Worcestershire Acute Hospitals NHS Trust

Peer Review for Auditory Brainstem Response

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 staff undertaking Auditory Brainstem Testing (ABR) are required to send certain Auditory Brainstem traces, that fall into particular categories, and a completed accompanying form to the Midlands Auditory Brainstem Response Peer Review Group. This is to ensure that testing continues to meet required standards set by the British Society of Audiology.

This protocol is for use by the following staff groups:

Staff undertaking Auditory Brainstem Response Testing

Lead Clinician(s): Kim Doughty

Approved by Audiology Governance on: 26th April 2026

Review Date: 26th April 2029
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: (name of committee or accountable director)
April 2026	New document approved	Audiology Governance

Details of Guidance

Cases for review

All ABRs that fall under the following categories need to be sent to the Midlands ABR Peer Review Group:

- Bilateral referrals from the Newborn Hearing Screen.
- All referrals where ABR has taken place due to the newborn screen being contra-indicated i.e. Bacterial meningitis, presence of a PVP shunt, congenital CMV and microtia.
- All ABRs performed on children diagnosed with congenital CMV or bacterial meningitis regardless of referral route e.g. passed newborn screen but then develops meningitis in the newborn period.
- All ABRs which result in a diagnosis of permanent childhood hearing loss as part of the Newborn Hearing Screening Programme.
- Historical cases – where the child is identified behaviourally as having a sensorineural hearing loss, referred the screen at birth and their diagnostic birth ABR is described as pass or conductive.

Where a tester has completed testing but has not sent any ABRs for review by their last planned ABR session of the month as none have met the above criteria, all that months ABRs should be sent for review.

Staff can send any ABR traces to the peer review group for a second opinion.

When sending an ABR, it must contain the traces and all testing parameters. Traces should be overlaid appropriately to minimise the noise across the entire waveforms. Wave V and SN10 must be marked, along with CR, RA or Inc.

Peer Review Process

Complete the Midlands ABR Peer Review form, filling in the required boxes as per instructions on the form.
The case ID should follow the following format:
WM_Your centre short code_Tester initials_Date of test e.g. WM_WOR_KD_03122025

Testers should save a copy of the anonymised traces together with the completed Midlands ABR Peer Review form into the departmental Peer Review folder in the share drive.
Open the Midlands Regional ABR Peer Review channel on TEAMS and click on Shared and then Cases for Review. Upload the traces and completed form into the Cases for Review folder.
The case will be reviewed and the completed form posted into the “Cases reviewed” Worcestershire folder. The reviewer will then delete the folder from the “For review” folder.
The reviewer will email you when they have completed the review.

Timescales

It is expected that the tester sends their traces within 48hrs of completion and the peer review replies within 7 days of the submission. Traces should be sent after each session of ABR testing unless there is a clear reason why.

Traces should be sent following each session and not once the child's care is complete.

Escalation

In cases where you strongly disagree with the reviewers results and feedback, the tester should send a copy of the traces and the completed accompanying form to Professor Chris Degg. Chris will then offer a second opinion to the chair, prior to liaising with the reviewer.

Where the reviewers strongly disagree with your ABR traces and are recommending recalling a baby for further ABR testing or a change of the patient's management, Professor Chris Degg will offer a second opinion to the chair, prior to the testing site being contacted.

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?
	Peer Review	Peer review group will review our traces and comment on whether they agree or not	When an ABR meets the criteria to be sent	Midlands Peer Review Group	If actions, traces are agreed upon the tester will receive the results. If not agreed upon service lead and head of department will be notified.	Each time an ABR is does not meet peer review standards
	All ABRs that meet criteria have been sent.	Audit to check that all ABRs that have met the criteria for peer review have been submitted	Annually	ABR service lead	Audiology Governance Meeting	After each audit

References

Midlands Auditory Brainstem Response Peer Review Group Terms of Reference.
BSA Principles of Peer Review
BSA ABR Testing in Newborns OD100_Auditory-Brainstem-Response-ABR-Testing-in-Newborns-July-2025-.pdf
BSA Guidelines for the Early Audiological Assessment and Management of Babies Referred from the Newborn Hearing Screening Programme OD104-98-BSA-Practice-Guidance-Early-Assessment-Management.pdf
BAA Paediatric Quality Standards BAA-Paed-QS-final-version.pdf

Contribution List

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

Designation
Edward Southan
Jess Scully
ABR Team

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

Committee
Audiology Governance Team
ENT and Audiology Directorate
Divisional Meeting

Supporting Document 1 - Equality Impact Assessment Tool

Equality and Health Inequalities Impact Assessment (EHIA) Tool

Herefordshire & Worcestershire STP - Equality and Health Inequalities Impact Assessment (HEIA) Form
Please read HEIA 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	Kim.doughty@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Peer Review for Auditory Brainstem Response			
What is the aim, purpose and/or intended outcomes of this Activity?	• To improve health outcomes for children with potential hearing issues. • To ensure staff are performing ABRs correctly • To identify those children who have a Permanent Childhood Hearing Impairment (PCHI) and provide the correct management plan to ensure a good outcome. • To provide feedback to staff undertaking ABRs to ensure consistency between testers and across sites.			
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.	Following significant clinical incidents within paediatric audiology, major service improvements are underway. The previous peer review group was reorganised. Guidelines were revisited. Extra training was provided.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Guidance follows best practice from several sources including the British Society of Audiology Recommended Procedures.
Summary of relevant findings	Improvements to peer review in a structured format are 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				
Disability				No Impact
Gender Reassignment				No Impact
Marriage & Civil Partnerships				No Impact
Pregnancy & Maternity				No Impact
Race including Traveling Communities				No Impact
Religion & Belief				

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				No Impact
Sex				No Impact
Sexual Orientation				No Impact
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
	none	.		

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)	When the Midlands Peer Review Group review their process.

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