NHSP Reports – Guidance for Screening Programmes

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## 1. Reports summary

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<th>Frequency</th>
<th>Purpose</th>
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</thead>
<tbody>
<tr>
<td>Programme standards and key performance indicator (KPI) reports (includes additional information for programme monitoring)</td>
<td>Newborn Hearing Screening Programme (NHSP) local managers and team leaders. Commissioners (via local managers). Screening quality assurance (QA) services.</td>
<td>Quarterly and annually</td>
<td>Performance monitoring</td>
</tr>
<tr>
<td>KPI NH1 And NH2 Not Achieved reports</td>
<td>NHSP local managers and team leaders</td>
<td>Quarterly</td>
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<td>External quality assurance (EQA) Funnel Plots</td>
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<td>Quarterly</td>
<td>Performance monitoring</td>
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<tr>
<td>Highlight report - 1: Well babies with screen outcome of ‘Clear Response – No Follow Up Required’ or ‘Clear Response – Targeted Follow Up’ without supporting screening tests</td>
<td>NHSP local managers Screening quality assurance (QA) services</td>
<td>Monthly</td>
<td>Potential incident identification</td>
</tr>
<tr>
<td>Highlight report - 2: Neonatal Intensive Care Unit (NICU) babies with screen outcome of ‘Clear Response – No Follow Up Required’ or ‘Clear Response Targeted Follow Up’ without supporting automated auditory brain response (AABR) test results</td>
<td>NHSP local managers Screening quality assurance (QA) services</td>
<td>Monthly</td>
<td>Potential incident identification</td>
</tr>
<tr>
<td>Highlight report - 3: Imported test results changed from ‘No Clear Response’ or ‘Not Complete’ to ‘Clear Response’</td>
<td>NHSP local managers</td>
<td>Screening quality assurance (QA) services</td>
<td>Monthly</td>
</tr>
<tr>
<td>Highlight report 4: Imported test results differ: other discrepancies</td>
<td>NHSP local managers</td>
<td></td>
<td>Monthly</td>
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<td>Highlight report 6: Test method of entry different from screening equipment data quality (SEDQ)</td>
<td>NHSP local managers</td>
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<td>Highlight report 7: Records on ‘transfer in queue’ aged older than 1 month</td>
<td>NHSP local managers</td>
<td></td>
<td>Monthly</td>
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<tr>
<td>Highlight report 9: Referrals with estimated Gestational Age (GA) at birth less than 21 weeks</td>
<td>NHSP local managers</td>
<td></td>
<td>Monthly</td>
</tr>
<tr>
<td>Highlight report 10: Test results assigned to ‘unknown screener’</td>
<td>NHSP local managers</td>
<td>Screening quality assurance (QA) services</td>
<td>Monthly</td>
</tr>
<tr>
<td>Highlight report 12: Over 90 days old (Corrected Age) and Screening Outcome – Pending in Process</td>
<td>NHSP local managers</td>
<td>Screening quality assurance (QA) services</td>
<td>Monthly</td>
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<tr>
<td>Activity reports: basic and extended</td>
<td>NHSP local managers</td>
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<tr>
<td>Activity reports: transfers in and out</td>
<td>NHSP local managers</td>
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<td>Activity reports: discharge report</td>
<td>NHSP local managers</td>
<td></td>
<td>Quarterly and annually</td>
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<td>Activity reports: protocol adherence</td>
<td>NHSP local managers</td>
<td>Quarterly and annually</td>
<td>Monitor protocol adherence</td>
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</tr>
<tr>
<td>Activity reports: screener/HV/national activity report</td>
<td>NHSP local managers</td>
<td>Monthly, quarterly and annually</td>
<td>Monitor screener activity and referral rates</td>
</tr>
<tr>
<td>Outcome reports: Screen referral and yield report</td>
<td>NHSP local managers Audiologists</td>
<td>Monthly</td>
<td>Monitors referrals and yield</td>
</tr>
<tr>
<td>Outcome reports: Permanent Childhood Hearing Impairment (PCHI) audit</td>
<td>NHSP local managers Audiologists</td>
<td>Available on request</td>
<td>PCHI register</td>
</tr>
<tr>
<td>Outcome reports: Auditory neuropathy spectrum disorder (ANSD) audit</td>
<td>NHSP local managers Audiologists</td>
<td>Available on request</td>
<td>List of PCHI ANSD cases</td>
</tr>
<tr>
<td>Data quality reports: Audiology</td>
<td>NHSP local managers Audiologists Screening quality assurance (QA) services</td>
<td>Monthly</td>
<td>List missing audiology data for PCHI cases and PCHI records requiring update</td>
</tr>
</tbody>
</table>

Download the relevant national report as soon as the programme is advised they are available, reports are overwritten on a monthly, quarterly and annual basis.
2. Performance reports

2.1 Programme standards and Key Performance Indicator (KPI) reports

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

**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 ie by creating site.
2. Babies whose records are currently within a site ie by current site.
3. Babies who have any of 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 clinical commissioning group (CCG) at birth.
8. Babies who are currently the responsibility of a particular CCG.

KPI reports use population 2 above. As reports for populations 1 and 2 may contain records where some or all of the screening activity has taken place in another site, a third report has been added using the population described in 3 above. This will include data for babies with any screening activity within the site regardless of the location of the record at the time of reporting. This has been included to help sites identify local performance issues.

Example: 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 they carried out for the baby and site B’s report will include the screening tests they carried out for the baby.

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.

**NHSP Standard 1: (KPI Newborn Hearing 1 (NH1)) Identify the population and coverage**

<table>
<thead>
<tr>
<th>complete screens</th>
<th>expressed as a percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>eligible babies</td>
<td></td>
</tr>
</tbody>
</table>
“complete screens” (numerator) includes babies for whom a conclusive screening result was available by 4 weeks corrected age (hospital programmes-well babies, neonatal intensive care unit (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 for both NICU and well baby protocols.

**NHSP Standard 2: The test performance - Automatic Oto Acoustic Emission (AOAE)1**

Well babies

<table>
<thead>
<tr>
<th>babies who do not show a clear response in both ears at AOAE1</th>
<th>expressed as a percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>babies tested at AOAE1</td>
<td></td>
</tr>
</tbody>
</table>

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

**NHSP Standard 3: The test performance – referral rate to diagnostic audiological assessment**

| referrals for diagnostic audiological assessment | expressed as a percentage |
| complete screens | |

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

**NHSP Standard 4: Intervention – time from screening outcome to offered appointment for diagnostic audiological assessment**

| 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(GA).
NHSP Standard 5 (KPI Newborn Hearing 2 (NH2)): Intervention – time from screening outcome to attendance at an audiological assessment appointment

| 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 GA.

Additional information for programme monitoring included in programme standards and KPI report

This data is included for internal programme monitoring and was previously included as part of the ‘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 – appointments missed
- incomplete – declined screen, withdrawn consent

Or any record where consent to screen has been set to “yes” and with 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 has not 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 completed within 3 months.

A completed screen is any 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

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 AOAE2**

<table>
<thead>
<tr>
<th>babies who do not show a clear response in both ears at AOAE2</th>
<th>expressed as a percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>babies tested at AOAE2</td>
<td></td>
</tr>
</tbody>
</table>

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 (ie 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 AOAE

The number of records with NICU protocol who have started the screen (ie 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 AOAE in at least one ear, irrespective of the test result at Automated Auditory Brain Response (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 (ie 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 (ie 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 an outcome of 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 an outcome of 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.
2.2 Newborn Hearing KPI NH1 (Standard 1) not achieved – exception report

The 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. Inform the national programme data manager of any mitigating circumstances. This information is collated and sent to the NHS screening programmes for publishing with the KPI data. Mitigations for NH1 breaches should be shared with commissioners at antenatal and newborn screening programme boards and used to inform local initiatives to improve performance.

2.3 Newborn Hearing KPI NH2 (Standard 5) not achieved – exception report

The 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. Inform the national programme data manager of any mitigating circumstances (for example the assessment has been performed but the data has not been entered on the national IT system). This information is collated and sent to the NHS screening programmes for publishing with the KPI data. Mitigations for NH2 breaches should be shared with commissioners at antenatal and newborn screening programme boards and used to inform local initiatives to improve performance.

2.4 External Quality Assurance (EQA) funnel plots

**Purpose:** To inform the screening QA services and their professional and clinical advisors about programme performance regarding coverage (NH1), referral rate, time to first assessment (NH2) and yield of bilateral permanent childhood hearing impairment (PCHI). Presents data for all sites in the form of funnel plots to enable identification of outliers. These reports are not supplied to sites as they contain detailed trust level information.

3. Highlight reports

The purpose of these reports is to highlight issues that require action by NHSP screening managers. They may indicate a clinical safety issue. Sites will be notified when the reports are available. Download and save the reports for local review.

**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.

**Action:** 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.**

**Report 2: Neonatal Intensive Care Unit (NICU) babies with screen outcome of ‘Clear Response – No Follow Up Required’ or ‘Clear Response Targeted Follow Up’ without supporting automated auditory brain response (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

**Action:** 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 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.**

**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’ but the test result in national screening IT system is ‘Clear Response’

**Action:** 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 in the national 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.**

**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

**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 eg repeating tests with No Clear Response results.
Report 6: Test method of entry different from screening equipment data quality (SEDQ)

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

**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.

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 one month

**Action:** Sites should process the transfer in queue daily.

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.

**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.

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

**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. Records that remain unresolved for 1 month will be reported to the QA team.

Report 12: Over 90 days old (corrected Age) and screening outcome – pending in process

**Purpose:** report lists records for babies over 90 days old (corrected age) and screening outcome pending – in process. Legacy data is excluded from this report.

**Action:** Set the appropriate screening outcome for these records. This report is cumulative; records will continue to appear until screening outcomes are set. Records on this report will be reported to the QA team.
4. Activity reports

The purpose of these reports is to provide information to screening managers of screening activity undertaken within their site.

4.1 Monthly activity report – basic

Purpose:
- 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
- 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.

Action: As required. Address any issues of too many test attempts with individual screeners as may indicate a training need.

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

4.2 Monthly activity report – extended

Purpose: This report shows the information in the basic report but with more detail for each record. This report is supplied by secure email only and is only available on request directly from the NHSP Data Manager.

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.

Action: As required. The report enables identification of all screening activity undertaken by the site for the reporting month

4.3 ‘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

Action: Review the report to monitor screening status of babies transferred into site
4.4 ‘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

**Action:** Review the report to monitor screening status of babies transferred out of site

4.5 Discharge report

**Purpose:** This report shows the location of screening activity for records created within the local site. This report shows the number of babies by screening protocol

**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**

**Action:** Review the report to monitor screening activity undertaken in hospital/outpatient/home setting

4.6 Protocol adherence

**Purpose:** This report enables sites to check adherence to the screening protocol.

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

4.7 Screener activity report

**Purpose:** This report should be used to monitor screener activity,

**Action:** Review the report 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, eg low numbers of AABRs performed should be investigated further

4.8 Health Visitor activity report

**Purpose:** This report should be used to monitor screener activity for community based sites. It is split into two sections – well baby protocol and NICU protocol and gives details of screening activity by each health visitor (screener).

**Action:** Review the report focusing on the number of clear response, no clear response and not completes for each screener during the last month
4.9 Screener activity Report (all sites)

**Purpose**: This report allows comparison of screener activity within a site with the national figures. It should not be used as a target or standards report but may indicate variations in practice.

4.10 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.

**Action**: Review the report and investigate any unusual findings.

5. Outcome reports

5.1 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 such as to check the accuracy of the yield recorded for the site. PCHI Report shows which records contribute to the yield.

**Action**: For information

This report comprises of two reports:

**a) 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

**b) 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 from 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.

### 5.2 Permanent Childhood Hearing Impairment (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. In the future this report will be included as an audiology search in the national screening IT system.

### 5.3 Auditory neuropathy spectrum disorder (ANSD) audit

**Purpose:** Lists all records in the site that have ever had a type of hearing loss set to ANSD. This report is produced to assist with local audits. In the future this report will be included as an audiology search in the national screening IT system.

### 6. Data quality reports

These reports identify issues with audiology data. The issues should be investigated and resolved.

**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 (CI) and right/left implant date is missing
- right/left implant date is completed and Right/left amplification status is not equal to CI
- key dates or any audiology appointment before date of birth

**Action:** Local managers should follow up directly with the relevant audiologist to enter the missing data in the national screening IT system

**Audiology data quality report 2**

Public Health England leads the NHS Screening Programmes
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.

Action: Local managers should follow up directly with the relevant audiologist to enter the missing data in the national screening IT system

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

Action: Local managers should follow up directly with the relevant audiologist to update and (where appropriate) deactivate these records in 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, did not attend 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.

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