the Reporting Local Programme Which Were Created in Another Local Programme

**Purpose:** This report shows the number of records created in one site and transferred into the local site.

**Frequency:** quarterly  
**Action:** review the report.

### 3.4 Transfers Out Records Creating in the Reporting Local Programme Which Are Currently in Another Local Programme

**Purpose:** This report shows the number of records created in the local site and transferred out to other sites.

**Frequency:** quarterly  
**Action:** review the report.

### 3.5 Discharge report

**Purpose:** This report gives data about the location of screening activity for records created within the local site. This report shows the number (and percentages) of babies with a clear response, unilateral or bilateral referral.

Results are shown separately for babies that had:
- all tests - inpatient (row 1)
- screen completed after discharge-babies that started the screen in hospital but completed after discharge (outpatient or home visit) (row 2)
- all testing - outpatient (row 3).

Test location is based on the location selected when entering/importing screening results.

**Frequency:** quarterly

**Action:** review the report

### 3.6 Protocol adherence

**Purpose:** This report enables sites to check adherence to the screening protocol. For example if a large number of babies are having AABR only this will require further investigation.

**Frequency:** quarterly

**Detail:** Based on records for well babies, born between the dates shown with all their screening carried out in the site. The columns are exclusive: the AOAE1 column shows babies that have had AOAE1 only; AOAE1 and AOAE2 column shows babies that have had both AOAE1 and AOAE2 only. The number of babies that underwent a particular combination of tests is shown along with the percentage of the total.

**Action:** review the report

### 3.7 Screener activity report

**Purpose:** This report should be used to monitor screener activity, focusing on the number of clear response, no clear response and not completes for each screener during the last month and the number of Well baby or NICU babies screened and the number of AABRs which they perform. Any anomalies e.g. low numbers of AABRs performed should be investigated further.

**Frequency:** monthly

**Action:** review the report

### 3.8 Screening outcome by screener

**Purpose:** This report should be used to monitor how many babies each screener refers (both unilateral and bilateral referrals). An unusually low or high number of referrals should be investigated further. Note: Babies may have been screened by more than one screener so will be counted for each screener.

**Frequency:** monthly

**Action:** review the report and investigate any unusual findings

### 4.0 Outcome reports

### 4.1 Screen referral and yield report

**Purpose:** provides a summary report for all data currently in the site (excluding legacy data for Phase 1 sites). The report includes sufficient detail to inform and enable audit of records.
locally eg. to check the accuracy of the yield recorded for the site PCHI Report shows which records contribute to the yield.

**Frequency:** monthly

**Action:** for information

This report comprises of two reports:

**Summary information**

This provides the following key information:

- Total records currently in the site with a screening outcome
- Total records currently in the site that have referred on the screen i.e. with a screening outcome of No clear response-unilateral referral, No clear response-bilateral referral, Incomplete-baby/equipment reason (historic records), Incomplete-screening contraindicated, Incomplete-baby unsettled, Incomplete-equipment malfunction, Incomplete-equipment not available
- Follow up status for direct screen referrals
- Yield estimates for direct screen referrals (a)
- Yield estimate for screening outcome of “Clear response-targeted follow up” (b)
- Yield estimate for all other screening outcomes (c)
- Total yield (sum of a, b and c)
- Severity breakdown for all cases of bilateral PCHI

**PCHI Report: Patient details for all records with PCHI (including AN/AD) including those not directly referred by the screen.**

Provides a list of all records with PCHI, including those not referred by the screen. Lists key information for each record and indicates for each record which yield estimate(s) it contributes to.

**Notes:** Shared records show in the report for the responsible site (irrespective of which department is managing the baby). Any records that show “unknown facility” are on the site transfer in list.

**4.2 PCHI audit**

Purpose: lists all records in the site that have ever been on the PCHI register in the past but are no longer on the register. This report is produced to assist with local audits.

**Frequency:** available on request. In the future this report will be included as an audiology search in the national screening IT system

**4.3 ANSD audit**

Purpose: lists all records in the site that have ever had a type of hearing loss set to ANSD.

**Frequency:** available on request. In the future this report will be included as an audiology search in the national screening IT system
5.0 Data quality reports
These reports identify issues with audiology data. The issues should be investigated and resolved.

5.1 Audiology data quality report 1

**Purpose:** lists essential data missing from records of bilateral PCHI cases. This report lists records with any of the following:
- Missing date of confirmation of PCHI
- Missing date of referral to Teacher of the Deaf (ToD) unless the referral to ToD flag is set to ‘declined’ or ‘no’.
- Missing date of first fitting unless right and left amplification status are both set to none
- Right or left amplification status is blank
- Right/left amplification status is cochlear implant and right/left implant date is missing
- Right/left implant date is completed and Right/left amplification status is not equal to cochlear implant
- Key dates or any audiology appointment before date of birth

**Frequency:** monthly

**Action:** Local Managers should ask the relevant audiologist to enter the missing data in the national screening IT system

5.2 Audiology data quality report 2

**Purpose:** lists unilateral PCHI cases which are missing a date of confirmation of PCHI or referral date to a Teacher of the Deaf. Also lists any key dates which are before the date of birth. Missing dates are labelled “missing data” in red.

**Frequency:** monthly

**Action:** Local managers should ask the relevant audiologist to enter the missing data in the national screening IT system

5.3 Audiology data quality report 3

**Purpose:** lists active records that require updating. It is important that records in the national screening IT system are up to date and complete. Audiology services should record on the national screening IT system the audiology follow-up data on babies that refer from the screen as well as any children with later identified PCHI

**Frequency:** monthly

**Action:** Local managers should ask the relevant audiologist to update and (where appropriate) deactivate these records the national screening IT system

The report shows the records in 4 groups. Below is a summary of the action needed for records in each group. Local managers should pass this information to audiology departments.
Group 1: screen refers. Update the record. Remember that as soon as a PCHI is outruled (even if there is a temporary conductive hearing loss for example) the record can be deactivated (use deactivate- other and enter the reason as “PCHI outruled, no further data required”).

Group 2: records with a screen outcome of clear response-targeted follow up. Add the date of first appointment, the appointment outcome (attended, cancelled, DNA) and results if attended. After the first appointment details have been entered no further data is required unless there is a PCHI.

Group 3: records with a screen outcome of clear response-no follow up required. We suspect that these records have been activated in error. Review and deactivate these records. Unless there is a PCHI there is no need to enter audiology data for these records.

Group 4: records with a screen outcome of incomplete. We suspect that these records have been activated in error. Review and deactivate these records. Unless there is a PCHI there is no need to enter audiology data for these records.

Accurate completion of follow up audiology data is essential for the ongoing assessment of screening programme performance. **Records that remain unresolved will be reported to the QA team.**