

School Vision Screening Policy

V4.0

June 2022

Summary

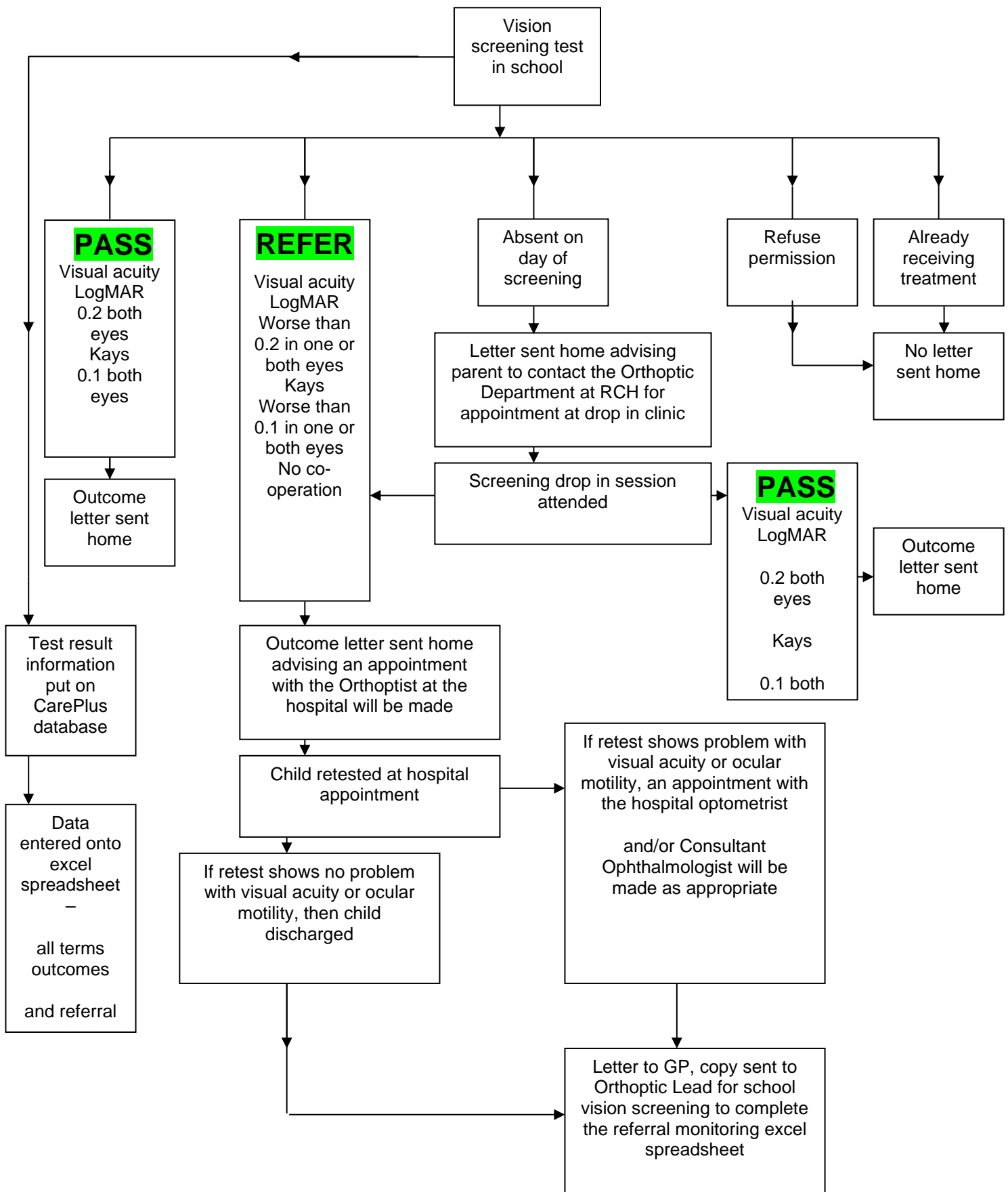


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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. This policy provides guidance for the procedure of the school vision screening service carried out on children between the ages of 4-5 years old. This screening service is used to detect visual defects that have the potential to impact on a child's educational performance.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The purpose of this document is to enable all staff to ensure that the school vision screening procedures undertaken are managed to minimise the risk to patients and to improve patient outcome and quality of care.

2.2. This document will:

- set out the mechanisms that are in place to monitor that the population eligible for the school vision screening service are identified and offered the screen
- include the school vision screening pathway and how this is audited
- identify the healthcare staff with the authority to authorise/proceed with the screening procedure; including an approved programme of training, assessment of skills and update training
- set out the systems which are in place to ensure that the tests results gained from the school vision screening are correctly recorded to comply with the agreed protocols/standing operating procedures (SOPs)
- identify the systems that are in place to ensure that the school vision screening results are received within agreed timeframes by the appropriate individual/electronic system
- include the process for the dissemination of the school vision screening results
- set out the process for how all parents/guardians of children who undergo a school vision screening tests are informed of their child's results
- identify the process for those children who 'fail' the school vision screening test, and how they access the Hospital Eye Service
- set out how the outcomes are recorded, including any follow up and the audit trail to ensure all data recorded is complete

3. Scope

3.1. This policy applies to all those involved in the school vision screening service.

3.2. The policy will be implemented and monitored by the Head Orthoptist, RCH.

4. Definitions / Glossary

NICE National Institute for Health & Clinical Excellence

NICE is an independent organisation responsible for providing national guidance on promoting good health and preventing and treating ill health.

NSC National Screening Committee

The UK National Screening Committee (UK NSC) is chaired by the Chief Medical Officer for Scotland, advises Ministers and the NHS in the four UK countries about all aspects of screening and supports implementation of screening programmes. Using research evidence, pilot programmes and economic evaluation, it assesses the evidence for programmes against a set of internationally recognised criteria covering the condition, the test, the treatment options and the effectiveness and acceptability of the screening programme. Assessing programmes in this way is intended to ensure that they do more good than harm at a reasonable cost. The UK NSC also sets up practical mechanisms to oversee the introduction of new programmes in the English NHS and monitors effectiveness and quality of these programmes.

Screening Screening

Is a process of identifying apparently healthy people who may be at increased risk of a disease or condition.

SOP's Standard Operating Procedures

A clear, step-by-step instruction of how to carry out agreed actions that promote uniformity to help clarify and augment processes. SOPs document the way activities are to be performed to facilitate consistent conformance to requirements and to support data quality. SOPs provide individuals with the information needed to perform a job properly and consistently.

5. Ownership and Responsibilities

This section gives a detailed overview of the strategic and operational roles responsible for the development, management and implementation of the policy.

5.1. Duties within the organisation

The duties of the directors, committees, clinicians, healthcare, and administrative staff with responsibility for managing the processes surrounding screening procedures are outlined below:

5.2. Chief Executive

The Chief Executive has ultimate responsibility for ensuring that suitable structures, resources and monitoring arrangements are in place to ensure that screening procedures are carried out in a safe and effective way.

5.3. Trust Boards

The Trust Board must seek assurance that screening procedures are carried out in a safe and effective way.

5.4. Divisional Quality Group

The Divisional Quality Group (DQG) will receive a quarterly summary of all adverse incident reports related to screening procedures and analyse the annual audit tool kit returns. This group is responsible for the overview of screening procedures within the Trust and adherence to organisational and local standards.

5.5. Trust Screening Lead

The Trust Screening Lead will liaise with screening staff to produce the annual tool kit return, and with the Quality and Safety Team to produce quarterly adverse incident reports for submission to the Divisional Quality Group.

5.6. Lead Clinician – Head Orthoptist

The Head Orthoptist plays a lead role in the development of organisation - wide and local procedural documents to manage the risks associated with screening procedures. This includes ensuring that all tests and procedures are undertaken by authorised staff following training where necessary, developing standing operating procedures or equivalent protocols to an agreed organisational or national standard.

5.7. Screening Staff

The screening pathway begins when an individual is identified as meeting the criteria to be offered the opportunity of screening for a particular condition. Should the offer of screening be taken up, the relevant protocol will be followed. Accurate records will be kept in the event that screening is declined. Responsibilities include adherence to standard operating procedures or equivalent protocols; undertaking training as required and agreed.

The screening staff have an important role in ensuring that, for paper based and electronic systems, all records are kept up to date and that administrative protocols are followed.

5.8. All staff members are responsible for:

- Being aware of this policy and any other documents referred to within it pertaining to their part in the screening pathway
- Adhering to any requirements described within this policy and documents described in the standards and practice section pertaining to their role in the screening pathway
- All procedures relating to the school vision screening service can be found on the Trust's shared drive S:\Orthoptic Share\ School vision screening documents

5.9. Duties External to the Organisation

External bodies have a role in providing external quality assurance and protocol guidance and where relevant programme management of the screening service provided. Such bodies include:

- National Screening Committee/NHS Screening Program Committees
- External Quality Assessment/Assurance schemes (Regional or National)

6. Standards and Practice

6.1. Recommended procedures for school vision screening

This document describes the practices, systems and processes that staff are expected to follow.

6.2. How the consent is obtained for the vision screening

- 6.2.1. Cornwall Council Education Department issues the following leaflet to all reception age children prior to them starting at school. This leaflet contains the consent form for vision screening. We operate on opt out consent and therefore all children will be screened unless the form is returned from the parents requesting to opt out of the screen.
- 6.2.2. “Your child’s health at school – Reception to year 6”.
- 6.2.3. For private schools and home educated children we have a consent form specific to vision screening. This form is sent to the school secretary or parent at the time contact is made to book the date for the screening visit.

6.3. Booking the screening visit

- 6.3.1. Please use the following document for guidance:
- 6.3.2. RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines\Clerical support – vision screening.

6.4. Preparing for the visit

- 6.4.1. Please use the following document for guidance.
- 6.4.2. RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines.

6.5. Screening

- 6.5.1. Please use the following document for guidance:
- 6.5.2. RCH Shared Folder(S:)TR11\Orthoptic Share\School vision screening documents\Schools information\screening paperwork – guidelines.

6.6. Results

- 6.6.1. PASS – if the child passes the screening test, the parents of the child will receive a standard letter informing them of the results via the child's satchel post. The letter is given to the school secretary for distribution on the day of the screening.
- 6.6.2. FAIL – if the child does not reach the pass requirement of the school vision screening test are given a standard letter to inform the parents of the result via the satchel post. The letter states that the child will be invited to attend an appointment with the Orthoptist at the hospital eye clinic.
- 6.6.3. CHILD ABSENT ON DAY OF SCREENING– those children whose parents had consented but they were absent on the day the screening took place are given a standard letter to inform the parents via the satchel post. The letter states that the parents can contact the Orthoptic department at Royal Cornwall Hospital and they can attend an additional clinic at the Hospital.
- 6.6.4. ALREADY RECEIVING TREATMENT/REFUSED SCREENING TEST– those children already receiving treatment for their eyes or whose parents requested that they are not screened are not tested and do not receive a letter.
- 6.6.5. All children will be screened unless the consent form has been returned by the parents requesting to opt out of the screen.
- 6.6.6. All results are entered on the CarePlus, Child Health Database and the local audit record – all terms outcomes.

6.7. Referrals

- 6.7.1. Those children that are referred have a standard referral form completed.
- 6.7.2. For referrals to Royal Cornwall Hospital the form is emailed to the orthoptic department email address where it is vetted by an Orthoptist for an appropriate appointment. The form is forwarded to the Head and Neck Booking Team at Royal Cornwall Hospital email account.
- 6.7.3. For referrals out of county (to North Devon Hospital and Plymouth Hospitals NHS Trust) the form is emailed to the orthoptic department email address. It is then forwarded onto the Head Orthoptist at the appropriate hospital.
- 6.7.4. The appropriate appointment is booked within the timescale stated by the Orthoptist.
- 6.7.5. The referral information is also recorded onto a local audit record – referral monitoring.

6.8. Training

- 6.8.1. The school vision screening will be undertaken by screeners who are trained locally by the Orthoptic department. The training documents can be found on the shared drive:
- 6.8.2. RCH Shared Folder(S:)TR11\Orthoptic Share\Vision Screeners Training Pack
- 6.8.3. The training is updated on an annual basis. The school vision screeners are also expected to ensure their mandatory training is kept up to date.

7. Dissemination and Implementation

- 7.1. The document will be placed on the Cornwall & Isles of Scilly Health Community Documents Library.
- 7.2. The policy will be implemented through the initial training programme and update training that all screening staff are required to attend.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Coverage of schools
Lead	Head Orthoptist
Tool	CarePlus Database Local audit records – all terms outcomes and referral monitoring
Frequency	Weekly input of information on to local database forms Termly check on local database forms against the list of schools Annual report of coverage
Reporting arrangements	Report yearly shared with RCHT Screening Lead and Public Health.
Acting on recommendations and Lead(s)	Screening lead to report to Head Orthoptist. Head Orthoptist and/or Screening Lead will discuss recommendations and/or issues with the Vision Screeners.
Change in practice and lessons to be shared	All changes in practice will be discussed at the staff meeting. The Head Orthoptist will implement any changes as soon as is practical and will ensure access to any training required is made available.

9. Updating and Review

- 9.1. This policy will be reviewed every three years or sooner if circumstances suggest this may be necessary.
- 9.2. Where the revisions are significant and the overall policy is changed, the author will ensure the revised document is taken through the standard consultation, approval and dissemination processes.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Diversity & Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2 Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	School Vision Screening Policy V4.0
This document replaces (exact title of previous version):	School Vision Screening Policy V3.0
Date Issued/Approved:	06 June 2022
Date Valid From:	June 2022
Date Valid To:	June 2025
Directorate / Department responsible (author/owner):	Faye Gibson, Head orthoptist
Contact details:	01872 253287
Brief summary of contents:	This policy covers the management of the school vision screening procedures. It outlines the documented process for the screening service and managing the associated risks.
Suggested Keywords:	School Vision Screening Policy
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	General Manager
Approval route for consultation and ratification:	Divisional Governance
General Manager confirming approval processes:	Roz Davies, General Manager, Specialist Surgery Care Group
Name of Governance Lead confirming approval by specialty and care group management meetings:	Maria Lane
Links to key external standards:	NHSLA Risk Management Standard 5.6
Related Documents:	The 2011 NHSLA Risk Management Standards Handbook NHSLA Standards 2011-2012

Information Category	Detailed Information
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Ophthalmology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
15 May 12	V1.0	Initial Issue	Faye Gibson Head Orthoptist
6 April 16	V2.0	Transferred onto new trust template	Faye Gibson Head Orthoptist
29 October 18	V3.0	Child Health database information updated	Faye Gibson Head Orthoptist
06 June 2022	V4.0	Update to flow chart	Faye Gibson Head Orthoptist

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity & Inclusion Team richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	School Vision Screening Policy V4.0
Directorate and service area:	Ophthalmology
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Faye Gibson, Head Orthoptist
Contact details:	01872 253287

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide Vision Screening to all children in Cornwall between the ages of 4 –5 years old, and to refer as appropriate.
2. Policy Objectives	To detect visual defects which have the potential to impact on a child's educational performance.
3. Policy Intended Outcomes	To enable timely intervention and/or treatment for children found to have vision defects.
4. How will you measure each outcome?	Annual reporting of activity
5. Who is intended to benefit from the policy?	All children age between 4-5 years old

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Orthoptic Department Staff
6c. What was the outcome of the consultation?	Document written and approved by the team
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: N/A

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:
Faye Gibson, Head Orthoptist

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)