Worcestershire Acute Hospitals NHS Trust

Newborn Hearing Screening Outpatient Clinics

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

All live births in Worcestershire who do not have their Newborn Hearing Screen completed prior to discharge will be offered an outpatient appointment.

This guideline is for use by the following staff groups :

Newborn Hearing Screeners

Local Manager newborn hearing Screen

Lead Clinician(s)

Kim Doughty	Local Manager/Team Leader
Approved by Audiology Governance Meeting on:	21/07/2026
Approved by Medicines Safety Committee on:	N/A
Review Date: This is the most current document and should be used until a revised version is in place	21/07/2029

Key amendments to this guideline

Date	Amendment	Approved by:
15/11/2023	First Document	ENT Directorate Committee
11/06/2026	To check Spine Portal for safeguarding alerts	Audiology Governance
	If baby premature book ABR at 40 weeks corrected age	
	To contact GP/HV if concerns in the future	
	Use Hotkey 49 on Auditbase	
	Frequency of reporting changed to monthly	
	Fail safe added – Child Health report	

INTRODUCTION

All live births in Worcestershire who do not have their Newborn Hearing Screen completed prior to discharge will be offered an outpatient appointment.

If doing an outpatient clinic outside of Worcester, double check that you have all the kit needed including ear tips, ear couplers, electrodes and charger.

Calibrate and sign sheet.

Make sure you check baby's Proforma and Smart 4 Hearing so you can check details and if any previous screening has been done so an ear is not repeated or the wrong test undertaken.

Check on the Spine Portal for any safeguarding alerts – if there are, please add safeguarding alert on to their record on Auditbase.

Call in patient.

Introduce yourself.

Check details with parents/guardians. Add first name and change surname if needed.

Identify any risk factors.

Explain screen and obtain consent.

Check ears and select appropriate ear tip.

Double check that you are screening the correct ear, especially if only one ear needs screening.

If Aoae has referred proceed to Aabr, explaining to guardians why and what is going to happen.

If aoae and aabr has referred, explain results, explain need for a diagnostic test. Hand out 'Your baby's visit to the audiology clinic' leaflet and if possible book appointment for ABR, if not able to, explain that the appointment will come out in the post and we will aim to seem them within the next 2 weeks or if baby was premature, when they reach 40 weeks of age.. Answer questions from parents. Fill in red book.

If screen was passed, explain results. Fill in red book and point out hearing checklist on page 58 of the Worcester red books. Explain to contact GP/HV if there are any concerns in the future.

If screen passed but risk factors indicate that an 8 month follow up is needed, explain to parents why we need to see them again and that the appointment will be sent to them nearer the time. Fill in red book.

Write in journal on auditbase using Hotkey 49. Finish appointment with an **R** if another appointment is not needed, a **W** if we need to see them again.

If showing as an inpatient on S4H change to outpatient.

Tick consent given box, on S4H, accessed by clicking on the eye on primary contact details on demographic page. Select if a translator was needed.

Download results and select appropriate outcome on S4H.

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
	Ensure that all babies who leave the wards prior to the hearing screen being completed are offered an outpatient appointment	Checks with the neonatal wards, Badger and Oasis will be done to ensure no babies are missed	Daily	Newborn hearing screeners	Local Manager	Monthly
	Fail safe Child Health report to ensure babies are screened	Child Health report listing babies that have not been screened yet	Weekly	Newborn Hearing Screeners	Local Manager	Weekly

References

6. Patient journey from screen to referral – GOV.UK

Contribution List

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Kim Doughty– Newborn Hearing Screen Lead
Newborn Hearing Screeners

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

Worcestershire Acute Hospitals NHS Trust

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Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Screening manager/Interim Lead**	**Kim.doughty@nhs.net**
Date assessment completed	**22/01/2024**		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title:** Clinical Guidance			
What is the aim, purpose and/or intended outcomes of this Activity?	To assist hearing screeners in an outpatient setting			
Who will be affected by the development & implementation of this activity?	❑ Service User ❑ Patient ❑ Carers ❑ Visitors		✓ Staff ❑ Communities ❑ Other _____	
Is this:	✓ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	NHSE
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed at ENT Directorate meeting
Summary of relevant findings	No changes to guidance needed.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		
Disability		✓		
Gender Reassignment		✓		
Marriage & Civil Partnerships		✓		
Pregnancy & Maternity		✓		
Race including Traveling Communities		✓		
Religion & Belief		✓		
Sex		✓		
Sexual Orientation		✓		
Other Vulnerable and Disadvantaged Groups (e.g. carers;		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
		.		
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	**November 2026 when guidance needs reviewing**			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	K Doughty
Date signed	22/01/2024
Comments:	
Signature of person the Leader Person for this activity	K Doughty
Date signed	22/01/2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.