



Commissioning Board

Public health functions to be exercised by the NHS Commissioning Board

Service specification No.20

NHS Newborn Hearing Screening Programme

November 2012

Public health functions to be exercised by the NHS Commissioning Board

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NHS Newborn Hearing Screening Programme

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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 the NHS Commissioning Board” dated November 2012 (the “2013-14 agreement”).

The 2013-14 agreement is made between the Secretary of State for Health and the National Health Service Commissioning Board (“NHS CB”) 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 the NHS CB in accordance with the 2013-14 agreement. An update to this service specification may take effect on an agreed date as a variation made in accordance with the 2013-14 agreement.

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

The 2013-14 agreement including all service specifications within Part C is available at www.dh.gov.uk/publications

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 the NHS Commissioning Board (NHS CB) for the NHS CB'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

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 including 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.

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 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 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 responsibility for identifying these children lies with the Co-ordinator of the local screening service via the screening management IT system if the baby moves from another area of the UK that carries out newborn hearing screening. It is then the responsibility of the Co-ordinator of the local screening service to arrange 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:

- one for well babies offered to all babies not resident in the NICU or SCBU for more than 48 hours continuously.
- one for babies who have been in a neonatal intensive care unit (NICU) or special care baby unit (SCBU) for more than 48 hours.
- The multi-stage screening protocol has three types of test. The first two are carried out at initial screening by the newborn hearing screener, and the third is undertaken on referred babies as part of the initial audiology appointment.
 - Tests carried out at initial 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 screening.
 - 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 major outcomes:
 - A clear response in both ears.
 - A clear response in both ears and the baby requires a targeted follow-up due to risk factors. Response: Referral considered for audiological assessment
 - No clear response in one or both ears. Response: Baby referred as described above for OAE and / or ABR. Ensure the midwifery team are aware of screen outcome

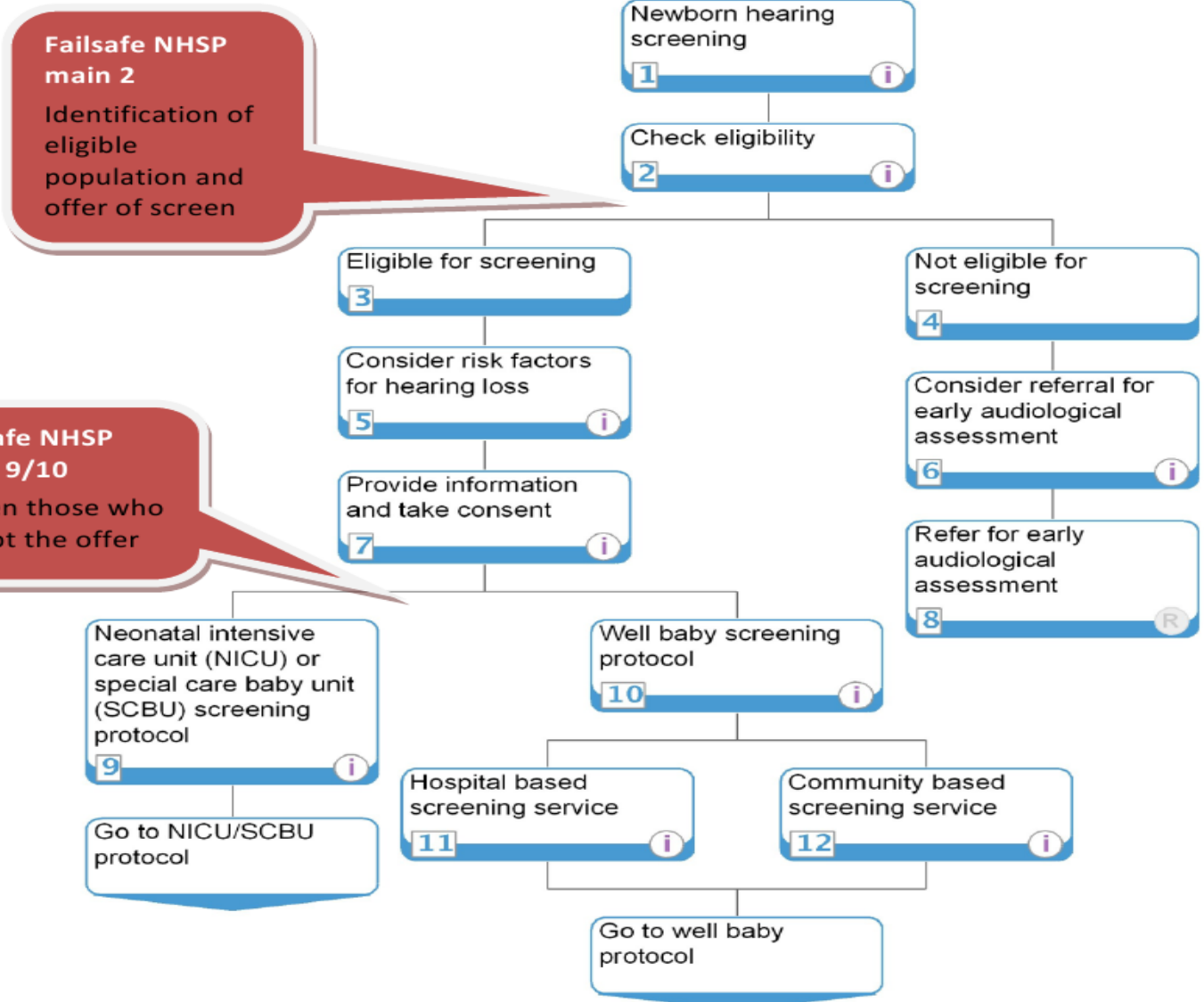
See section 3.13 for more information on the end of the screening pathway.

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.

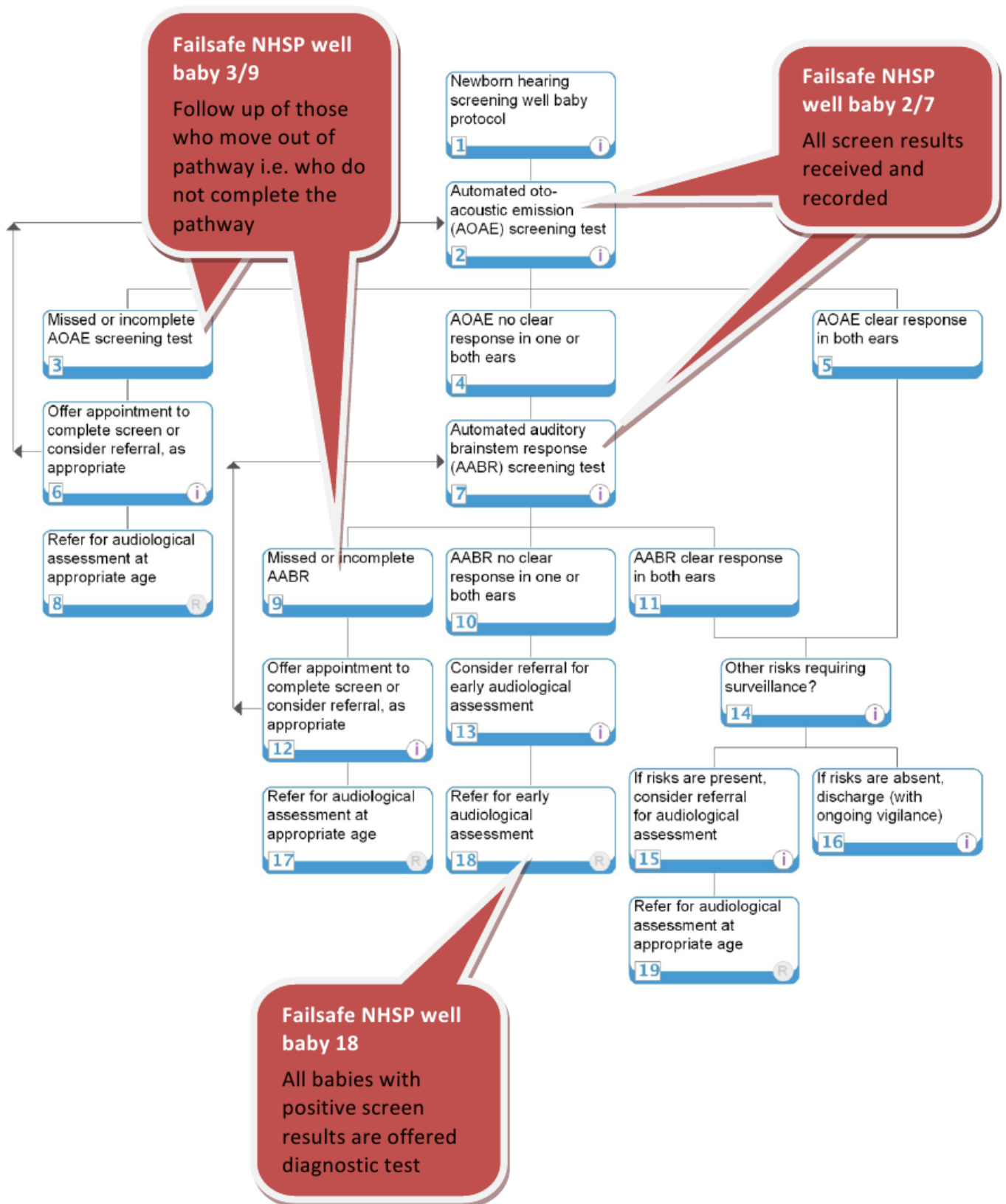
A full description of the screening pathways can be found on the Map of Medicine at:

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

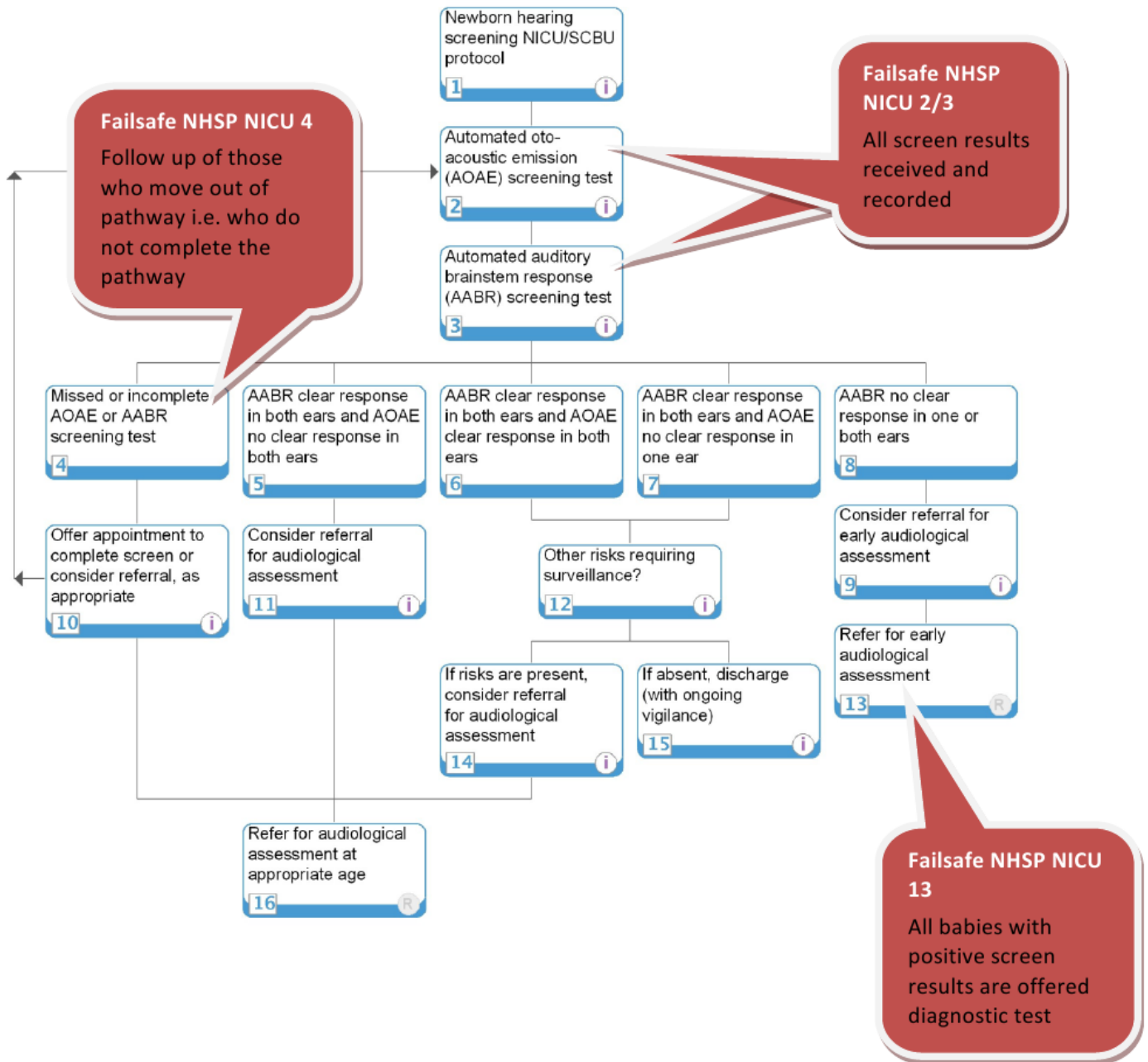
A. Main screening pathway



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 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 the NHS CB 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. Operational lead for the NHS NHSP and responsible for the day to day management of all aspects of the programme. This role normally requires 1 wte 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 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. In addition 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)	LAT	CCG	Identification of the cohort is carried out through birth notifications entered onto the eSP system or CHIS. 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.
Inform/Maximise uptake in a timely manner	Maternity Services (plus occasionally through general practice and health visiting services)	LAT	CCG	Informing the cohort and maximising uptake in a timely manner takes place during routine midwifery-led care, and sometimes through primary care. Health visitors may inform families moving into the area.

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				<p><i>CCGs/NHSCB Area teams will have responsibility for commissioning maternity care.</i></p> <p><i>The NHSCB 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	LAT	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 screeners, or other trained healthcare professionals.</p> <p>Hospital paediatric audiology departments provide the first auditory brainstem response (ABR) test.</p>

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<p>Screening test: analysis</p>	<p>Acute Trust provider / health visiting services</p>	<p>LAT</p>	<p>CCG</p>	<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>
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Screening test: results reporting	Acute Trust provider / health visiting services	LAT	CCG	<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 the NHS CB 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 undertaken by NHS CB but will need advice from PHE screening 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 the NHS CB mandate and section 7a agreement, and to lead on detailed provisions, in particular the 7a agreement on screening;
- Advise the NHS CB 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 CB screening commissioning teams;
- ensuring action is taken to optimise access to screening programmes, e.g. among socio-economically disadvantaged groups.
- 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 initial screen should be completed prior to discharge from hospital. If the screening process cannot be completed as an inpatient an outpatient appointment will need to be arranged by the maternity service provider organisation 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.

Specific protocols are available for babies in special care baby 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 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

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 the NHS CB) 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, wifi, 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. The NHS CB 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 CB 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.

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.

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 are discharged from the screening programme once the additional ABR screening test has been completed and a referral made for any ongoing assessments.

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 (grossly abnormal or absent pinna). These babies should be referred directly for audiological assessment as the risk of hearing loss is high.
- Meningitis (confirmed or suspected): 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

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- 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.

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 the NHS CB 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.

Section 4: Service Standards, Risks and Quality Assurance

4.1 Key criteria and standards

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the providers are expected to work towards meeting the minimum and achievable standards (NHSP programme standards):

<http://hearing.screening.nhs.uk/standardsandprotocols#fileid10752>

4.2 Risk assessment of the screening pathway

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the providers are expected to have an internal quality assurance process that assures the NHS CB of their ability to manage the risks of running a screening programme.

Providers may use the Failures Modes and Effects Analysis (FMEA) method which is recommended by the NHS National Patient Safety Agency's risk assessment programme. Risks should be defined in the standard NHS format (*likelihood and severity multiplied to give a RAG score*)

In accordance with good management practice and experience and to ensure appropriate and efficient use of NHS resources the providers are expected to maintain a register of risks and work with the NHS CB and QA staff to identify key areas of risk in the screening pathway to ensure that these points are reviewed in contracting and peer review processes. On a quarterly basis high scoring risks will be identified and agreed between the provider and the NHS CB, and plans put in place to mitigate against them.

4.3 Quality assurance

The NHS CB will suspend a service on recommendation from QA.

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

- meet national programme standards, or have plans in place to meet them where this is not the case
- participate fully in national Quality Assurance processes and respond in a timely manner to recommendations made
- make available data from external quality assurance programmes to screening programmes, national team and the NHS CB
- collect and submit minimum data sets as required to assure the NHS CB and the Quality Assurance Team in Public Health England of the safety and quality of the services provided

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- complete and submit the annual self-assessment tool with or without (as requested) an annual report of services to the Quality Assurance team and respond to identified areas for improvement.

4.4 Serious incidents

A serious incident (SI) for screening programmes is defined as an actual or possible failure at any stage in the pathway of the screening service, which exposes the programme to unknown levels of risk that screening or assessment have been inadequate, and hence there are possible serious consequences for the clinical management of patients. The level of risk to an individual may be low or high, but because of the large numbers involved the corporate risk may be very high. Complex screening pathways often involve multidisciplinary teams working across several NHS organisations in both primary and secondary care, and inappropriate actions within one area, or communication failures between providers, can result in serious incidents.

Potential serious incidents or serious near misses in screening programmes should be investigated with the same level of priority as for actual serious incidents.

In accordance with UK NSC standards and protocols the provider will comply with the UK NSC guidance on managing serious incidents. In the event of a serious adverse event the provider shall inform the NHS CB within 24 hours of the circumstances and provide all reasonable assistance to the NHS CB in investigating and dealing with the incident.

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

- Comply with appropriate statutory regulations (e.g. Data Protection Act, COSHH Regulations etc) to ensure a safe working environment.
- Review their procedures and processes against the National Screening programme for the NHSP's Best Practice Guidelines (June 2006) to reduce the likelihood of incidents occurring.
- Have a critical/serious incident policy in place and make sure all staff are aware of it and of their responsibilities within it. Staff will need to take action locally first but, where appropriate, such incidents should also be reported to the National Screening programme for the NHSP to assist in the development of a national picture of risk identification and management associated with these services.
- Have a robust system in place whereby families, other professionals and the public can raise concerns about the quality of care and where there are adequate arrangements for the investigations of such concerns.

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 (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 the NHS CB, 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 NHS CB.

5.2 Data collection, monitoring and reporting

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

5.3 Key Performance Indicators

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 the NHS CB and provider of the screening programme.