

# **GUIDELINE FOR REVIEW AND REPORTING OF LATER IDENTIFIED PERMANENT CHILDHOOD HEARING IMPAIRMENT (PCHI). – Joint Derby and Burton.**

Reference no.: CG-PAEDS/4032

## **1. Introduction**

The New-born Hearing Screening Programme (NHSP) was established across England in 2006. A significant proportion of children with permanent childhood hearing impairment (PCHI) are expected to be identified by this screening programme. However, the prevalence of PCHI increases with age and no screening programme is infallible. Therefore, each programme provider, and the associated paediatric audiology service, are required to have a process in place to review children with PCHI who are identified outside of the New-born Hearing Screening Programme.

National guidance suggests a named individual who is preferably a senior clinician in paediatric audiology be designated to coordinate the review and raise any issues identified. This lead will liaise closely with the local NHSP team, the paediatric audiology service manager, and the national NHSE/I NHSP team as required.

Key updates in version 2.0:

- 1.1 The national programme centre case definition of a later-identified child has changed.
- 1.2 All later-identified children < 5 years require reporting to the national programme centre.
- 1.3 The email address to send later-identified cases has changed to:  
[england.nhsppchi@nhs.net](mailto:england.nhsppchi@nhs.net)
- 1.4 Later-identified reviews should only contain a CID number as the case identifier and provided no other patient identifiable details are included, the report can be emailed normally to the address above without password protection.
- 1.5 Guidance for cases designated as PCHI but later found to be normal.
- 1.6 This protocol no longer contains an appendix with the case review form. The latest form will be accessed and completed from [Resources - NHSP - nhsbaby \(smsnhsp.nhs.uk\)](https://resources-nhsbaby.smsnhsp.nhs.uk).

## 2. Aim and Purpose

The review is an integral component of quality control and governance to improve and maintain performance, safety, and confidence in the programme. The review process may identify a weakness or gap in the screening programme or diagnostic audiology pathway.

## 3. Definitions, Keywords

**ANNB:** Antenatal and New-born Screening Board

**ABR:** Auditory Brainstem Response

**CID:** Confidential Identity number generated by the “Smart for Hearing” national database

**Later-identified child:** Child with permanent hearing loss of any degree, in either or both ears, not identified through NHSP.

**NHS:** National Health Service

**NHSP:** New-born Hearing Screening Programme

**OAE:** Otoacoustic Emissions

**PCHI:** Permanent Childhood Hearing Impairment

**QA:** Quality Assurance

**S4H:** “Smart for Hearing” PHE national new-born hearing screening database

**SAT:** Senior Audiology Team

**SDE:** South Derbyshire New-born Hearing Screening Programme

**SIAF:** Screening Incident Assessment Form

**SQAS:** Screening Quality Assurance Service

**DAB:** Derby and Burton Newborn Hearing Screening Programme

**UHDB:** University Hospitals of Derby and Burton NHS Foundation Trust

4. Decision matrix and actions for later-identified permanent hearing loss?

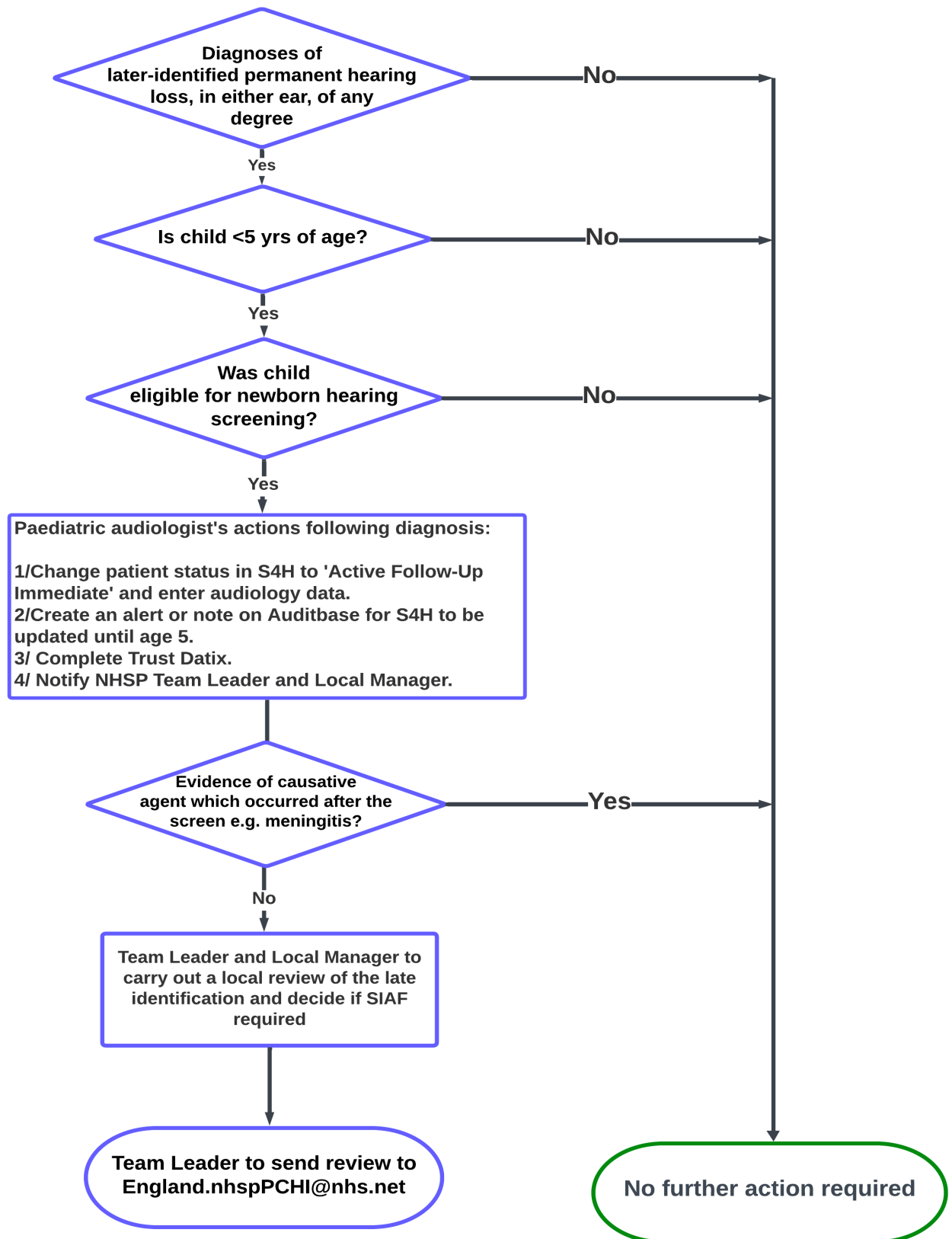
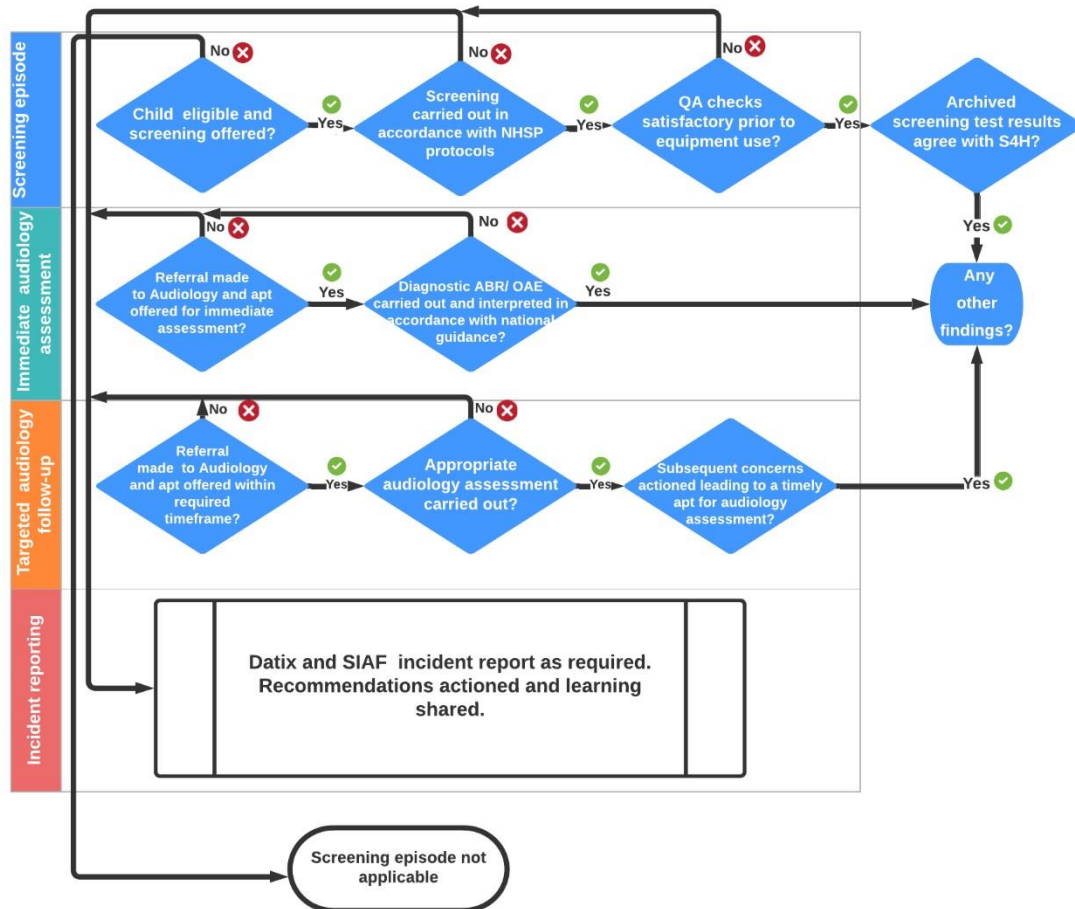


Figure 1: Flow chart for case review (S4H, 2024).

## 5. Review process:

The review process will examine the screening episode, the pathway to audiology, the early audiology assessment for children referred from screen, and the targeted follow-up of children with risk factors. The NHSP Local Manager and NHSP Team Leader, the Paediatric Audiologist who diagnosed the child, the Paediatric Team Lead, and the Head of Paediatric Audiology will have input in the case review.



**Figure 2: Review process pathway**

### 5.1 Screening episode.

To be completed by the NHSP Local Manager

- 5.1.1 Was the child eligible and was screening offered?
- 5.1.2 Was screening carried out in accordance with NHSP protocols?
- 5.1.3 Were the QA checks satisfactory prior to equipment use?
- 5.1.4 Do the archived screening test results agree with the results recorded on the national IT system?

## **5.2 Immediate audiology assessment following new-born hearing screening (for neonates referred by the screen).**

To be completed by the NHSP Team Leader with oversight from the Head of Paediatric Audiology. Input from the NHSP Local Manager will be required for 5.2.1:

- 5.2.1 Was a referral made to audiology and an appointment offered?
- 5.2.2 Was the diagnostic (ABR and/or OAE) assessment carried out and interpreted in accordance with national guidance (NHSP British Society of Audiology (BSA) guidance)
- 5.2.3 Was a peer review required? If so, was the case submitted for peer review and were results confirmed to be accurate? Were any recommendations actioned?

## **5.3 Targeted audiology follow-up (neonates with a nationally recognised risk factor).**

The NHSP Local Manager to complete 5.3.1. The NHSP Team Leader to complete 5.3.2, and 5.3.3. with oversight from the Head of Paediatric Audiology:

- 5.3.1 Was a referral made to audiology and an appointment offered?
- 5.3.2 Was an appropriate audiology assessment carried out?
- 5.3.3 Were any subsequent concerns, particularly for children who passed the newborn hearing screen, actioned leading to a timely referral and appointment for audiology assessment?

## **5.4 Review procedure**

- 5.4.1 Locate and update the national IT system S4H record. Share the record, if not already in the host programme, update the audiology results including any changes to the GP and address.
- 5.4.2 Team Leader for NHSP, with the assistance of the NHSP Local Manager, to complete the current review form in the S4H resource tab following instructions on the form using the S4H confidential ID number as the identifier. The NHSP Team Leader will seek input where required from the Paediatric Audiologist who diagnosed the child, the Paediatric team lead, and the Head of Paediatric Audiology.
- 5.4.3 The NHSP Team Leader will notify the national programme centre by emailing the completed form to the current email address located in the S4H resource tab. Provided only the CID is used with no other patient identifying details password protected format is not required.
- 5.4.4 Case review to be kept with Child's record in AuditBase with a copy in the 'Later-Identified' electronic file in the shared Audiology Drive.

## 6. Cases designated as PCHI but later found to be normal.

Hearing loss can be temporary or permanent. Hearing loss designated as permanent which is later found to be normal may be temporary hearing loss or could reflect a misdiagnosis (false-positive). These cases require a Datix and a local review to look back at the audiology data and determine:

- Was the assessment carried out in line with local and national guidelines?
- Does the review concur with the initial diagnosis of hearing loss?
- Did the data support permanent or temporary hearing loss, or was it inconclusive?
- Were all failsafe procedures followed e.g., submission for systematic peer review, recommendations documented, and actioned?

The outcome of the review should be submitted to the Head of Service. Learning and changes must be shared with the entire team for governance and quality improvement. Parents should be kept informed of new evidence which suggest a change in diagnosis, and the findings of the review.

New data will require updating on S4H. If the new audiological data is normal, S4H will prompt the audiologist the data is not consistent with the PCHI category and will be removed.

## 8 Key Roles and Responsibilities

The Head of Paediatric Audiology and the Paediatric Audiology Team lead to discuss the findings of the review for later-identified cases of PCHI, agree recommendations that come to light from the review, disseminate learning with the team, implement service improvements, incident reporting, categorising severity, and escalating as required. Recommendations should be actioned promptly for programme governance, improvement, confidence, and safety.

The Head of Paediatric Audiology is responsible for oversight of numbers of cases and emerging trends.

The NHSP Team Leader is responsible for identifying if the child needs a case review, notifying the NHSP Local Manager, ensuring S4H is updated appropriately, and completing the review process. The NHSP Team Leader is responsible for identifying if the case review requires notifying / sharing with the NHSE/I Screening Programme Centre and submitting the review documentation. In cases where a review is required, the NHSP Local Manager is responsible for investigating the screening episode and completing sections 1 and 2 of the later-identified form on S4H. The NHSP Team Leader will complete section 3 of the case review in liaison with the Paediatric Audiologist who diagnosed the child.

It is the responsibility of the Paediatric Audiologist who diagnosed the child to notify the NHSP Team Leader of the case and update S4H.

## 9 Monitoring Compliance and Effectiveness

The Senior Audiology Team are responsible for auditing and measuring compliance.

Monitoring Requirement:	All children with permanent hearing loss should be assigned to the PCHI register in the Patient Management System (AuditBase) by the Paediatric Audiologist who diagnosed the child.
	Paediatric Audiologists diagnosing a child with later-identified hearing loss should notify the NHSP Team Leader and NHSP Local Manager who will carry out a case review. The NHSP Team Leader will notify the programme centre where appropriate and share the case review with the Paediatric Team Lead and Head of Paediatric Audiology.
Monitoring Method:	Comparison of local AuditBase PCHI register with the national S4H PCHI register. Run search with date of birth and date of PCHI confirmation to identify later-identified cases. Identify those children who required a case review at diagnosis and crosscheck against local database.
Report Prepared by:	NHSP Team Leader
Monitoring report presented to:	Head of Paediatric Audiology
Frequency of Report	Every 2 years

## 10 References

Managing Safety Incidents in NHS Screening Programmes. (2017). PHE

Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/672737/Managing\\_safety\\_incidents\\_in\\_National\\_screening\\_programmes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672737/Managing_safety_incidents_in_National_screening_programmes.pdf)

Accessed: 20/02/2022

Public Health England. NHS Screening Programmes (2016). Guidance on applying duty of candour and disclosing audit results.

Available at:

<https://www.gov.uk/government/publications/nhs-screening-programmes-duty-of-candour>

Accessed 03/03/2022

NHS public health functions agreement 2019-20. Service specification No.20. NHS Newborn Hearing Screening Programme. NHS England and NHS Improvement.

Available at:

<https://www.england.nhs.uk/wp-content/uploads/2017/04/Service-Specification-No.20-NHSNewborn-Hearing.pdf>

Accessed 15/03/2022

Review and report of case of later identified PCHI. NHS England, 2024

Available at:

<https://www.gov.uk/government/publications/newborn-hearing-screening-programme-nhsoperational-guidance/9-audiology#review-and-report-of-case-of-later-identified-pchi>

Accessed 27/08/2024



## 11 Documentation Controls

<b>Reference Number</b> CG/Paeds/4032/24	<b>Version: 2</b>		<b>Status</b> Final	
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	1	18/07/2022	Daniel Langer	Not applicable – new document.
	2	20/09/2024	Daniel Langer	Incorporate new national guidance and include guidance how to manage children designated as PCHI but later found to be normal.
<b>Intended Recipients:</b> NHSP Local Manager, NHSP Team Leader, and Paediatric Audiology Team.				
<b>Training and Dissemination:</b> NHSP and Paediatric Audiology Team Meetings and through departmental electronic guidelines, SOPs and Policy documents.				
<b>Development of Guideline:</b> Daniel Langer <b>Job Title:</b> UHDB NHSP Team Leader				
<b>Consultation with:</b> NHSP Local Manager, Audiology Senior Management Team and Head of Department.				
<b>Linked Documents:</b> NHSE/I NHSP National Programme Centre, Review of case of PCHI not identified by the newborn hearing screen. <b>Available at:</b> <a href="https://www.nhs.uk/resources/nhsbaby">Resources - NHSP - nhsbaby (smsnhsp.nhs.uk)</a>				
<b>Keywords:</b> NHSP (New-born Hearing Screening Programme; Later-identified childhood hearing loss)				
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<b>Divisional Sign Off</b>			<b>Group: Women and Children's</b> <b>Date: 02/12/2024</b>	
<b>Date of Upload</b>			13/12/2024	
<b>Review Date</b>			Sept 2027	
<b>Contact for Review</b>			Daniel Langer, NHSP Team Leader for Derby and Burton	