Guidelines for Referrals to Audiology for Targeted Follow Ups – Visual Reinforcement Audiometry for Babies with a Risk Factor

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 refer babies that have passed the screen but have a Risk factor for a Targeted Follow Up.

This guideline is for use by the following staff groups:

Newborn Hearing Screeners

Lead Clinician(s)

Kim Doughty	Local Manager/Team Leader
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	If baby is premature, when emailing referral add date that they will be 8 months corrected age.	Audiology Governance

INTRODUCTION

This guide is intended to help newborn hearing screeners on when and how to refer babies into audiology for a Targeted Follow up Visual Response Audiometry test at 8 months corrected age. This includes information to pass to parents/guardians.

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).

Babies that need a referral for VRA testing from the Newborn Hearing Screener.

For all babies that have passed the Newborn Hearing Screen but are classed as having a Risk Factor i.e.
Congenital Infection (including toxoplasmosis, rubella)
Cranio-Facial Abnormalities including cleft palate, excluding cleft lip only, minor pits or minor ear tags
Syndrome related to hearing loss (including Down's syndrome)
NICU over 48 hours with no clear response AOAE both ears but clear response on AABR

They must be referred into Audiology for an 8-month corrected gestational age Targeted Follow UP - VRA. Screeners must explain the results to the parent/guardian and why they need to be referred on for further testing. Having a risk factor does not mean that they will have a hearing loss present, but they are more susceptible to having one, so further testing is needed to double check the hearing as they get older.

Go through the "Baby's visit to audiology" leaflet and ask parents to scan the QR code.
Explain what will happen at the appointment:
It will take approximately 30 minutes.
The test does not hurt, and they will stay with baby throughout testing.
They are welcome to bring someone to the appointment with them, but it is not recommended to bring other children as quiet conditions are needed.
Express the importance of attending the appointment.
The results will be discussed after testing, though a second appointment may be needed.

Provide the parent/guardian with contact details in case they have any questions once they have left. Ask if they consent to text reminders.

VRA's can be booked at Worcestershire Royal Hospital. Kidderminster Treatment Centre or Alexandra Hospital. Ask where they would prefer to be seen.

Generate a Referral.

Upload screening results to Smart4Hearing and set outcome.
Check outcome is set correctly to:

Clear Response – Targeted Follow-Up required

Check Patient Status is set correctly to:

Follow-up (Targeted)

Enter details into Auditbase using Hotkey 49 - ctrl shift 49

Email Local Manager for the Newborn Hearing Screen kim.doughty@nhs.net and Admin for screening/audiology sarah.snowden@nhs.net to request an VRA appointment. Include name, nhs number, where they would prefer to be seen and if baby was premature when they will be 8 months corrected age.

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 that need a referral are referred to Audiology for an ABR	Monthly reports from NHSP highlight babies that should have been seen but no results have been added to S4H	12 times a year	Local Manager Newborn Hearing Screen	Audiology ServiceManager/ Governance Team	12 times a year

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

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

Committee
Audiology Governance
ENT 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	**Kim Doughty**

Details of individuals completing this assessment	**Name**	**Job title**	**e-mail contact**
	Kim Doughty	**Newborn Hearing Screening manager/Interim Lead**	**Kim.doughty@nhs.net**
	Jane Bullock	**Screening Coordinator**	**Jane.bullock2@nhs.net**
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	**Title: Guidelines for Referrals To Audiology for Targeted Follow Ups – Visual Reinforcement Audiometry**			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that all babies that need a Targeted Follow up are being referred to Audiology correctly.			
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 such as email addresses.
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

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		✓		No impact
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	22/10/25
Comments:	
Signature of person the Leader Person for this activity	K Doughty
Date signed	22/10/2025
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.