

# Newborn Hearing Screening Quality Assurance Programme

	This document is produced to support completion of the NHSP self assessment questionnaires for the Quality Assurance programme
Title	NHSP QA Round 4: Quality Standards Rating ALL SERVICES
Author	Christine Cameron
Date	18 April 2012
Audience	NHSP Team Leaders and Local Managers Programme Centre Staff

## NHSP QA Round 4: Quality Standards Rating All Services

### Rating

When you are completing the electronic self assessment questionnaires your professional judgement will be required when making decisions to rate the performance of your service against each Quality Standard. To guide you in these decisions and to develop a greater consistency across all local screening programmes the Rating 5 Activity for each Quality Standard is described (5 = Meets all of the elements of the standard). The activity described for a Quality Standard is to be regarded as ‘core’ activity and there may be additional associated activity.

If you feel that your service meets all the activity described for a particular Quality Standard **AND** that you are able to provide evidence to support the activity then please rate your service as 5.

If you feel that your service meets **most** of these activities (and you have supportive evidence) then please rate your service as 4.

A service that meets about half of the activities of the standard will be rating 3

A service that meets some of the activities of the standard will be rating 2

A service that does not meet any of the activities of the standard will be rating 1

In some Quality Standards **core activity** for a rating 3 or a rating 4 is described.

**For example:** Rating 3 and above must include ‘*All parents receive written (Booklet: Screening tests for you and your baby) and verbal information on hearing screening during the antenatal period.*’

If this core activity is NOT undertaken, even though all other rating 5 activity is performed, the rating must be 2.

## Evidence

The evidence that would support the rating is given for each quality standard and you will be asked to tick which evidence you have in the questionnaires.

If you do not have any supporting evidence then the performance rating should be 2

You are not requested to upload all the evidence but please be aware that you may be asked to provide some evidence as part of the desk top review. It is expected that you would have any evidence easily to hand so that it could be forwarded to the peer review QA team.

## Required evidence

- all local care pathways
- all local audits
- local reports
- summary of parent satisfaction surveys

**Please upload evidence onto My QA page or send to [rfh-tr.nhsp-QA@nhs.net](mailto:rfh-tr.nhsp-QA@nhs.net)**

Please ensure that the documents are clearly labeled so the QA Team knows to which quality standards they relate.

The Peer Review QA team will be basing their assessments on this documentation.

**Standard 1** Appropriately trained interpreters available when required: Information should be accessible to the family throughout the care pathway

### **All services**

#### **Evidence to support the rating:**

- Trust / Service / departmental policy
- Evidence of Staff knowledge of policy and booking procedure
- Audit/exception reports on interpreter availability

#### **Rating 5 would include, but is not limited to**

Interpreting services are always available when needed and all staff are aware of the Trust/Service policy on using interpreters and how to access them. The use of interpreters is audited and/or exceptions reported. There is a Trust/departmental/Service written policy on use of interpreters.

### **Screening**

**Standard 2** Parents to have written and verbal<sup>1</sup> information on hearing screening (antenatal period)

#### **Evidence to support the rating:**

- Parent satisfaction survey
- Dates of midwifery update sessions
- Audit

#### **Rating 5 would include, but is not limited to**

All parents receive written (Booklet: Screening tests for you and your baby) and verbal information on hearing screening during the antenatal period. The midwives providing the information are regularly updated and provide parents with the opportunity to ask questions. This is subject to audit.

#### **Rating 3 and above must include**

All parents receive written (Booklet: Screening tests for you and your baby) and verbal information on hearing screening during the antenatal period.

**Standard 3** Maternity notification to eSP

#### **Evidence to support the rating:**

- Written procedures for use in the event of non availability of eSP
- Details of the maternity system lead user/midwife to whom concerns are escalated
- Well managed transfer lists in eSP
- Evidence of process to identify eligible babies born outside of England e.g. cross checks with Child Health record systems

<sup>1</sup> Whenever we use verbal we mean to include use of appropriate interpreters where required

**Rating 5 would include, but is not limited to**

≥90% of birth notifications are received by eSP within 6 hrs. Midwifery are aware of the significance of prompt birth registration and accurate data entry. There is liaison with an identified lead user/midwife for the maternity system in the event of problems. There is a manual process in the event of non availability of eSP. There is a local process to identify eligible babies born outside of England. Transfers and shares within eSP are managed daily.

**Standard 4** Mother<sup>2</sup> to have written and verbal information about the screen and data storage, at the appropriate stages throughout the screening care pathway and confirm understanding

**Evidence to support the rating:**

- parent satisfaction survey
- screener competency assessment records
- availability of screening booklets

**Rating 5 would include, but is not limited to**

Accurate verbal information is provided at each stage of the screen, including an explanation regarding consent and data storage. All screeners have been assessed as being competent in providing this information. Written information (Booklet: 'Screening tests for your baby') available on request. Questions relating to information provision have been included in parent satisfaction surveys.

**Standard 5** Mother to be offered Newborn Screen

**Evidence to support the rating:**

- Quality Standards Headline Reports A & C
- National eSP discharge report

**Rating 5 would include, but is not limited to**

99% of eligible babies were offered the screen (as reported in the latest Quality Standards Headline Report A (by PCT)). Every effort is made to ensure the screen is offered prior to discharge (hospital sites) or at the primary visit (community sites). The 'screens offered' figure is monitored by the Local Manager and fail safes are in place to ensure the screen is offered to all eligible babies.

**Standard 6** Screen started

**Evidence to support the rating:**

- Quality Standards Headline Reports A
- Staff rotas
- Local data on "early discharges"
- Local procedures for setting outpatient appointments

<sup>2</sup>The term 'mother' is used to indicate any person(s) with parental responsibility

**Rating 5 would include, but is not limited to**

≥ 98% of eligible babies had their screen started (as reported in the latest Quality Standards Headline Report A (by PCT)). Screener working hours meet the needs of the service, including cover at weekends. The 'screens started' figure is closely monitored by the Local Manager. Every effort is made to complete the screen in hospital but if an incomplete screen is unavoidable, the parents are provided with an outpatient appointment prior to discharge (Hospital sites). Parents are provided with an appointment for an AABR at the time of the AOA referral (Community Sites).

**Standard 7 Screen completed****Evidence to support the rating:**

- Quality Standards Headline Reports A
- KPI 1 data
- National reports on adherence to protocols
- Well managed transfer lists in eSP
- Audit of outpatient clinic attendance
- Screener competency assessment records

**Rating 5 would include, but is not limited to**

≥95% of eligible babies completed the screen by 4 weeks (hospital sites) and by 5 weeks (community sites) (as reported in the latest Quality Standards Headline Report A (by PCT)). The KPI 1 target is consistently met. The 'screens completed' figure is monitored by the Local Manager. There is timely transfer and sharing of eSP records to the responsible sites. All national screening protocols are adhered to and regular checks are in place to ensure this. Outpatient attendance rates are monitored and clinic locations/times/procedures reviewed when indicated by local audit. All staff providing the screening outcome to parents have been assessed as competent to do so.

**Rating 3 and above must include**

≥95% of eligible babies completed the screen by 4 weeks (hospital sites) and by 5 weeks (community sites) (as reported in the latest Quality Standards Headline Report A (by PCT)).

**Standard 8 Screen declined****Evidence to support the rating:**

- Quality Standards Headline Reports A
- Standard letters used for screen declines
- Audit/exception reports re screen declines

**Rating 5 would include, but is not limited to**

≤ 0.1% of parents of eligible babies declined the screen (as reported in the latest Quality Standards Headline Report A (by PCT)). The 'screens declined' rate (overall and by individual screener), is

monitored by the Local Manager. A checklist is given to parents who decline the screen and there is a local protocol in place offering an age appropriate assessment at a later date if wished. The appropriate professionals are informed if the screen is declined.

#### **Standard 9 No Clear Response rate**

##### **Evidence to support the rating:**

- Quality Standards Headline Reports A
- National reports re screener refer rates
- Screener competency assessment records
- Decontamination protocol
- Equipment logs
- Calibration certificates

##### **Rating 5 would include, but is not limited to**

The percentage of referrals from each stage of the screen meets the no clear response quality standards (9a-9m) (as reported in the latest Quality Standards Headline Report A (by PCT)). The referral rates (overall and by individual screener) are monitored by the Local Manager. Screeners are regularly assessed for their competence in carrying out the screen and identified training needs are addressed. There is liaison with the local infection control team and a written protocol for decontamination of screening equipment. All routine equipment checks are carried out and logged and the Local Manager monitors this. Equipment calibration is up to date.

#### **Standard 10 Screening Outcomes set**

##### **Evidence to support the rating:**

- Quality Standards Headline Reports A
- Local policy on screening outcome overrides
- Evidence of searches in eSP for routine monitoring of screening outcomes

##### **Rating 5 would include, but is not limited to**

≥ 99% of screening outcomes were set within 3 months of age (as reported in the latest Quality Standards Headline Report A (by PCT)). There is a local policy for when a screening outcome may be overridden by a screener and this is regularly monitored by the Local Manager. The patient journey is used daily in eSP to ensure all screening outcomes have been set. There is a weekly check to monitor screening outcomes that differ from the eSP suggested outcome.

#### **Standard 11 Archiving screening data**

##### **Evidence to support the rating:**

- Specific screening data retrieved on request

##### **Rating 5 would include, but is not limited to**

Archived screening data is stored on a secure network location. There is a clear and agreed naming convention for archived data files such that results can be easily located and retrieved.

#### **Standard 12** Screening data accuracy

##### **Evidence to support the rating:**

- Manual data entry log
- Completed discrepant data reports
- QA checks in eSP

##### **Rating 5 would include, but is not limited to**

All screening data is uploaded to eSP via SEDQ or (if SEDQ is not fully implemented) all screening results are uploaded electronically. SEDQ has been fully implemented and or is in process with a specific implementation date. There is a local procedure for manual data entry; the Local Manager investigates all manually entered data identified in the monthly “discrepant data” reports produced by the Programme Centre. All other discrepant data identified in the monthly “discrepant data” reports produced by the Programme Centre is investigated and actioned appropriately.

##### **Rating 3 and above must include**

There are no records outstanding from discrepant reports, older than a month

**Standard 13** Checklists for appropriate language and auditory behaviour development: All parents given checklists when screening completed with CR / CR, declined or at discharge from assessment to promote awareness of need to be watchful for possible hearing problems as child develops

#### **Screening & Audiology**

##### **Evidence to support the rating:**

- Screener competency assessment record
- Availability of the checklists (either PCHR or separately)
- Audit
- Local written procedure

##### **Rating 5 would include, but is not limited to**

All parents have access to the checklists when screening is completed with clear responses, when screening has been declined or when the baby has been discharged following audiological assessment.

Screeners promote awareness of the need to be watchful with regards late onset of a hearing loss. Regular screener competency assessments include this.

Audiologists promote awareness of the need to be watchful with regards late onset of a hearing loss. This is monitored.

**Standard 14** Referral for audiological assessment and targeted follow up: In order to ensure timely referral for audiological assessment, all babies are referred for audiological assessment at the time of the screen refer or within 3 working days, in exceptional circumstances.

Babies requiring targeted follow up at 7-9 months should also be referred directly to audiology

### **Screening & Audiology**

#### **Evidence to support the rating:**

- Local written policy on referral process
- Local information leaflets
- Letters to professionals detailing the screen outcome and follow up arrangements
- Parent satisfaction survey including items about the referral process and information
- Evidence of routine eSP searches (pending follow-up and targeted follow up)

#### **Rating 5 would include, but is not limited to**

All babies with no clear response on screen completion are referred for full diagnostic audiological assessment. The screener is able to make a diagnostic appointment in consultation with parents at the point of screen referral. Parents are given the appointment details prior to discharge - verbally and in writing. All parents are provided with the leaflet 'Your baby's visit to the Audiology Clinic' and any other locally produced information. Appropriate professionals are informed of the screen outcome and follow up arrangements. There is a clear written policy that details the procedure. There is a regular weekly check that all referrals have been appointed or received in audiology.

Babies requiring a targeted follow-up are identified in accordance with the national surveillance guidelines. There is a regular check to ensure that all babies have been appointed in audiology.

#### **Rating 4 and above must include**

The screener is able to make a diagnostic appointment in consultation with parents at the point of screen referral

### **Audiology**

**Standard 15** Follow up of referrals with initial audiological assessment (with exceptions for diagnostic reasons

a) In order to have a swift assessment following the screen, all parents of babies that refer from the screen and wish to continue should be offered an appointment that is within 4 weeks of screen completion or by 44 weeks gestational age

b) All parents whose baby required targeted follow up should be offered an assessment before the baby is 9 months of age.

#### **Evidence to support the rating:**

- Care pathways
- Attendance policy
- KPI 2 data
- Audits (attendance at follow up and targeted follow up)

**Rating 5 would include, but is not limited to**

There is sufficient capacity in audiology to offer follow up appointments within the required time frame. There is a regular weekly check to identify referred babies not seen by audiology within the timeframe. The KPI 2 target is consistently met. Cases where the target is not met are investigated. There are active processes to encourage and facilitate attendance at follow up as outlined in the recent document "Good practice in securing high follow up rates for NHSP referrals". There is an agreed policy on non attendance including informing appropriate professionals.

There is a regular check to ensure all babies for targeted follow up are appointed by Audiology within the timeframe and an audit of attendance is carried out.

Audiology data is entered into eSP within an appropriate time scale to facilitate audit and monitoring of follow up.

**Rating 4 and above must include**

The KPI 2 target is consistently met or very nearly met

**Rating 3 and above must include**

There is a regular weekly check to identify referred babies not seen by audiology within the timeframe.

**Standard 16a** Permanent Childhood Hearing Impairment (PCHI) cases confirmed and entered into eSP. In order to ensure timely diagnostic assessment and management of all babies with a significant hearing loss, 80% of babies with PCHI to be confirmed by 6 months of age and 98% by 12 months of age.

**Evidence to support the rating:**

- Audiology data in eSP
- Audit report
- Case notes
- Audit summaries of PCHI cases not identified by NHSP

**Rating 5 would include, but is not limited to**

Audiology appointments and data for screen referrals are entered into eSP. The number of cases identified with PCHI and their age of identification is monitored and audited against the targets for age of identification. There is a mechanism to review any cases of PCHI not identified by NHSP and this is the responsibility of a named senior clinician in screening or audiology.

**Rating 3 and above must include**

The number of cases identified with PCHI and their age of identification is monitored and audited

**Standard 16b** A comprehensive range of electrophysiological tests are performed in a competent manner. All referrals can be tested with the full range of diagnostic electrophysiological tests, as deemed appropriate.

**Evidence to support the rating:**

- Written test protocols
- Evidence of internal review and monitoring

- Evidence of attendance at training courses and CPD records
- Peer review records
- Case notes, clinical letters and reports and Clinic lists
- Calibration certificates

**Rating 5 would include, but is not limited to**

Babies that refer on the screen undergo ear specific and frequency specific threshold measurement by air and bone conduction in line with national guidelines. There are up to date departmental protocols that follow national guidance. There is a system for internal review and monitoring. Audiologists have attended training, access CPD and see sufficient cases to maintain competence. There is a system of external review. There is sufficient equipment. Equipment undergoes regular calibration.

**Rating 3 and above must include**

Ear specific and frequency specific threshold measurement by air and bone conduction, in line with national guidelines

**Standard 16c** A comprehensive range of behavioural assessments are offered and performed by competent staff. All cases, including targeted screens, are tested using a full range of behavioural tests appropriate to their age and stage of development.

**Evidence to support the rating:**

- Written test protocols
- Evidence of internal review and monitoring
- Evidence of attendance at courses and CPD records
- Peer review records
- Case notes, clinical letters and reports and Clinic lists
- Calibration certificates

**Rating 5 would include, but is not limited to**

A comprehensive range of behavioural tests is used such that ear specific and frequency specific thresholds by air and bone conduction are measured in line with national guidelines. There is a system for internal review and monitoring. Audiologists have attended training, access CPD and see sufficient cases to maintain competence. Audiologists have been externally assessed. There is sufficient equipment. Equipment undergoes regular calibration.

**Rating 3 and above must include**

Routine use of VRA to measure ear specific and frequency specific thresholds by air and bone conduction

**Standard 17** Explanation of assessment and result. In order to enable parents' understanding of child's hearing status, all parents of those assessed to get appropriate verbal explanation of the assessment results on the same day that the assessment is carried out.

**Evidence to support the rating:**

- Evidence of attendance at courses and CPD records

- Case notes
- Parent feedback survey

**Rating 5 would include, but is not limited to**

Parents are always given an explanation of the audiological results on the day of assessment. Those giving the explanation have attended a relevant course.

**Standard 18** Explanation of deafness and support mechanisms.

In order to enable parents' understanding of the child's hearing status and support available, all parents of babies with a confirmed hearing loss should be given an appropriate explanation of and information about deafness (including the early support information to parents booklet on deafness), together with details of the early support available and contact details.

**Evidence to support the rating:**

- Contents of the information pack
- Name of person responsible for reviewing and updating the information
- Parent satisfaction survey

**Rating 5 would include, but is not limited to**

All parents are given a verbal explanation and written material about deafness including early support materials, NDCS information and other local information. There is local agreement about who is responsible for giving this information (audiologist, Teacher of the Deaf etc). Parents are provided information for a key contact within both audiology and education. The information given to families is reviewed at regular intervals by named person.

**Standard 19** Referral for medical management. In order to ensure early developmental assessment and opportunity for aetiological investigation, all parents of babies with confirmed hearing loss to be offered medical management that includes aetiological investigations and paediatric medical assessment, by an appropriately trained and knowledgeable person, as soon as possible so that parents have an opportunity to make an informed decision about uptake.

**Medicine**

**Evidence to support the rating:**

- Case notes
- Job description
- Audit reports
- Written protocols

**Rating 5 would include, but is not limited to**

All babies with PCHI (including bilateral, unilateral and mild) are referred for aetiological investigations medical management in a timely manner. The Medical management is provided as per national guidelines and is regularly audited. The doctors providing this service have attended a relevant training course.

**Rating 3 and above must include**

All babies with moderate or worse bilateral PCHI are referred for aetiological investigations medical management in a timely manner.

**Standard 20** Informing Education/ Early Support Services. In order to give families immediate support, education/ early Support Service must be informed of all babies with a confirmed hearing loss within 1 working day of the confirmation.

The family must be contacted within 1 working day after this and offered a visit within 2 working days.

### Audiology

#### **Evidence to support the rating:**

- Audit report
- Case notes
- Family survey outcome

#### **Rating 5 would include, but is not limited to**

There is a system in place that enables Education to be present at the audiological assessment at which a PCHI (bilateral) is confirmed. Education is informed on the day of confirmation (or the next day) verbally, followed by a written confirmatory report within 2 working days.

The date of referral is recorded in eSP and audited regularly.

#### **Rating 3 and above must include**

Education is informed on the day of confirmation (or the next day) verbally, followed by a written confirmatory report within 2 working days

### Early Intervention

#### **Evidence to support the rating:**

- Family files
- Audit report
- Feedback from families – interview or questionnaire

**Rating 5 would include, but is not limited to**, a clear protocol between health and early intervention services (primarily education) that ensure that there is consistent and timely response to a referral of confirmed PCHI. Families should receive a same day response from early intervention services and be offered a visit, at a place and time of their choice wherever possible, within two working days. The services offered to families should be the same whether the referral is made in or out of term time. All services involved in supporting families should have clear protocols and pathways that ensure the sharing of information ensure that families receive a coordinated service. The referral system is robust and is audited regularly to ensure no delays.

#### **Rating 3 and above must include**

52 week cover

**Early Intervention****Standard 21 - Availability of early support:**

To ensure families have information of the full range of support available both locally and on a national basis, all families of babies with confirmed PCHI are provided with an explanation of the full range of support available and are given the Early Support publications: 'Helping you choose: making informed choices for you and your child' and 'Information for Parents: Deafness' together with the NDCS booklet 'Communication with your Deaf Child'

**Evidence to support the rating:**

- Feedback from families – interview or questionnaire
- List of Publications

**Rating 5 would include, but is not limited to**

Education provide families with the full range of information about support that is available to them, using the publications listed, so that the families can make an informed choice and decision about their child

**Standard 21A - Support Networks:**

To ensure provision of peer support and increase understanding of deafness, all families of babies are given the opportunity to meet other families of deaf children and also contact with older deaf children and adults.

**Evidence to support the rating:**

- Feedback from families – interview or questionnaire
- Schedule of group meetings
- Information sheet

**Rating 5 would include, but is not limited to**

All families are offered the opportunity to meet with other families of deaf children, older deaf children and adults for the purposes of support and increased awareness and understanding of deafness.

**Standard 22 - Ongoing co-ordinated support:**

In order to enable a co-ordinated and coherent delivery of service for children and families, all families of babies with confirmed PCHI are offered a main professional contact to a) provide ongoing regular support and b) ensure a coordinated and coherent service.

**Evidence to support the rating:**

- Referral protocols and pathways
- Information sharing documents
- Family Service Plan or equivalent
- Feedback from families – interview or questionnaire

**Rating 5 would include, but is not limited to,**

All services involved in supporting families should have clear protocols and pathways that ensure the sharing of information so that families receive a coordinated service. Families should have a named lead professional contact

**Standard 23a** Hearing aid fitting offered for confirmed cases of hearing loss where appropriate. All appropriate cases offered hearing aid fitting within 4 weeks of confirmation of hearing loss, unless delayed for management reasons.

**Audiology****Evidence to support the rating:**

- Results of searches in eSP showing relevant dates for PCHI cases
- Audit reports
- Case notes

**Rating 5 would include, but is not limited to**

The decision to fit hearing aids is taken in conjunction with parents and other members of the multidisciplinary team. Hearing aids are fitted within the required timescale (i.e. within 4 weeks of confirmation) unless deliberately delayed for management reasons. The Teacher of the Deaf/Educational audiologist is usually present at the first fitting. The time to offer and first fitting is regularly audited and reported. The dates that aiding is offered and agreed are entered in eSP. The dates of aiding and the relevant details are entered in eSP.

**Rating 3 and above must include**

Hearing aids are fitted within the required timescale (i.e. within 4 weeks of confirmation) unless deliberately delayed for management reasons.

**Standard 23b** Hearing aids fitted to match the amplification needs of the infant in order to provide effective amplification. Appropriate hearing aids are fitted according to MCHAS guidelines and programmed with appropriate features using real ear measures and prescriptive fitting rule

**Audiology****Evidence to support the rating:**

- Case notes and clinical letters and reports between education and audiology
- Individual management plans
- Audit reports
- Parent satisfaction survey
- Hearing aid programming details
- Written protocols

**Rating 5 would include, but is not limited to**

Hearing aids are fitted in accordance with MCHAS guidelines and programmed with appropriate features using real ear measures and a prescriptive fitting rule. RECDs are measured at initial fit and at regular intervals thereafter. Hearing thresholds are monitored at regular intervals and prescriptive

settings modified accordingly. Families are given care kits, written information on aids and written advice on use.

There is a regular exchange of information between education and audiology. Audiology provide education with full details of the aids and programming information after initial fit and after each regular review. Education supply audiology with information about use and benefits of aids. This exchange of information may be accomplished by use of an Individual Management Plan, attendance of the Teacher of the Deaf at audiology reviews or other agreed mechanisms. Hearing aid fittings are reviewed and modified in the light of information about use and benefit from amplification.

Appointments for repeat ear impressions are offered within two working days. There is a fast turnaround of new ear moulds from the manufacturer and new ear moulds can be posted direct to families by the manufacturer. Faulty hearing aids are replaced in one working day.

There is a regular review and audit of aspects of this standard

### **Rating 3 and above must include**

RECD measured (or attempted) at initial fit

Hearing thresholds are monitored at regular intervals

#### **Standard 23c - Hearing aid use and functioning:**

To ensure optimal habilitation and support beyond the clinical setting, there are effective arrangements in place for ongoing audiological management, including hearing aid use and function in the home, and regular information is provided to contribute to each baby's audiology care plan.

### **Early Intervention**

#### **Evidence to support the rating:**

- Case notes
- Reports between education and audiology eg progress summary, MP
- Individual management plans
- Audit reports
- Feedback from families – interview or questionnaire
- Written protocols eg monitoring function and use of aids in the home by ToD
- Written guidance to families about hearing aid care and use

**Rating 5 would include, but is not limited to**, a clear protocol or care pathway on how deaf babies' communication, attending, listening and vocalisations are tracked, monitored and assessed over time in a variety of contexts and environments. All deaf babies and children have in place an audiology care/management plan that is shared with families and all those supporting the child and family. Functioning of hearing aids is regularly checked in the home by ToD and families have been shown how to carry out daily listening checks and troubleshoot straight forward problems with hearing aids and earmoulds

### **Rating 3 and above must include**

There are demonstrable ways in which information is shared and fed back to audiology from early interventionists (usually education).

**Standard 24 - Developing early communication:**

To ensure that families can make and review decisions about early communication in a supportive framework, all families of babies with PCHI to be given information about the full range of communication approaches and supported in their choices, in accordance with the principles of Informed Choice.

**Evidence to support the rating:**

- List of publications given to parents
- Examples of publications used by professionals
- Feedback from families – interview or questionnaire

**Rating 5 would include, but is not limited to**

A full range of communication approaches is available to families. Professionals adopt the principles of Informed Choice when discussing communication options with families. Families are provided with appropriate information materials for example the NDCS booklet 'Communicating with your Deaf Child' and the Early Support Informed Choice Booklets for families.

**Rating 3 and above must include**

Professionals adopt the principles of Informed Choice when discussing communication options with families.

**Standard 25 - Access to Social Care Support:**

The social care needs of all families with a deaf child should be reviewed as part of an initial assessment by the Lead Professional. In all areas there should be available a member of Social Care staff, with appropriate expertise in working with deaf children and their families to respond to the identified needs

**Evidence to support the rating:**

- Referral protocols and pathways
- Information sharing documents
- Evidence that there is an appropriately trained or experienced social care worker
- Audit of offer of social care services to all families of children with PCHI
- Feedback from families – interview or questionnaire

**Rating 5 would include, but is not limited to** a clear protocol between health/early intervention services (primarily education) and social care that ensure that there are clear referral pathways for the families of babies and children with confirmed PCHI. Families are offered an initial assessment by an appropriately trained or experienced social care worker within an agreed time frame. All services involved in supporting families have clear protocols and pathways that ensure the sharing of information so that families receive a coordinated service.

**Standard 26 - Children with additional needs:**

To ensure deaf children with additional needs and their families receive co-ordinated and coherent assessment and support, when a baby has additional needs they are supported by professionals with appropriate expertise. These additional needs are responded to within one week of their identification.

**Evidence to support the rating:**

- Protocols and pathways
- Individual case studies
- Additional training/qualification undertaken by the professionals
- Evidence of experience of working in different context with children with additional needs e.g. special schools, specialist resource bases.
- Documentary evidence of joint planning with other services
- Documentation of the use of the Early Support materials in particular the information booklets and the Family Service Plans

**Rating 5 would include, but is not limited to,**

There is a protocol for assessing each deaf child to identify any additional needs. This includes referral pathways and how the professionals involved in supporting the child assess and monitor them over time. The professional supporting the child with additional needs and their family, has the skills, competencies and experience in the specific area of need. There is liaison and joint planning with any other services involved with the child and their family.

**CHSWG****Evidence to support the rating:**

- minutes of meetings
- terms of reference
- action plan

**Rating 5 would include, but is not limited to**

An effective CHSWG has a regular wide representation of professionals, voluntary services and service users, including parents. The group has agreed terms of reference and meets on a regular basis every 3 months. An effective CHSWG has the authority to act on behalf of service providers at practitioner, managerial and strategic level and be accountable for their activities. Parents and service users are equal partners who contribute to the agenda and there is a mechanism for regular feedback to the wider group of parents and service users. CHSWGs should have a clear action plan with an identified focus and a mechanism to report on their outcomes and achievements.

**Rating 4 and above must include**

The CHSWG has a regular wide representation of professionals, voluntary services and service users, including parents.

**Standard 27** Governance structures and strategic partnerships are in place to ensure the service is delivered to meet NHSP Quality Standards, with clear lines of responsibility and accountability

**All services**

**Evidence to support the rating:**

- Protocols and pathways
- Policies
- Job descriptions
- Outcome, audit and Activity reports
- CHSWG minutes
- Risk register
- Incident reports

**Rating 5 would include, but is not limited to**

- Written and agreed care pathways that follow national guidance and pathways
- Management and operational responsibility for the service is included in the job description of an appropriate person and this is regularly reviewed
- Clinical responsibility and leadership of the service is included in the job description of an appropriate person and this is regularly reviewed
- Outcomes and activity are monitored, audited and reported within the provider unit
- Outcomes and activity are monitored and reported externally to commissioners and public health
- Good integration and multi disciplinary working with relevant professional groups, services and groups e.g. (as appropriate): Midwifery, Screening, Audiology, Medical Lead, Early Intervention, CHSWG, CI Centres, Social Care
- Active risk management is in place
- Incidents or potential incidents are reported in line with Trust and national guidelines

**Standard 28** The commissioned service meets the needs of the care pathway in terms of resources; capacity and competent workforce.

**Evidence to support the rating:**

**All services**

- Details of staffing to activity ratio
- Competency assessments (screeners)
- Training course and CPD records
- Professional registration details

**Screening**

- Sufficient and appropriately trained staff to provide the service
- Sufficient equipment and an appropriate base for administration, access to IT and equipment storage
- Staff undertake sufficient activity to maintain competence
- Evidence of staff training, monitoring, and ongoing competency assessments

**Audiology**

- Sufficient and appropriately trained staff to provide the service
- Sufficient equipment, appropriate test accommodation
- Critical mass of cases seen or if not measures taken to ensure networking
- Evidence of staff training, review and ongoing CPD

**Medical**

- Sufficient and appropriately trained staff to provide the service
- Access to all aetiological investigations requested
- Critical mass of cases seen or if not measures taken to ensure networking, peer review

**Early Intervention**

There is sufficient and appropriately trained staff to provide the service and meet the needs of families and children. Appropriate resources are available. A critical mass of cases is seen, or if not measures are taken to ensure networking.

A quality improvement culture is in place

**Evidence to support the rating:****All services**

- Patient/service user feedback
- Audit reports and action plans
- Team meeting notes and minutes
- Performance review records and schedules
- Course certificates

**Rating 5 would include, but is not limited to****Screening**

The service actively solicits feedback from parents/service users by a variety of means (surveys, focus groups, representatives etc) and acts on feedback received. Audit and monitoring is embedded in the service with action plans to address any issues identified. There are regular team meetings to discuss the service and mechanisms to enable all members of the team to suggest service improvements.

All staff have a regular performance review and identified training needs are met.

There are links and networks with neighbouring newborn hearing screening programmes.

**Audiology, Medical, Early Intervention**

The service actively solicits feedback from parents/service users by a variety of means (surveys, focus groups, representatives etc) and acts on feedback received. Audit and monitoring is embedded in the service with action plans to address any issues identified. There are regular team meetings to discuss the service and mechanisms to enable all members of the team to suggest service improvements.

All staff have a regular performance review and identified training needs are met.

There is a system for peer review of professional practice. Staff participate in journal clubs, peer review process and other CPD activities.

## Family Friendly practice

**Audiology; Medical**

The following examples of family friendly practice have been taken from the 'Principles of family-friendly hearing services for children' Baguley et al., 2000:

- All families are all different – the extended family is involved in management
- The audiological management plan is agreed with and given to parents
- There are systems in place for sound family/professional and professional/professional communication
- Information is given to parents in written and verbal form, in language and style that the family can understand and are comfortable with.
- Repeated appointments are offered where information is given and questions answered: where the ongoing dialogue is begun.
- Professionals involved with the family are trained in listening skills, and families are offered formal counselling from an appropriate professional source when required.
- Prompt response to parental concerns
- Prompt access for new impressions/loan aids
- Moulds sent directly to parents from manufacturer
- Care if provided in a convenient location or in the home
- Families are involved in CHSWG and strategic decision making
- Separate Children's waiting area
- Meeting the needs of families is more important than meeting targets

**Evidence to support the rating:**

- Results of parent/service user surveys and consultations and resulting action plans and changes
- Copies of Individual Management Plans/reports that are given to parents
- Use of "key worker" in audiology and other services
- Information about the physical environment, location and accessibility of your service
- Involvement of parents in CHSWG and other forums

**A service that meets Rating 5** would be able to answer "yes" to all or most of these principles outlined.