



Royal Cornwall Hospitals
NHS Trust

School Hearing Screening Policy

V4.0

June 2023

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

The Trust has a duty under the Data Protection Act 2018 and 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 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 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. Children in school Year 1 (age 5 and 6) and children moving into the County who are under 16 years old, are offered a routine audiometric hearing screen. The purpose of the test is to identify any hearing loss which may be significant enough to affect the child's development. In addition to this routine screen, an open referral system is available where there is concern.
- 1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this policy is to outline the procedure for carrying out school age hearing screening and detailing the uncertainties of measurement and the assurances in place to ensure that the screen is safe, effective and that national and local standards are followed.
- 2.2. The local procedures document how:
 - The cohort to be screened is correctly identified.
 - Records of transfers in/out of the county are updated.
 - Referrals received will be acted upon.
 - Tests will be carried out according to local and national guidelines and best practice.
 - Test results will be processed according to the local procedures and timescales.
 - Relevant people will be informed of test results and onward referral will be made in a timely manner according to the procedure.
 - All school hearing screening processes are the subject of effective systems of monitoring, evaluation, and review.

3. Scope

- 3.1. This policy applies to all those involved with the hearing screening of school age children.
- 3.2. The policy will be implemented and monitored by the Children's Hearing Services Co-ordinator based in the Audiology Department, RCH.

4. Definitions / Glossary

CHSWG: Children's Hearing Services Working Group.

dB: decibels, unit of measurement of hearing.

5. Ownership and Responsibilities

5.1. This section gives a detailed overview of the strategic and operational roles responsible for the development, management, and implementation of the policy.

5.2. Duties within the organisation

The duties of the directors, committees, clinicians, healthcare, and administrative staff with responsibility for managing the processes surrounding screening procedures are outlined below.

5.3. Role of the Chief Executive

The Chief Executive has ultimate responsibility for ensuring that suitable structures, resources, and monitoring arrangements are in place to ensure that screening procedures are carried out in a safe and effective way.

5.4. Role of Trust Boards

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

5.5. Role of Care Group Quality Group

The Care Group Quality Group (DQG) will receive a quarterly summary of all adverse incident reports related to screening procedures and analyse the annual audit tool kit returns. This group is responsible for the overview of screening procedures within the Trust and adherence to organisational and local standards.

5.6. Role of Trust Screening Lead

The Trust Screening Lead will liaise with screening staff to produce the annual tool kit return, and with the Quality and Safety Team to produce quarterly adverse incident reports for submission to the Care Group Quality Group.

5.7. Role of Lead Clinician – Head of Paediatric Audiology

5.7.1. The Head of Paediatric Audiology plays a lead role in the development of county-wide and local procedural documents to manage the risks associated with school hearing screening procedures. This includes ensuring that all tests and procedures are undertaken by authorised staff following training where necessary, developing standing operating procedures or equivalent protocols to an agreed organisational or national standard.

5.7.2. Receiving and acting on monitoring reports, incident reports, national guidelines, and best practice.

5.8. Role of Children's Hearing Service Co-ordinator

The co-ordinator is responsible for the operational management of the school age hearing screening service and referrals from the screen. In addition, the monitoring of compliance with local and national guidelines, implementing and monitoring of failsafe procedures.

5.9. Role of Screening Staff

The screening pathway begins when an individual is identified as meeting the criteria to be offered the opportunity of screening for a particular condition. Should the offer of screening be taken up, the relevant protocol will be followed. Accurate records will be kept in the event that screening is declined. Responsibilities include adherence to standard operating procedures or equivalent protocols; undertaking training as required and agreed.

5.10. Role of Administrative Staff

5.10.1. Administrative staff have an important role in ensuring that, for paper based and electronic systems, all records are kept up to date and that administrative protocols are followed.

5.10.2. All Staff are responsible for following the following procedures:

- School Age Referrals Pathway.
- School Screening Administration Policy.
- Recommended Procedures for Hearing Screening.

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/NHS Screening Program Committees.
- External Quality Assessment/Assurance schemes (Regional or National).
- NHSLA.
- Cornwall Council Education Department, to provide details of screening cohort and venue for the screen.

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

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

- Receiving activity and monitoring reports from the School Hearing Screening Service.
- Monitoring Incident reports, incident outcomes and management.

- Providing a link to parents, education, public health, clinicians.

6. Standards and Practice

6.1. Recommended procedures for Hearing Screening

- 6.1.1. The document describes the practices, systems and processes that staff are expected to follow.
- 6.1.2. All procedures relating to the School Hearing Screening service can be found on the Trust's shared drive, SECSHARE/Audiology/Children's Hearing Services/School Screening Service/Guidelines and Protocols/Recommended Procedures for School Hearing Screening and in the SOP's folder.

6.2. How the screening cohort is identified

- 6.2.1. Cornwall Council Education Department issues "Information about your child's health and the health checks they have in school" (jn38692, June 2015) to all reception and year 1 age children. This contains the information regarding the "opt out consent" process for health checks.
- 6.2.2. Each school in Cornwall is responsible for collecting any consent forms returned "opting out" of the hearing screen and compiling a class list of children who are present on the day of the screening visit. This includes Private Schools.
- 6.2.3. Children who are absent are also identified.

6.3. Venue

- 6.3.1. The screener liaises directly with the school to agree a visit date. It is expected that the initial year 1 screen will be completed by the end of the Autumn term.
- 6.3.2. The screener is provided with any returned consent forms and the school signs the acknowledgement slips in relation to consent.
- 6.3.3. A quiet room is provided for the screening to be performed in.

6.4. Screening

- 6.4.1. Screener to check ambient noise levels with Sound Level Meter, to ensure background noise not too high, <40dBA. Screener to check there is adequate seating.
- 6.4.2. Biological, daily, calibration carried out before each session to ensure equipment functioning properly – Stage A check beforehand.
- 6.4.3. Groups of 5-8 children are brought to Screener and identity of each child checked with class list. Also consent status confirmed, before beginning testing.

- 6.4.4. A demonstration is given to ensure the child understands what is expected of them with an explanation that they will be listening for very quiet sounds.
- 6.4.5. Only when certain that the child understands and is capable of responding is the screen begun.
- 6.4.6. Screening protocol must be followed by all screeners (as detailed in 'Recommended procedures for Hearing Screening') that is to present pure tones at 4 frequencies at 25dBHL in each ear.

6.5. Difficult to test children

If unable to complete the screen due to developmental or behavioural difficulties, Screener will notify Audiology Department within 1 week period to arrange for further testing.

6.6. Recording results

- 6.6.1. Standard forms to be used to record results, cross checked with class lists to ensure a result recorded for each child.
- 6.6.2. Children who PASS need no further testing (see below for reporting results to parents).
- 6.6.3. Children who REFER on first screen are tested again in 6-10 weeks' time, to leave time for temporary problems with hearing to resolve.
- 6.6.4. Children needing a 2nd screen in 6-10 weeks' time to be clearly identified.

6.7. 2nd screen

- 6.7.1. Screener to liaise directly with the school to arrange a date to retest the children needing a 2nd screen. Children who were absent or had no consent at first screen visit can be screened at this visit.
- 6.7.2. Children who PASS the 2nd screen need no further testing.
- 6.7.3. Children who REFER on the 2nd screen have a diagnostic test performed, if capable, and are referred to Audiology Department.

6.8. Reporting results

- 6.8.1. Children who PASS at 1st screen have standard letter sent to parent via 'satchel post' on the day of the screen explaining that no further testing is required.
- 6.8.2. Children who REFER 1st screen have standard letter sent to parent via satchel post on the day of the screen explaining that a 2nd screen will be performed in 6-10 weeks.

- 6.8.3. Children who PASS 2nd screen will have standard letter sent to parent via 'satchel post' on the day of the screen explaining that no further testing is required.
- 6.8.4. Children who REFER 2nd screen will have a letter sent to parent on the day of the screen explaining that audiology will be contacting them with information about the next step.

6.9. Referral onwards

- 6.9.1. All results to be returned to the children's Hearing Co-ordinator who will ensure all systems are updated, and child who REFER on the 2nd screen will also be sent a contact letter to the parent/s.
- 6.9.2. Children living in East/North Cornwall will be referred to Derriford or Barnstaple Audiology Department. Results are copied to RCHT when child has been seen and details entered onto electronic patient record.

6.10. Outcomes

All activity and outcomes to be recorded on password protected database to enable effective audit of the Screen.

7. Dissemination and Implementation

- 7.1. The document will be available on the documents library and will be disseminated to all staff with a school hearing 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.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Coverage and Yield of the School entry Hearing Screen.
Lead	Children's Hearing Services Co-ordinator.
Tool	Password protected database.
Frequency	Weekly input of information: <u>database evidence</u> . Termly (April, July, Sept) random check of class lists against results received: <u>audits evidence in secshar/SHS/Guidelines/NHSLA</u> . Annual report of activity, coverage, outcomes, timescales and yield compiled: <u>secshare/SHS/NHSLA</u> .

Information Category	Detail of process and methodology for monitoring compliance
	Report shared annually: secshare/CHSWG minutes .
Reporting arrangements	<p>Report shared with RCHT Screening Lead, Public Health and CHSWG.</p> <p>Documented in CHSWG minutes.</p> <p>The Children’s Hearing Services Coordinator to report to Paediatric Audiology Lead (Clinical Lead for the Screen) of any deficiencies in the screening service and details of any risks or DATIX events to be identified in the report.</p> <p>This responsibility is embedded in the Terms of Reference for the CHSWG.</p>
Acting on recommendations and Lead(s)	<p>Paediatric Lead to report to CHSWG (as above).</p> <p>Required actions to be included in minutes and reported on when completed.</p>
Change in practice and lessons to be shared	<p>All changes to be discussed with the Screening team at the next staff meeting. Paediatric Audiology Lead to implement changes as soon as possible, and ensure that training and updates reflect the lessons learned.</p> <p>Lessons will be shared with all the relevant stakeholders.</p>

9. Updating and Review

This policy will be reviewed within 3 years with all relevant stakeholders.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement.

10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 1.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	School Hearing Screening Policy V4.0.
This document replaces (exact title of previous version):	Policy for School Hearing Screening V3.0.
Date Issued / Approved:	25 May 2023.
Date Valid From:	June 2023.
Date Valid To:	June 2026.
Author / Owner:	Demelza Wake, Head of Paediatric Audiology, Speciality Services and Surgery.
Contact details:	01872 253754.
Brief summary of contents:	This is the RCHT policy for the management of the School Entry Hearing Screening. Outlining the documented process for screening and management of associated risks.
Suggested Keywords:	Hearing, Hearing Tests, Screening, Screening Programmes Audiology, School children.
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Audiology and hearing screening staff. CHSWG.
Manager confirming approval processes:	Roz Davies.
Name of Governance Lead confirming consultation and ratification:	Maria Lane.
Links to key external standards:	NHSLA Risk Management Standards Criterion 5.6.
Related Documents:	None.
Training Need Identified:	No.

Information Category	Detailed Information
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
01 Feb 2012	V1.0	First issue.	Jan Thomas Head of Paediatric Audiology
01 Sep 2014	V2.0	Letter to be sent to school after booking the screen. Schools to provide signed evidence re consent. Change to the action when child refers on 2 nd screen.	Melissa McDermott, Head of Paediatric Audiology
01 Aug 2017	V2.1	Review, update of information sent to parents and Divisional Manager.	Melissa McDermott Head of Paediatric Audiology
28 May 2020	V3.0	Full review, update to new Care Group and Manager.	Alice Roberts Head of Paediatric Audiology
25 May 2023	V3.1	Review, update to Trust SOP template.	Demelza Wake Head of Paediatric Audiology

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:	School Hearing Screening Policy V4.0.
Department and Service Area:	Head and Neck, Audiology Department.
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):	Demelza Wake, Head of Paediatric Audiology.
Contact details:	01872 254907

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 a Hearing Screen to all children in Year 1 in Cornwall and refer on as appropriate.
2. Policy Objectives	To identify permanent and temporary hearing problems in children.
3. Policy Intended Outcomes	To enable timely intervention to reduce the impact of hearing problems on children's social and educational outcomes.
4. How will you measure each outcome?	Annual reporting of activity and analysis of outcomes.
5. Who is intended to benefit from the policy?	School age children in Cornwall.

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: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Audiology and hearing screening staff. CHSWG.
6c. What was the outcome of the consultation?	Approved.
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	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
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: Demelza Wake, Head of Paediatric Audiology

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](#)