



## **SERVICE SPECIFICATION**

# **Universal Newborn Hearing Screening (UNHS) Programme**

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## Service Specification

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### Document control

#### Key personnel

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### Version history

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## 1. Purpose of document

To ensure a consistent and equitable approach across Scotland a common national service specification must be used to govern the provision and monitoring of universal newborn hearing screening (UNHS) services. The purpose of the service specification is to outline the service and quality indicators expected by NHS Scotland for the population for whom it is responsible and which meets the policies, recommendations and standards of the NHS Screening programmes. Wherever possible this specification follows the English Newborn Hearing Screening Programme specification with relevant aspects reproduced with kind permission by the programme centre.

The service specification is not designed to replicate, duplicate or supersede any relevant legislative provisions which may apply. The specification will be reviewed and amended in line with any new guidance as quickly as possible.

This specification should be read in conjunction with:

- UNHS programme national protocols

### 1.1 Aims and objectives

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

The objectives of the Newborn Hearing Screening programme are to:

- screen all children whose parents have consented to screening to identify those at higher chance of having a moderate to profound permanent bilateral hearing loss within the first four weeks of life (or by 44 weeks gestation if born prematurely) and to refer them promptly for a full audiological assessment
- offer screening to all babies up to 3 months of age, ideally screening should be performed within days of birth
- work in partnership to promote and develop family friendly integrated services
- empower parents to make informed screening choices
- ensure equity of access for all children and families
- work to deliver an integrated approach to screening and follow-on services
- to influence the development and delivery of high quality screening services, utilising the latest research, technology, best practice guidance and benchmarking

### 1.2 Outcomes

Children born with moderate to profound permanent bilateral hearing impairment achieve optimal development of their communication and language skills.

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\* The word parent is used to cover parent/carer/legal guardian throughout the rest of the document

### 1.3 Principles

- All individuals will be treated with courtesy, respect and an understanding of their needs
- All those participating in the hearing screening programme will have adequate information on the benefits and risks to allow an informed decision to be made before participating
- The target population will have equitable access to screening
- Screening will be effectively integrated across a pathway with clear lines of communication between the different NHS Boards, screening services primary care and secondary care

### 1.4 Equality

The objectives of the screening programme should include:

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

Key deliverables:

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

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

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

## 2. Background

Screening is a public health service offered to specific groups of the population to identify individuals at sufficient risk of a specific disorder to benefit from further investigation or direct preventive action.

The objective of the UNHS screening programme is to identify 'significant' Permanent Congenital Hearing Impairment (PCHI). 'Significant' hearing loss is classified as more

than 40dB of loss in the better ear i.e. infants with moderate, severe or profound loss. This hearing loss should be identified as soon after birth as possible. Early identification followed by appropriate management can give the baby the best chance of compensating for their hearing loss. It is well documented that infants whose hearing loss is identified and managed early develop better speech and language skills than those diagnosed after six months of age.

### **3. Scope of the screening programme**

#### **3.1 Description of the screening programme**

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

In delivering a national screening programme and to ensure national consistency the NHS Board is expected to fulfill the following, in conjunction with guidance from the National Screening Programme where appropriate and as detailed in the standards and policies available.

- Work to nationally agreed standards and policies
- use nationally developed materials provided for the national screening programme, e.g. leaflets, training media and protocols for their use
- ensure appropriate governance structures are in place
- work with NHS Scotland in reporting, investigating and resolving screening incidents
- provide data and reports against programme standards, key performance indicators (KPIs), and quality indicators as required by the national screening programme on behalf of the NHS Screening Programmes
- 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 NHS Boards/service providers to ensure that handover of results or patients is smooth and robust
- participate in evaluation of the screening programme
- ensure all health care professionals access appropriate training to maintain continuous professional development and competency

#### **3.2 Screening Pathway**

A full description of the screening pathway for well babies and babies in Neonatal Intensive Care Unit (NICU)/Special Care Baby Unit (SCBU) is given below, along with diagrams of the pathway. The screening pathways consist of the following:

- The eligible population of 'new births' or 'new registrations' is identified through a birth notification into the Scottish Birth Record (SBR) or e-Screener Plus (eSP) system or notification to the screening team by the local Child Health Department
- All eligible babies, born or resident in Scotland, should be offered a newborn hearing screen before 3 months corrected age for prematurity (see section

4.12 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 3 months of age and who have not been screened should be offered a screen by the local screening team in their new area of residence. The coordinator/manager of the local screening service is responsible for identifying these babies through the screening IT system and in partnership with Child Health Departments, and for arranging an appointment to carry out the screen
- The local maternity services, or in exceptional cases the Child Health Department, is responsible for entering high quality, timely data into the patient registration system (Community Health Index [CHI]) to enable electronic identification of babies eligible for screening within the IT system used.
- Written information about UNHS is provided to parents/carers/guardians (using national leaflet) and a choice to be screened is offered
- The offer of screening and subsequent acceptance or decline should be recorded on the IT system.
- The screening outcome should be recorded on the IT system and documented in the baby's records and the parent given written notification of the outcome of the screen.
- A local failsafe protocol must be in place to ensure that all babies who commence the screen complete the testing pathway
- Multi-stage screening protocols are used. There are two models of the protocol:
  - Otoacoustic Emissions (OAE) Model
  - Automated Auditory Brainstem (AABR) Model
- Each model has 2 protocols within it:
  1. '**NICU/SCBU protocol**' – for babies who have been in a neonatal intensive care unit (NICU) for more than 48 hours continuously regardless of the reason. Some Boards do however use NICU and SCBU interchangeably and opt to screen all babies who have been in SCBU / NICU for 48 hours or more using the NICU protocol. There should be local protocols in place which make it clear which babies are to be screened using the NICU protocol.
  2. '**Well Baby protocol**' - for all other babies

**NICU/SCBU Protocol:** NB: It does not include transitional care.

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

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

### Tests:

The screening protocols have two types of test, carried out by the newborn hearing screener

**automated otoacoustic emission (AOAE)**

**automated auditory brainstem response (AABR).**

Tests performed at screening for **well-babies**:

### OAE Model

- **Automated otoacoustic emission (AOAE1)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise:
- **Automated otoacoustic emission is repeated (AOAE2)**- if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise
- **Automated auditory brainstem response (AABR)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise the baby is referred to audiology for further testing

### AABR Model

- **Automated auditory brainstem response (AABR)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise
- **Automated auditory brainstem response is repeated (AABR2)** – if a clear response is obtained in both ears the baby is discharged from the screening programme. Otherwise the baby is referred to audiology for further testing

Tests performed at screening for **NICU/SCBU babies**:

- **automated otoacoustic emission (AOAE)** and
- **automated auditory brainstem response (AABR)**

### **OAE Model**

- **Automated otoacoustic emission (AOAE)** and
- **Automated auditory brainstem response (AABR)**

Both the AOAE and AABR should be performed on both ears – order of testing is discretionary but usually AOAE is the initial test. Only one AOAE test is carried out on NICU babies and once a result is obtained from both ears, regardless of the outcome, the AOAE is complete. The AABR is carried out on both ears irrespective of the results obtained at AOAE. If the AABR result is a no clear response in one or both ears a referral for Audiological assessment is required. If there is a clear response in both ears at AOAE and AABR the baby is discharged from the screening programme\*.



**AABR Model**

2 protocols may be used by the Health Boards offering the AABR model –

- AOAE and AABR, as in the OAE model. Or
- AABR followed by a second AABR if required, as in the well baby AABR model

\* Babies with risk factors present are referred to audiology for a (targeted) follow up at 7-9 months of age. These risk factors are given in the “guidelines for surveillance and targeted audiological monitoring of infants and children following newborn hearing screening” document.

**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.
- No clear response in one or both ears. Baby referred to Audiology as described above. Ensure the midwifery team are aware of screen outcome

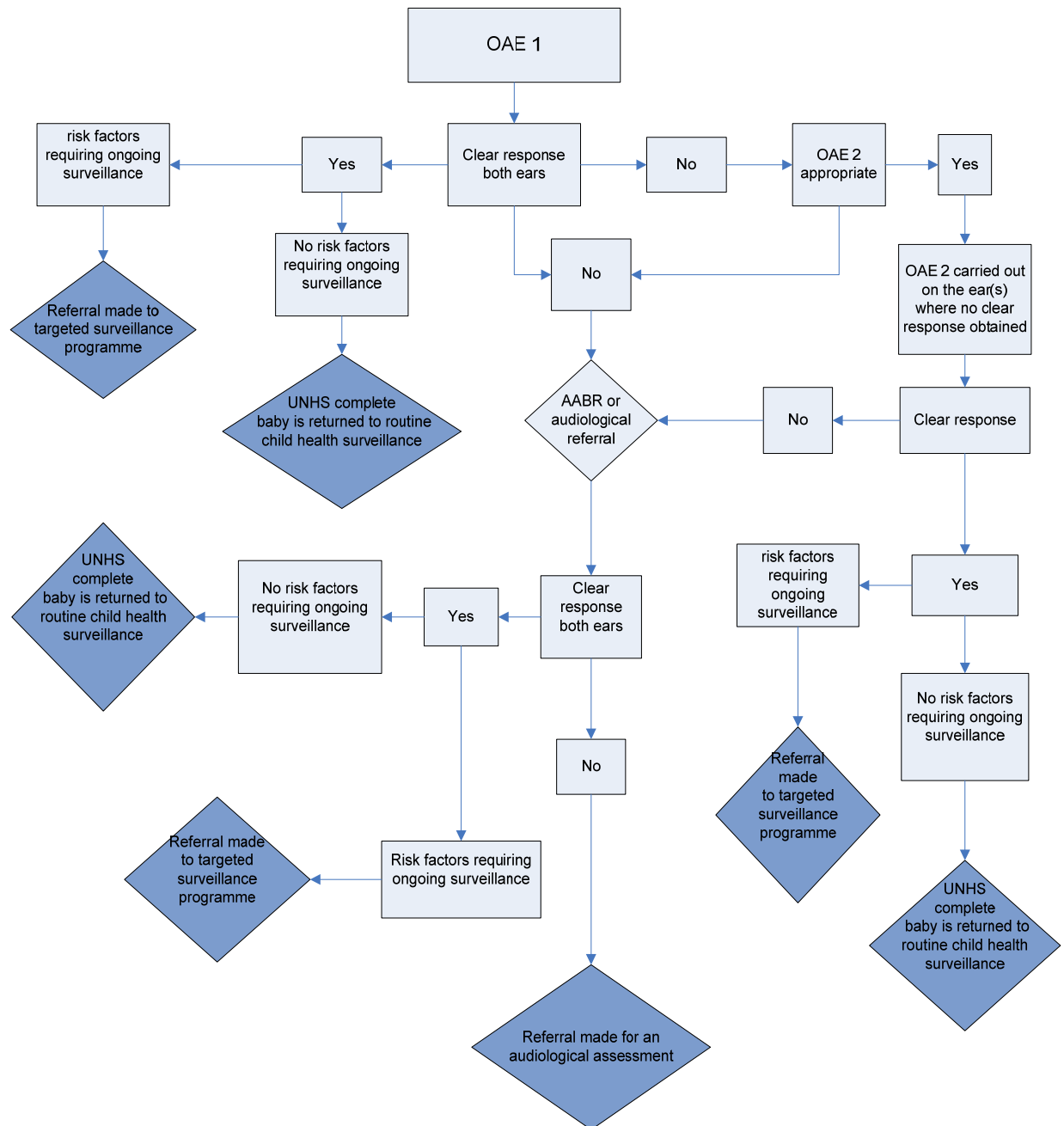
**Incomplete/missed screens (NICU & Well babies)**

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

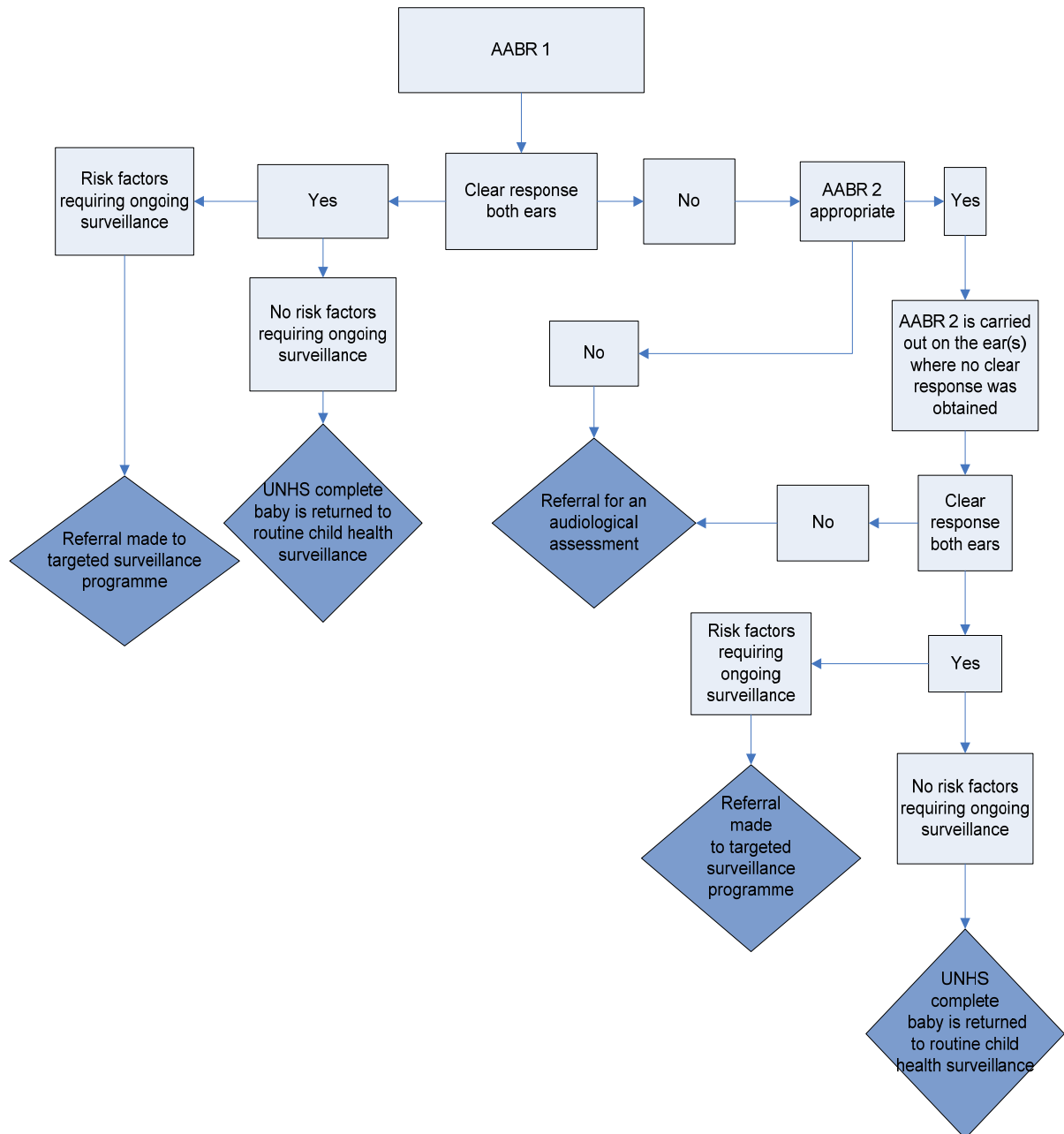
All NHS Boards are expected to review and risk assess local pathways in the light of national UNHS programme guidance and work with the Health Improvement Scotland Quality Assurance teams and NHS Scotland Screening Leads to develop, implement and maintain appropriate risk reduction measures. This should involve mechanisms to audit implementation, report incidents, ensure staff training, development and competencies and have appropriate links with internal governance arrangements.

The pathways for hearing screening are shown below.

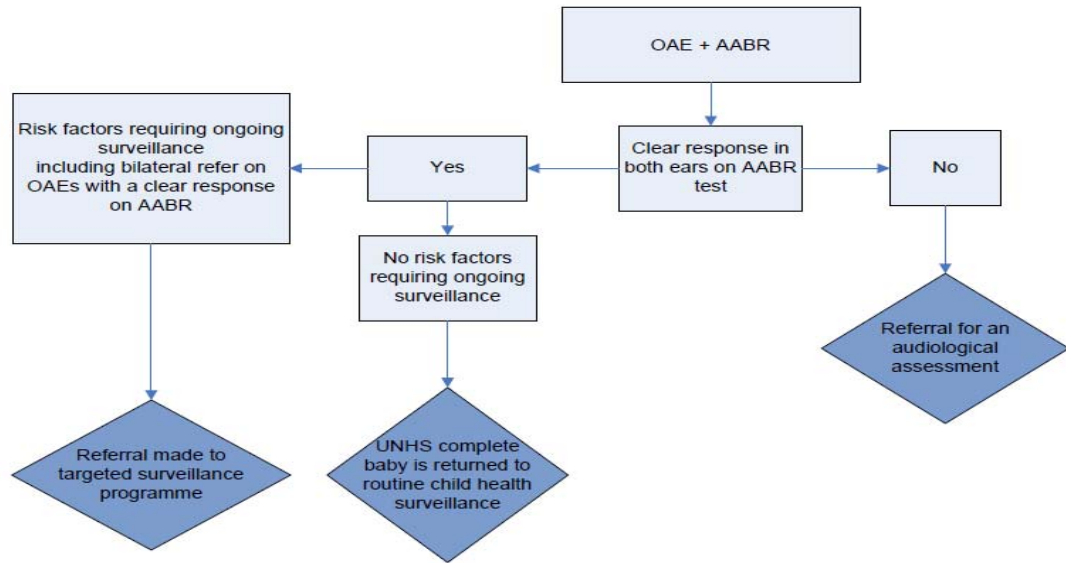
## Patient Flowchart Well babies – OAE Model



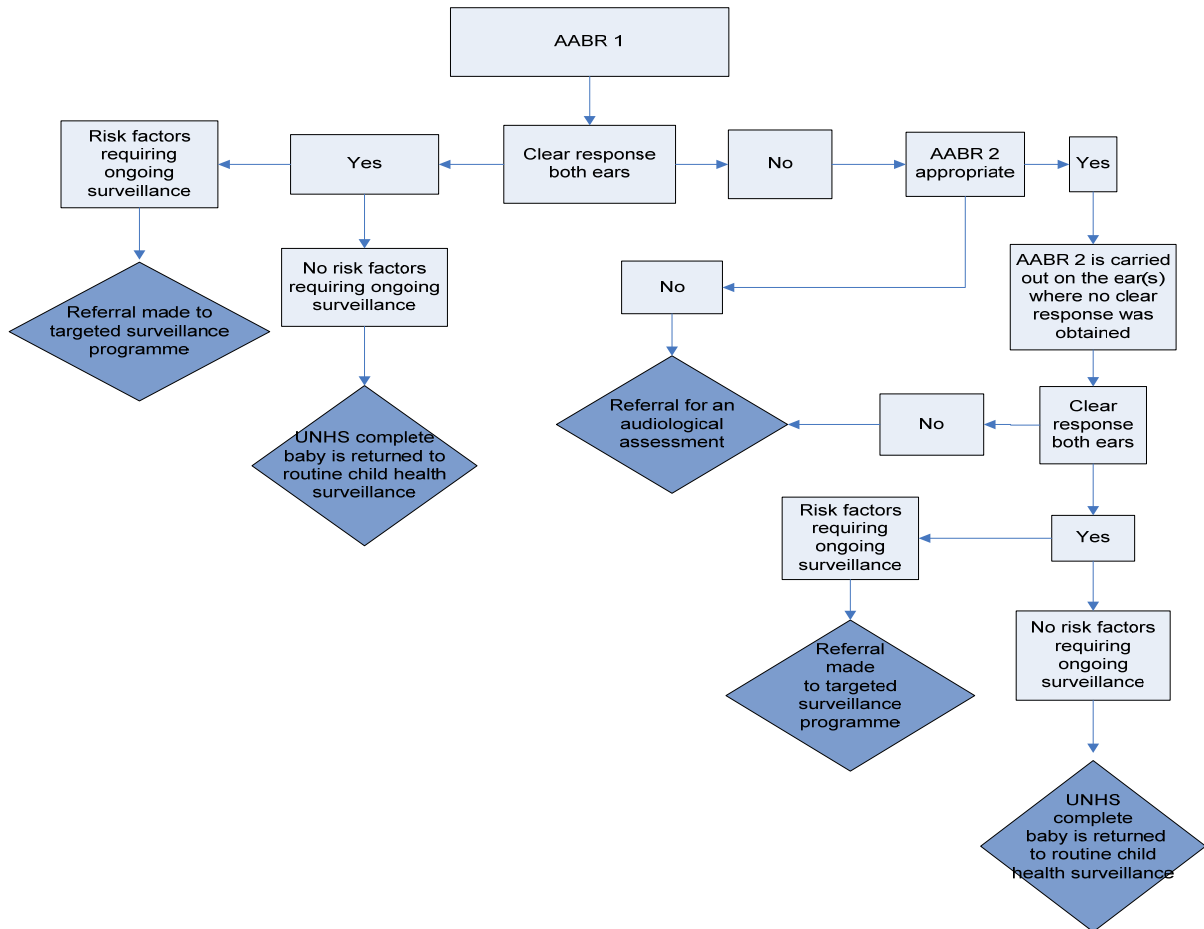
## Patient Flowchart Well Babies – AABR Model



### Patient Flowchart NICU Babies –OAE Model



### Patient Flowchart NICU Babies – ABR Model



It should be noted that some Boards who follow the AABR model for well babies will follow the OAE model for NICU babies.

### 3.3 Failsafes

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 (i) identify what is going wrong and (ii) what action follows to ensure a safe outcome. The NHS Boards are expected to:

- have appropriate failsafe mechanisms in place across the whole screening pathway
- review and risk assess local screening pathways in the light of national screening programme guidance
- work with National screening teams and Health Improvement Scotland 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 to maintain competencies;

### 3.4 Roles and responsibilities

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

NHS Scotland will be expected to ensure that the whole pathway is robust. The NHS Boards will be expected to fully contribute to ensuring that systems are in place to maintain the quality of the whole screening pathway in their organisation. This will include, but is not limited to:

- provision of robust screening coordination which links with all elements of the screening pathway
- ensure that responsibilities relating to all elements of the screening pathway across organisations and organisational boundaries are identified
- develop joint audit and monitoring processes
- agree joint failsafe mechanisms where required to ensure safe and timely processes across the whole screening pathway

- contribute to any NHS Scotland and public health screening lead initiatives in screening pathway development in line with NHS Screening Programmes expectations
- provide or seeking to provide robust electronic links with relevant organisations
- links with primary, secondary and tertiary care
- the need for robust IT systems across the screening pathway

NHS Boards should have the following posts in place:

- **UNHS Local Manager:** operational lead for the local UNHS programme. Responsible for the quality and governance of the programme and for overseeing the day to day management of all aspects of the programme, including prompt and appropriate referral to audiology. This role normally requires 0.5-1.0wte
- **UNHS 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.

#### 4. Delivery of the screening programme

##### **Hospital based model:**

The UNHS screening process should be completed, as far as possible, prior to the baby's hospital discharge. If not completed in hospital, an outpatient/clinic appointment or home visit will be required to complete the process. At this appointment the baby should resume the screening journey from the point that was previously reached. For most babies screening completion should normally be accomplished within one visit.

##### **Further screens within the screening episode:**

If a further screen is required for any reason this should be carried out prior to discharge when possible or a follow up appointment should be given. A further screen may be required within the screening episode for example if:

- the baby was unsettled at the time of the original screen
- there was fluid or a temporary blockage in the ear initially after the birth
- there may have been excessive background noise when the screen was carried out
- the baby has a hearing loss which needs to be confirmed with follow on testing

##### **Contraindications to Screening**

Rarely screening is contra-indicated for medical reasons, this may happen when for example:

- the baby has meatal atresia
- the baby has had neonatal meningitis

- the baby has been too ill to screen before a corrected age of 3 months

In all of these cases the baby **must** be referred to audiology for a diagnostic assessment unless a decision has been made not to screen based on medical grounds and the wishes of the parents, for example when a baby is terminally ill.

### **Audiology Services**

Audiology services should communicate follow-up data on babies that refer from the screen to the UNHS service as well as any children with later identified PCHI.

#### **4.1 Programme coordination**

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

The NHS Boards will ensure there are one or more named individuals responsible for the coordination of the delivery and planning of the programme with appropriate administrative support to ensure timely reporting and response to requests for information. Where there is only one named coordinator, the NHS Board will ensure that there are adequate cover arrangements in place to ensure sustainability and consistency of programme.

The NHS Board coordinators and the national screening groups should meet at regular intervals to monitor and review the local screening pathway. The meetings should include representatives from public health, clinical services and service management.

#### **4.2 Clinical and corporate governance**

NHS Boards will:

- ensure co-operation with and representation on the national screening oversight arrangements/ structures e.g. screening programme steering groups
- 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 designation of a clinical lead, a programme coordinator/manager and the establishment of a multidisciplinary steering group/programme board and has terms of reference and record of meetings
- ensure that there is regular monitoring and audit of the screening programme, and that, as part of the organisation's clinical governance arrangements, the organisation's board is assured of the quality and integrity of the screening programme
- comply with the national screening programme guidance on managing screening incidents
- have appropriate and timely arrangements in place for referral into treatment services that meet the national screening programme standards
- be able to provide documented evidence of clinical governance and effectiveness arrangements on request

- ensure that an annual report of their screening services is produced which is signed off by their NHS 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 and mitigation plans

### **4.3 Definition, identification and invitation of cohort**

The target population is all newborn babies born in Scotland and those babies under 3 months of age who have moved into the area (and who are the responsibility of NHSScotland) without having completed a hearing screen elsewhere first.

NHS Boards must ensure that maternity services complete the birth registration process on the Patient Demographic System without delay to enable automatic transfer of demographic information into the screening IT systems to allow accurate and timely identification of the population eligible for screening. This should be completed as soon as possible after birth.

### **4.4 Location(s) of programme delivery**

NHS Boards will ensure appropriate accessible service provision for the population to be screened while assuring that all locations fully comply with the policies, standards and guidelines referenced in this service specification and have the necessary capability for electronic linkage between the screening equipment and screening IT system.

### **4.5 Entry and days/hours of operation**

The days and hours of operation are to be determined locally and must ensure sufficient resources are in place to meet screening demand within required timescales without compromising relevant standards and guidelines. However, timeliness is essential and is a key criterion of quality along all parts of the screening pathway. For entry criteria see section 3.2: Care pathway and section 4.3 Definition, identification and invitation of cohort eligibility.

### **4.6 Working across interfaces between departments and organisations**

The screening programme is dependent on strong functioning working relationships, both formal and informal, between the screening programme, UNHS SBR system/ eSP system, audiology departments, maternity services, medical services (paediatric audiology, ENT, audio vestibular medicine, genetics etc.), NICU/SCBU, child health departments, health visiting services and primary care professionals.

Accurate and timely communication and handover across these interfaces is essential to reduce the potential for errors and ensure a seamless pathway for service users. It is essential that there remains clear named clinical responsibility at all times and at handover of care the clinical responsibility is clarified.

NHS Boards will be expected to fully contribute to ensuring that cross organisational systems are in place to maintain the quality of the entire screening pathway. This will include, but is not limited to:



- work to nationally agreed programme standards, policies and guidance
- provide strong clinical leadership and clear lines of accountability
- agree and document roles and responsibilities relating to all elements of the screening pathway across organisations to assure appropriate handover arrangements are in place between services
- develop joint audit and monitoring processes
- agree jointly on the failsafe mechanisms required to ensure safe and timely processes across the whole screening pathway
- develop an escalation process for screening incidents
- contribute to any national initiatives in screening pathway development in line with NHS Screening programme's expectations
- facilitate education and training both inside and outside the NHS Board.

#### **4.7 Information on test/screening programme**

Prior to any screening offer, the NHS Board will provide verbal and written information regarding screening utilising the approved national screening programmes booklet 'Your guide to newborn screening tests' or its successor as a guide for discussion. Where there are specific communication requirements (e.g. English is not the parents/carers/guardians first language, visual/hearing impairment) appropriate interpretation services should be used during the booking appointment and appropriate information provided. All women, including those with special requirements, will be fully informed of the choices regarding all newborn screening programmes.

The information should be impartially presented and should include an explanation of the limitations of the screening test. The decision to consent to screening or to decline should be recorded appropriately.

#### **4.8 Testing (performance of test by individuals)**

NHS Boards must only use newborn hearing screening equipment and consumables that meet the UNHS technical specification as determined within the framework agreement.

Screening equipment must be capable of electronic transfer of screening data to the national screening IT system. Appropriate safety and quality checks of screening equipment must be undertaken in line with programme guidance/protocols. Only appropriately trained UNHS screening staff that has completed nationally agreed training should carry out newborn hearing screening tests. Work is ongoing to secure an accredited training programme for the future.

#### **4.9 Result giving, reporting and recording**

A hearing screening record must be completed for every baby offered a hearing screen. This record should be updated each time a baby is screened. If a baby is referred to Audiology this should be documented on the baby's record as per local

protocol. It is the hearing screener's responsibility to ensure the record is kept up to date.

Hearing screening services must have in place local protocols for sharing of screen results in a timely manner with

- The parents
- The child health department
- Primary care staff (Health Visitor and GP)

### **Recommendation sent to each Child Health Department/Screening Department**

1. Every baby known to the Health Board's local child health department should, where possible, have a newborn screening result entered into the child health surveillance records.
2. The local UNHS team should be contacted by the health visitor if any child does not have a hearing screen result.
3. Hearing screening results should be entered into the child health records. Results should not be entered into the child health records without written confirmation, unless the only method of recording the UNHS result is by verbal confirmation.
4. If a result is not available, the Hearing Screening manager should be contacted and the result requested. If the baby has not been screened the manager should make arrangements for the baby to be screened as soon as possible.
5. Results should be issued to the primary care team. A 'refer' result within 5 days and a 'pass' result within 10 days.

#### **4.10 Transfer of and discharge from care obligations**

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

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

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

#### **4.11 Public information**

NHS Boards must always use the nationally-developed public information leaflets at all stages of the screening pathway to ensure accurate messages about the risks and benefits of screening and any subsequent surveillance or treatment that are provided and should involve the national screening team before developing any other materials. For local awareness campaigns, local contact details must be used.

#### **4.12 Exclusion criteria**

- Babies at less than gestational age 34 weeks or over 3 months of (corrected) age

- Atresia or microtia (no patent canal in one or both ears). These babies should be referred directly for audiological assessment as the risk of hearing loss is high
- Meningitis (confirmed or strongly suspected bacterial meningitis or meningococcal septicaemia): urgent referral directly to Audiology for full evaluation is required
- Screening programmes should liaise with paediatric services to ensure that the screen outcome for these babies is recorded in the screening IT system and that prompt referral to audiology is made

#### **4.13 Staffing**

NHS Boards will have in place a UNHS Local Manager to oversee the delivery and monitoring of the screening programme. They are also responsible for ensuring that there is an on-going educational programme for health professionals involved in hearing screening.

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

NHS Boards must facilitate hearing screener training in line with programme requirements/standards as detailed in the UNHS 'Screener Training and Screener Competence Framework'. NHS Boards should ensure training has been completed satisfactorily and recorded and that there is a system in place to assess on-going competency.

NHS Boards 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 UNHS national policy, and that all personnel supporting the newborn hearing screening programme work within agreed national UNHS protocols.

Audiology services should have trained and accredited clinical audiologists of appropriate grade and experience to undertake the post screen audiological assessments. NHS Boards must allow appropriate annual CPD in line with programme requirements. Parents of children confirmed with PCHI should be offered referral to an aetiological investigation service.

#### **4.14 User involvement**

NHS Boards will be expected to:

- demonstrate that they regularly seek out the views of service users, families and others in respect of planning, implementing and delivering services
- demonstrate how those views will influence service delivery for the purposes of raising standards
- make results of any user surveys/questionnaires available to NHS Scotland on request

#### **4.15 Premises and equipment**

NHS Boards will:

- provide, use, and ensure maintenance and calibration of screening equipment in accordance with manufacturer specification and UNHS equipment protocols
- ensure that appropriate consumables are available to ensure continuous operation
- ensure that equipment is kept in good repair and replaced as appropriate
- provide evidence that daily Quality Assurance checks on screening equipment are undertaken in line with UNHS protocols
- ensure that appropriate IT systems are available to enable the screeners and audiologists access to the screening IT system and other patient information systems
- ensure that appropriate accommodation is available in maternity sites to allow the undertaking of the screen and within Audiology Departments to undertake the assessments from the screen
- provide space adequate to store screening equipment and to enable screeners to undertake their administrative responsibilities

## **5. Service standards, risks and Quality Assurance**

### **5.1 Key criteria and standards**

NHS Boards will meet the acceptable and work towards the achievable programme standards/KPI.

### **5.2 Risk assessment of the screening pathway**

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

NHS Boards will:

- ensure that mechanisms are in place to regularly audit implementation of risk reduction measures and report incidents
- ensure that risks are reported through internal governance arrangements, such as risk registers
- review and risk assess local screening pathways in the light of guidance offered by Quality Assurance processes or the National Screening programme
- work with National Services Division to develop, implement, and maintain appropriate risk reduction measures

High scoring risks will be identified and agreed between the NHS Board and NHS Scotland and plans put in place to mitigate against them. The NHS Board and NHS Scotland will agree plans to mitigate risks.

### **5.3 Quality assurance**

NHS Boards will participate fully in national Quality Assurance processes, co-operate in undertaking ad-hoc audits and reviews as requested and respond in a timely manner to their recommendations. This will include the submission to Health Improvement Scotland (HIS) teams and NHS Scotland of:

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

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

NHS Boards will respond to QA recommendations within agreed timescales. They will produce an action plan to address areas for improvement that have been identified in recommendations. Where it is believed that there is a significant risk of harm to the population, HIS can recommend to NHS Scotland to suspend a service.

### **Audiology Services**

Audiology departments undertaking audiological assessments on babies referred from screening should participate in a scheme for external peer-review.

NHS Boards should ensure that Audiology services participate in, and maintain Paediatric Audiology Quality Standards.

### **5.3 Safety concerns, safety incidents and serious incidents**

NHS Boards will comply with the national guidance for the management of safety concerns and incidents in screening programmes.

### **5.4 Procedures and Protocols**

NHS Boards 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.

### **5.6 Service improvement**

Where national recommendations and acceptable/achievable standards are not currently fully implemented NHS Boards will be expected to indicate in service plans what changes and improvements will be made.

## **6. Data and monitoring**

### **6.1 Data collection, monitoring and reporting**

NHS Boards should:

- ensure that appropriate systems are in place to support programme delivery including audit and monitoring functions
- continually monitor and collect data regarding its delivery of the Service

NHS Boards will ensure timely and accurate completion of data onto the screening IT systems for all stages of the care pathway defined within the system.

Information recorded on the screening IT system should be made available to the national screening programme to produce performance reports for NHS Scotland.