Document Title:	**NEWBORN HEARING SCREENING PROGRAMME (NHSP) CLINICAL OPERATIONAL POLICY**		
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Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**	9, 12		
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Author/Contact: (Asset Administrator)	Carolyn Pursey, Newborn Hearing Screening Programme Manager		
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Professionally Approved by: (Asset Owner)	Dr J Cyriac, Consultant Paediatrician and NHSP Team leader	**Date:**	5th November 2019
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Consulted With:	**Post/ Approval Committee/ Group:**	**Date:**
Roslyn Bullen-Bell	Head of Midwifery & Gynaecology Women & Children's Services	5th November 2019
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Ruth Byford	Warner Library	17th October 2019

Related Trust Policies (to be read in conjunction with)	09062 Mandatory training policy for Maternity Services (incorporating training needs analysis) 04225 Examination of the newborn infant 08078 Lone worker policy MSBPO-18003 Overarching Information Sharing Protocol

Document Review History:			
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1.0	Carolyn Pursey		September 2009
1.1	Carolyn Pursey		March 2011
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2.0	Carolyn Pursey		July 2012
3.0	Carolyn Pursey		October 2013
4.0	Carolyn Pursey		28 March 2017
4.1	Carolyn Pursey	Clarification to points 5.6; 5.11; 9.5; appendices 3 and 6	11 September 2017
5.0	Carolyn Pursey	Full Review	6th December 2019

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1.0 Purpose

1.1 To outline the purpose and function of the Newborn Hearing Screening Service as agreed through the National Screening Programme.

1.2 To ensure all staff using the facility understand the philosophy of the service and work as a team providing family friendly care to the newborn babies and their parents.

2.0 Equality Impact Assessment

2.1 Mid Essex Hospital Services NHS Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2.2 The Preliminary Equality Analysis (PEA) form has been compiled see Appendix 5.

3.0 Aims of the Service

3.1 The aim of the service is the early detection of unilateral or bilateral moderate to profound permanent childhood hearing impairment.

3.2 To offer a hearing screen to all eligible newborn babies born within Mid Essex locality using the defined national protocols for screening.

3.3 To screen all eligible babies using the defined national protocols for screening within 4 weeks of birth and by 44 weeks gestational age for babies who have been in a Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit (NICU) for more than 48 hours.

3.4 Timely referral to Audiology of babies identified through the screen as requiring further assessment. This includes babies requiring targeted follow-up assessment at 7-9 months of age, e.g. babies who did not complete their screen or babies who require on going surveillance due to the presence of specific risk factors, irrespective of the outcome of the screen.

3.5 To provide all screening and paediatric audiology services in a seamless family friendly way.

3.6 To provide timely and accurate information about the effectiveness and quality of the service to the local population, the Commissioner, the Newborn Hearing Screening Collaborative Commissioning Sub-Group and the National Programme Centre for the NHSP.

4.0 Scope of the Service

4.1 The Newborn Hearing Screen is offered to all newborn babies born within Mid Essex.

4.2 **Newborn hearing screening activity**

	2016-2017	2017-2018	2018-2019
Deliveries for Year	4715	4630	4349

4.3 All newborn babies born within Mid Essex and babies under 3 months old who have moved into the area (and who are the responsibility of the Commissioner) without having previously completed a hearing screen will be offered an appointment.

4.4 Babies born at home or in a private hospital and babies that are discharged before completing the screen will be offered an appointment at an outpatient clinic nearest to their home address.

4.5 All babies are considered eligible for the screen unless there is evidence of hearing impairment as in babies with unilateral or bilateral microtia or atresia (grossly abnormal or absent pinna or ear canal in one or both ears) OR if the baby has had confirmed or suspected bacterial meningitis. These babies should not be screened but should be referred directly for audiological assessment.

4.6 All babies at other Hospitals outside Mid Essex will be offered a screen prior to discharge.

4.7 All Mid Essex babies are notified to the Mid Essex Newborn Hearing Screening Programme based at Broomfield Hospital, Court Road, Chelmsford, Essex CM1 7ET, who are responsible for ensuring all babies are offered screening.

4.8 **Newborn hearing screening activity**

	2017	2018
Babies screened	4639	4324
Babies referred to Audiology	66	46
Babies diagnosed with Permanent Child Hearing Impairment	6	6
Babies referred to Community for targeted follow up appointment due to risk factors identified	25	24
Declined screens	0	1

4.9 Hours of Service

Newborn Hearing Screening service is available 7.00 a.m – 5.00 p.m. (Monday - Friday) and 8.00 a.m – 4.00 p.m (Saturday – Sunday), 52 weeks of the year, with the exception of Bank Holidays. These babies will be sent an outpatient appointment to attend a local clinic as soon as possible.

4.10 Outpatient Clinics

13.00 – 16.00	Broomfield Hospital (Chelmsford)	Wednesday's & Friday's weekly
12.00 – 15.00	WJC Birth Centre St Michael's (Braintree)	Mondays weekly
13.00 – 16.00	St Peter's Hospital (Maldon)	Thursdays weekly

4.11 Clinic Template

(Refer to Appendix 1)

4.12 Staffing Profile

Team Leader	0.07 whole time equivalent
Local Screening Manager	0.73 WTE
Senior Hearing Screeners	2 x 1.00 = 2.00 + 3 x 0.61 = 1.83 TOTAL = 3.83 Total service WTE 4.63 (Inclusive of strategic and manager's roles) whole time equivalent

5.0 Work Flows

5.1 All babies born within 24 hours will be put on to Smart4hearing(S4H), the NHSP Screening Management System database once Maternity service have linked baby to the mother and issued the baby with an NHS number.

5.2 Home births will be put on to (S4H) database by Child Health Department (Central Essex Community Services) when the Community midwife has referred details of the birth.

5.3 Verbal consent is obtained to outline the giving of consent for the screen to be done and for the results to be held on a national database (S4H). This is documented in baby's postnatal notes on the Postnatal Ward or baby's own notes if on Neonatal Unit (A406). If baby attends an Outpatient Clinic, the verbal consent is documented on the (S4H) database.

5.4 Babies who have moved into Mid Essex area are notified to the NHSP Screening Manager or via the Mid Essex Child Health Department or Health Visitor. It is then the

responsibility of the Newborn Hearing Screening Manager to request the screening data from the hospital of the baby's birth.

5.5 Babies should have their screen started and, where possible, completed by the local screening team before their discharge from their birth hospital.

5.6 For well babies screened in hospital, the screen following the birth can take place within hours of birth. Best results are usually after four hours following the birth. Babies that have been cared for in Neonatal Unit (A406) for more than 48 hours should ideally be screened as close to discharge as possible, when they are well enough to test and preferably after any significant medical treatment has been completed although it is appreciated that this may not always be possible. An Audiology Surveillance form is completed by the paediatrician and given to the screener to identify any risk factors that may require a targeted follow up appointment arranged in the community at 7-9 months.
(Refer to Appendix 4)

5.7 Babies who move into the area aged between birth and 3 months of age who have not been screened should be offered a screen by the local screening team in their new area of residence. The responsibility for identifying these babies lies with the Health Visitor, local Child Health Department or Screening Manager of the local screening service via the screening management IT system. It is then the responsibility of the Screening Manager of the local screening service to arrange an appointment to carry out the screen.

5.8 Babies who move into the area aged between 3 and 6 months would normally be offered an age-appropriate audiological assessment at 7- 9 months. The responsibility for identifying these children and for referral to Audiology lies with the GP, Health Visitor or other member of the primary health care team.

5.9 To meet the National Programme Centre for the NHSP Quality Standards, follow-up appointments should be organised so as to allow for completion of the screen within 4 weeks of birth (well babies) and by 44 weeks gestational age for babies that have been cared for in the Neonatal Unit (A406) or more than 48 hours.

5.10 If the family does not attend this appointment they will be offered at least two further appointments to enable them to complete the screen. A letter will be sent at this time to the parents and copied to GP and Health Visitor informing them of the missed screen and the baby will be discharged from the screening programme.

5.11 For babies whose parents declined the screen or who did not complete it for whatever reason or whose newborn hearing screen indicated that an early follow-up assessment by Audiology was required but who did not attend that assessment, detailed care pathways are laid down in the National Programme Centre for the NHSP guidelines for surveillance and audiological monitoring, which must be adhered to for the purpose of Safeguarding rather than the process described in the Trust Access Policy.

5.12 In the event of the service not being offered because the baby is due to go directly to the full audiological assessment. It is the responsibility of the co-ordinator/manager of the screening service to discuss this with the parent(s) in conjunction with the paediatricians and midwives, so that an appropriate referral is made.

5.13 It is the responsibility of Audiology to arrange the appointment and any follow-up assessment of these children. Direct referral of babies for audiological assessment

following the administration of ototoxic drugs is at the discretion of the responsible clinician.

5.14 Newborn Hearing Screening – Patient journey will be reviewed every two years and prior if service changes occur.
(Refer to Appendix 2)

6.0 Key Relationships

6.1 Key Operational Requirements

6.1.1 Appropriate training system available and appropriate environment for screening.

6.1.2 Annual reviews to maintain quality.

6.1.3 Ears, Nose and Throat (ENT) and Audiology Service in order to refer babies.

6.2 Key Relationship with other Departments

- Acute Maternity Services
- Community Maternity Services covering the following areas:
    - Chelmsford
    - WJC Birth Centre St Michael's Day Hospital, Braintree
    - St Peter's Hospital, Maldon
- Postnatal Ward
- Antenatal Day Assessment
- Labour Ward
- Neonatal Unit
- Acute and Community Paediatricians
- Audiology Department
- ENT Outpatient Clinics
- ENT Consultants and Medical Teams
- Children's Hearing Services Working Group
- Mid Essex Outpatient Clinic's x 3
    - Broomfield Hospital
    - WJC Birth Centre, St Michael's Day Hospital
    - St Peter's Hospital
- Child Health Department
- Community Audiologist
- Community ENT
- Health Visitors

6.3 Transporting of Equipment

6.3.1 This is carried out by screeners using their own transport or sent via Hospital transport.

6.3.2 For babies who are screened partly or wholly in hospital, it is preferable for the screen to take place at the mother's bedside.

6.3.3 Alternative accommodation within the maternity ward will be made available to the screening team to carry out screening if the level of ambient noise on the ward is too high.

6.3.4 Where babies complete their screen at an Outpatients Clinic, the accommodation used must be appropriate for the carrying out of hearing tests, preferably in rooms that minimise distraction or sound pollution from other activities.

6.3.5 The environment must be as family-friendly as possible (e.g. with an area where parents can settle their baby before the test or where older children can wait).

6.4 Security Requirements

6.4.1 Screening equipment must be locked in Newborn Hearing Screening office at all times when not in use. Access to the office is available to screening staff and Domestic Services. Access to equipment only available to the screening staff.

6.4.2 Family friendly room for Screening on the Postnatal Ward.

6.5 Data Security

6.5.1 Access to MEHT and Community computers with connection to NHSP database for electronic link from screening equipment, Lorenzo, email (Microsoft Office Outlook), Acculink, Internet and Intranet.

6.5.2 NHS net email account will be used when sharing patient information via email to other Health professionals.

6.5.3 All databases must be logged on the Trust Database Register and the Information Governance Manager informed of any changes of usage or changes in the responsible staff.

6.5.4 No patient identifiable information to be shared outside the Trust without a Data Sharing Agreement in place. The only exception to this is where the sharing is considered urgent for the wellbeing of the baby and in line with the Data Sharing Policy (MSBPO-18003 Overarching Information Sharing Protocol) and the Data Sharing Code of Practice issued by the Information Commissioners Office.

6.5.5 If the parents of babies wish to receive information by email, staff must first get their consent to receive e-communications by completing the e-communication consent form which should be filed in the mother’s medical records if the baby is a ‘well baby’ and has no medical record of their own. If the baby has their own medical record, the e-communication form should be filed there.

6.5.6 The screening management IT system is (S4H) used by all screening sites and paediatric audiology services across England to record key information along the entire patient journey from screen to follow-up assessment and management by Audiology. It allows screening services and paediatric audiology services to share appropriate information in a timely manner to support service delivery and facilitates information sharing with other health professionals such as Child Health, Health Visitors etc. A Performance Monitoring System (PMS) has also been developed to enable the data collected through t (S4H) to be analysed for monitoring, audit and reporting purposes through the National Programme Centre for NHSP.

6.5.7 All newborn babies will automatically have a patient record created in (S4H) via the electronic link with the NHS numbering system for newborn babies. The screener has responsibility to enter the screening results into (S4H) and to set the screening test(s) outcome for each baby.

7.0 Staffing and Management Responsibilities

(Refer to Appendix 3)

7.1 Team Leader

7.1.1 The Team Leader and Local Screening Manager will be accountable to the Commissioner for delivery against the service specification. Attending (or ensure appropriate involvement in) local or regional meetings insofar as they relate to issues surrounding newborn hearing screening and paediatric audiology services, in order to keep up-to-date with national/local policy and likely future requirements for service development.

7.1.2 Team Leader is responsible for the management, quality assurance and clinical governance of all aspects of the local screening programme.

7.1.3 It is their responsibility to establish and maintain appropriate professional links within local health services, education and social care services and the voluntary sector to support the delivery of high quality services to the local population.

7.1.4 It is their responsibility to establish and maintain appropriate professional links within local health services, education and social care services and the voluntary sector to support the delivery of high quality services to the local population. The National Programme Centre for the NHSP recommends a minimum of 0.1 whole time equivalent strategic lead per site.

7.2 Local Screening Manager

7.2.1 The Local Screening Manager is the operational lead for the NHS Newborn Hearing Screening Programme and is responsible for the day to day management of all aspects of the programme, audit and quality assurance of the newborn hearing screening service.

7.2.2 The Local Screening Manager will have responsibility for ensuring that the National Programme Centre for the NHSP's protocols and procedures are adhered to and that newborn hearing screening services are delivered in line with the service standards.

7.2.3 The Local Screening Manager must complete the appropriate training courses organised by the National Programme Centre for the NHSP and any other relevant training as required by their contract of employment. The National Programme Centre for the NHSP recommends 1.0 whole time equivalent per 10,000 births (with a minimum of 0.5 whole time equivalent per site).

7.2.4 The Local Screening Manager is responsible for appraisals and practical competency assessments.

7.2.5 The Local Screening Manager is responsible for the management of the budget allocated to ensure financial balance.

7.3 Newborn Hearing Screeners

7.3.1 Newborn Hearing Screeners role is to carry out the hearing screen of newborns within the Maternity Unit and Outpatient Clinics and accurately record clinical and test data.

7.3.2 There should be a sufficient number of trained, competent screeners to ensure that all eligible babies for whom the service is responsible are screened in a timely manner for hearing impairment.

7.3.3 The National Programme Centre for the NHSP recommends that a minimum of 1.0 whole time equivalent screener per 1,250 births be employed in order to provide a safe and adequate service. The Mid Essex service is compliant for births within the Trust. The ratio needs a yearly review to ensure this is maintained in line with the increase in deliveries.

7.3.4 All Newborn Hearing Screeners must complete the appropriate training courses as specified by the National Programme Centre for the NHSP (details of which can be found at www.nhsp.info) and be supported to participate in an on-going programme of training and development opportunities (such as the Health Care Diploma) so that they can maintain and update their skills.

7.3.5 All Newborn Hearing Screeners should be assessed at least once a year for their competency across the full range of practical skills and theoretical understanding necessary to provide a safe and effective screening service.

7.4 Training and Education

	Number of Days	Frequency
Trust mandatory training programme	1	2 years
Accuscreen equipment training	1	Yearly
Practical assessment	1	Yearly prior appraisal
NHSP e-learning – supported by NHSP local Manager	Staff can take as long as necessary within six months	Once passed, no further training.
Health Care Diploma	Staff can take as long as necessary within two years	Once passed, no further training.
Safeguarding training in accordance with the Training Needs Analysis		3 years

7.5 Facilities

7.5.1 Staff to work in collaboration with Maternity Services and to be based on the Maternity ward areas; sharing their facilities to ensure NHS service can be provided.

7.5.2 Breast feeding and baby changing facilities for parents/carers to be available within the unit and outreach clinics.

8.0 Equipment Requirements

8.1 The Service holds 4 Accuscreen hand held pieces of equipment to use for OAE (Oto Acoustic Emissions) and ABR (Automated Brain Stem Response).

8.2 Equipment and consumables are currently supplied by Otometrics UK and funded locally.

8.3 Equipment must be used, maintained and calibrated as per the National Programme Centre for the NHSP Equipment Protocols, which can be found at www.nhsp.info.

8.4 The National Programme Centre for the NHSP has responsibility for procuring screening equipment on behalf of screening sites. The Acute Trust is responsible for replacing screening equipment. It is the responsibility of the screening service staff to provide adequate information regarding equipment replacement to the Trust, in order for an appropriate provision to be made in the annual financial plans. A five-year lifespan for equipment is recommended.

8.5 Any and all mobile media used must be trust approved, logged on the Trust Asset Register, and encrypted in compliance with the Trust Encryption Policy.

9.0 Infection Prevention

9.1 The service will be delivered in accordance with and compliance to the Trust's Infection Prevention Policies.

9.2 Universal Precautions and ANTT (Aseptic Non-touch Technique) will be followed.

9.3 Screening equipment must be cleaned daily and recorded on the calibration record sheet held for each piece of equipment.

9.4 Ear tips, ear muffins and sensors are for single use only.

9.5 Staff will be monitored for compliance by the Local Hearing Screening Manager using monthly data quality reports and observation of clinical skills. In addition, on an annual basis the Local Hearing Screening Manager will utilise the NHSP toolkit to assess quality standards which will be evidenced in staff members' appraisal documentation. The service is supported by Infection Prevention Lead Nurse for Women's and Children's Services.

10.0 Contingency

10.1 Mid Essex Child Health Department sends weekly list to Local Screening Manager of all babies born within our area. Local Screening Manager to ensure that all babies have been screened or offered an appointment.

10.2 When NHS numbers cannot be issued or (S4H) database is unavailable, we need to print Lorenzo ward lists daily to check babies born. Paperwork with birth details and data needs

to be kept confidentially and added to (S4H) manually when baby appears on the system via Child Health department who will issue the NHS number.

10.3 If staff are off sick other screeners on rota day off to be asked to cover. In the event of no cover babies will be offered an outpatient appointment and extra clinics will be held to accommodate the requirements of the service. A verbal explanation and apology will be given to all parents when contacted to arrange a new appointment.

10.4 If equipment is faulty screener to inform screening Manager who reports this to programme centre and arranges for repair or replacement from suppliers. A spare piece of equipment is kept in screening office.

11.0 Auditing and Monitoring

11.1 Team Leader, Head of Midwifery and NHSP Manager to review service yearly. To implement NHSP guidelines and audit by carrying out patient satisfaction surveys at appropriate intervals and report findings at the Children's Hearing Services Working Group meeting who would consider how the service could improve in light of the results. The surveys will comply with NHSP guidelines for surveillance.

11.2 The Team Leader and Local Screening Manager will be accountable to the Commissioner for delivery against the service specification. Attending (or ensure appropriate involvement in) local or regional meetings insofar as they relate to issues surrounding newborn hearing screening and paediatric audiology services, in order to keep up-to-date with national/local policy and likely future requirements for service development.

12.0 References

Newborn Hearing Screening Programme (2012)
Guidelines for surveillance and audiological referral of infants & children following the newborn hearing screen version
https://www.gov.uk/government/publications/surveillance-and-audiological-referral-guidelines

Public Health England (2016)
NHS Newborn Hearing Screening Programme Standards 2016 to 2017https://www.gov.uk/government/publications/newborn-hearing-screening-programme-quality-standards

Public Health England (2015)
Newborn hearing screening care pathways
https://www.gov.uk/government/publications/newborn-hearing-screening-care-pathways

NICE
Postnatal care up to 8 weeks after birth CG37
2006, updated 2015
https://www.nice.org.uk/guidance/cg37

Newborn Hearing Screening Programme (2013)

Guidelines for the early audiological assessment and management of babies referred from the Newborn Hearing Screening Programme v3.1
https://www.thebsa.org.uk/resources/guidelines-early-audiological-assessment-management-babies-referred-newborn-hearing-screening-programme/

National Deaf Children's Society (NDCS) (2019) Newborn Hearing Screening
https://www.ndcs.org.uk/information-and-support/first-diagnosis/newborn-hearing-screening

Appendix 1

Example of Clinic Template

NEWBORN HEARING SCREENING

Monday clinic

CLINIC CODE: WNHSPAUD **DOCTOR CODE: AUD2** **Start**	**PM CLINIC** **12.00 – 15.00** **Finish**	**Old/New**
12.10	12.30	Old/New
12.30	12.50	Old/New
12.50	13.10	Old/New
13.10	13.30	Old/New
13.30	13.50	Old/New
13.50	14.10	Old/New
14.10	14.30	Old/New

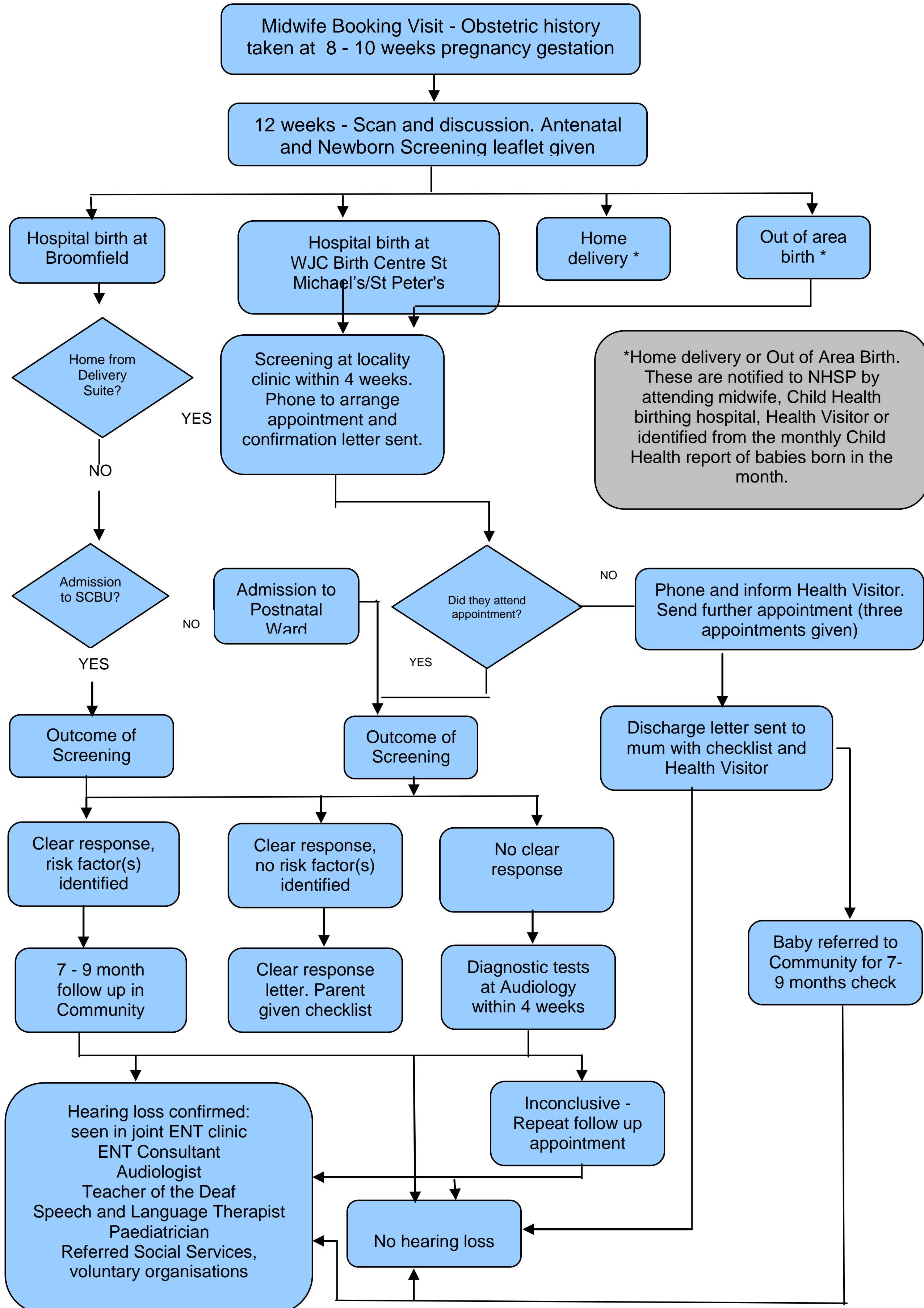
Reviewed 8th October 2019

Appendix 2

MID ESSEX HOSPITAL SERVICES NHS TRUST

NEWBORN HEARING SCREENING

Patient Journey - Flowchart (Reviewed 08/10/2019)



Appendix 3

MID ESSEX HOSPITAL SERVICES NHS TRUST

Organisational diagram of the line management

NEWBORN HEARING SCREENING TEAM

Consultant Paediatrician/Team Leader

NHSP Local Screening Manager

Senior Newborn Hearing Screener

Senior Newborn Hearing Screener

Senior Newborn Hearing Screener

Senior Newborn Hearing Screener

Senior Newborn Hearing Screener

Reviewed 08/10/2019

AUDIOLOGY SURVEILLANCE FORM **Appendix 4**

(TO BE COMPLETED FOR ALL BABIES) **IN NICU/SCBU > 48 HOURS**

Affix label with baby details here or complete details if label not available:	Date and time of admission of baby to NICU/SCBU
NHS number:……………………	……………………………………………….
Hospital Number ………………….	Date Surveillance form completed ………………………..
Surname:…………………………….	Name of staff undertaking Surveillance (print)
First name:…………………………..	…………………………………………………. Consultant/Doctor/Nurse (Delete as appropriate)

1 High level Risk Factors

Babies that require further audiological assessment within 4 weeks due to the high level risk of deafness identified.

These babies need to have a direct referral to the Acute Audiology department by the neonatal medical staff.

	Yes	No	Further comments
• Microtia/external ear canal atresia			
• Bacterial Meningitis or meningococcal Septicaemia			
• Programmable ventriculo-peritoneal shunts in place			
• Confirmed congenital cytomegalovirus (Ccmv)			

Referral forms can be found on the neo natal trolley.

2 Moderate/low level Risk Factors

Babies with these Risk Factors will require further follow up at 7 - 9 months arranged by Newborn Hearing Screening staff

Please answer all the following questions	**Yes or No**	**Further Comment**	
Gentamicin > 48 hours Please state Peak Pre-dose Gentamicin Level.		**RANGE: < 2.0mg/L** **No further follow-up required** **RANGE ≥2.0mg/L** **Referral at 7 – 9 Months**	**PEAK LEVEL**
Congenital Infections Confirmed due to Toxoplasmosis, Rubella or CMV as determined by TORCH screen		If yes please specify:	
Is the baby at risk of: Chronic **middle ear infections** Confirmed syndrome relating to hearing loss e.g. Down's syndrome or cleft palate		If yes please specify	
Is there any evidence of: **Cranio-facial abnormalities** including chromosomal or syndromic conditions.		If so, please specify	
<u>Following risk factors do not need targeted follow up. However the information is needed for audit purpose. Please answer all the questions</u>			
Family History of hearing loss in parents or siblings		If so, please specify	
IPPV > 5 days or who underwent ECMO.		If so, please specify	
Jaundiced at exchange transfusion level?		If so, please specify	
Developed delay associated with a neurological disorder		If so, please specify	

Send Completed form to – NHSP Manager/Screener

Form Received and added to NHSP database by:…………………………………………….

Date…………………………………………………………………….Review July 2020

Appendix 5: Preliminary Equality Analysis

This assessment relates to: Newborn Hearing Screening / 09073

A change in a service to patients		A change to an existing policy	X	A change to the way staff work	
A new policy		Something else (please give details)			

Questions	Answers
1. What are you proposing to change?	Full Review
2. Why are you making this change? **(What will the change achieve?)**	3 year review
3. Who benefits from this change and how?	Patients and clinicians
4. **Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5. a) Will you be undertaking any consultation as part of this change? **b) If so, with whom?**	Refer to pages 1 and 2

Preliminary analysis completed by:

Name	Carolyn Pursey	**Job Title**	Newborn Hearing Screening Programme Manager	**Date**	September 2019