Guidelines For Worcestershire Acute Hospitals Trust Babies in Non-Screening Hospitals

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

This guidance is intended to help newborn hearing screeners on when and how to check on babies that WAHT are responsible for but are, at present, residing in non-screening hospitals. For Worcestershire this is most likely to be Birmingham Children's Hospital (BCH)

This guideline is for use by the following staff groups:

Newborn Hearing Screeners

Lead Clinician(s)

Kim Doughty	Newborn Hearing Local Manager
Approved by Audiology Governance	21st July 2026
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
11/06/2026	To email Sarah Snowden and Kim Doughty if a 8-month TFU is needed	Audiology Governance
11/06/2026	Monitoring – frequency of reporting changed to 4 times a year	Audiology Governance
11/06/2026	Second monitoring tool added – check child health list	Audiology Governance

INTRODUCTION

This guidance is intended to help newborn hearing screeners on when and how to check on Worcestershire babies that are residing in non-screening hospitals that haven't had a newborn hearing screen yet.

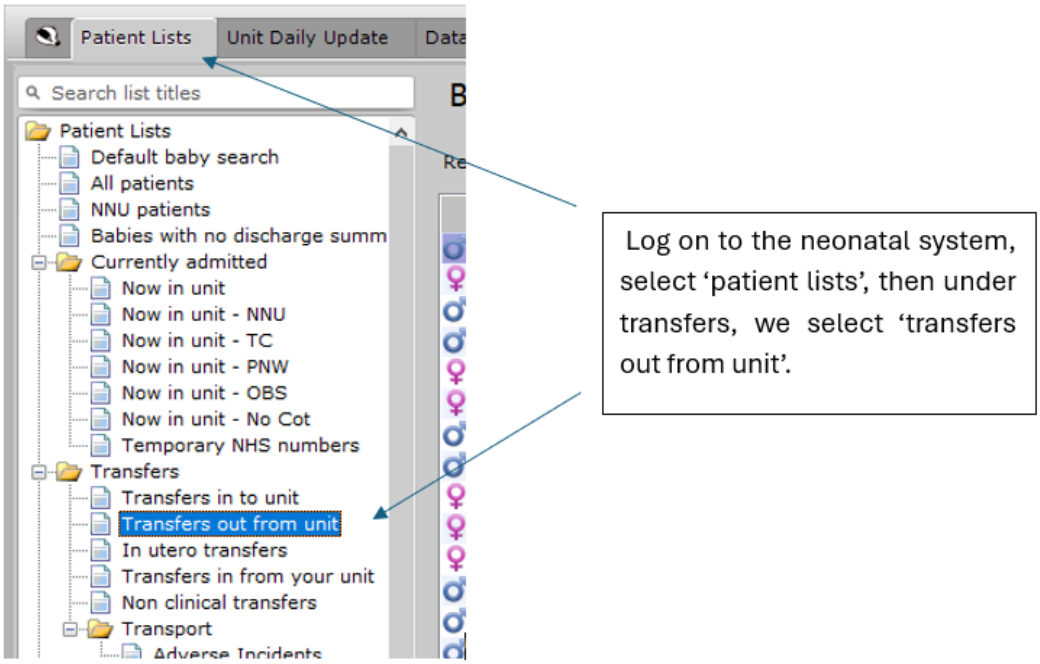
The eligible population for the newborn hearing screen is all newborn babies born or resident in England and those babies under 3 months (12 weeks) of age or if born <40 weeks gestation, under 3 months (12 weeks) corrected age, who have moved into the area (and who are the responsibility of NHS England).

Transfer to BCH:

To identify babies that are born at WRH but then transfer out to BCH we use Badgernet.

Ward clerks on NICU also inform us of transferring babies when daily checks to the NICU sheet are made.

To find out via Badgernet:



A list of babies that have transferred out from WRH to another hospital will be produced. Select the date discharged to the other hospital and it will change the list to the most recent baby that has transferred out and where it has gone to.

Look on baby's notes to try and identify which ward they have gone to whether it be surgical, PICU, Cardiac or another ward within the hospital. This is then noted on S4H, the baby's proforma and on the NICU sheet.

Contacting BCH

In the Newborn Hearing Screening office there is a list of contact numbers for the different wards within Birmingham Children's Hospital. Find the contact number for the baby's most recent location. On calling, state who you are and explain why you are calling - a weekly check on Worcestershire NICU babies who have been transferred out and to enquire if they are still an inpatient, if they have moved to a different ward/hospital, or if they have been discharged home. If they are still an inpatient, we ask if there is any plan for discharge. This is then case noted onto S4H, the proforma and the NICU sheet.

BCH Contact Numbers

BCH Cardiac – 0121 333 9112

BCH PICU – 0121 333 9652

BCH Neo Surgical - 0121 333 9022/3

BCH Ward 2 – 0121 333 9053

BCH Ward 15 – 0121 333 9062/3

BCH Admission Enquiries – 0121 333 9700

BCH Main Reception – 0121 333 9999

How often do we contact BCH?

The screeners are to carry out a NICU check on a weekly basis. The day this is done depends on staff availability. If we get notified that a baby is being discharged in a few days' time, we will call BCH again that week to see if the baby has been discharged home as per plan.

When to make an appointment and how.

Do not contact the parents prior to being informed that the baby has been discharged so to not cause upset at a sensitive time.

When notified that baby has been discharged, if baby is still eligible for the screen (generally up to 3 months of age but if they have been poorly, we can attempt to screen up to 6 months of age) locate the nearest Outpatient Clinic to the parents' address. Call the parents and offer them the next appointment that is available at the chosen site. Ask if they consent to text reminders.

On Auditbase, book the baby onto an allocated time slot, for BCH babies who require a NICU screen we allocate a 45min time slot to allow time for both AOAE and AABR. When the time is agreed we send a letter to the parents to confirm the appointment as well as a text message which will have all the appointment details on (time, date, department and hospital). The letter also tells them what to expect at the appointment. Once this is booked, we then update on S4H, adding a case note and entering the appointment details onto the appointment tab. This then allows everyone to see that an appointment has been made for the baby, where and when.

If baby is over 6 months of age, inform parents that due to being outside of screening criteria we will make an appointment for when baby is 8 months corrected age for a Targeted Follow up appointment. Adjust Smart4Hearing. Email sarah.snowden@nhs.net and copy in hearing screen manager kim.doughty@nhs.net so they are aware that baby will need a TFU appointment, state when baby will be 8 months corrected age.

Baby born out of Worcestershire area.

If a baby is born out of area, for example born at Gloucester Hospital, but lives in the Worcestershire area with a Worcestershire GP, we will be notified by the hospital where the baby has been delivered, that the baby has been transferred to BCH. This will either be an email to the newborn hearing screen generic email account, or they will add a casenote onto the baby's record on S4H before sharing the record back to Worcestershire site. Print out the proforma for the baby so all the screeners know that this baby's whereabouts needs to be checked for discharge information. Follow instructions above.

Contact parents/guardians to arrange an appointment at their nearest hospital site as above, once baby has been discharged.

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 under Worcestershire are offered a newborn hearing screen	Checks on S4H plus quarterly KPI reports	12 times a year	Local Manager Newborn Hearing Screen/ lead screener	Audiology ServiceManager/ Governance Team	4 times a year following quarterly reports
	Ensure that all babies under Worcestershire are offered a newborn hearing screen	Check Child Health Missing Results list	Weekly	Local Manager Newborn Hearing Screen/ lead screener	Local Manager	Weekly

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
Edward Southan – Interim Countywide Audiology Manager
Kim Doughty– Newborn Hearing Screen Local Manager/ Principal Audiologist
Jess Scully – Paediatric Audiology Manager
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

Worcestershire Acute Hospitals NHS Trust

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	**Edward Southan**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Screening manager**	**Kim.doughty@nhs.net**
	Sarah Mills	**Newborn Hearing Screener**	**Sarah.mills56@nhs.net**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Guidelines For Worcestershire Acute Hospitals Trust Babies in Non-Screening Hospitals**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that all babies that come under Worcestershire Acute Hospitals are offered a screen if residing in a non-screening hospital.			
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.	These protocols are generally stipulated by NHS England. Local information has been added for contact information.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Audiology Governance Team.
Summary of relevant findings	This guideline is necessary

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		✓		No impact
Disability		✓		No impact
Gender Reassignment		✓		No impact
Marriage & Civil Partnerships		✓		No impact
Pregnancy & Maternity		✓		No impact
Race including Traveling Communities		✓		No impact
Religion & Belief		✓		No impact
Sex		✓		No impact
Sexual Orientation		✓		No impact
Other Vulnerable and		✓		No impact

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Disadvantaged 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)		✓		No impact

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
	No negative risks identified	.		
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)				

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	9.9.2025
Comments:	
Signature of person the Leader Person for this activity	K Doughty
Date signed	9.9.2025
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.