Worcestershire Acute Hospitals NHS Trust

Newborn Hearing Screening Guidance- Was Not Brought on 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 are offered a newborn hearing screen. This is often performed on the neonatal ward prior to discharge. Babies who are discharged before the hearing screen is performed are offered an outpatient appointment. This guidance covers babies who are not brought for their 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:	21st July 2026
Approved by Medicines Safety Committee on:	NA
This protocol should not be used after end of:	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
15/11/2023	First Document	ENT Directorate Committee
02/02/2024	Completed Equality Impact Assessment included	N/A
11/06/2026	Now approved by Audiology Governance	Audiology Governance
	Changed to Guidance	
	Check with reception if any cancellation messages have been received	
	Check Spine portal/GP for up-to-date details	
	Admin clerk removed from guidance	
	What to do if appointment declined	
	If WNB x 2 try to contact again if they weren't previously	

DETAILS OF GUIDANCE

If a baby Was Not Brought (WNB) for a **first appointment:**

Check with Audiology reception that a message has not been left cancelling the appointment

Input 'WNB' as an outcome on both Auditbase (Audiology Database) and Smart 4 Hearing (national secure website) database.

Contact guardian and reschedule appointment. Liaise with the contact for the most convenient date/time etc. available within national timescales. If no suitable appointment is available, please inform NHSP Manager so that national NHSP boards can be informed of reason for breach.

Update both databases with relevant appointment information and precis of telephone conversation.

If you cannot contact the family, check on the Spine Portal/ ring the GP for an up-to-date phone number and address. Try to contact the family at least three times and document this. If you still cannot contact the family, send an appointment letter.

If you do contact the family and they decline a further appointment, send a decline letter to the family and their GP. The letter is printed from Auditbase. Update status on S4H to Decline.

If a **2nd WNB:**

Check that the guardian has been contacted by checking journal/ Smart 4 Hearing.

If they have been contacted, discharge and set outcomes accordingly. If they had not been contacted try to do this again.

Deactivate record on Smart 4 Hearing database.

Send out WNB letter to guardian and to GP/HV.

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?**
	We will monitor the percentage of patients who fail to attend their outpatient appointment	Quarterly reports from NHSP request mitigations for breached screens, this includes WNB's so they can be crossed checked.	Quarterly reports are created to be checked	The reports are available to the Local Manager and Team Leader of the hearing screening programme	The Local Manager will share the results with the Antenatal and neonatal Board Directorate Manager Screening co-ordinator PHE	Quarterly

References

Newborn Hearing Screening Programme (NHSP) operational guidance. Published November 2016. Updated 26 July 2018. Public Health England.

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	**Kim Doughty**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn hearing screen 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 make sure parents/guardians are contacted if babies WNB for appointments			
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	The term DNA changed for WNB

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		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Groups (e.g. carers; 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.