

## Newborn Hearing Screening- Local deviations from National NHSP Protocols

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

Due to local population and hospital protocols changes to national protocols are required.

**This guideline is for use by the following staff groups :**

#### Lead Clinician(s)

Kim Doughty Local Manager/Team Leader

Approved by *ENT Directorate* on: 15<sup>th</sup> November, 2023

Approved by Medicines Safety Committee on: NA

Review Date: 15<sup>th</sup> November, 2026

This is the most current document and should be used until a revised version is in place

#### Key amendments to this guideline

Date	Amendment	Approved by:
15/12/2023	First Document	ENT Directorate Committee
02/02/2024	Completed Equality Impact Assessment included	N/A

**DETAILS OF PROTOCOL**

Transitional Care Unit at Worcestershire Royal Hospital is used as an overspill from Neonatal Intensive Care Unit. There can be confusion as to which babies only require TCU level of care and those which require NICU level of care. To ensure no hearing loss is overlooked, all babies residing in TCU will be screened under NICU protocol. This means all babies will be screened with Automated Otoacoustic Emissions (AoaE) and Automated Auditory brainstem Response (Aabr) to identify problems with the auditory nerve as well as the ear. (Well babies are screened with AoaE only which only checks the ear and not the nerve)

Babies who have a family history of permanent hearing loss from birth originally were offered and follow-up hearing test at 8 months of age regardless of screening outcome. National statistics indicate this is not necessary as most hearing losses are present at birth and as such nationally the follow-up appointment is no longer required. However, locally if there is parental concern regarding the baby's hearing due to family history of hearing loss then a 8 month follow-up appointment is offered.

**Monitoring**

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: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
All babies on TCU for longer than 48hrs will be screened under NICU protocol	Reports from Smart 4 Hearing	Monthly	Local NHSP Manager	NHSP Team Leader	Monthly
All babies with family history of hearing loss in parents or siblings will be offered an 8 month follow-up appointment	Reports from Smart 4 Hearing	Monthly	Paediatric Audiology Manager	Countywide Audiology Services Manager	Monthly

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### 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
Steve Lewis Clinical Lead ENT and Audiology

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

Committee
ENT Directorate

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**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;



**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	<input type="checkbox"/>	Herefordshire Council	<input type="checkbox"/>	Herefordshire CCG	<input type="checkbox"/>
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council	<input type="checkbox"/>	Worcestershire CCGs	<input type="checkbox"/>
Worcestershire Health and Care NHS Trust	<input type="checkbox"/>	Wye Valley NHS Trust	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/>

<b>Name of Lead for Activity</b>	
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	Kim Doughty	Newborn Hearing Screen manager/Interim Lead	Kim.doughty@nhs.net
<b>Date assessment completed</b>	22.01.2024		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title: Guidance</b>		
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure babies are not passed over for a NICU screen.		
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity		

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	<input type="checkbox"/> New activity <input type="checkbox"/> 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.)	A baby being missed and recalled.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

**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.

<b>Equality Group</b>	<b>Potential <u>positive</u> impact</b>	<b>Potential <u>neutral</u> impact</b>	<b>Potential <u>negative</u> impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>		✓		
<b>Disability</b>		✓		
<b>Gender Reassignment</b>		✓		
<b>Marriage &amp; Civil Partnerships</b>		✓		
<b>Pregnancy &amp; Maternity</b>		✓		
<b>Race including Traveling Communities</b>		✓		
<b>Religion &amp; Belief</b>		✓		
<b>Sex</b>		✓		
<b>Sexual Orientation</b>		✓		

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Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		
<b>Health Inequalities</b> (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
<b>How will you monitor these actions?</b>				
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	<b>2026 at guidance review</b>			

**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.



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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.

<b>Signature of person completing EIA</b>	K.Doughty
<b>Date signed</b>	22.01.2024
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	K.Doughty
<b>Date signed</b>	22.01.2024
<b>Comments:</b>	



## 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.

	<b>Title of document:</b>	<b>Yes/No</b>
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.