

Newborn Hearing Screening Standard Operating Procedure	
Summary statement: How does the document support patient care?	This pathway provides information for staff with regard to the process for offering, undertaking and providing results for newborn hearing screening
Staff/stakeholders involved in development:	Jacqueline Gregory
Division:	Women & Children's
Department:	Maternity
Responsible Person:	Chief of Service
Author:	Newborn Hearing Screening co-ordinator
For use by:	Maternity Support Workers, Health care assistants, midwives, NICU Nursery Nurses, NICU staff nurses
Purpose:	To provide accurate information for staff on the processes to follow with regard to newborn hearing screening
This document supports:	NHS Newborn Hearing Screening Programme Service specifications 2019-20
Key related documents:	<p>UH Sussex West (SRH&WH) Maternity Guidelines: Antenatal Care and Patient Information, Postnatal Care</p> <p>UH Sussex West (SRH&WH) Trust Policies: An organisation-wide policy for screening procedures, An organisation-wide policy for diagnostic testing</p>
Approved by:	Joint Obstetric Guideline Group (JOGG)
Approval date:	18 th May 2022 Uploaded: 24 th May 2022
Ratified by Board of Directors/ Committee of the Board of Directors	Not Applicable – Divisional ratification only required
Ratification Date:	Not Applicable – Divisional ratification only required
Expiry Date:	November 2024
Review date:	May 2024
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	
Reference Number:	CG17004

Version	Date	Author	Status	Comment
1.0	March 2017	Newborn Hearing Screening Co-ordinator	Archived	New WSHFT Pathway
2.0	April 2018	Newborn Hearing Screening Co-ordinator	Archived	New title and updated SOP
3.0	Dec 2018	Newborn Hearing Screening Co-ordinator	Archived	New model of screening adopted
4.0	July 2020	Newborn Hearing Screening Co-ordinator	Archived	See page 37 for amendments
5.0	November 2021	J. Gregory, Newborn Hearing Screening Co-ordinator	Archived	Amendments to - Point 4.2: Screening Pathway Well Baby WSH NHSP Site. Appendix 3: Management of record for NICU baby in S4H. Appendix 5: Screening on NICU if baby has already been screened. Appendix 14: Baby confirmed as screened but no imported data or results saved to same ear. Formatting and new Trust logo inserted.
5.1	May 2022	J. Gregory, Newborn Hearing Screening Co-ordinator	LIVE	Links updated

**The interpretation and application of clinical guidelines will remain the responsibility of the individual clinician.
If in doubt contact a senior colleague or expert.**

Contents

1.0	Background	4
2.0	Identifying eligible population.....	4
3.0	National Screening Pathways from Service Specifications	5
4.0	UH Sussex West (SRH&WH) Screening pathway	7
4.1	Screening Pathway NICU Baby WSH NHSP site.....	8
4.2	Screening Pathway Well Baby WSH NHSP Site	9
4.3	Screening Pathways Out Of Area Babies/Babies Going Into Foster Care OOA	10
4.4	DNA - WELL BABY NHSP SITE	11
5.0	Performing a Hearing Screen	12
6.0	Referrals Following the Hearing Screen	13
7.0	Governance Structure, Reporting and Incidents	15
8.0	Training and Ongoing Assessments	17
9.0	Equipment and QA Tests	18
	Appendix1: Daily Checks	20
	Appendix 2: NICU - Process Map.....	21
	Appendix 3: Management of record for NICU baby in S4H	22
	Appendix 4: NICU - Paperwork	23
	Appendix 5: Screening on NICU if baby has already been screened.....	25
	Appendix 8: Stickers for Postnatal Notes	28
	Appendix 9: Letters for parents	29
	Appendix 10: NHSP Ward Books/logs	30
	Appendix 11: Babies in Foster Care.....	31
	Appendix 12: Child Death Notifications	32
	Appendix 13: Decline/Withdrew from Screen	33
	Appendix 14: Baby confirmed as screened but no imported data or results saved to same ear.....	34
	Appendix 15: Babies born out of area but WHS site responsible for screening	35
	Appendix 16: S4H/NIPESMaRT has not been populated	36
	Appendix 17: SYSTMONE Failsafe (CHIS)	37
	Appendix 18: Outcome codes in S4H.....	39
	Appendix 19: Bloodspot/NIPE/NHSP List Failsafe	40
	Appendix 20: NICU Failsafes	41
	Appendix 22: High risk of hearing loss notification from antenatal booking.....	45
	Appendix 23: GP'S in West Coastal CCG 09G.....	46
	Appendix 24: Home births.....	47
	Appendix 25: Checking that all Newborn Screening has been completed	48
	Appendix 26: Border Agreements	49
	Appendix 27: Contact List	50
	Abbreviations used in this document.....	51
	References	52
	Main additions/Changes.....	53

Newborn Hearing Screening Standard Operating Procedure

1.0 Background

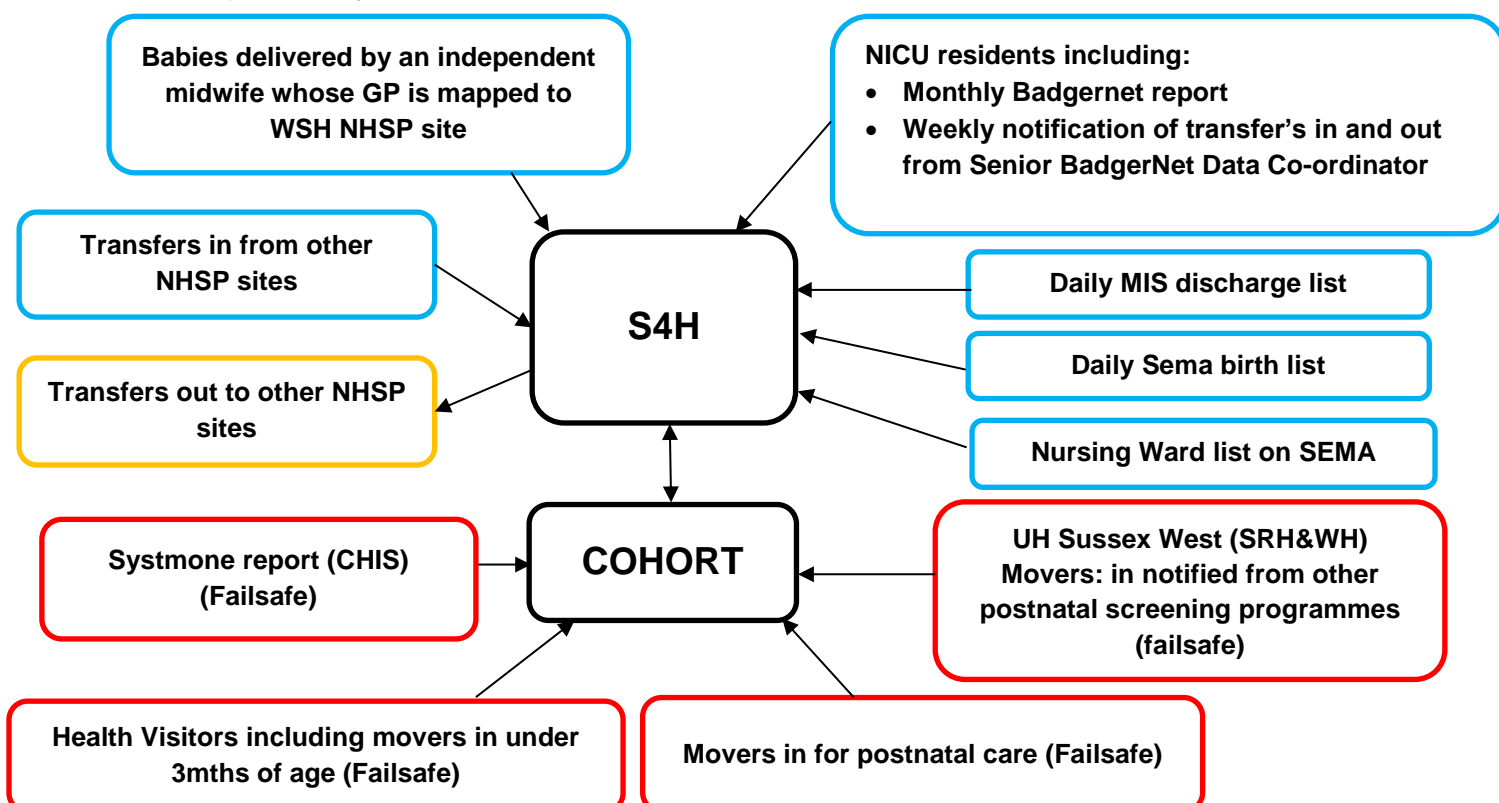
The newborn hearing screening test helps to identify babies who have permanent hearing loss as early as possible. This means parents can get the support and advice they need right from the start.

One to two babies in every 1,000 are born with a permanent hearing loss in one or both ears. This increases to about 1 in every 100 babies who have spent more than 48 hours in intensive care. Most of these babies are born into families with no history of permanent hearing loss. Permanent hearing loss can significantly affect a baby's development. Early identification can provide these babies with a better chance of developing language, speech, and communication skills.

2.0 Identifying eligible population

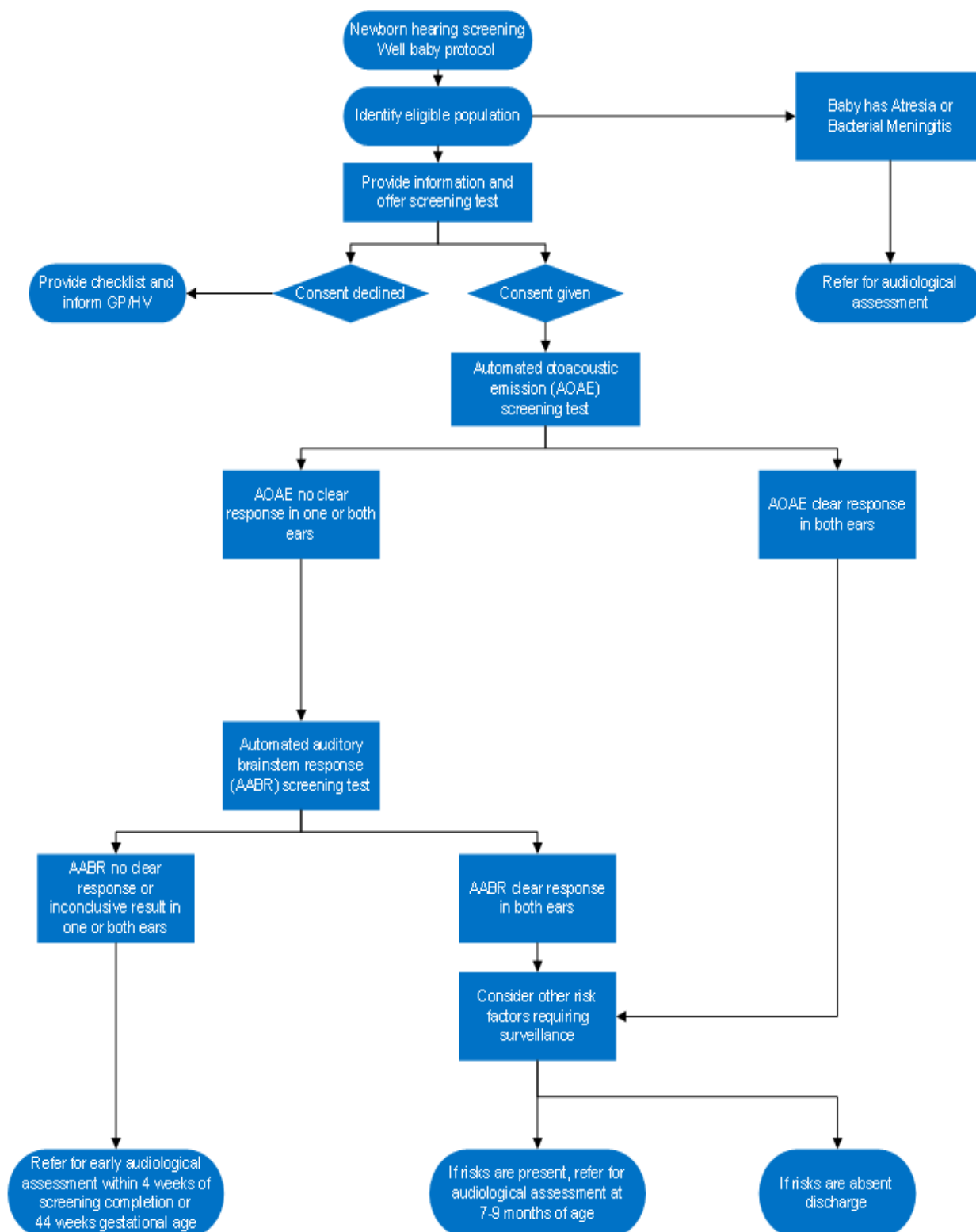
UH Sussex West (SRH&WH) are responsible for screening all babies who are registered with an NHS Coastal West Sussex CCG and all babies who have spent more than 48hrs on any neonatal unit in the country, finishing their stay on a neonatal unit at UH Sussex West (SRH&WH).

Smart4Hearing is population electronically via PDS (Patient demographic service). Capture of full cohort and movement of population is based on the following, and incorporates layers of fail safes to ensure no babies are missed.

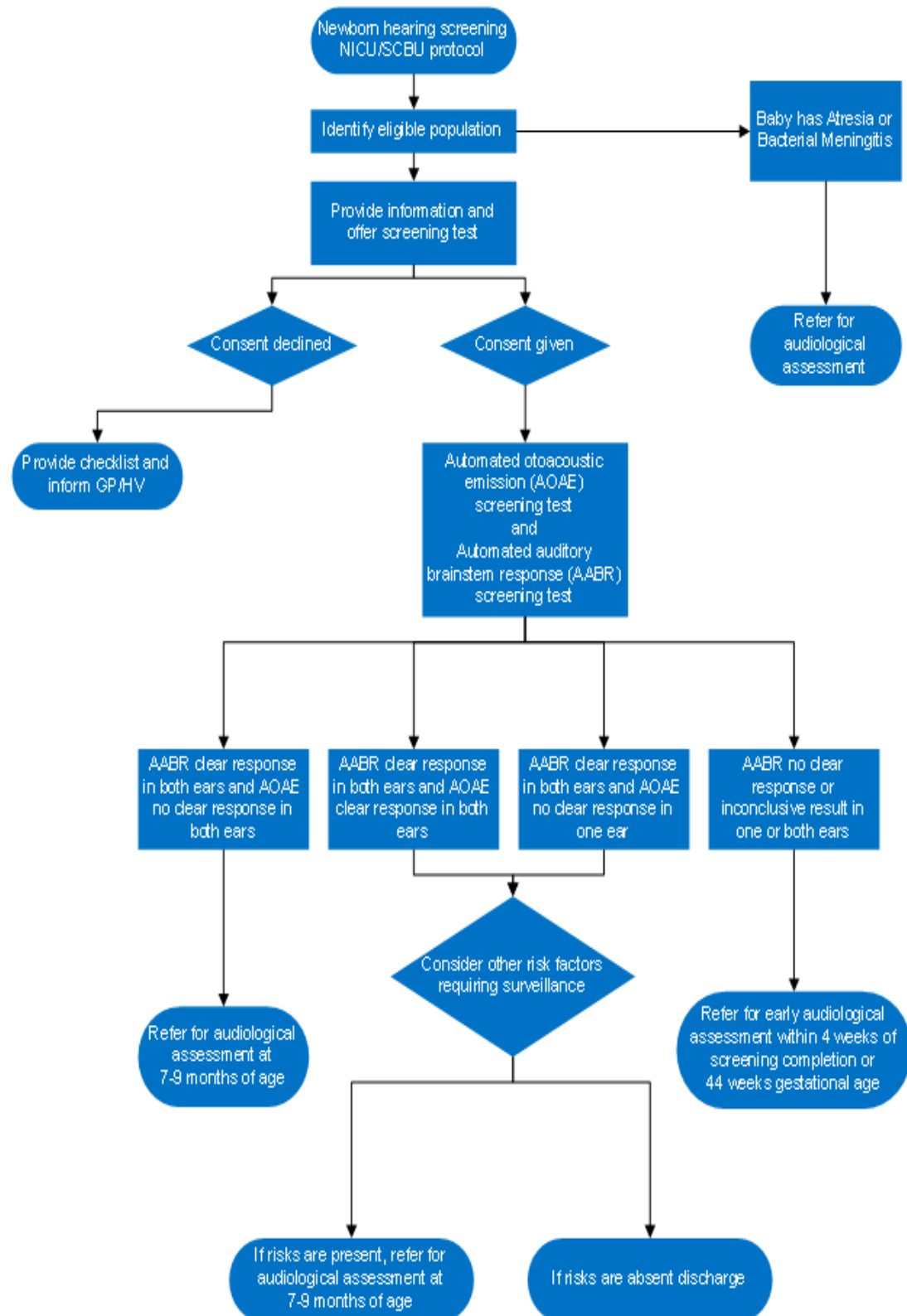


3.0 National Screening Pathways from Service Specifications

Well baby protocol



NICU protocol



S4H web address – which can only be accessed via a secure N1 link
[SMSNHSP Manual Login](#)

4.0 UH Sussex West (SRH&WH) Screening pathway

The model of screening adopted by UH Sussex West (SRH&WH) – WSH site - is a hospital service for parents and babies. The national NHS newborn hearing screening programme standards are always followed and reported against.

Information regarding the screening programmes is provided to all parents:

- 'Screening for you and your baby' booklet is provided via a QR card to all parents by community midwives at booking.

Screening tests for you
and your baby



Information can also be found at:

[Screening Tests for you and your baby: Description in brief](#)

- Parents of babies who are resident on NICU are also given the booklet 'Screening for you and your baby – babies in special care unit's
[Screening Tests for you and your baby: Babies in special care units](#)
- An easy read version is available:
[Screening Tests for you and your baby: Easy guides](#)
- Written information is available in different languages:
[Screening Tests for you and your baby: Description in brief](#)
- Information is available to watch on animations, these are subtitled for sign language and different languages:
[Screening Tests for you and your baby](#)
[Screening test for you and your baby - different languages, subtitled and British Sign Language](#)
- A specific NHSP animation can be found using the following link:
[Newborn hearing screening \(English\) - YouTube](#)

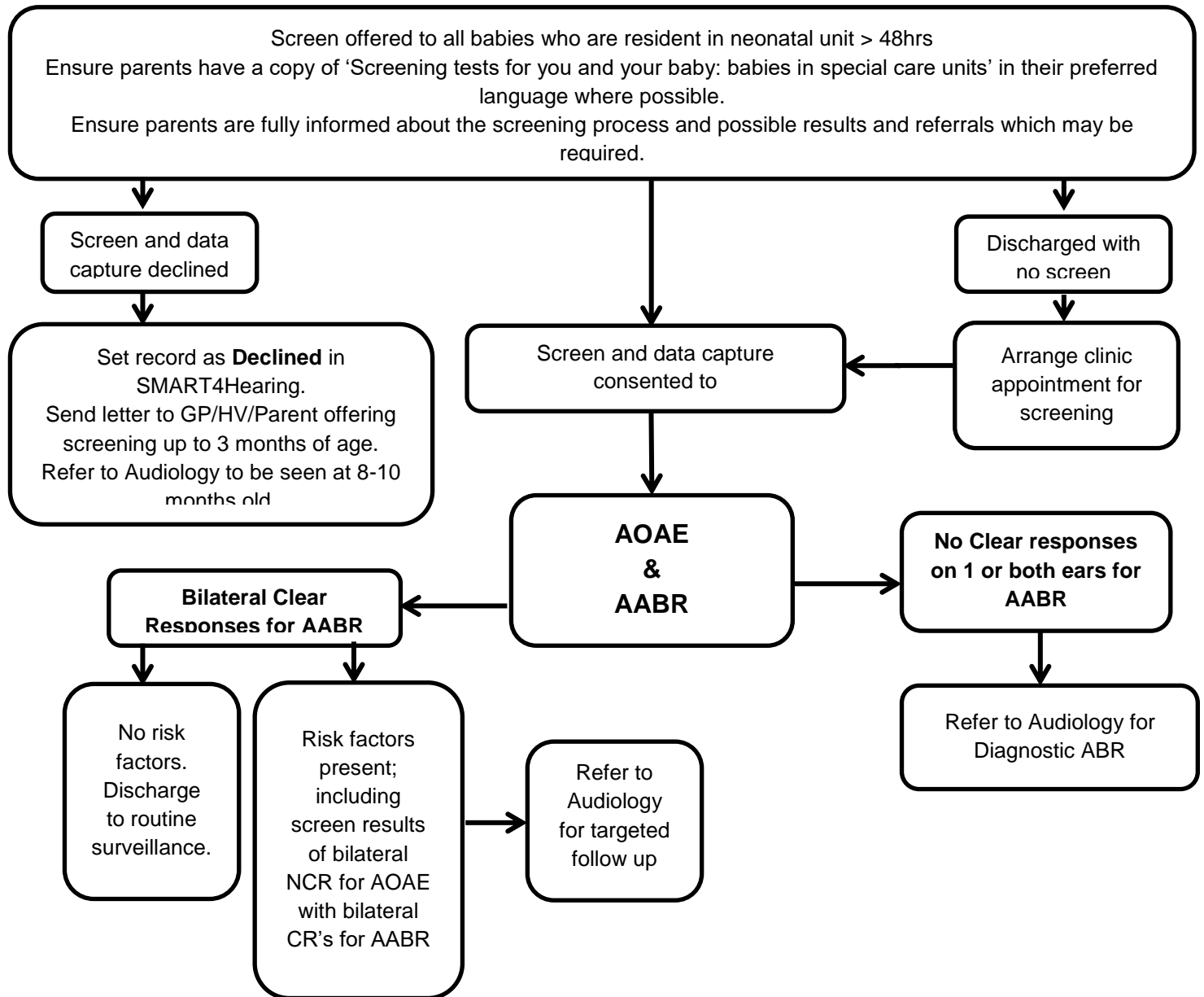
Babies can only be screened up to 12 weeks of age as per the national protocol.

All parents of **well babies** are offered screening on the postnatal ward prior to discharge, as close to discharge as possible. If a baby is on antibiotics they **should not** be screened until either: **antibiotics have stopped and baby is deemed as being well** or **at the point of discharge if baby is going home on antibiotics**. Home births, discharges from delivery suites/birth centre and repeat screens are offered an appointment in community clinics or at their NIPE appointment. This NHSP service is provided by a team of maternity support workers who have undertaken their newborn hearing screening training, who are proved to be competent by passing the necessary national NHSP qualifications, who maintain their skills by carrying out regular screening and who are assessed annually.

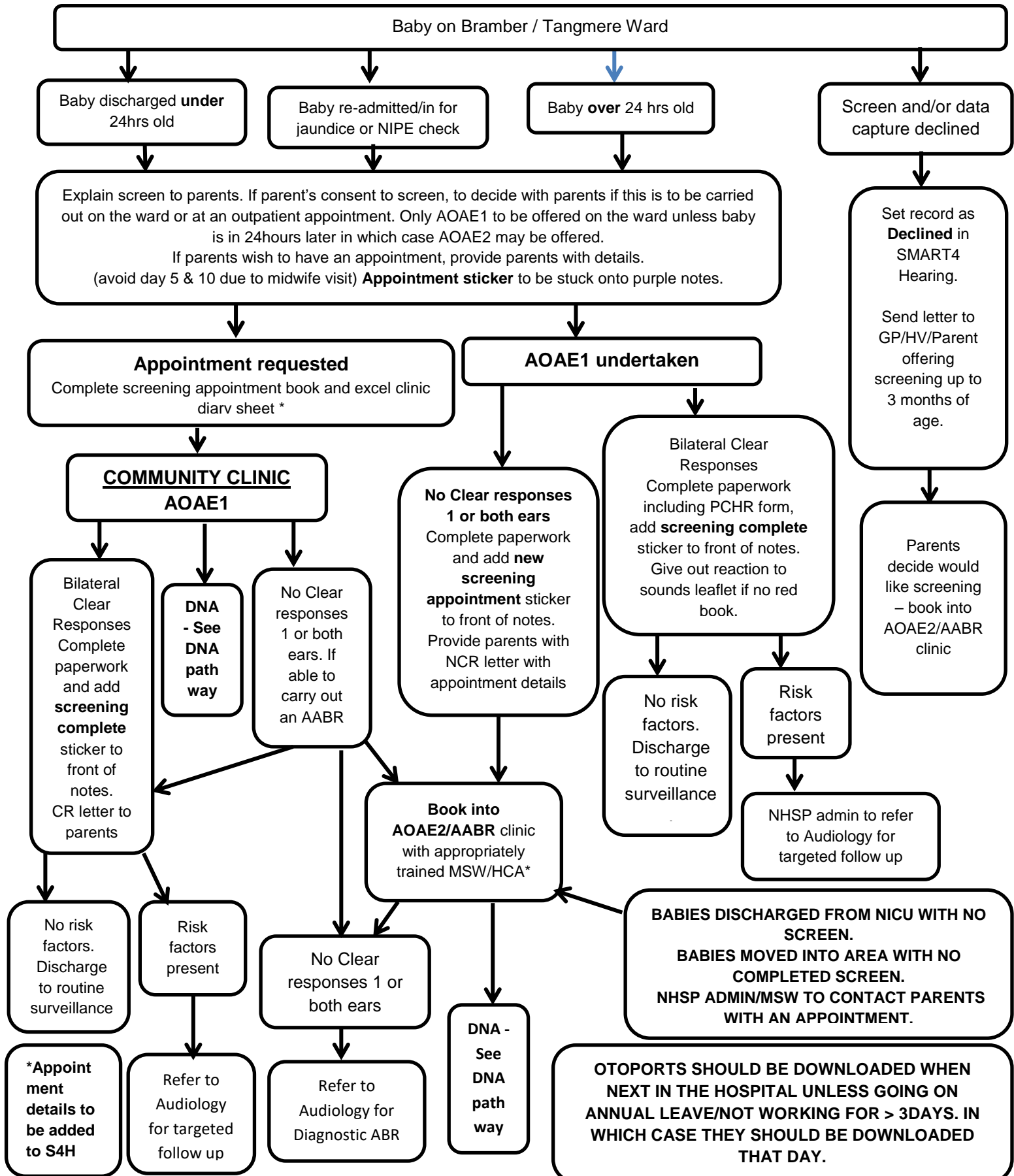
All parents of **NICU protocol** babies (i.e. babies who have spent >48hrs on a NICU/SCBU) are offered hearing screening prior to discharge, once baby is well and off all medication.

This service is provided by staff nurses and nursery nurses on the neonatal units who have undertaken their newborn hearing screening training, proved to be competent by passing the necessary national NHSP qualifications, who maintain their skills and are assessed annually.

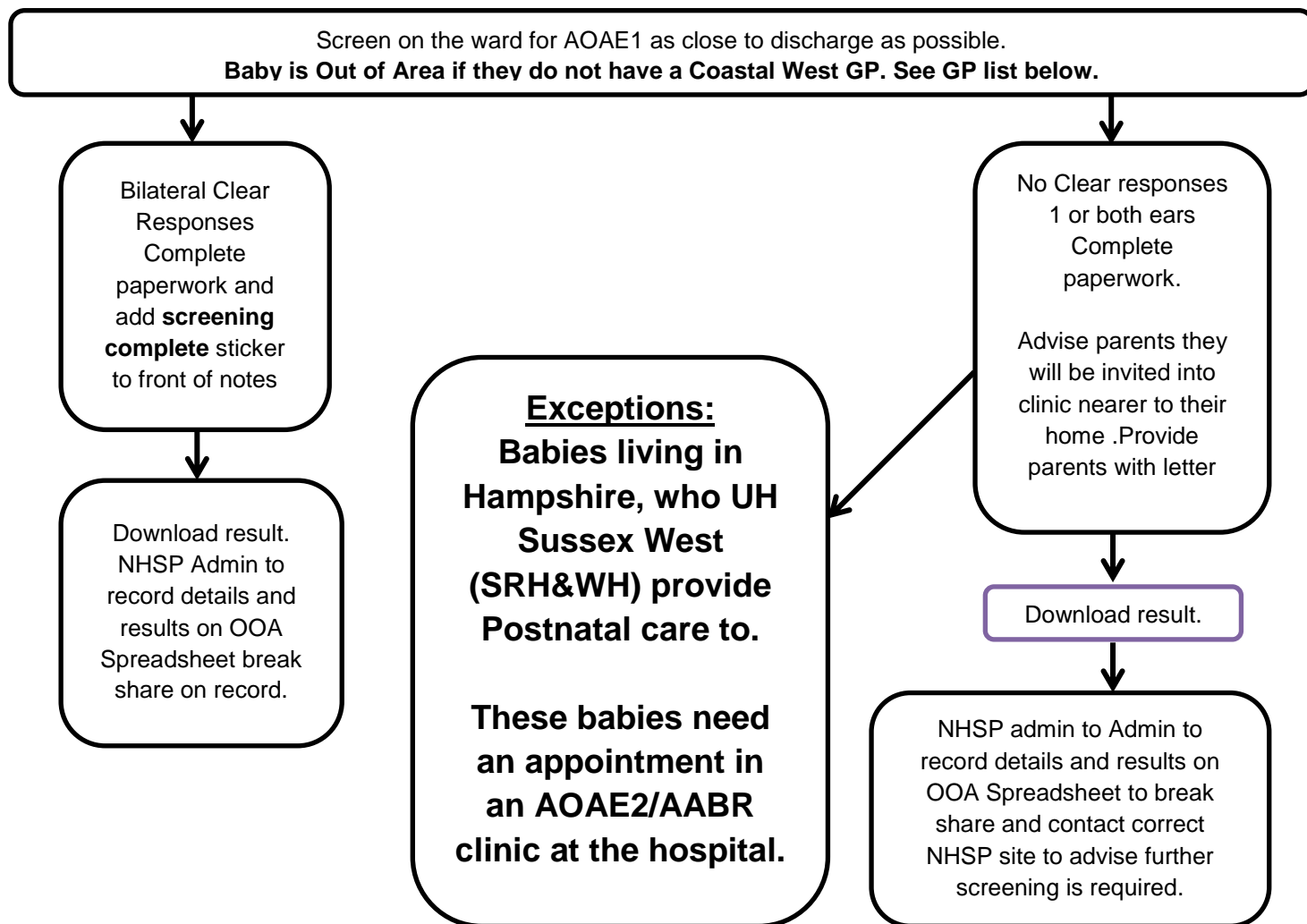
4.1 Screening Pathway NICU Baby WSH NHSP site



4.2 Screening Pathway Well Baby WSH NHSP Site



4.3 Screening Pathways Out Of Area Babies/Babies Going Into Foster Care OOA



Neighbouring NHSP sites:

BRI – Brighton, Hove and Mid Sussex
WSY – West Surrey
HHA – Hampshire

SAS – Sussex and Surrey (Horsham/Crawley)
PIW – Portsmouth and Isle of Wight (Petersfield)
EAH – Eastbourne and Hastings

Coastal West Sussex GP's CCG 09G

Adur: The Ball Tree Surgery, Harbour View Healthcare, The Manor Practice, New Pond Row Surgery, Northbourne Medical Centre, The Orchard Surgery

Arun: The Coppice & Angmering Medical Centre, Fitzalan Medical Group, The Lawns Surgery, The Park Surgery, Westcourt Medical Centre, Willow Green Surgery

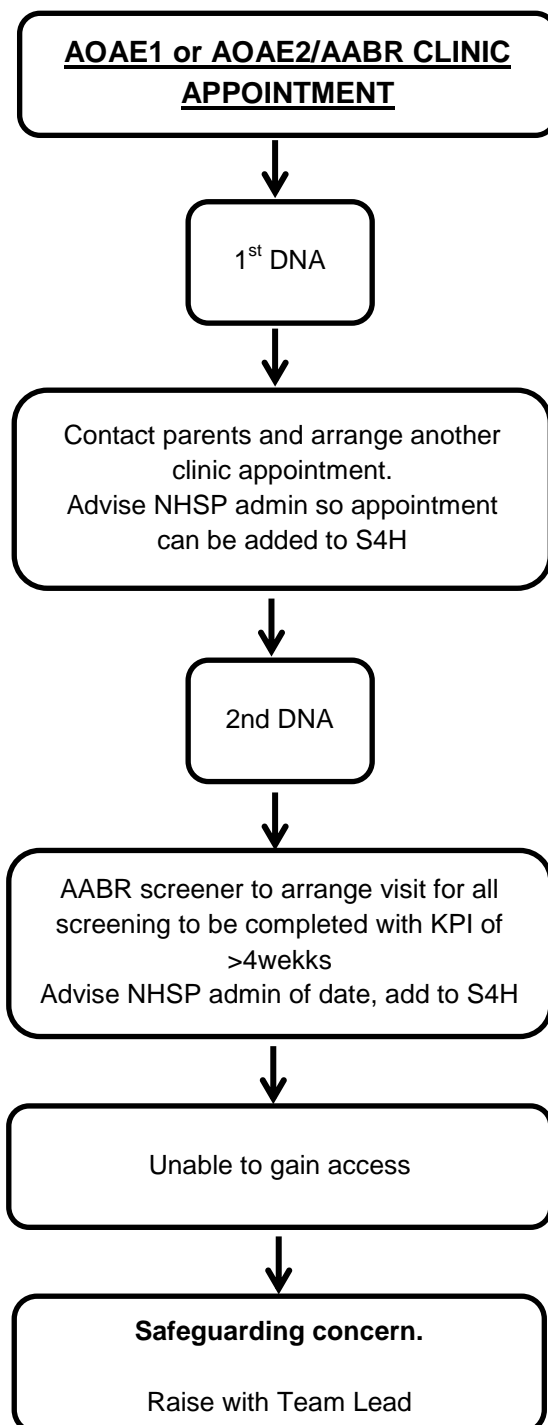
Chancetonbury: Billingshurst Surgery, The Glebe Surgery, Henfield Medical Centre, Steyning Health Centre

Chichester: Cathedral Medical Group, Langley House Surgery, Lavant Road Surgery, Loxwood Medical Practice, Parklands Surgery, Petworth Surgery, Pulborough Medical Group, Riverbank Medical Centre, Selsey Medical Practice, Southbourne Surgery, Tangmere Medical Centre, Witterings Health Centre

Regis: The Arundel Surgery, Avisford Medical Group, Bersted Green Surgery, Bognor Medical Practice, The Croft Practice, Flansham Park Health Centre, Grove House Surgery, Maywood Healthcare Centre, West Meads Surgery

Worthing (Cissbury): The Barn Surgery, Broadwater Medical Centre, Cornerways Surgery, The Lime Tree Surgery, The Phoenix Surgery, Selden Medical Centre, St Lawrence Surgery, Strand Medical Group, Victoria Road Surgery, Worthing Medical Group

4.4 DNA - WELL BABY NHSP SITE



[P16007 Safeguarding children policy](#)

Any questions or queries regarding NHSP can be emailed directly to the NHSP Co-ordinator or the NHSP admin.

5.0 Performing a Hearing Screen

The first screening test is called an automated otoacoustic emission (AOAE).

A small soft-tipped earpiece is placed in baby's ear and gentle clicking sounds are played. When the ear receives this sound, the outer hair cells in the cochlea produce a tiny response, this is known as an otoacoustic emission. This tiny response can be picked up by the screening equipment. This screen takes a couple of minutes.

It's not always possible to get clear responses from the first screen. The reasons for this can be:

- Baby has a permanent hearing loss
- Baby was unsettled when the screen was carried out
- Too much background noise was present
- Baby has fluid or a temporary blockage in their ear

If a no clear response is obtained then baby will be offered a second screen. This is normally the same as the first screen. If again a no clear response is obtained from either ear then a different screen is then offered, an automated auditory brainstem response (AABR).

The AABR screen involves placing three small sensors on baby's head, neck and shoulder. Soft headphones are placed over baby's ears and gentle clicking sounds are played. The response from cochlea to the sound is picked up via the auditory nerve at the brainstem by the sensors. This screen can take up to 20-30minutes to complete.

The results are provided to parents as soon as the screen is complete.

The newborn hearing screen will not pick up extremely mild hearing losses, a progressive loss or a late onset loss. In all cases parents are signposted to the checklists in the PCHR book. These checklists are to provide information on developmental milestones for 'reaction to sounds' and 'making sounds'.

Consent must be obtained for the screens to be carried out and for the data to be kept on the national database (S4H). Only those with parental responsibility can give consent. If a social worker or foster carer gives consent then this must be documented in S4H.

For babies born as part of a surrogacy agreement the trust's surrogacy policy will be adhered to regarding gaining consent for any screening.

[Surrogacy guideline](#)

If screening results are saved to the incorrect ear/or to the same ear:

- If the screener notices at point of screen – the screen should be repeated and saved to the correct ear. Screener to email NHSP team to confirm results. This email will be saved, S4H will be case noted.

- If the NHSP team notice at point of assigning results – screener will be emailed for confirmation of error, PCHR form should be checked. Only after written confirmation is received from the screener the results will be amended and manually entered (manual entry log will be completed) or baby will be offered a rescreen. If the results are also incorrect on the PCHR form the parents will be contacted and a rescreen will be offered. If the screener is unsure of the correct results a rescreen should be offered. S4H will be case noted.
- If at an appointment there is some uncertainty about which ear require rescreening, both ears should be rescreened. S4H will be case noted.

The manual entry log is completed for any results which require entering found [here](#) and is cross matched with monthly discrepant data reports from NHSEI

Twins/Multiple births

When screening twins as an inpatient, the hospital number/NHS number of baby from stickers should be checked against baby's ID tag to ensure the correct baby is being screened.

Twin 1/ Twin 2 etc or 1st name (if known) should be entered into the Otoport to help to ensure correct data is used when screening.

6.0 Referrals Following the Hearing Screen

Referrals are made to Audiology following the hearing screen based on the screen result and if risk factors are present.

The following babies are referred to Audiology for a diagnostic **ABR**, so that the level of hearing can be determined. This appointment should be within 4 weeks of screen completion or by 44 weeks GA to meet KPI2.

- Babies who have results of no clear response at AABR.
- Babies who meet the national exclusion criteria - Programmable ventriculo-peritoneal (PVP) shunts, atresia or microtia (no patent canal in one or both ears), meningitis (confirmed or strongly suspected bacterial meningitis or meningococcal septicaemia), confirmed congenital cytomegalovirus.

Babies are referred, dependent on residential address, to either:

- **Worthing Audiology**, Worthing Hospital, Lyndhurst road, Worthing, West Sussex BN11 2DH by email referral uhsussex.audiologyworthing@nhs.net – to be seen in the Audiology Department at Worthing Hospital.
- **Portsmouth Audiology**, The Elizabeth Foundation, Southwick Hill Road, Cosham, Portsmouth, PO6 3LL by telephone referral (023 92 322 174) – to be seen at Chapel Street clinic, Chichester or at The Elizabeth Foundation, Portsmouth.

Referral forms can be found [here](#)

All ABR referrals will be given a booklet/QR code to scan for 'Your baby's visit to the Audiology Clinic'.

Please see the online information **Your baby's visit to the audiology** clinic by typing this web address www.gov.uk/newborn-hearing-audiology-referral or by scanning this QR code with your mobile phone



This information is also available in different languages.

[Newborn Hearing Screening: First visit to the audiology clinic](#)

The following babies are referred to Audiology for a **targeted follow up** and will be seen in Audiology at 8-10 months corrected age as they are deemed to have an increased chance of a late onset or progressive loss.

Risk factors identifying this population and are:

Confirmed Congenital Infection	e.g. Toxoplasmosis, Rubella, Herpes
Cranio-facial anomalies	A (noticeable) craniofacial anomaly (excluding minor pits & ear tags) at any age e.g. cleft palate
Syndrome	Confirmed syndrome related to hearing loss
NICU protocol babies only with results of:	BILATERAL NCR FOR AOA E BUT BILATERAL CR FOR AABR *

Babies are referred by email dependent on residential address, to either:

- **Worthing** Audiology, Worthing Hospital, Lyndhurst road, Worthing, West Sussex BN11 2DH – to be seen in the CDC at Worthing Hospital.
- **Portsmouth** Audiology, The Elizabeth Foundation, Southwick Hill Road, Cosham, Portsmouth, PO6 3LL – to be seen at Chapel Street clinic, Chichester. Email the Confidential ID to NHSP lead at PIW site.

Referral forms can be found [here](#)

A referral is created on S4H as a means of audit tracking **for all** Audiology referrals.

This will create a share with the Audiology department so results can be added.

Phone numbers and baby's name (if known) should be added to the record at this point.

A letter should be sent to the GP and HV advising of this referral. Template can be found [here](#)

7.0 Governance Structure, Reporting and Incidents

KPI's and National reports are published by NHSEI monthly and quarterly, NHSEI provide a window of 2 weeks for signing off the KPI reports prior to them being published for the public to view. These reports are available for NHSP managers and Team Leads to download from S4H.

The NHSP team will provide quarterly and annual KPI report to the regional QA team local SIT team, commissioners, Head of Midwifery, Public Health Lead – Maternity, Audiology. This will include information on all 5 NHSP programme standards along with the following:

KPI's for the 5 Programmes Standards from the 'report by current site' report:

- Information on each baby for NH1 not achieved
- Information on each baby for NH2 not achieved
- Permanent Childhood Hearing Impairment's diagnosed for that quarter/year
- Any incidents raised that quarter/year
- Any challenges for the NHSP team

	Programme Standards and KPIs	Acceptable	Achievable
1	The proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4 weeks corrected age (hospital programmes-well babies, NICU babies) or by 5 weeks corrected age (community programmes-well babies). (NH1)	≥ 98%	≥ 99.5%
2	Well baby referrals from OAE 1 hospital	≤ 27%	≤ 20%
3	Total Referrals - Hospital	>2.0% to ≤2.8%	≥0.5% to ≤2.0%
4	The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who are offered audiological assessment within the required timescale.	≥ 97%	≥ 99%
5	The proportion of babies with a no clear response result in one or both ears or other result that require an immediate onward referral for audiological assessment who receive audiological assessment within the required timescale. (NH2)	≥ 90%	≥ 95%

The reporting template can be found [here](#)

All other reports downloaded from S4H will be reviewed and actioned monthly.

These reports and the report log are then saved [here](#)

Following a review of all reports:

- Audiology departments will be contacted regarding any missing data (Yield report and Audiology Data reports).
- Screener activity will be monitored for training needs and action taken for those who obtaining recurrent NCR's.
- The number of screens per CCG will be collated and logged (extended activity report).
- Data quality reports, all will be saved per month even if there is nothing to action so that audits can be undertaken to show reports have been looked at.
- The report log will be completed once each NHSEI report and each failsafe report has been undertaken / actioned

Screening Incidents

Any incidents will be reported via the trusts internal system (DATIX) and escalated to the regional QA team via the Screening incident assessment form (SIAF) emailed to the regional SIT and QA teams:

PHE.Screening-ImmsSSAT@nhs.net; phe.southQA@nhs.net

[Managing safety incidents in NHS screening programmes](#) document will be adhered to and will the trust's incident policy.

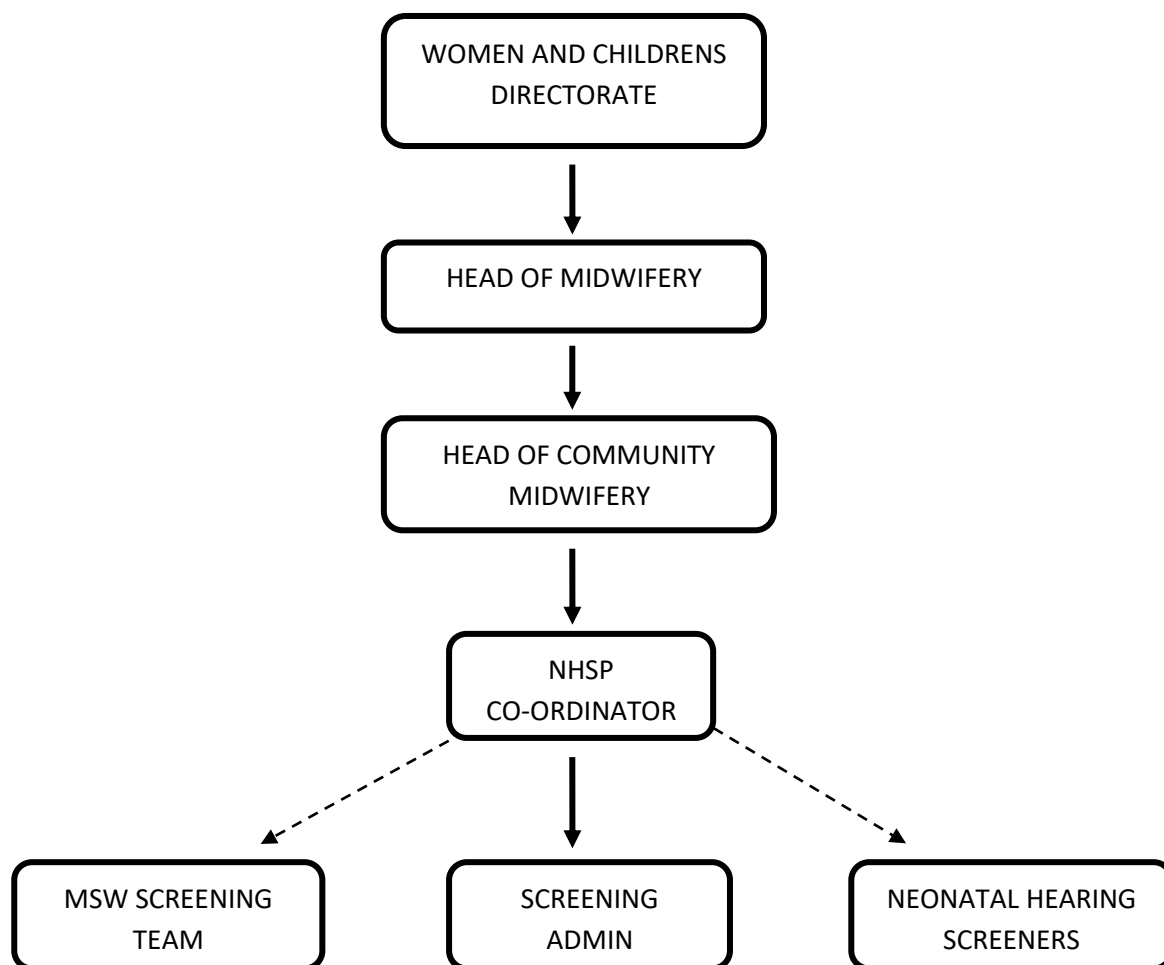
Root cause analysis will be undertaken when required including a timeline of events and learning, these will be signed off at trust level by the clinical governance lead (maternity).

The postnatal screening log should be completed, all incidents should be saved in the Newborn screening incident folder (NBS) under the SIAF reference.

The SIAF, root cause analysis forms, screening incident log and screening programme folders can be found by clicking the link [here](#)

Performance and incidents are standing items on the UHS West ANNB Steering group quarterly meeting.

UH Sussex West (SRH&WH) Governance Map for NHSP:



Means no direct line management of staff ----->

8.0 Training and Ongoing Assessments

UH Sussex West (SRH&WH) WSH site will follow national guidance from NHSEI for training of new NHSP staff.

This is in the form of completion of a national ECA and the Level 3 Care Diploma for Health Screeners with the NHSP units.

Screeners can only screen under supervision until they have completed and successfully passed an ECA. Screeners may then screen unsupervised providing they are working towards or have completed the Level 3 Care Diploma for Health Screeners. If a screener chooses to stop their Diploma or has not completed this in the required timeframe they will no longer be able to screen and may have their banding changed.

Any staff member who undertakes screening and is registered with their national body e.g. staff nurses, midwives, audiologists are exempt from the Level 3 Care Diploma for Health Screeners, they still however have to pass the ECA

Following completion of the Level 3 Care Diploma for Health Screeners screener's will have their competency re-assessed annually.

This will comprise of:

- Nationally approved e-learning
- Direct observation of screening skills. Either in a simulated or live environment or by peer review and a professional discussion with the NHSP lead

National and local assessment sheets will be used for ECA preparation, diploma evidence and annual reviews.

Assessment sheets can be found [here](#)

9.0 Equipment and QA Tests

UH Sussex West (SRH&WH) WSH site will make provision for the calibration and maintenance of all current screening equipment as per the manufacturers guideline.

UH Sussex West (SRH&WH) WSH site will purchase consumables and any new equipment required, to ensure a safe NHSP programme, only from nationally approved providers.

MSW's and each NICU ward will be provided with screening equipment and will be expected to keep this equipment safe and secure. Each piece of equipment will be password protected for individual screeners.

Each MSW and each NICU ward will be responsible for completing the daily checks on the equipment they use for screening, on days when screening occurs, to ensure the equipment is working correctly prior to screening. These should be saved and documented on the log sheets provided.

OTOPORT QA Tests results:

QA1 – Cavity check. A No Clear Response (NCR) should be obtained.

QA2 – Occlusion check. A No Clear Response (NCR) should be obtained.

QA3 – Real ear check. A Clear Response (CR) should be obtained. Ideally 5 dots should be obtained once a week.

QA4 – AABR impedance and listening check

For staff with a hearing loss it may not be possible to obtain a QA3 real ear check CR on a regular basis. The check should be attempted and saved and documented that a NCR response was obtained. Ideally a CR should be obtained from someone else's ear weekly.

QA checks will be checked in S4H on a daily basis (by ticking 'tests requiring action' on the QA page) for all screens carried out a week prior to ensure that any late downloads are not missed, they are also checked during assigning to ensure QA checks are present. Any 'Fails' will be investigated via the QA page, a note written in S4H and 'override fail result' should be ticked

Any failed and missed QA tests will be investigated. A log sheet is kept by the NHSP team of incorrect QA checks and offered rescreens.

See National Guidance Document for QA checks date Nov 2017.

Should it be found that a baby has been screened by the WSH site without the QA checks being carried out or with incorrect outcomes on that day then the member of staff will be advised and undergo re training.

To summarise for UH Sussex West (SRH&WH) WSH site:

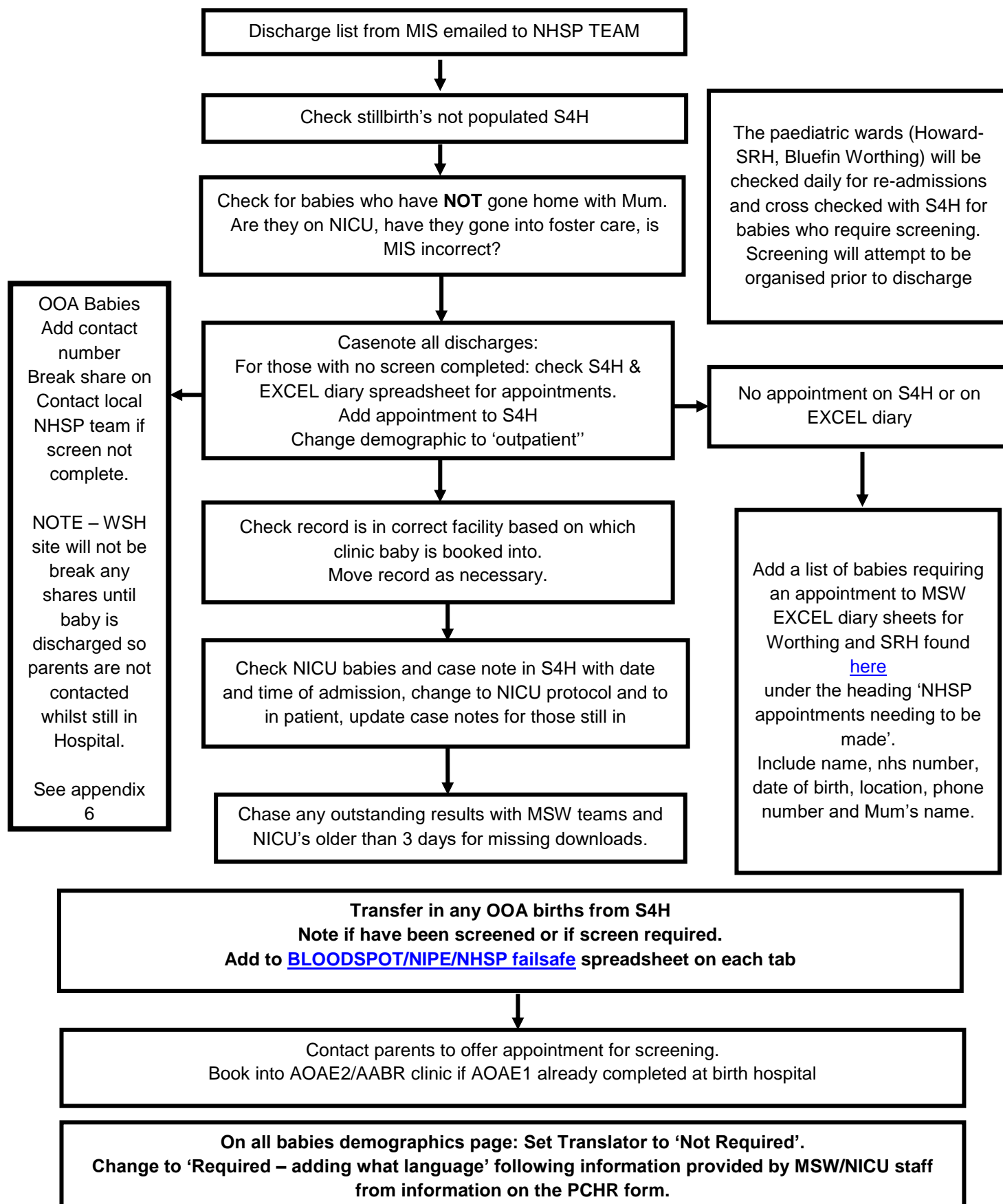
If **QA** checks are present and the QA checks gave **expected results** in this period then babies screen result will stand.

If **QA1 or 2** gave a result of a **CR** on the day of screening (and the QA check was not repeated to give a correct result before screening) then babies screen result will **not** stand and baby **will require a re-screen**. The MSW/NHSP team will contact parents directly and the MSW will arrange a time to visit for a rescreen to take place. A datix and SIAF will be raised.

If a rescreen is declined/phone not answered/text/letter not responded to then a referral will be made for a follow up in Audiology at 8-10 months old. The record will be set to targeted f/up required to enable baby to be tracked

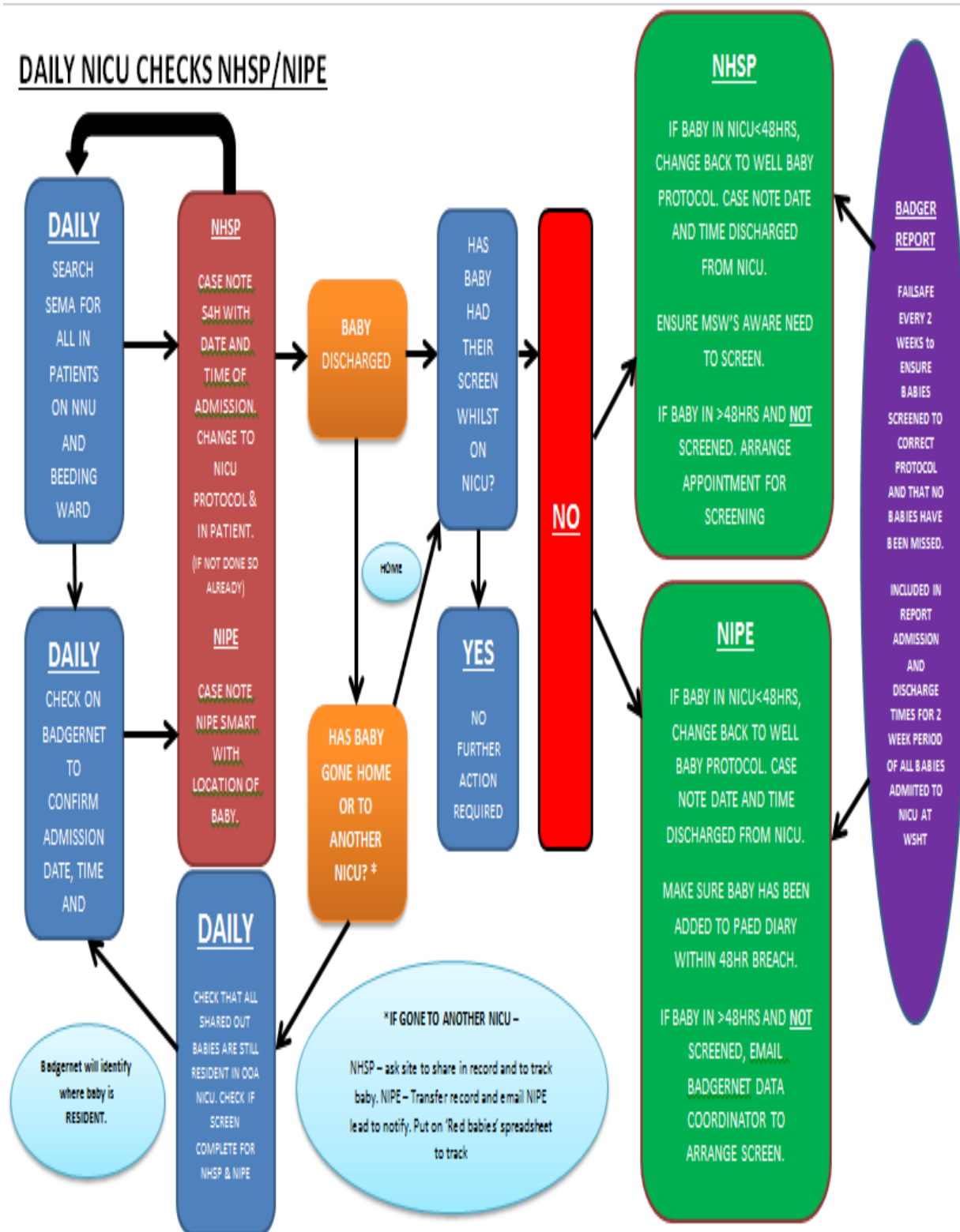
If an **incomplete** QA check is obtained (after or instead of a correct result) a rescreen is not required but the result will be discussed with the screener and retraining given.

Appendix1: Daily Checks



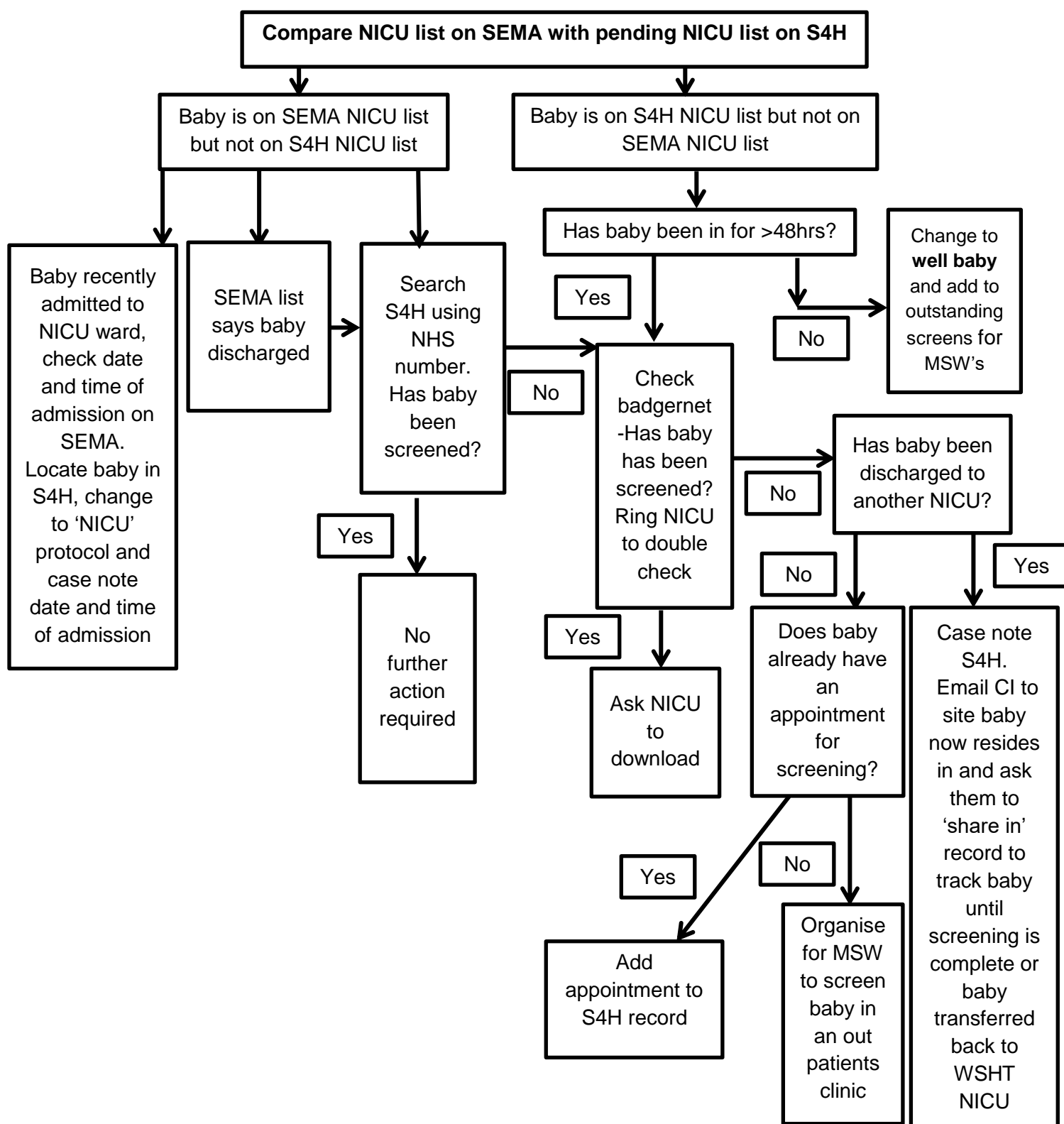
Appendix 2: NICU - Process Map

DAILY NICU CHECKS NHSP/NIPE



If a baby is transferred to an OOA NICU and screening is not complete, NHSP admin will case not record and email correct NHSP site for them to share into the record

Appendix 3: Management of record for NICU baby in S4H



**NOTE: If a baby has been on another NICU and discharged without a screen. Check with the site who broke the share that baby is well before offering an appointment.
 Baby may have been transferred to another NICU**

Appendix 4: NICU - Paperwork

Beeding Ward and NNU will document that a hearing screen has been offered, consent to and performed on the following documentation:


- Neonatal Observation Chart
- On Badgernet
- On the Discharge to Postnatal Ward Form
- On the discharge sticker if baby is discharged home at less than 10 days old from the unit, which is stuck in the discharge book. (need to check they do this on NNU)

Western Sussex Hospitals **NHS** Neonatal Observation Chart

Name:	DOB:	CGA:	Day:	Hospital No:	Date:
Weight: Y/N	Length: Y/N	HC: Y/N	Labels: Y/N	BM: Y/N	Parents visiting:

Consultant ward round: Y <input type="checkbox"/> N <input type="checkbox"/> Parents present on ward round: Y <input type="checkbox"/> N <input type="checkbox"/>	
Plans for the day:	
MEDICATIONS	NIFE Date completed: BLOOD SPOT Consent obtained: Yes <input type="checkbox"/> 5/7 Date completed: <32 wks, day 28 or at discharge Date due: Date completed: AUDIOLOGY > 48hrs: Yes <input type="checkbox"/> No <input type="checkbox"/> Consent obtained: Yes <input type="checkbox"/> Date completed: ROP <1501/<32/40: Yes <input type="checkbox"/> No <input type="checkbox"/> Date due: Discharged: Yes <input type="checkbox"/> No <input type="checkbox"/>
Blood pressure due: Cot change due: Any other comments:	<input type="checkbox"/> Skin to skin (kangaroo care) <input type="checkbox"/> Containment Holding <input type="checkbox"/> Still Touch <input type="checkbox"/> Cuddle <input type="checkbox"/> Verbal Only <input type="checkbox"/> Top & Tail <input type="checkbox"/> Bathed Baby <input type="checkbox"/> Fed Baby <input type="checkbox"/> None <input type="checkbox"/> All declined by parents <input type="checkbox"/> Consent for dummy <input type="checkbox"/> Non nutritional sucking

Name:
 Signature:

Please complete or Affix Patient Label	
Unit No: NHS No: Surname: Forenames:	 Western Sussex Hospitals NHS Foundation Trust Ward: <u>Discharge to Postnatal Ward</u> <u>Form</u>
<p>Midwife informed of planned transfer to postnatal ward <input type="checkbox"/></p> <p>Agreed date and time of transfer back to handover baby to Midwife</p> <p>Date: Time: Name of Midwife:</p> <p>Age in Days:</p> <p>Mothers Name: ID labels x 2 <input type="checkbox"/></p> <p>Admission Date: Discharge Date:</p> <p>Day 5 blood Spot: <input type="checkbox"/> date/date due:</p> <p>Hearing Screened: <input type="checkbox"/> date: Result:</p> <p>Reason for Admission/treatment:</p> <p>.....</p> <p>.....</p> <p>Medications/ next due:</p> <p>Feeding/Last fed:</p> <p>Follow up Appointment: Yes/No Date:</p> <p>Rapid Access Appointment: Yes/No Date:</p> <p>NIPE check completed Yes/No Date:</p> <p>Care handed over to Midwife <input type="checkbox"/></p> <p>Signature/Name/ Designation:</p> <p>Discharge date: Time:</p>	

Birth & D/C Weight:
D/C Date:
NIPE Date:
Hearing Screen Date:
NBBS Date:
Feeding:

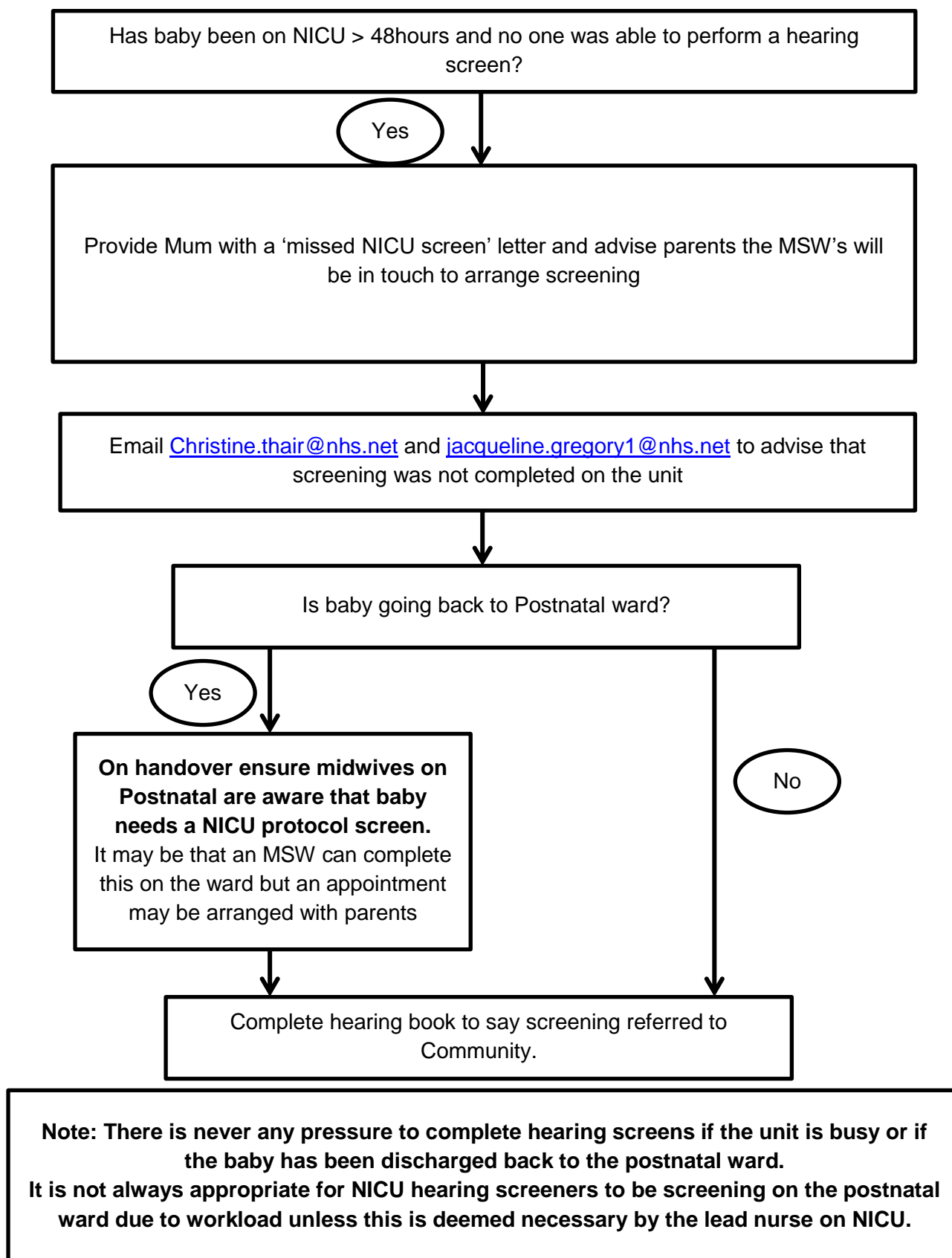
Appendix 5: Screening on NICU if baby has already been screened

The following scenarios apply for baby's who have either: Gone home prior to being admitted to NNU and screening has/hasn't been carried out or has been screened on the postnatal ward prior to admission onto NNU but did not go home.

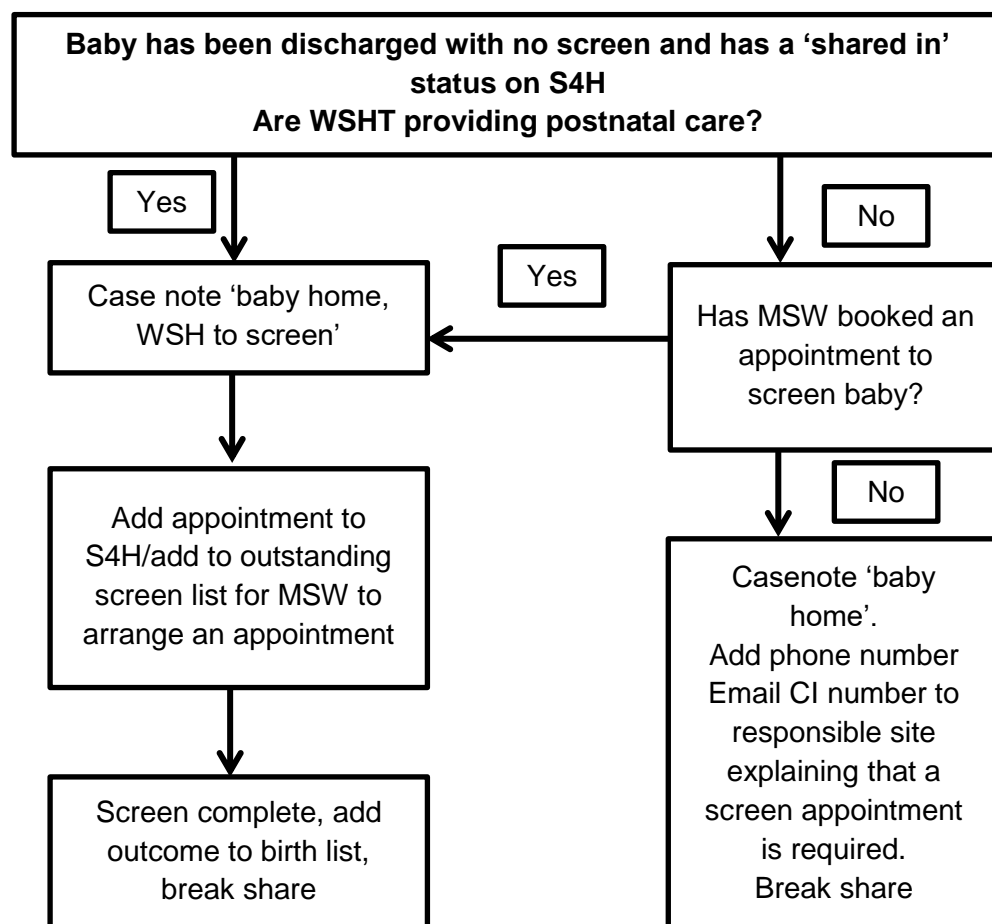
1. Well baby, goes home, screen has been completed with CR's either prior to discharge or at home/in a clinic. Baby is then admitted to SCBU (not meningitis) from home.
Screen is complete prior to admission so baby **does not** require rescreening.
If any treatment/intervention given that could have impact on hearing then baby to be referred directly to Audiology by the paediatricians.
2. Well baby, goes home but hasn't been screened either on the ward or at home/clinic. Baby is admitted to SCBU (not meningitis) from home and stays in >48hrs.
Screen baby under NICU protocol following treatment/intervention.
3. Well baby, screened on the postnatal ward by MSW prior to being discharged, admitted to SCBU (not meningitis) before going home and stays in >48hrs.
Ignore previous screening, set results to not required in S4H, **rescreen** baby under NICU protocol with both AOA and AABR following treatment/intervention.

Screening on NICU flow charts can be found [here](#)

Appendix 6: Discharges from NICU with no hearing screen



Appendix 7: Breaking shares in S4H



Weekly check the shared out list and break all shares which say 'Inactive - No Confirmed Hearing Loss', ensure outcome is on birth list.

Appendix 8: Stickers for Postnatal Notes

Stickers can be requested from the print room by sending the following documents.
 These can be found [here](#)

HEARING SCREEN

APPOINTMENT.....

VENUE.....



Contact Chrissie on 07808 099826 if you need to rearrange

HEARING SCREEN
COMPLETE



Appendix 9: Letters for parents

All letters being posted to parents should be written in office automation, emailed to the GP, copied to the HV and saved to the evolve record under Maternity.

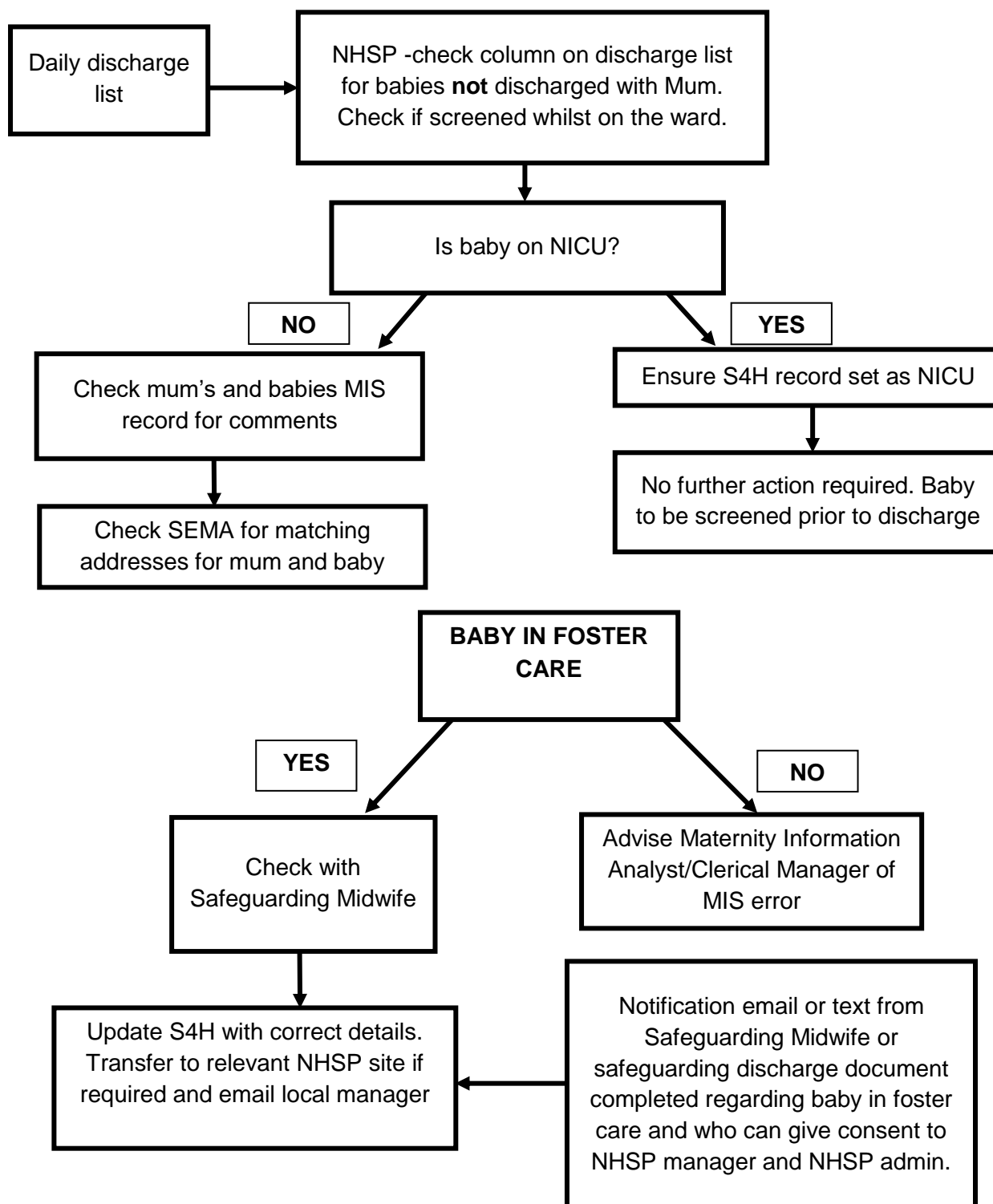
- a. **Clear Responses**
- b. **No Clear Responses, further screening needed**
- c. **Screening Contraindicated**
- d. **Missed Screen On NICU**
- e. **ABR Referral form/letters**
- f. **Targeted follow up referral form/letters**
- g. **OOA – No Clear Response On Ward**
- h. **Moved Into Area – No Screen On S4H**
- i. **DNA**
- j. **Unable To Contact – Appointment Letter**
- k. **Decline Screen**
- l. **Incorrect QA Checks – Rescreen Required**

All letter templates can be found [here](#)

Appendix 10: NHSP Ward Books/logs

A new NHSP screening book for postnatal ward can be found [here](#) or NICU found [here](#) and can be ordered from the print room via email.

Appendix 11: Babies in Foster Care



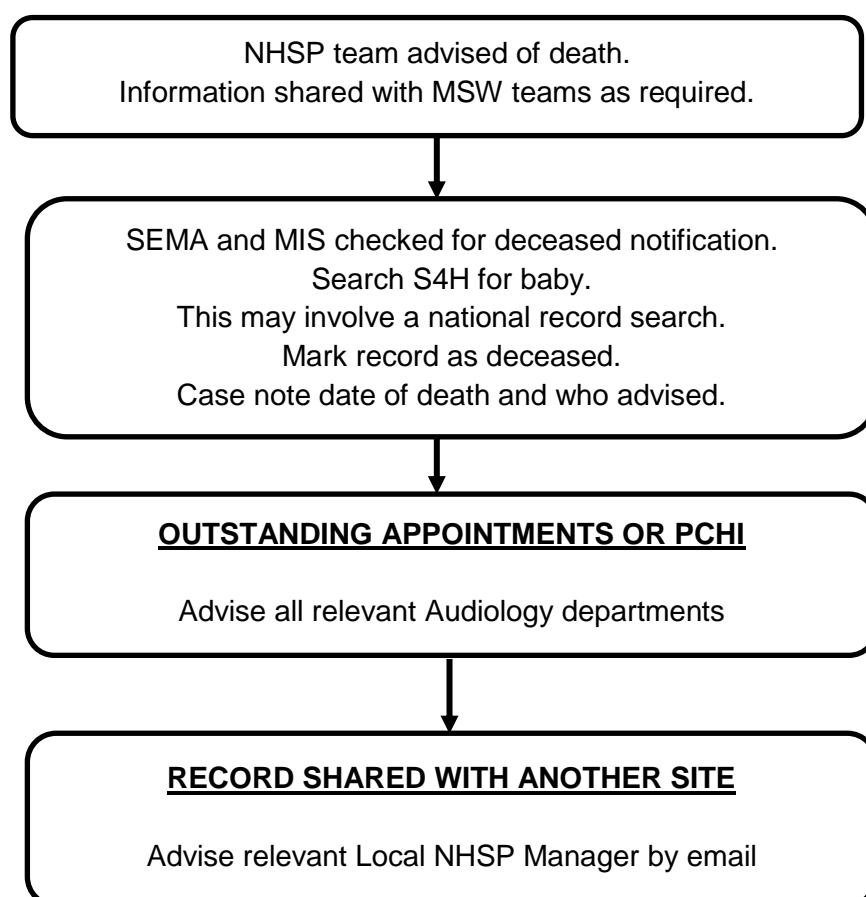
Appendix 12: Child Death Notifications

NHSP are advised of neonatal and child deaths from the following departments:

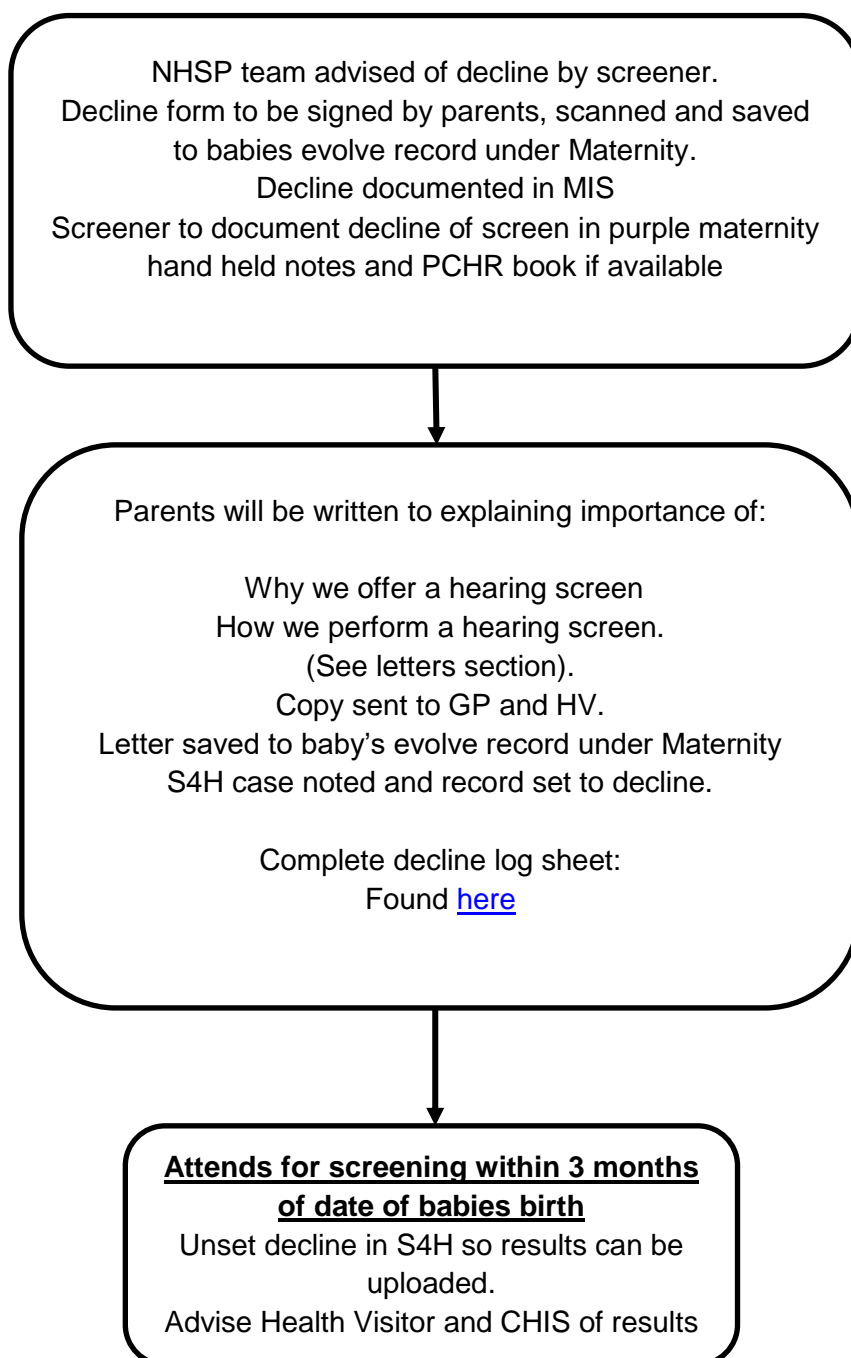
- UH Sussex West (SRH&WH) Neonatal
- UH Sussex West (SRH&WH) maternity (Bereavement multidisciplinary team – uhsussexbereavemnet.office@nhs.net
- SCT CHIS

NHSP are also advised of all still births.

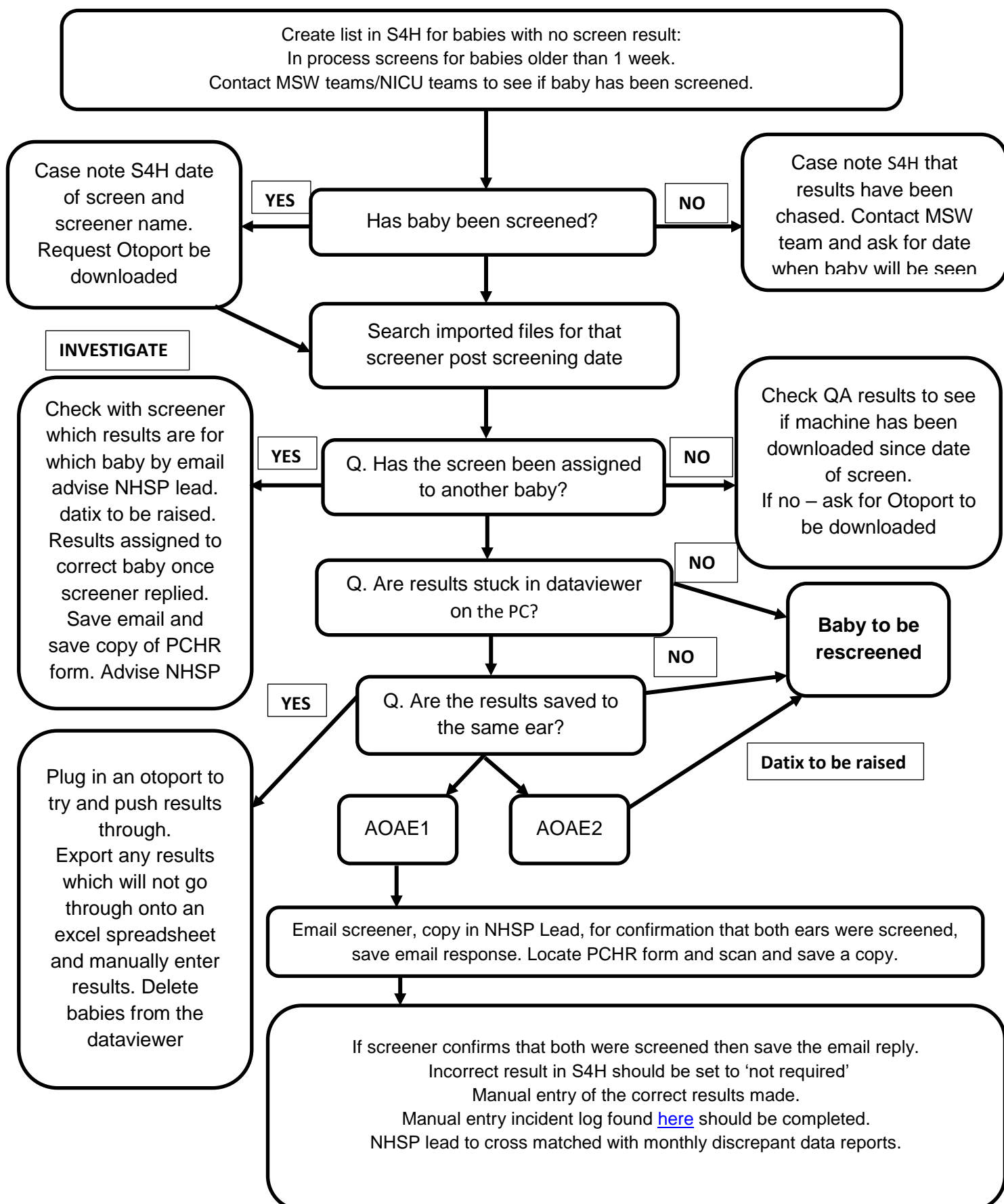
In all neonatal and child deaths, the following is carried out:



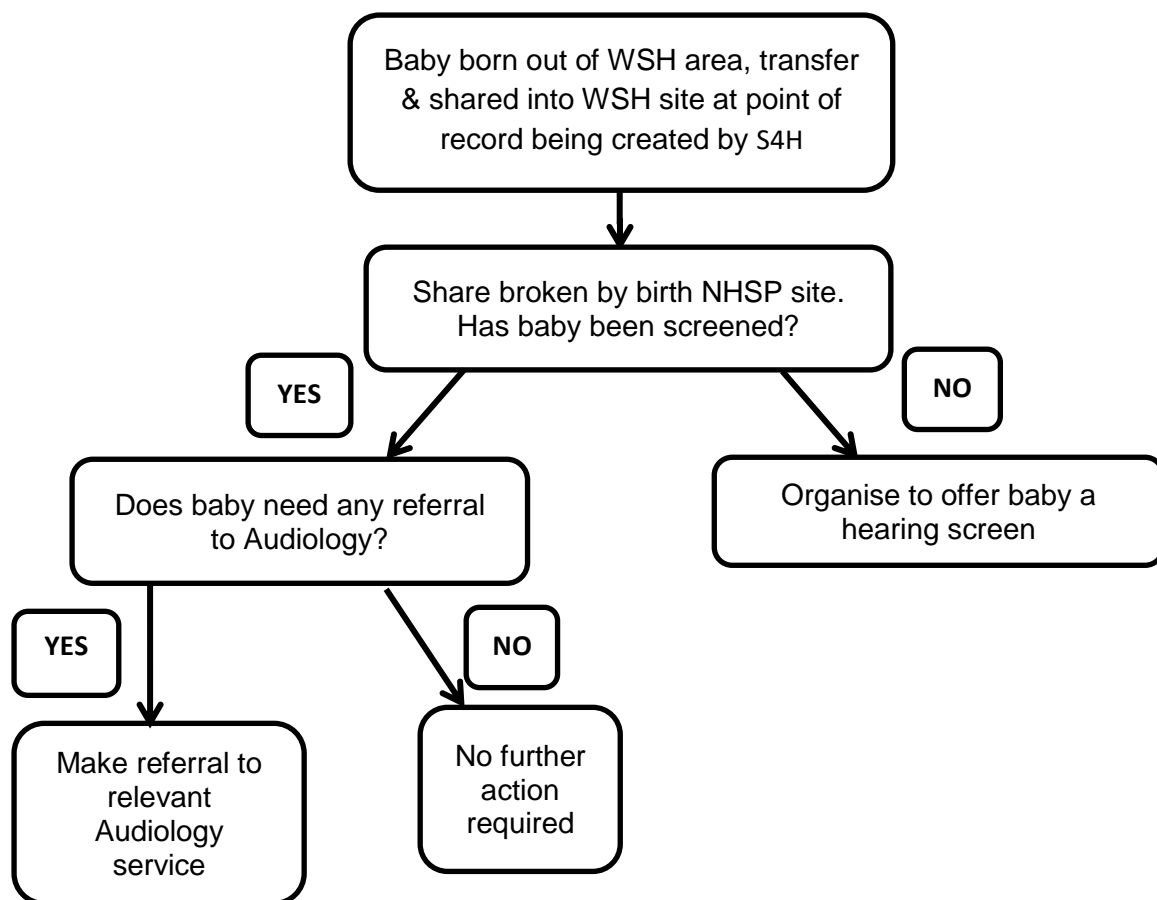
Appendix 13: Decline/Withdrew from Screen



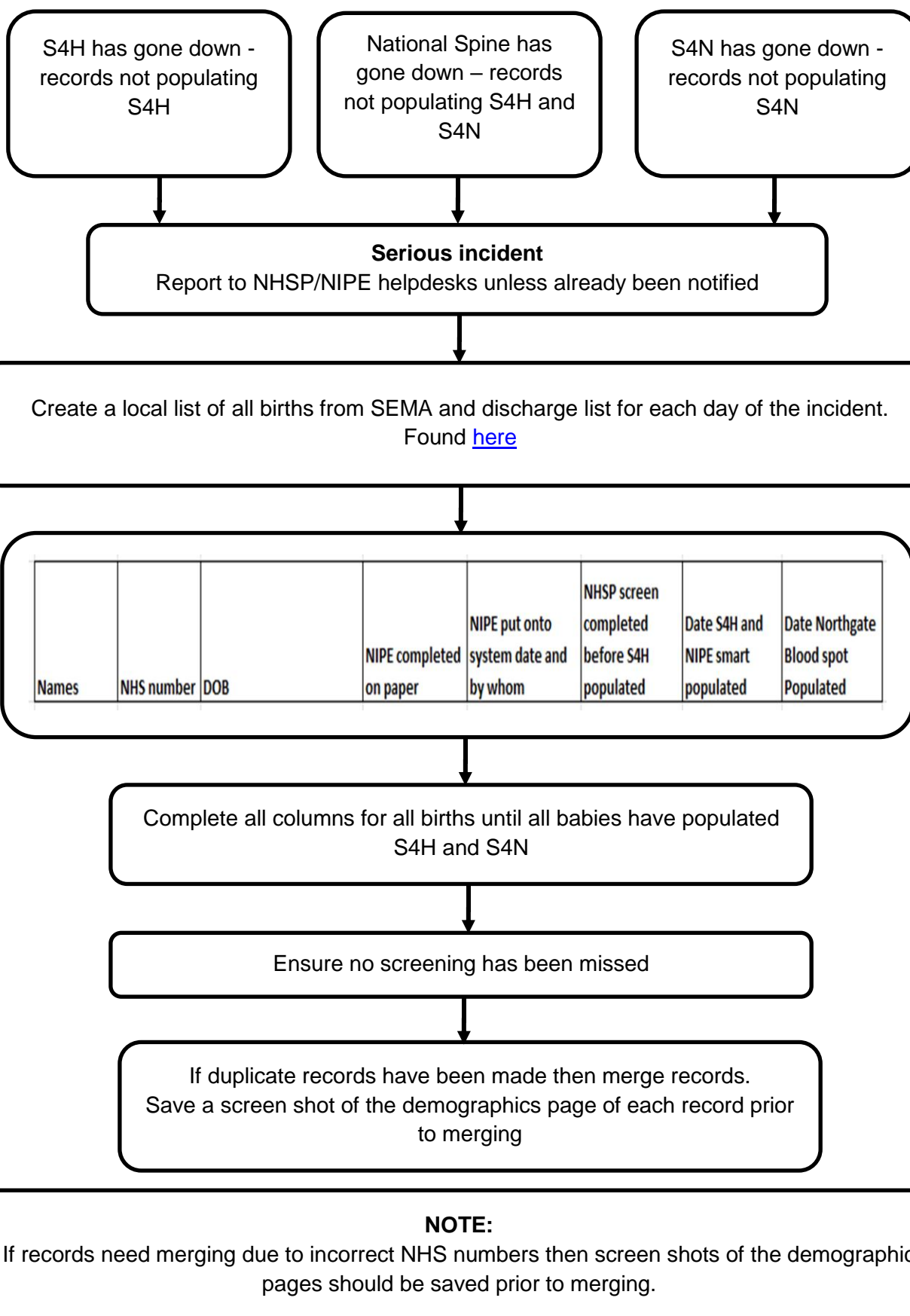
Appendix 14: Baby confirmed as screened but no imported data or results saved to same ear



Appendix 15: Babies born out of area but WHS site responsible for screening



Appendix 16: S4H/NIPESMaRT has not been populated



Appendix 17: SYSTMONE Failsafe (CHIS)

CHIS have read only access to WSH NHSP S4H site.

On a monthly basis:

- I. CHIS are responsible for running a report within NHSP of all screen results and uploading the outcome codes and date/time of screen into the Child Health System (Systmone).
- II. CHIS are responsible for then running a report in Systmone to look for babies without screen results. This includes babies **born in area**, babies born **out of area but with a GP in area** and babies who **have moved in**. Any babies without a screen result in Systmone are then manually searched for in S4H using the National record search facility. The outcome code and date/time of screen are uploaded into Systmone.
- III. Any babies whose screen results could not be located are emailed in a report to the NHSP lead to ensure either they are aware of baby or if not aware of baby a screen can be offered.
- IV. CHIS run a report on **movers out of area**. Any baby **without a screen result** or with an outcome code of **C2, N1, N2, I9** (see outcome codes appendix 18) are emailed in the report to NHSP lead so the S4H record can be transferred to the correct site.

The dates for searches/reports are as follows:

During the 1st week of the month 'D' CHIS search for all results in S4H from month 'B' and upload to Systmone.

Following the upload of results CHIS search systmone for babies with no screen result based on the following parameters and S4H is manually searched. Any record with no screen result will be emailed in a report to the NHSP Lead:

Born in area	Babies born month C and 2 preceding months (month B and A) with no screen result
Born out of area with a GP in area	Babies born month C, B and A with no screen result
Moved in	Babies born month C, B and A with no screen result
Moved out	Babies up to 1 year old with no screen result or outcome code of C2, N1, N2, I9

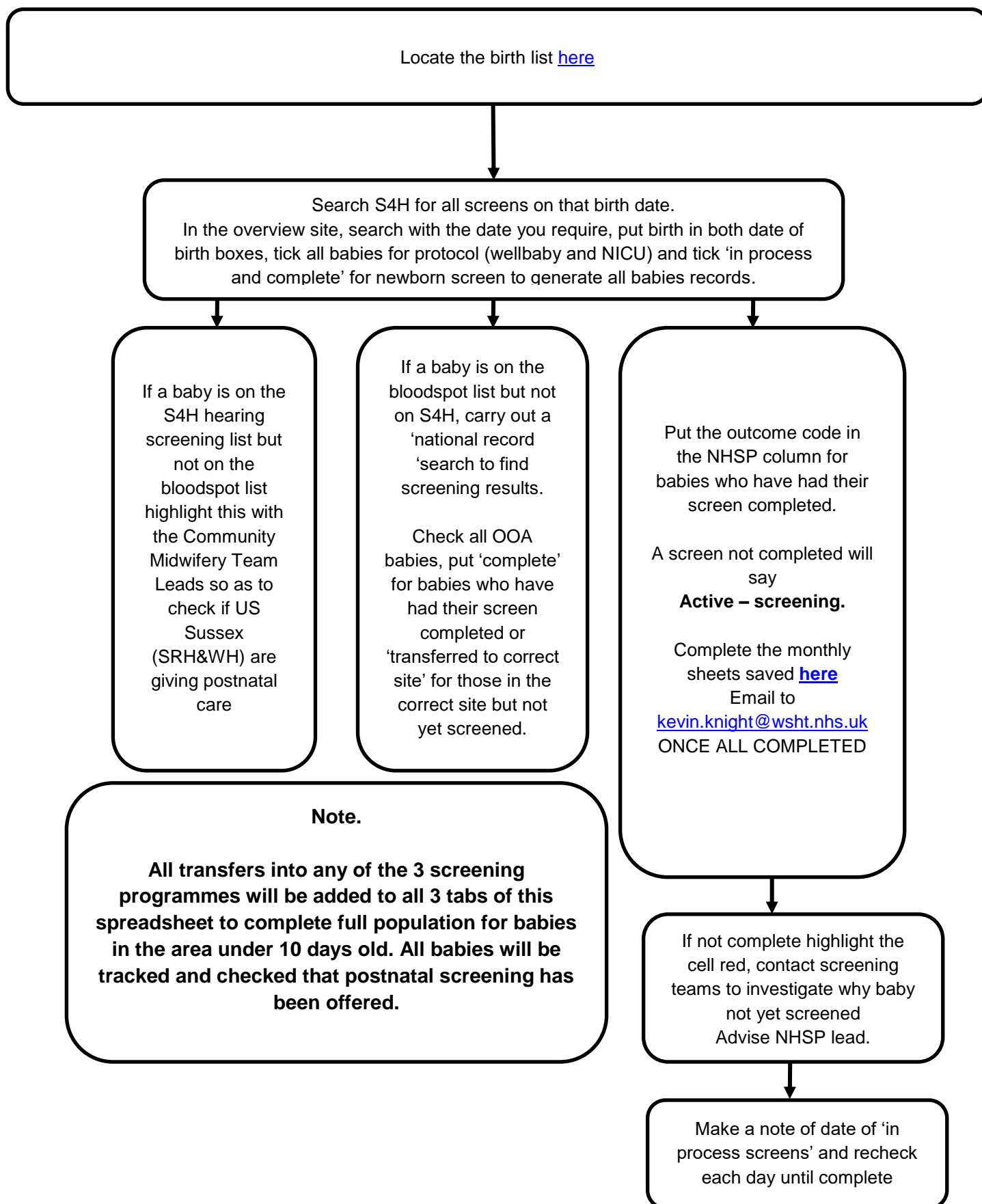
- V. NHSP team receive the report and check that:
 - a. Babies NHSP record is in WSH S4H site and screening is pending. WSH site is already aware of baby and is tracking.

- b. Babies NHSP record is not in WSH S4H site and screening is pending. WSH site is not aware of baby. S4H record is transferred in and baby is offered screening.
- c. Babies NHSP record is not on S4H site and was born out of the country. NHSP lead makes a request to CHIS to check the Health Visitors movers in visit notes to see if a screen was undertaken in country of birth. If no case note in Systmone the NHSP lead will contact parents by phone or a movers into are – no screen on S4H letter offering screening will be sent. If screening is accepted a manual entry of babies birth and demographic details will be added to S4H to create a record. The manual entry incident log should be completed and the NIPE lead informed of the record being created. This can be found [here](#).
- d. If any screening results are found for babies on the report these are emailed back to CHIs for manual entry onto Systmone.
- e. baby is now older than 3 months a letter a moved into area - too old to screen letter will be sent to parents.
- f. For movers out who have a screen pending result, outstanding Audiology referral / PCHI the demographic and GP details will be updated, a case note written and the record will be transferred to the responsible NHSP site. The NHSP Lead for this site will be emailed to advise them of the record transfer.

Appendix 18: Outcome codes in S4H

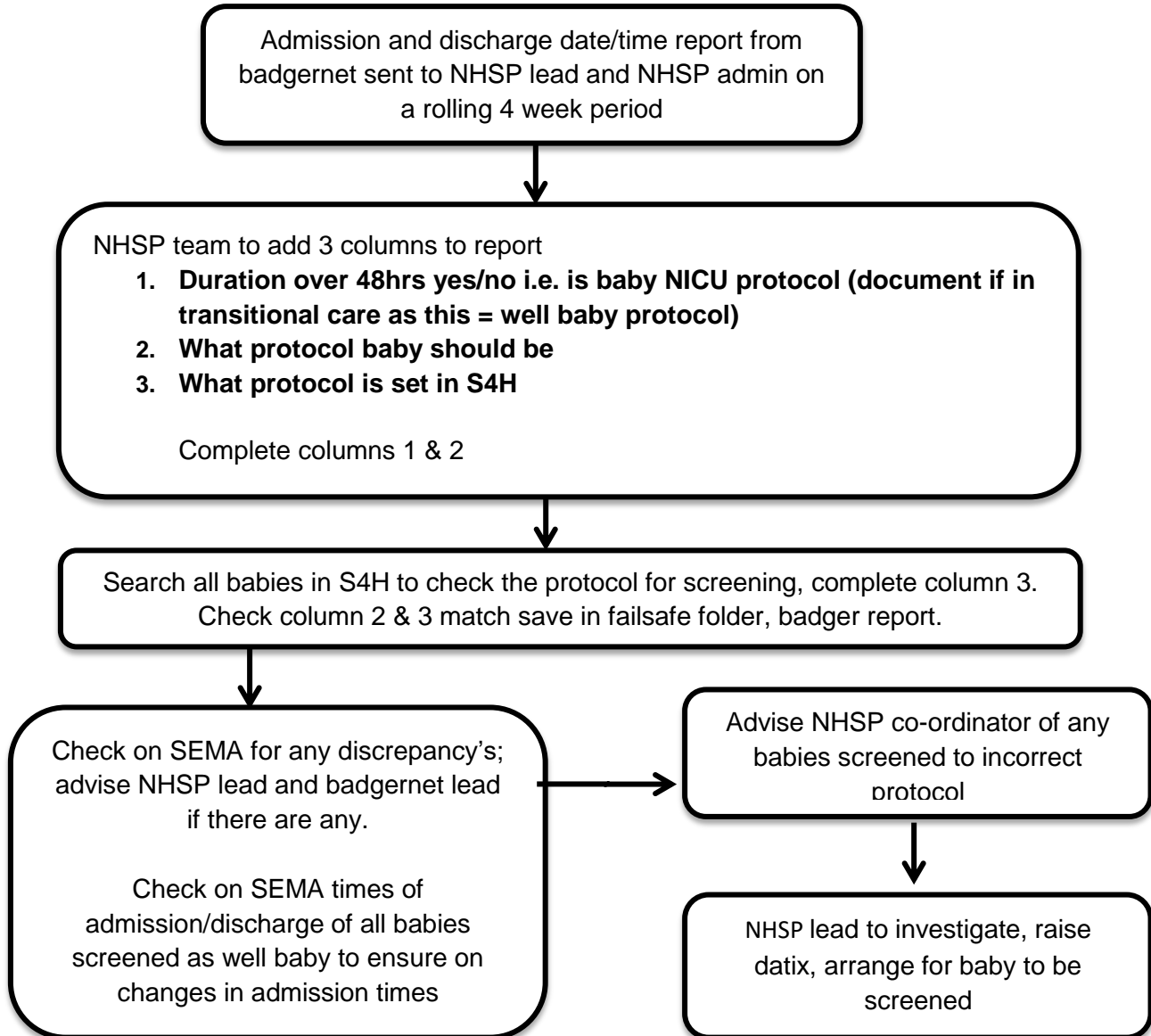
		Incomplete			
C1: No follow-up required	N1: Unilateral referral	I1: Declined screen	I4: Deceased	I7: Late entry	I11: Equipment malfunction
C2: Targeted f/u required	N2: Bilateral referral	I2: Appointments missed	I5: Out of coverage	I9: Contraindicated	I12: Equipment not available
		I3: Lost Contact	I6: Withdrew consent	I10: Baby unsettled	I13: Lack of capacity

Appendix 19: Bloodspot/NIPE/NHSP List Failsafe



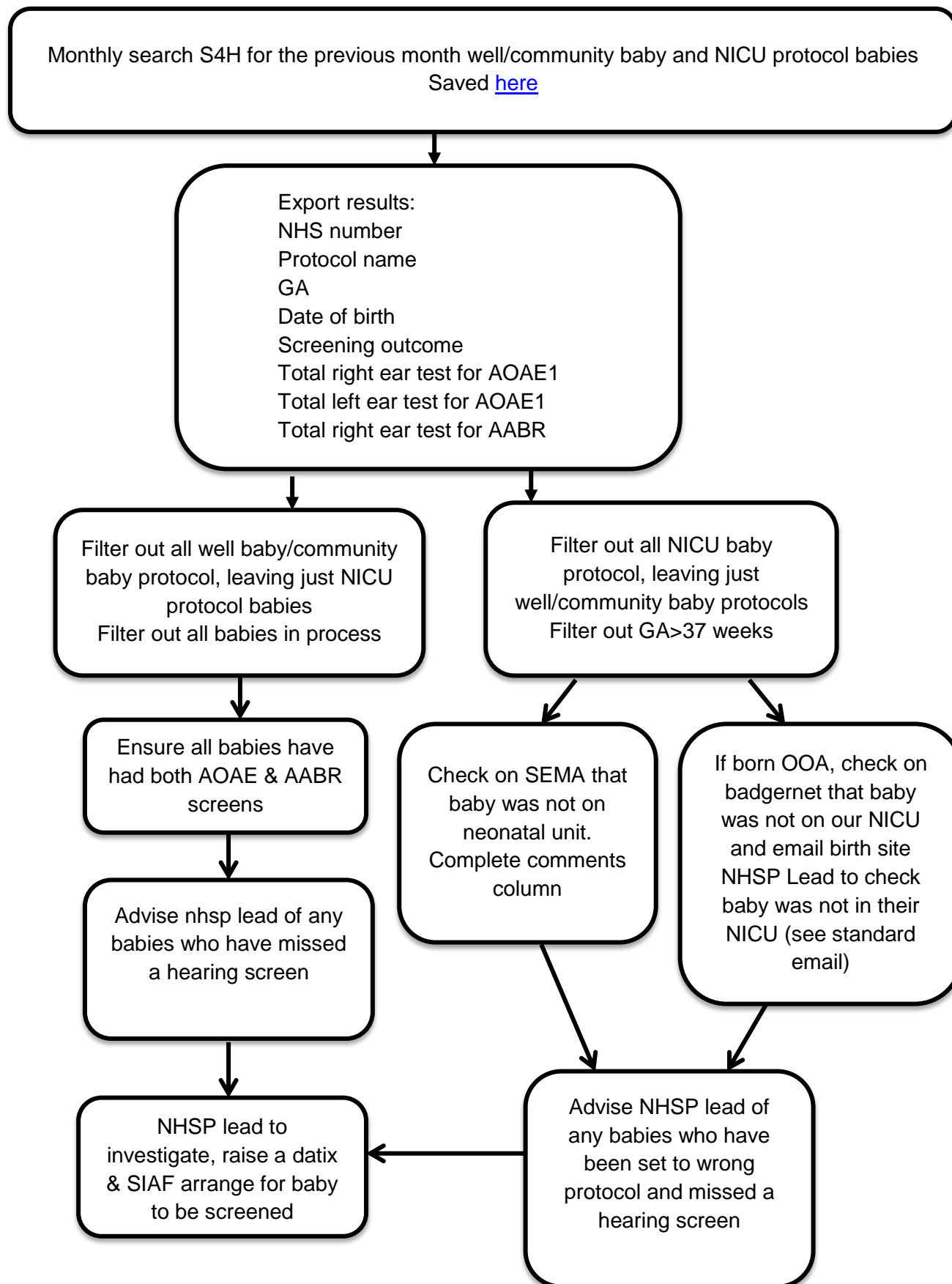
Appendix 20: NICU Failsafes

1. Badger report



The badgernet reports are saved [here](#)

2. SMART4HEARING



Standard email wording for NICU check to other sites

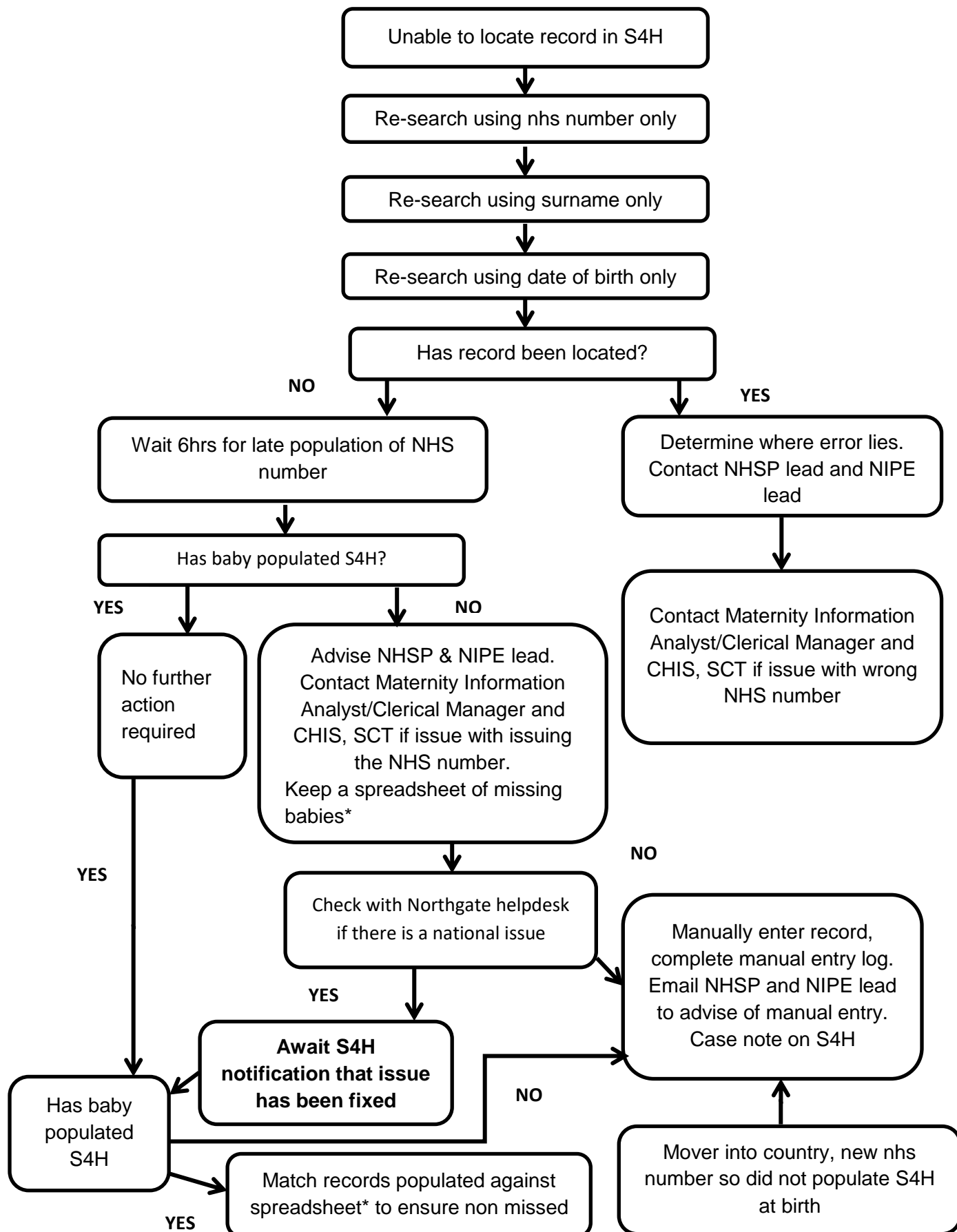
Dear Local Manager

As part of our monthly GA/NICU failsafe we recheck our hospital system to ensure any well baby, whose GA is 37weeks or below where only on the postnatal ward or their NICU stay was <48hrs.

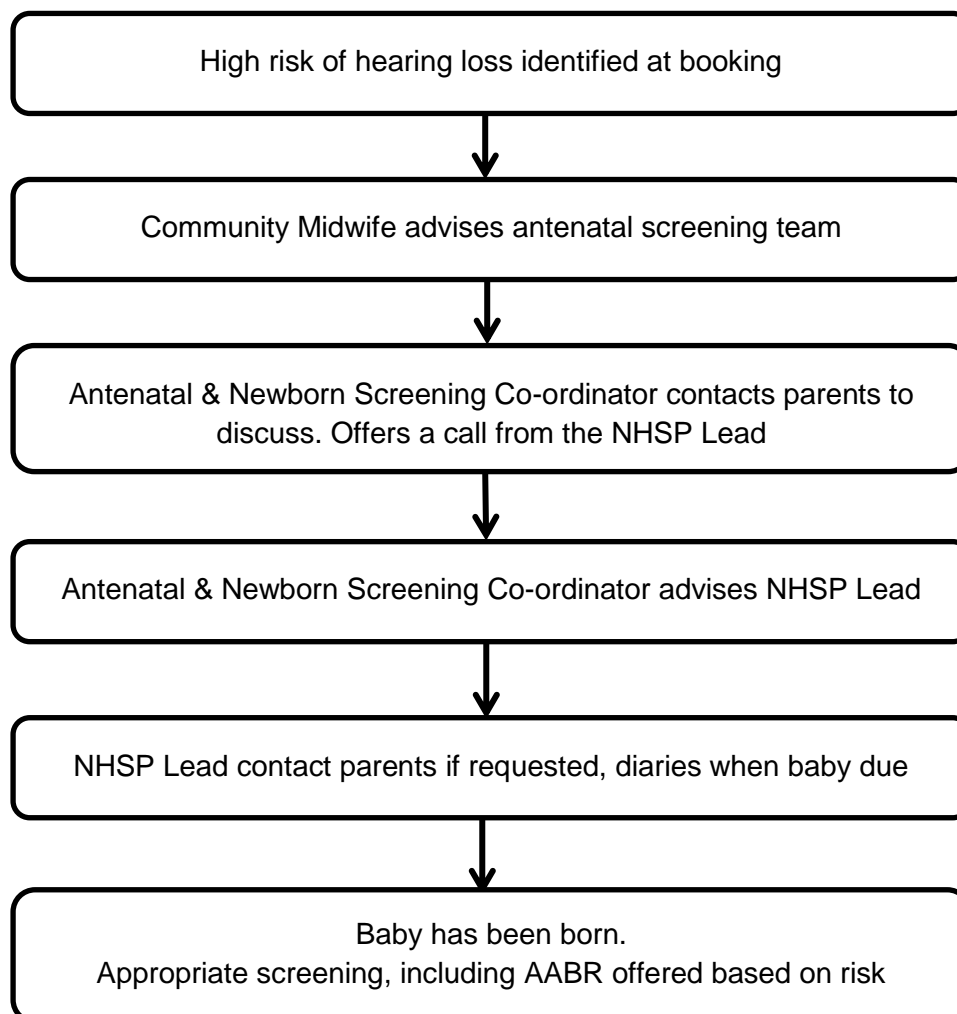
I would be grateful if you check your system for this baby: who was born at GA:
And confirm that they were not a NICU protocol baby.

Many Thanks

Appendix 21: Manual Entry of record into SMaRT4Hearing



Appendix 22: High risk of hearing loss notification from antenatal booking



Appendix 23: GP'S in West Coastal CCG 09G/S4H WSH site

Adur: The Ball Tree Surgery, Harbour View Healthcare, The Manor Practice, New Pond Row Surgery, Northbourne Medical Centre, The Orchard Surgery

Arun: The Coppice & Angmering Medical Centre, Fitzalan Medical Group, The Lawns Surgery, The Park Surgery, Westcourt Medical Centre, Willow Green Surgery

Chancetonbury: Billingshurst Surgery, The Glebe Surgery, Henfield Medical Centre, Steyning Health Centre

Chichester: Cathedral Medical Group, Langley House Surgery, Lavant Road Surgery, Loxwood Medical Practice, Parklands Surgery, Petworth Surgery, Pulborough Medical Group, Riverbank Medical Centre, Selsey Medical Practice, Southbourne Surgery, Tangmere Medical Centre, Witterings Health Centre

Regis: The Arundel Surgery, Avisford Medical Group, Bersted Green Surgery, Bognor Medical Practice, The Croft Practice, Flansham Park Health Centre, Grove House Surgery, Maywood Healthcare Centre, West Meads Surgery

Worthing (Cissbury): The Barn Surgery, Broadwater Medical Centre, Cornerways Surgery, The Lime Tree Surgery, The Phoenix Surgery, Selden Medical Centre, St Lawrence Surgery, Strand Medical Group, Victoria Road Surgery,

If a baby lives in WSH site screening area based on postcode but has not populated due to no or incorrect GP. The record will be transferred inot site.

A dummy GP WSH-Site Western Sussex Hospital FT will be added to the record.

Monthly advanced searches will be carried regarding missing or dummy GP's

- All babies born in the past year with a dummy GP WSH-Site Western Sussex Hospital FT
- All babies born in the past year, results exported with nhs number and patients GP practise name. Results filtered in excel for babies with no GP

Those babies on either of the above 2 lists will be looked up on SCR and the GP added to S4H.

Appendix 24: Home births

Home births for UH Sussex East (BRI & PRH) populate UH Sussex West (SRH&WH) WSH NHSP site.

If a baby has populated S4H as a home birth or other birth location but is not on the birth list then this needs investigating.

This should include:

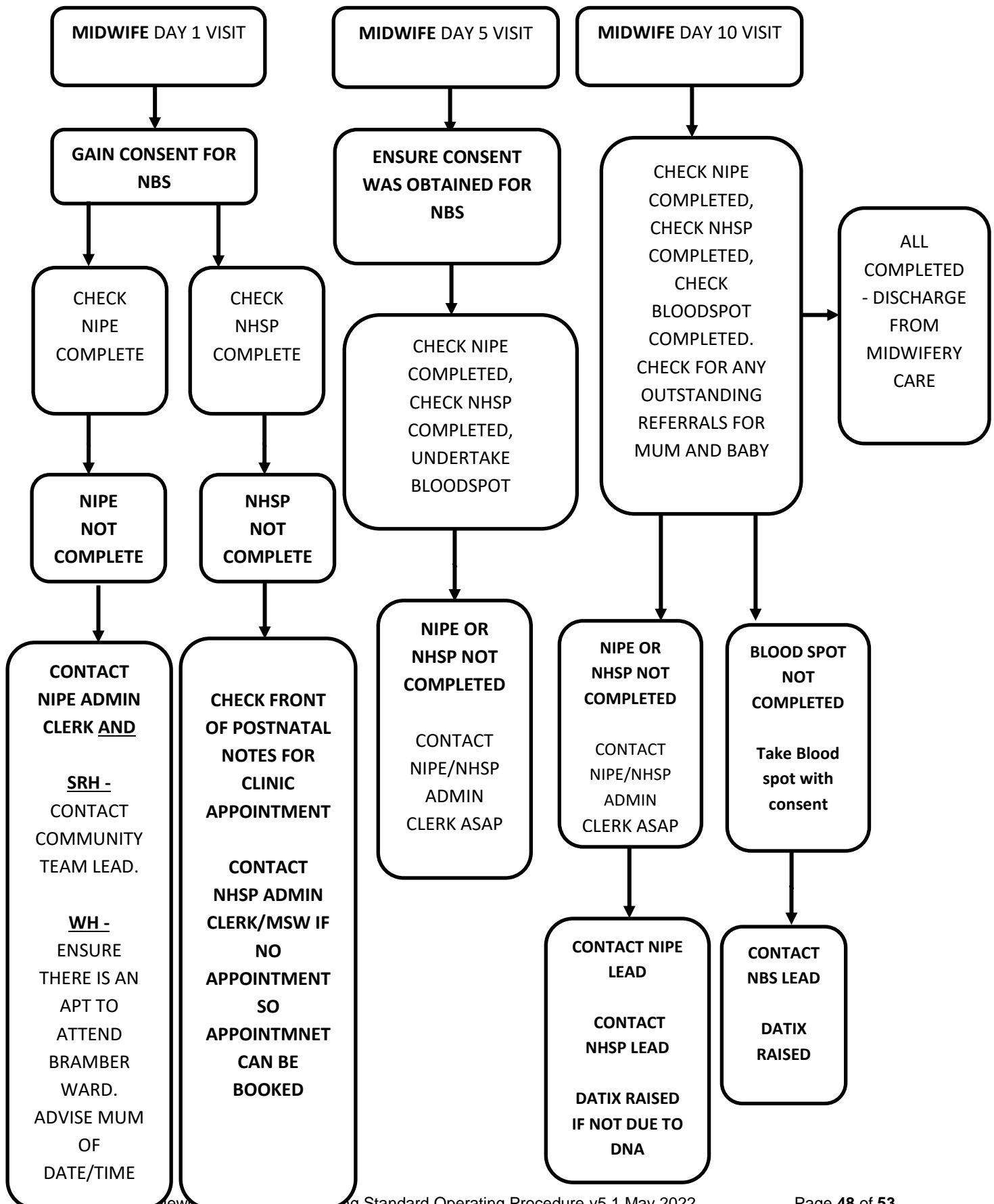
- a) Undertake a patient search and ward search (APC search) on SEMA to ensure baby is not resident on a UH Sussex West (SRH&WH) ward.
- b) Check SCR for birth hospital

If baby is not resident on UH Sussex West (SRH&WH) wards or UH Sussex West (SRH&WH) is not providing postnatal care, break the share on the record/transfer the record to the responsible site. A case note can be added 'not a UH Sussex West (SRH&WH) birth.

Home births from other borders may, at times, populate WSH site, in which case the above still applies.

If a home birth is on the discharge list but baby is not in WSH site they will be shared in for WSH to complete screening. A case note will be added so that the responsible site are aware.

Appendix 25: Checking that all Newborn Screening has been completed



Appendix 26: Border Agreements

All border agreements are agreed and signed off by the NHSP managers of affected sites annually. They can be found [here](#)

- a) Babies Born in Princess Royal Hospital BRI site, living in Partridge Green or Cowfold, with SAS or WSH GP Practice
- b) Babies born UH Sussex West (SRH&WH) living in BRI site but GP in UH Sussex West (SRH&WH) site
- c) Babies born at WSH but have East Sussex GP
- d) Babies Born at Sussex and Surrey Hospital, but with WSH site mapped GP Practice
- e) Babies Born at West Surrey Hospital, but with WSH GP Practice
- f) Babies Born in West Sussex, but with PIW GP Practice
- g) Homebirth Babies Born in West Sussex, but with PIW GP Practice
- h) OOA Regional Document
- i) Other NHSP site contact details can be found [here](#)

Appendix 27: Contact List

Newborn Hearing Screening Co-ordinator

Jacqueline Gregory

Jacqueline.gregory1@nhs.net

07808 099816

Newborn Hearing Screening Team Lead

Gail Addison

g.addison@nhs.net

Newborn Hearing Screening admin clerk

Chrissie Thair

Christine.thair@nhs.net

07808099826

Antenatal & Newborn Screening Co-ordinator

Karen Lundie

karen.lundie@nhs.net

Mobile: 07785 996864

SRH tel: 01243 788122 ext. 32829

WH tel: 01903 205111 ext. 86077

Maternity Support Workers

Worthing

Community Midwives Office 01903 285194

St Richards

Birth centre 01243 788122 ext 32811

Neonatal Unit, St Richards Hospital

01243 788122 ext 32985/32986

Beeding Ward (SCBU), Worthing Hospital

01903 285184

NEC SWS (Formerly Northgate)

s4h.helpdesk@nhs.net

08450130183

Child Health Records

Tel: 01243 812510

Fax: 01243 812590

Michelle Wright Manager

Child Health Record Bureau,

Michellewright2@nhs.net

Abbreviations used in this document

ABR	Auditory Brainstem Response
AOAE	Automated Otoacoustic Emission
AABR	Automated Auditory Brainstem Response
CHIS	Child Health Information Services
CI	Confidential ID
HV	Health Visitor
MIS	Maternity Information System eg Medway
MSW	Maternity Support Worker
NHS	National Health Service
NHSEI	NHS England and NHSP Improvement
NHSP	Newborn Hearing Screening Programme
NICU	Neonatal Intensive Care Unit
NNU	Neonatal Unit
OOA	Out of Area
PCHR	Personal Child Health Record
QA	Quality Assurance
S4H	Smart4Hearing
S4N	Smart4NIPE
SCBU	Special Care Baby Unit

References

NHS Choices website

NHS Newborn Hearing Screening Programme: Standards
[Newborn Hearing Screening Programme Quality Standards](#)

NHS Newborn Hearing Screening Service Specification no 20 2019/20
[Public Health National Service Specifications](#)

NHS Newborn Hearing Screening Operational Guidance
[Newborn Hearing Screening Programme NHSP Operational Guidance](#)

Managing safety incidents in NHS screening programmes: Ref: PHE publications gateway number 2017284.
[Managing Safety Incidents in NHS Screening Programmes](#)

Screening of individuals with uncertain or incomplete screening status in England
[Screening of individuals with uncertain or incomplete screening status](#)

Link for UH Sussex West (SRH&WH) Surrogacy Guideline
[Surrogacy Guideline](#)

This document can be found on the trust website
www.westernsussexhospitals.nhs.uk/?s=newborn+screening&resource_type=&post_type=resource

Resources tile on S4H.

All user guides, forms and tools, release notes and training video's can be located on the resource tiles

Main additions/Changes

Date	Page	Addition
01/07/20	4	Weekly Badgernet notification re transfers in and out of NICU's
01/07/20	11	Link to surrogacy guideline regarding consent
01/07/20	12	Worthing Audiology email address
01/07/20	12	New exclusion's for screening
01/07/20	20	Screening on NICU if screening has already occurred
01/07/20	21	Letters for parents
01/07/20	24	Results saved to same ear
01/07/20	27	CHIS read only access to S4H and running of reports from S4H
01/07/20	34	PIW – border homebirth pathway
01/07/20	34	OOA Regional document
08/11/21	8	Screening information in different languages and animations
08/11/21	14	Updated guidance on screens saved to wrong ears
08/11/21	15	Updated guidance on screening twins
08/11/21	16	QR code for Audiology visit leaflet
08/11/21	17	UHS West NHSP report template
08/11/21	18	Screening incident section
08/11/21	20	New assessment sheets
08/11/21	21	Updated guidance on incomplete QA checks
08/11/21	24	Management of record for NICU baby in S4H
08/11/21	28	Updated guidance on discharges from NICU with no hearing screen
08/11/21	40/41	New Systmone failsafe
08/11/21	46	Standard email wording for NICU check to other sites
08/11/21	50	Home births