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Yours sincerely

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Information Governance Administrator

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Summary report of the Newborn Hearing Screening Programme Risk Assessment and Quality Assurance in Hackney

September 2012

Summary Report of the NHSP Risk Assessment and Quality Assurance in Hackney: based on Site Self Assessment

Audience	Provider services; NHSP, Audiology, Children's Services; CHSWG; Chief Executives; Commissioners; Public Health (PCT, SHA); NHSP QA Board; Department of Health - National Screening Committee
Overall rating for each service in newborn hearing care pathway; includes Quality Standards and KPI activity	<p>Screening: <i>Acceptable standard of service is met</i></p> <p>Audiology: <i>Acceptable standard of service is met</i></p> <p>Medicine: <i>Acceptable standard of service is exceeded</i></p> <p>Early Intervention <i>Acceptable standard of service is met</i></p> <p>See section 11 for details</p> <p>Site mean self assessment rating: 4.19</p> <p>QA Team Scores: 4.54</p> <p>Highest possible score = 5. See sections 10 & 11 for details</p>
Mean rating score in the NHSP Quality Standards	
Visit Recommended	no

1. SITE DETAILS AND KEY INFORMATION

NHSP site	Hackney
Date of Review	19 September 2012
Date of previous Review	28 th – 30 th September 2010
NHSP Team Leader	Dr Mirsada Smailbegovic

Site name	Hackney	Model	Hospital
Implemented since	2006	Births per annum	4800
The service is commissioned by		City and Hackney PCT	
The SHA region is		NHS London	
Screening carried out at		Homerton University Hospital	
Diagnostic audiology carried out at		Hackney Ark	
Habilitative audiology undertaken at		Hackney Ark	
Targeted audiology follow up is carried out at		Hackney Ark	
Children with PCHI are referred for early intervention to		The Learning Trust – Education Hackney – Social Care	
There is a Children's Hearing Services Working Group (CHSWG)			

Report contents:

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2. EXECUTIVE SUMMARY

This Quality Assurance Summary Report of the local Newborn Hearing Screening programme at Hackney is based on self assessment by the service stakeholders of their performance against each of the Quality Standards. Additional information and supporting evidence submitted by the local programme has been examined by a multi disciplinary Quality Assurance (QA) team of expert peer reviewers in a desk top exercise to verify self assessment scores.

An expert peer review of the initial electrophysiological diagnostic test (ABR) has been undertaken as an integral part of the QA programme and the outcome is included in this report.

The issues identified by the local services in section 9 as risks to the continuing delivery of their service are supported by the QA review Team and need to be addressed in order to maintain the quality of the service.

Screening

The screening service assessed within the scope of this review relates to all activity of the local hearing screening programme. The roles of the Local manager and Team Leader are also included.

The service has made good progress in addressing the recommendations from the previous QA cycle.

Significant strengths of the service include clinical audits undertaken and submitted. With respect to the audit of screener dialogue it is assumed that the use of an independent and impartial auditor is not seen to replace the *assessment* of screener dialogue by an experienced senior screener or local manager. The DNA audit is good and an action plan to try to reduce the high number of DNA would be a natural progression.

The NHSP key performance indicator 1: *Screen completed within 4 weeks (5 weeks for Community Sites)* is 97.0% which exceeds the target of 95%. In comparison with the previous QA report the service is commended for maintaining a high percentage in this KPI

The Quality Assurance Review team consider that an acceptable standard of the screening service is met.

Audiology

The Audiology services assessed within the scope of this review include the initial diagnostic assessment of screen referrals; habilitation and management of infants identified with a hearing loss and the targeted surveillance of screen referrals at 9 months.

The service has made good progress in addressing the recommendations from the previous QA cycle.

Initial diagnostic assessment and habilitation and management is provided at Hackney Ark Centre. This same Audiology service also provides for Tower Hamlets local screening programme.

Significant strengths of the service include evidence of audit embedded in the service.

Points for development include improving data entry to eSP and ensuring a failsafe for babies referred for targeted follow up.

The NHSP Key Performance Indicator 2: *Audiological assessment achieved within 4 weeks of screen referral* is 86.3% which does not meet *the target* of 90%.

The outcome of the review of the ABR waveforms is category 2. (*All cases are generally satisfactory but with some improvement indicators*).

See section 11 for a full description

The Quality Assurance Review team consider that an acceptable standard of the audiology service is met.

Medical

The medical service provision assessed within the scope of this review relates to the medical management and aetiological investigations undertaken of babies identified with a permanent hearing loss from the screen.

This Medical service also provides for Tower Hamlets local screening programme.

The service had no recommendations from the previous QA cycle.

There is a strong commitment to providing a family friendly service with a flexible approach for the local predominantly ethnic minority population.

The Quality Assurance Review team consider that an acceptable standard of the medical service is exceeded

Early Intervention

The Early Intervention service provision assessed within the scope of this review refers to the initial and ongoing support provision following referral from Audiology, which enables families to make informed choices for their children.

The service has made some progress in addressing the recommendations from the previous QA cycle. Of particular note the service has achieved a review of the information documents shared with parents.

Significant strengths of the service include regular testing of hearing aids in the home environment.

Points for development include considering the need for a deaf role model and reviewing 52 week cover which involves a teacher of the deaf and introducing a communication policy.

The Quality Assurance Review team consider that an acceptable standard of the Early Intervention service is met

3. KEY PERFORMANCE INDICATORS (FROM TRENDS)

Key Performance Indicator 1 Screen completed within 4 weeks (5 weeks for Community Sites) by PCT <i>target 95%</i>	97.0%
Key Performance Indicator 2 Audiological assessment achieved within 4 weeks of screen referral by PCT <i>target 90%</i>	86.3%

Data taken on 02/07/2012 for the period of 2011 – 2012

4. YIELD (DATA FROM TRENDS) FROM APRIL 2006 TO MARCH 2012

- yield of unilateral PCHI 0.66 /1000 (expected 0.6/1000)
- Yield of bilateral PCHI 1.49 /1000 (expected 1.1/1000)

5. PROGRAMME CENTRE SUMMARY OF LOCAL PROGRAMME ISSUES IN THE LAST FULL YEAR (2011- 2012)

There are no current vacancies for screening local manager/team leader

Use of SEDQ is completed

There are no outstanding discrepant data queries

Any other comments/outstanding issues

6 babies on eSP that are pending assessment and are older than 90 days (at the time of the Review)

Screen referral lost to follow up is 5.38% (target is <10%)

6. ABR REVIEW

An external expert review of the initial diagnostic electrophysiological assessment (ABR waveforms) has been undertaken. Four waveforms (two with satisfactory outcome and two with identified hearing loss) were submitted. The reviewer has awarded;

Category 2 - All cases are generally satisfactory but with some improvement indicators

The outcome of the review has been communicated to the Audiology Department.

Section 11 has a description of all possible categories

7. SELF ASSESSMENT: ASPECTS OF GOOD PERFORMANCE

No	Description
	<p>Screening</p> <p>All outpatient appointment packs include an 'interpreter' page with instructions in 23 languages for non-English speaking families on how to access advocacy/interpreting services.</p> <p>Addressed issues with families from the Orthodox Jewish community not attending appointments by setting up clinics within their community centres exclusively for the target audience. We signed up a service level agreement with the Jewish mother and baby home where mothers and babies would be resident for 5-7 days after birth thereby giving us a captive audience. Also published a quarterly write-up in The Jewish Tribune, a widely read publication in the Jewish community.</p>
	<p>Audiology <i>Habilitation and Management</i></p> <p>Following diagnosis and disclosure of hearing loss further appointment is offered for further debrief and impression taking to allow for the pace of the parents. Wider family members are then able to attend if parents wish.</p>
	<p>Medical Management and Aetiology</p> <p>Population consists mainly of ethnic minority families. They are often accompanied by extended family to appointments. We have a dedicated Bilingual worker for Bengali families working as a part of our team.</p> <p>We have a child friendly waiting area. we use the NDCS information leaflets in bengali, punjabi and urdu and these are displayed in our department. We provide a satellite clinic at Tower Hamlets for residents there.</p>
	<p>Early Intervention (education)</p> <p>This term we held a 10 week family sign course with NDCS</p> <p>TODs check hearing aids at every visit by listening and gather information about functional hearing e.g. response to Ling sounds and feed back to audiology. SLT and Portage worker make basic hearing aid checks at their visits and alert TODs and Audiology to problems.</p> <p>The TODs have close links with individuals from the Sensory Team in Social Care. This is a team mainly for adults but because of the interest of individuals they join the CHSWG, coffee mornings, Deaf Awareness week.</p> <p>This year we have looked at ways of improving our early years service; developed a family service plan which we are using with new families; held a review meeting with ToDs, SLT, Portage to discuss our work with families-facilitated by ToD from neighbouring borough with a well established pre-school service; attended training on 'assessing functional hearing and speech development'; 'accelarating speech development of children with hearing impairment from birth to five years (this was part of East London Paediatric Audiology Interest Group).</p>
	<p>CHSWG</p> <p>Education services have been instrumental in identifying a parent who is active in support groups, has a good relationship with other parents and is happy to attend the CHSWG.</p>

8. SELF ASSESSMENT: KEY CHALLENGES AND RECOMMENDATIONS

8.1. The Classification of Recommendations

Level 1: Considered to be High Risk to the programme's objectives

Level 2: Considered to be Medium Risk to the programme's objectives

Level 3: Considered to be Low Risk to the programme's objectives

'0' : Indicates that this action is outstanding from previous visits

Recommendations are,

- automatically generated in response to how questions were answered in the Self Assessment Questionnaires OR
- added following the Review

No	Recommendation	Level
Screening		
1	Ensure that there is a planned programme for screening equipment replacement.	1
2	Families' views of the service should be actively sought and acted on.	3
3	A local written outcome override policy is required	3
Audiology		
4	Take active measures to ensure compliance with the timescale of screen referral to diagnostic assessment in 4 weeks (KPI 2)	1
5	Ensure checklists are available and given to discharge cases	3
6	Improve the prompt entry of data to eSP	3
7	Develop the use of listening questionnaires with families to monitor and evaluate hearing aid benefit; this could be achieved by liaising with Education colleagues	3
8	All cases of late identified children with PCHI should be reviewed as a department, to ensure that any changes necessary can be implemented.	3
Early Intervention (education)		
9	Arrangements should be in place to ensure that the social care needs of families of deaf children are identified, assessed and reviewed.	2
10	Review 52 week cover to ensure cover by a teacher of the deaf for newly identified babies during holiday periods.	1
11	Explore training an additional TOD in early years in order to build capacity.	3
12	Services should have an up to date communication policy or similar – see the NDCS publication on Communication 2010.	2

9. RISKS TO CONTINUING SERVICE DELIVERY: AS IDENTIFIED BY SERVICES

No	Risks (e.g. succession planning; critical mass; resources)
	<p>Audiology</p> <p><i>Habilitation and Management</i> Our team works across 2 neighbouring boroughs and therefore work with 2 screening teams and 2 education services. We are continually looking at ways of reducing this as a challenge.</p> <p>We now ensure a member of the team is present at both CHSWGs to allow better sharing of information. We are in the process of setting up our Education Services with NHS.net accounts to allow for information to be shared more securely.</p> <p>Ongoing discussions occur regarding the funding of the service across the boroughs and stake holder meetings will be attended by both Team Leader and Clinical Lead as well as our overarching strategic manager.</p> <p><i>Targeted Follow Up</i> This aspect of the service has not received as much attention due to prioritisation of ABR and PCHI. We recognise the need to have failsafe checks and will have a system to pursue this.</p>
	<p>Medical Management and Aetiology</p> <p>There have been many management changes over the last year (management of RNTNE to UCH, Hackney Ark joining Homerton and Tower Hamlets community services joining with Barts Health.) As a result some clinical pathways will change but there is also opportunity to improvise on existing pathways. There are some longstanding commissioning issues [pertaining to individual boroughs Hackney and Tower Hamlets] which need teasing out, this is a challenge to the service.</p> <p>A senior management post was decommissioned and there is considerable reorganisation amongst the senior management. All this change poses some stress to the existing members of staff as we try to keep up with the new processes and consolidate links with the new management.</p>
	<p>Early Intervention (education)</p> <p>From the 1st August Hackney Learning Trust within Hackney Council will be running education Services in the borough. We do not see that there will be any changes to our service as a result of this move.</p> <p>A current challenge is that we have no resource provision in the borough, although we pay for one place at a Children's Centre in a neighbouring borough (2 children attend part time).</p>
	<p>CHSWG</p> <p>Membership has expanded. The Commissioner has been invited to attend these meetings in an effort to gain greater support in carrying out future goals.</p> <p>Current Challenge to ensure regular representation of all member services.</p>

10. ASSESSMENT OF SERVICE DELIVERY IN LINE WITH QUALITY STANDARDS

Quality Standard	Target	Self Score	QA Team Score	Source of Evidence
1 Appropriately trained interpreters available when required	All	4	5	Screening Local Manager
1 Appropriately trained interpreters available when required	All	5	4	Audiology Initial Electro Diagnostic Service
1 Appropriately trained interpreters available when required	All	5	4	Audiology Habilitation and Management
1 Appropriately trained interpreters available when required	All	4	4	Audiology targeted Follow Up
1 Appropriately trained interpreters available when required	All	4	4	Medical Management and Aetiology
1 Appropriately trained interpreters available when required	All	4	4	Early Intervention
2 Parents to have written and verbal information on hearing screening in the ante natal period	All	4	4	Screening Local Manager
3 Maternity notification to eSP	90%<6h	5	5	Screening Local Manager
4 Mother to have written and verbal information about the screen and data storage	All	5	4	Screening Local Manager
5 Mother to be offered Newborn Hearing Screen	99%	5	5	Screening Local Manager
6 Screen Started	98%	5	5	Screening Local Manager
7 Screening tests completed within 4/5 weeks	95%	5	4	Screening Local Manager
8 Decline screen	0.10%	4	4	Screening Local Manager
9 No Clear Response rate	Table	4	4	Screening Local Manager
10 Screening Outcomes set	99% < 3m	4	3	Screening Local Manager
11 Archiving screening data	All < 6w	5	5	Screening Local Manager
12 Screening data accuracy	98% electronic (Hosp); check data (comm.)	5	5	Screening Local Manager
13 Checklists for appropriate language and auditory behaviour development	All – screening and audiology	4	4	Screening Local Manager
13 Checklists for appropriate language and auditory behaviour development	All – screening and audiology	5	4	Audiology Initial Electro Diagnostic Service
13 Checklists for appropriate language and auditory behaviour development	All – screening and audiology	4	3	Audiology targeted Follow Up
14 Referral for audiological assessment and targeted follow up	All <3 wkg d	4	4	Screening Local Manager
14 Referral for audiological assessment and targeted follow up	All <3 wkg d	5	3	Audiology Initial Electro Diagnostic Service

14 Referral for audiological assessment and targeted follow up	All <3 wkg d	3	3	Audiology targeted Follow Up
15 Follow up of referrals with initial audiological assessment with exceptions for diagnostic reasons	All offered < 4 w; All offered < 9 m	3	3	Audiology Initial Electro Diagnostic Service
15 Follow up of referrals with initial audiological assessment with exceptions for diagnostic reasons	All offered < 4 w; All offered < 9 m	3	3	Audiology targeted Follow Up
16a Permanent Childhood Hearing Impairment (PCHI) cases confirmed and entered into eSP		4	4	Audiology Initial Electro Diagnostic Service
16a Permanent Childhood Hearing Impairment (PCHI) cases confirmed and entered into eSP		3	4	Audiology Habilitation and Management
16b A comprehensive range of electrophysiological tests are performed in a competent manner		5	4	Audiology Initial Electro Diagnostic Service
16c A comprehensive range of behavioural assessments are offered and performed by competent staff		4	4	Audiology Habilitation and Management
16c A comprehensive range of behavioural assessments are offered and performed by competent staff		5	4	Audiology targeted Follow Up
17 Explanation of assessment and result	same day as assessment	4	4	Audiology Initial Electro Diagnostic Service
17 Explanation of assessment and result	same day as assessment	4	4	Audiology targeted Follow Up
18 Explanation of deafness and support mechanisms	Early support info given	4	3	Audiology Initial Electro Diagnostic Service
18 Explanation of deafness and support mechanisms	Early support info given	3	3	Audiology Habilitation and Management
18 Explanation of deafness and support mechanisms	Early support info given	4	3	Audiology targeted Follow Up
19 Referral for aetiological Investigations and paediatric assessment	All with PCHI	4	5	Medical Management and Aetiology
20 Informing Education/Support Services	Edu informed < 1 wkg d; Edu contact family <1 wkg day; visit offered <2 wkg d	4	3	Audiology Initial Electro Diagnostic Service
20 Informing Education/Support Services	Edu informed < 1 wkg d; Edu contact family <1 wkg day; visit offered <2 wkg d	4	3	Audiology Habilitation and Management
20 Informing Education/Support Services	Edu informed < 1 wkg d; Edu contact family <1 wkg day; visit offered <2 wkg d	4	3	Audiology targeted Follow Up
20 Informing Education/Support Services	Edu informed < 1 wkg d; Edu contact family <1 wkg day; visit offered <2 wkg d	4	3	Early Intervention
21 Availability of early support	Expl of support	4	5	Early Intervention
22 Ongoing co-ordinated support	Main prof contact	4	4	Early Intervention
23a Hearing aid fitting offered for confirmed cases of hearing loss where appropriate		5	4	Audiology Habilitation and Management

23b Hearing aids fitted to match the amplification needs of the infant in order to provide effective amplification		5	4	Audiology Habilitation and Management
23c Hearing aid use and functioning		4	5	Early Intervention
24 Parents to be informed and supported with respect to developing early communication with their child	Full range of comm. options	4	3	Early Intervention
25 Access to family care support	Routine access to fcs	2	3	Early Intervention
26 Support for children with complex needs	Complex needs responded to < 1w of id.	4	5	Early Intervention
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	4	Screening - Team Leader - Homerton University Hospital
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	3	Audiology Initial Electro Diagnostic Service
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	3	Audiology Habilitation and Management
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	3	Audiology targeted Follow Up
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	5	Medical Management and Aetiology
27 Governance structures and strategic partnerships are in place to ensure the service is delivered to NHSP Quality Standards		4	4	Early Intervention
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce		4	4	Screening - Team Leader - Homerton University Hospital
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce		5	5	Audiology Initial Electro Diagnostic Service
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce		5	4	Audiology Habilitation and Management
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce		4	4	Audiology targeted Follow Up
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce		4	4	Medical Mangement and Aetiology
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce-education		5	5	Early Intervention
28 The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce – social care		5	4	Early Intervention
A Support Networks		5	5	Early Intervention

10.1. Additional Rating: self assessment rating

Quality Improvement	
Rating	Source
4	Screening
4	Audiology Initial Electro Diagnostic Service
4	Audiology Habilitation and Management
4	Audiology targeted Follow Up
4	Medical Mangement and Aetiology
4	Early Intervention

Family Friendly	
Rating	Source
4	Audiology Habilitation and Management
	Audiology targeted Follow Up
5	Medical Mangement and Aetiology

CHSWG	
Rating	Source
4	N/A

11. EXPLANATION OF RATING

A ABR Review categories

- Category 1 - All cases are satisfactory with no (or only minor) issues
- Category 2 - All cases are generally satisfactory but with some improvement indicators
- Category 3 - Discharge cases are generally satisfactory with or without improvement indicators. PCHI cases have more significant shortcomings
- Category 4 - Both discharge and PCHI cases have significant shortcomings
- Category 5 - Serious shortcomings

B Quality Standards

Rating of performance against each quality standard a 1- 5 scale is used by stakeholders and the QA review team

A description of elements expected for a rating 5 is given as guidance for each quality standard in the self assessment questionnaires, along with an indication of supportive evidence.

- 1 Does not meet any elements of this standard
- 2 Meets some elements of the standard
- 3 Meets about half of the elements of the standard
- 4 Meets most of the elements of the standard
- 5 Meets all of the elements of the standard

Mean assessment score is the average of all ratings given in the Quality Standards and Family Friendly and Quality Improvement sections. Highest possible score is 5.

C Service rating guidance

An acceptable standard of service is exceeded when all of the following are achieved

- Relevant key performance indicators exceed the target
- ABR review category of ≤ 2 (Audiology services)
- There are no level 1 or 2 recommendations from this review
- All self assessment ratings relating to service are 4 or 5 which can be backed by secure evidence
- There is evidence of innovative practice or service development which enhances the family experience and/or has resulted in measurable quality improvement in delivery of the service

An acceptable standard of service is met when all of the following are achieved

- Relevant key performance indicators are met
- ABR review category ≤ 3 (Audiology services)
- 70% of Quality standards self assessment rating of 4 or 5 which can be backed by secure evidence

An acceptable standard of service is not met when neither of the above levels is attained

NHSP Quality Standards

NHSP Quality Standard	Criteria	Performance Indicator
1	Appropriately trained interpreters available when required	All
2	Parents to have written and verbal information on hearing screening	All
3	Maternity notification to eSP	90% within 6 hr
4	Mother to have written and verbal information about the screen and data storage at the appropriate stages throughout the screening care pathway and confirm understanding	All
5	Mother to be offered Newborn Screen	99% of eligible ¹ babies
6	Screens Started	98% of eligible babies
7	Screen completed by 4 weeks of age (hospital model) or 5 weeks of age (community model) in Well babies of 4 weeks corrected age in NICU babies	95% of eligible babies
8	Decline Screen	<0.1%
9	No clear response rate	Varies dependent on stage of screen
10	Screening Outcomes set	99% < 3 months of age
11	Archiving screening data	All < 6 weeks
12	Screening data accuracy	Hospital: 98% electronically Community: Check data
13	Checklists for appropriate language and auditory behaviour development	All screening and audiology
14	Referral for audiological assessment and targeted follow up	All < 3 working days
15	Follow up of referrals with initial audiological assessment (with exceptions for diagnostic reasons)	All offered < 4 weeks All < 9 months
16	Permanent Childhood Hearing Impairment (PCHI) cases confirmed and entered into eSP	80% 6 months 98% by 12 months
16b	A comprehensive range of electrophysiological tests are offered and performed in a competent manner	Full range of diagnostic electrophysiological tests
16c	A comprehensive range of behavioural assessments are offered and performed by competent staff	Full range of behavioural tests
17	Explanation of assessment and result	Same day as assessment
18	Explanation of deafness and support mechanisms	Early support info given
19	Referral for aetiological investigations and paediatric assessment	All with PCHI
20	Informing Education/ Support Services	Children's Services informed < one working day Visit offered < two working days
21	Availability of early support	Explanation of support
*A	Support networks	Opportunity to meet other families
22	Ongoing co-ordinated support	Main professional contact
23a	Hearing aid fitting offered for confirmed cases of hearing loss where appropriate	All offered < 4 weeks
23b	Hearing aids fitted to match the amplification needs of the infant in order to provide effective amplification	Aids fitted to guidelines
23c	Hearing aid use and functioning	Regular checks of hearing aids
24	Developing early communication	Full range of communication options
25	Access to social care support	Routine access for all
26	Children with additional needs	Complex needs responded to < one week
27	Governance & strategic partnerships	Standard procedures followed, with clear lines of responsibility and accountability
28	Commissioning	Service meeting the needs of the care pathway in terms of resources; capacity and competent workforce

The full version of the NHS Newborn Hearing Screening Quality Standards is available from <http://hearing.screening.nhs.uk/>

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