



Royal Cornwall Hospitals
NHS Trust

Newborn Hearing Screening Programme Policy

V6.0

March 2025

Summary - Screening Pathway for Newborn Hearing Screening

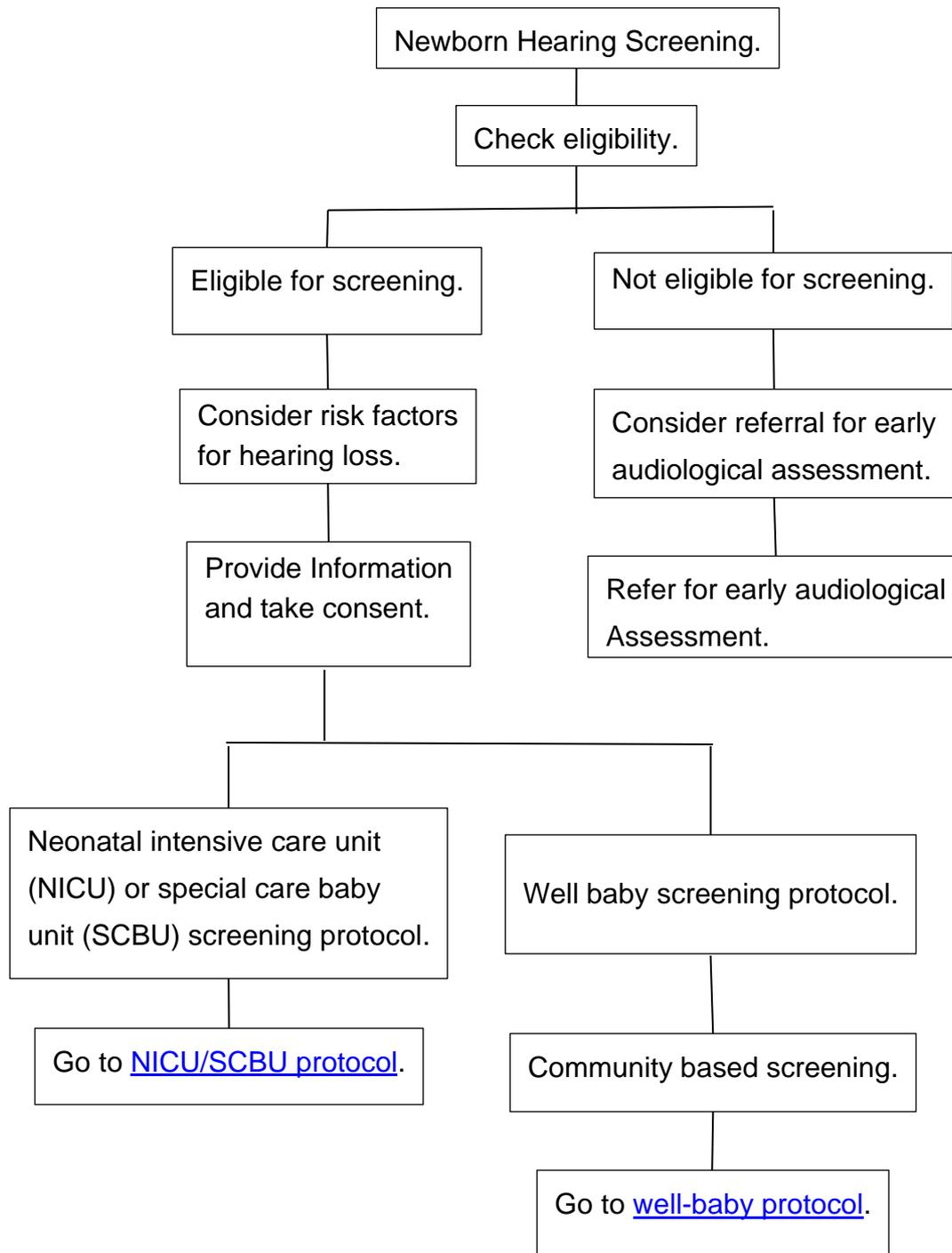


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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The NHS Newborn Hearing Screening Programme's (NHSP) major aim is to identify permanent moderate, severe and profound hearing impairment in newborn babies. The programme offers all parents in England the opportunity to have their baby's hearing screened shortly after birth. Early identification gives babies a better 'life chance' of developing language, speech and communication skills and of making the most of social and emotional interaction from an early age permanent bilateral deafness within 4 weeks of birth and to ensure the provision of safe, high-quality age-appropriate assessments and world class support for deaf children and their families.
- 1.2. One to two babies in every 1,000 are born with a permanent hearing loss in one or both ears. Most of these babies are born into families with no history of hearing loss.
- 1.3. All parents of newborn babies should:
 - Be offered a hearing screen for their child within 4 weeks of birth of if born <40 weeks gestation, by 4 weeks corrected age.
 - Hearing screening can be offered up to 12 weeks of age (corrected age if born <40 weeks gestation).
 - Should receive information about the screen.
- 1.4. This local policy has been created in support of the national policy. All national policies and guidance can be found on the Newborn Hearing Screening website <https://www.gov.uk/topic/population-screening-programmes/newborn-hearing>.
- 1.5. The Newborn Hearing Screening Programme in Cornwall is a county-wide Service which is managed by the Audiology Department at the Royal Cornwall Hospital. The service aims to offer a hearing screen to all babies by the time they are 24 days old.
- 1.6. Health Visitor teams are responsible for carrying out the screen on all babies who have not been admitted to the Neonatal Intensive Care Unit for over 48 hours. Screening of babies on the Neonatal Unit and further screening on well babies is carried out by the NHSP screening team based at the Royal Cornwall Hospital.
- 1.7. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this document is to ensure that all Newborn Hearing Screening carried out is compliant with national and local quality standards and that any risk to patients is reduced by implementing and monitoring compliance of agreed fail safes.

2.2. The actions to be taken before, during and after Newborn Hearing Screening are detailed in the NHSP Quality Standards along with specified role responsibilities. The NHSP Quality Standards can be found at:

<https://www.gov.uk/government/publications/newborn-hearing-screening-programme-quality-standards>

3. Scope

3.1. This policy applies to all those with a responsibility for managing or carrying out Newborn Hearing Screening in Cornwall and those who receive, process and monitor the results and quality standards.

3.2. Newborn Hearing screening in Cornwall is undertaken by a range of staff across 2 different organisations. This policy applies to all staff undertaking Newborn Hearing Screening, regardless of their employing organisation.

4. Definitions/Glossary

Abbreviation	Information
AABR	Automated Auditory Brainstem Response.
AOAE	Automated Oto Acoustic Emissions.
CC	Cornwall Council.
CHSWG	Children’s Hearing Services Working Group.
S4H	SMaRT4Hearing – a national computer database and failsafe system for hearing screening.
KPI	Key Performance Indicators.
NHSP	Newborn Hearing Screening Programme.
NICU	Neonatal Intensive Care Unit.
BNA	Birth Notification Application.
PCHR	Parent Child Health Record (Red Book).
QA	Quality Assurance.
RCH	Royal Cornwall Hospital.

5. Ownership and Responsibilities

5.1. Chief Executive

The Chief Executive has overall responsibility for the quality of the Screening Programme tasks undertaken in their Trust. Those Trusts contracted to provide screening services have responsibility to ensure that:

- Performance against national quality assurance standards is judged as satisfactory by the national screening programme.

- Failsafe procedures operate in accordance with national policy.

5.2. Trust Board

The Trust Board must seek assurance that screening procedures are carried out in a safe and effective way.

5.3. Trust Antenatal and Newborn Screening Lead

The Trust Antenatal and Newborn Screening Lead will liaise with screening staff to produce the annual report, and with the Quality and Safety Team to produce quarterly adverse incident reports.

5.4. Lead Clinician/Director

The Trust's Medical Director plays a lead role in the development of organisation-wide and local procedural documents to manage the risks associated with screening procedures. This includes ensuring that all tests and procedures are undertaken by authorised staff following training where necessary, developing standard operating procedures or equivalent protocols to an agreed organisational or national standard.

5.5. Screening and Administrative Staff

All staff members involved in the screening programme, including Trust employed staff, staff from other organisations, agency and locum staff are responsible for:

- Adhering to this policy, and
- For reporting breaches of this policy to the person in charge and to their line manager.

Administrative staff have an important role in ensuring that, for paper based and electronic systems, all records are kept up to date and that protocols are followed. A set of failsafe's are in place and are monitored on a weekly and monthly basis. These checks and their associated monitoring tools can be found on the shared audiology server.

5.6. Role of the Managers

Line managers are responsible for ensuring that their staff follow the agreed policy and monitoring compliance via agreed tools.

5.7. Team Leader/Clinical Lead:

The NHSP Team Leader is the champion of, and the strategic lead for, the local programme. They have clinical and professional responsibility for the overall running of the programme. Team leaders are also accountable for the quality and governance of the programme and their role is to ensure that a high-quality newborn hearing screening service is maintained. The key components of the role are:

- To act as the strategic lead for the local NHSP programme with responsibility and authority for leading the service.
- Implementing service developments and negotiating necessary funding and resources.
- To oversee the running of the local NHSP programme in accordance with national policies, procedures and protocols.
- To take overall responsibility and accountability for the management, quality assurance and clinical governance of all aspects of the local NHSP programme.
- To ensure local NHSP programme performance meets quality standards, and provide appropriate reports to the Trust, Public Health and NHSP Quality Assurance teams.
- To receive, read, disseminate and act upon regular and other reports supplied by the NHSP programme centre.
- To act as a single point of contact for the local NHSP programme in relation to the NHSP Quality Assurance Programme and any resulting improvement plan.
- To take professional responsibility for the programme where appropriate. If this is not appropriate the responsibility should be appropriately devolved to a named lead.
- Ensure that the local NHSP programme inputs to an operational Children's Hearing Services Working Group (CHSWG).
- To act as a single point of contact for the entire local NHSP programme across multiple professional groups and multiple screening facilities (where these exist).
- To liaise with appropriate staff within health, education, social care services and the voluntary sector to ensure policies and procedures are adhered to across all agencies and professional groups involved in the local NHSP programme. To ensure that these services meet the capacity and quality requirements of the programme.

5.8. Local Newborn Hearing Screening Programme Manager

The NHSP Local Manager is the operational lead for the NHS Newborn Hearing Screening Programme and is responsible for the day-to-day management of all aspects of the programme. The key components of the role are:

- To act as the professional lead for the day-to-day management, evaluation and quality assurance of the screening process including the provision of antenatal information, the screening procedures and any onward referral.
- To ensure that a high-quality service is maintained after implementation to promote the principles of Family Friendly Hearing Services for Children.

- To ensure that national NHSP screening protocols and procedures are adhered to and that national NHSP screening targets are met.
- To lead the screening team.
- To line manage the screening team NHSP activities, ensuring regular reviews of screener performance are undertaken and appropriate personal development plans written and implemented.
- To be responsible for the recruitment, retention and training of the screening team in accordance with national policies and procedures.
- To manage all aspects of the screening equipment, ensuring protocols are followed, service and calibration is completed at the required intervals and equipment is safely secured.
- To ensure all S4H Audiology data is up to date.
- To attend relevant local and national meetings as required and feedback where necessary.

5.9. Role of the Care Group - Business and Governance Team

The Care group - Business and Governance team is responsible for monitoring any incidents reported in relation to the screen.

5.10. Role of Individual Staff

All staff members are responsible for:

- Risk Management.
- Quality Assurance.
- Following the screening procedures and policies.

5.11. Duties External to the Organisation

External bodies have a role in providing external quality assurance and protocol guidance and where relevant programme management of the screening service provided. Such bodies include:

- National Screening Committee.
- External Quality Assessment/Assurance schemes (Regional or National).
- National Programme Centre for Newborn Hearing Screening.

5.12. Role of the Children's Hearing Services Working Group

The Children's Hearing Services Working Groups is responsible for:

- Receiving activity and monitoring reports from the Newborn Hearing Screening Programme.

- Monitoring Incident reports, incident outcomes and management.
- Providing a link to parents, education, public health, clinicians.

6. Standards and Practice

6.1. To ensure the delivery of a high quality, reliable, supportive and effective service, the Newborn Hearing screening programme undertakes and is responsible for the following activities:

- Co-ordinating and managing the NHSP.
- Accurately identify babies eligible for screening by using the national computer system, S4H, which is linked to the BNA. This ensures that all births in the area are recorded and that the screening co-ordinator can identify the screening cohort.
- Provide accessible information, support and advice for parents.
- Empower parents to make informed choices.
- Promote and develop family friendly integrated services.
- Treat all individuals with courtesy, respect and an understanding of their needs.
- Ensure equity of access for all children and families.
- Use appropriate interpreter services for people who have specific communication needs, for example if English is not their first language or if they have a hearing impairment.
- Undertake newborn hearing screening.
- Minimise the adverse effects of screening anxiety and unnecessary investigations.
- Record screening outcomes.
- Inform the parent, or responsible other of the result at point of screen.
- Inform the GP of screen referrals and actions taken.
- Record results in the appropriate media - PCHR and uploaded to S4H.
- Outcomes are monitored daily and babies outstanding are logged and their screening investigated.
- Work to deliver an integrated approach to screening and follow on services. Results of the screen are recorded on S4H and where a diagnostic assessment is indicated, an appointment is made.
- Outstanding diagnostic appointments required are monitored weekly using S4H and the monitoring is logged.

- The outcomes of audiological diagnostic assessments are recorded and monitored. A weekly report is generated to ensure that all outcomes are recorded, and further actions implemented where indicated.
- Identify babies that require targeted follow up.
- Run failsafe systems –this is to reduce the risks by identifying any errors early and correct it before any harm occurs.
- Report on performance against quality assurance standards.

7. Dissemination and Implementation

- 7.1. The document will be available on the documents library and will be disseminated to all staff with a screening role or responsibility.
- 7.2. The policy will be implemented through the initial training programme and update training that all screening staff are required to attend.
- 7.3. Ongoing support is available from the Newborn Hearing Screening team based at the Royal Cornwall Hospital.

8. Monitoring compliance and effectiveness

The Newborn Hearing Screening Programme is monitored nationally and locally measured against national [Quality Assurance standards and Key Performance Indicators](#). This document represents a new way of working with the data and therefore compliance and effectiveness can be monitored via data quality and national database reports.

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	The whole process will be monitored for protocol adherence, timescales and quality.
Lead	The NHSP Local Manager is responsible for performance monitoring and reporting.
Tool	The NHSP quality standards and KPI's sets out the elements to be monitored. National NHSP Local Services Management tasks are also used.
Frequency	Please see appendix 3. Appendix 3. S4H Checks Summary

Information Category	Detail of process and methodology for monitoring compliance
<p>Reporting arrangements</p>	<p>Key Performance Indicator and Quality Standards are received on a quarterly basis and local manager interrogates and analyses the data and completes the NHSP standards and KPI reporting template v3. This is sent to Team Lead, Audiology, Head of Midwifery, local ANNB screening leads, Commissioning, Screening and Immunisation Team (SIT) and Screening Quality Assurance Service (SQAS)</p> <p>All areas monitored are reported into the Children’s Hearing Services Working Group. Actions are documented in the minutes.</p> <p>Incident Reporting</p> <p>Any incidents that occur will be reported locally through the DATIX process. The NHSP manager will also follow the national guidance “Managing Safety Incidents in NHS screening programmes” which can be found here.</p> <p>https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes</p>
<p>Acting on recommendations and Lead(s)</p>	<p>The Local Manager is responsible for either acting on the recommendations or for monitoring that the person delegated to act is completing identified actions within the timeframe specified.</p>
<p>Change in practice and lessons to be shared</p>	<p>Required changes to practice will be identified and actioned within 6 months of the policy being published. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders via the Children’s Hearing Services Working Group.</p>

9. Updating and Review

- 9.1. This policy document will be reviewed no less than every three years. Where appropriate, the author may set a shorter review date.
- 9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval and dissemination processes.
- 9.3. Where the revisions are minor, e.g. amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Newborn Hearing Screening Programme Policy V6.0.
This document replaces (exact title of previous version):	Newborn Hearing Screening Programme Policy V5.0.
Date Issued/Approved:	January 2025.
Date Valid From:	March 2025.
Date Valid To:	March 2028.
Author/Owner:	Sandy Dyer, Newborn Hearing Screening Manager.
Contact details:	01872 253998.
Brief summary of contents:	This document outlines the agreed policy and service description for the Newborn Hearing Screening Programme to be managed and delivered by the Royal Cornwall Hospital.
Suggested Keywords:	Screening, Newborn, Hearing.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	RCHT ANNB Screening Lead. NHSP Clinical Lead. Children's Hearing Services Working Group (CHSWG).
Manager confirming approval processes:	Ian Moyle-Browning, Head of Nursing (HoN), Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed, Governance Manager (SSS).
Links to key external standards:	None.

Information Category	Detailed Information
Related Documents:	Quality Standards in the NHS Newborn Hearing Screening Programme NHSP: checks and audits to improve quality and reduce risks NHSP Operational Guidance
Training Need Identified:	Yes, see paragraph 7.2.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical Audiology.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
March 2012.	V1.0	Initial Issue.	Miranda Pearce, Manager, Newborn Hearing Screening Programme.
August 2013.	V2.0	Overall review and 5.3 amended to reflect current practice.	Sandy Dyer, Neonatal Hearing Screening Manager.
December 2015.	V3.0	Overall review. Changes to national website changed throughout the document. Updated the NHSP monitory checks. Added section 9 – Incident Reporting and changed the format to the updated trust format.	Sandy Dyer, Neonatal Hearing Screening Manager.
October 2018.	V4.0	Overall review. Changes national hearing screening IT database changed throughout. Updated the NHSP monitory checks. Slight wording changes.	Sandy Dyer, Neonatal Hearing Screening Manager.
January 2022	V5.0	Overall review. Web links updated. Change of organisation name from CPFT to CC. Report B changed to Report 2 on page 12 section 8.	Sandy Dyer, Neonatal Hearing Screening Manager.
January 2025	V6.0	Overall review. Web links updated where necessary. Some wording changes. Changed the time for screening from five.	Sandy Dyer, Neonatal Hearing Screening Manager.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net.

Information Category	Detailed Information
Name of the strategy/policy/proposal/service function to be assessed:	Newborn Hearing Screening Programme Policy V6.0.
Department and Service Area:	Department/Speciality and Care Group or Corporate Group.
Is this a new or existing document?	Existing.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sandy Dyer, Neonatal Hearing Screening Manager.
Contact details:	01872 253998.

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	To provide information and signposting to Newborn Hearing Screening Procedures, pathways and policies.
2. Policy Objectives	To ensure that all babies are offered a hearing screen in a accordance with local and national policies.
3. Policy Intended Outcomes	The screen offered carries minimal risk to patients and that the service is monitored to ensure it complies with agreed policies, procedures and standards.
4. How will you measure each outcome?	Monitoring will take place using the NHSP quality standards and Key Performance Indicators.
5. Who is intended to benefit from the policy?	Newborn babies and their parents/carers.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> • Workforce: Yes • Patients/visitors: Yes • Local groups/system partners: Yes • External organisations: Yes • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Consultation was with the Children’s Hearing Services Work Group (CHSWG) which has representatives from all stakeholders during January 2025.
6c. What was the outcome of the consultation?	CHSWG supported the changes.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.
 Name of person confirming result of initial impact assessment: Sandy Dyer, Neonatal Hearing Screening Manager.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)

Appendix 3. S4H Checks Summary

Different elements are monitored daily (D), weekly (W), monthly (M) and quarterly (Q). The database containing details of the checks and the outcomes can be found on SECSHARE/Newborn Hearing Screening Programme/Quality Assurance/ S4H Checks.

A summary is included below:

Checks

Babies offered ABR (W)	To ensure that all babies who require a follow up in audiology have been referred and have been sent an appointment. Babies should be offered an appointment within 4 weeks of screen complete date.
Outcome set after ABR (W)	To ensure all babies referred from screen have had their assessment and to ensure audiology data has been entered and outcomes have been set. Check that HV's have been notified of the result.
Duplicate Records check (S4H) (W)	To ensure that each baby has only 1 record on S4H.
Missed NICU Badger check/Radar check (W)	To check that all babies who have spent more than 48hours on the neonatal unit have been set as NICU protocol for screening, and to ensure all NICU babies are screened.
Babies in other areas (W)	To track out of county babies, to monitor when they are discharged and if screening has occurred or requires a home visit.
HV and calibration error – Data quality check (W)	To check data entry of HV errors entered in the HV error log are correct, and there are no typo's. These are then used for auditing performance.
QA checks in S4H (W)	To ensure all otoports have been calibrated correctly before use.
NICU babies on PAS (W)	To ensure all NICU babies screened have been entered into PAS, and all appointments have been outcomed. This is to ensure the finance team have a record of all screens for payment.
Deceased and Stillborn report from CHIS (W)	To ensure that babies who are deceased or stillborn have their record updated appropriately.
Newbirths check (D)	To ensure all new births have been entered onto S4H.
Dummy GP check (W)	To ensure that all dummy GPs are given correct GP's when they become registered.

Status Overrides (W)	To check that any baby that has had their screening outcome changed from the outcome recommended by S4H, is appropriate.
Screening Outcomes – Incomplete (W)	To check incomplete outcomes are set appropriately.
Border Baby Check (W)	To ensure that all babies born on the border are offered screening from within site or across the borders.
Audiology Search 10a (W)	To ensure that all TFU's have got appointments or on Pending List. If on pending list and appt due – send to Audiology to appt.
Audiology Search 10b (W)	To ensure all TFU's AFTER attended immediate referrals are appointed, seen and outcome/deactivated correctly.
Audiology Search 10c (W)	To ensure all immediate referrals with hearing result “Not Yet Determined” are appointed for repeat ABR, seen and outcome/deactivated correctly
Audiology Search PCHI 2 (W)	To ensure all PCHI annual data is added to S4H and outcomed as necessary.
Check all records for data quality (M)	To check the accuracy of information in all records. To check risk factor and protocol information, GP codes, Gestational Age set.
NICU babies have both AOAE and AABR screens (M)	To check all NICU babies have results for both AOAE and AABR screens.
Targeted outcomes are set correctly (M)	To ensure that referrals at 8 months are appropriate.
Birth Weight Data check (M)	To ensure full data is on the S4H baby record.
Audiology data received (W)	To ensure babies have had targeted follow up appointments, and S4H has been updated accordingly.
Babies due targeted follow up (W)	To check that follow up outcomes have been set and audiology data has been entered when required.
Consent/Translator (M)	To ensure full consent has been given for screening; verbal consent has been ticked; and the primary consent signatory is the primary contact and has been ticked; to ensure the translator has been set correctly.
Transfers/Movers in from CHIS (W)	To ensure all babies that move into COR site have been screened or offered screening.
ABR feedback (M)	To ensure all COR site ABR families are given the opportunity to feedback on the ABR service.

Homebirth check (M)	To ensure that all babies born at home are on S4H and are offered screening.
Child Health Information Service (CHIS) Exception Report – missing hearing screening result failsafe (M)	To ensure that all babies on the CHIS have a recorded hearing screen. Action taken if no screening results found.
Finance Data (M)	To ensure all screening is captured within the hospital system.
S4H Contacts Database Check (M)	To ensure that only current users have access to S4H – disable and deactivate as necessary.
Activity Reports, Highlight Reports, Outcome Reports, Audiology Data Quality Reports (M)	All downloaded and actioned as followed in national guidance National Reports .
Quality Standards/KPI reports (Q)	All downloaded, interrogated and analysed. Report written and sent to relevant stakeholders.