

**GUIDELINE FOR REVIEW AND REPORTING OF LATER IDENTIFIED
PERMANENT CHILDHOOD HEARING IMPAIRMENT (PCHI). Version
2 – Joint Derby and Burton.**

Ref: CG-PAEDS/4032

1. Introduction

The New-born Hearing Screening Programme (NHSP) was established across England in 2006. A significant proportion of children with permanent childhood hearing impairment (PCHI) are expected to be identified by this screening programme. However, the prevalence of PCHI increases with age and no screening programme is infallible. Therefore, each programme provider, and the associated paediatric audiology service, are required to have a process in place to review children with PCHI who are identified outside of the New-born Hearing Screening Programme.

2. Review summary:

The review process will examine adherence to protocols and diagnostic timescales:

- 2.1 The screening episode.
- 2.2 The early audiology assessment for children referred from the screen.
- 2.3 The pathway to audiology and time interval to diagnosis.
- 2.4 The targeted follow-up of children with risk factors.

The NHSP Local Manager and NHSP Team Leader, the Paediatric Audiologist who diagnosed the child, the Paediatric Team Lead, and the Head of Paediatric Audiology will have input in the case review.

3. Incident reporting

Currently a Datix is completed for each late-identified case as part of the local review process. It is not the aim of the review, nor is it possible, to retrospectively state whether the hearing screen gave a 'correct' result. However, if the review identifies cases where the protocols at the time were not followed, referrals not made or appointments offered, local and national incident reporting and review processes should be followed (NHSE/I, 2021).

The NHSP Local Manager is responsible for identifying if a NHSE/I Screening Incident Assessment Form (SIAF) requires completing and documenting in-line with the NHS Screening Programme Framework (PHE, 2017) and communicate with the Screening Quality Assurance Service (SQAS).

4. Review process

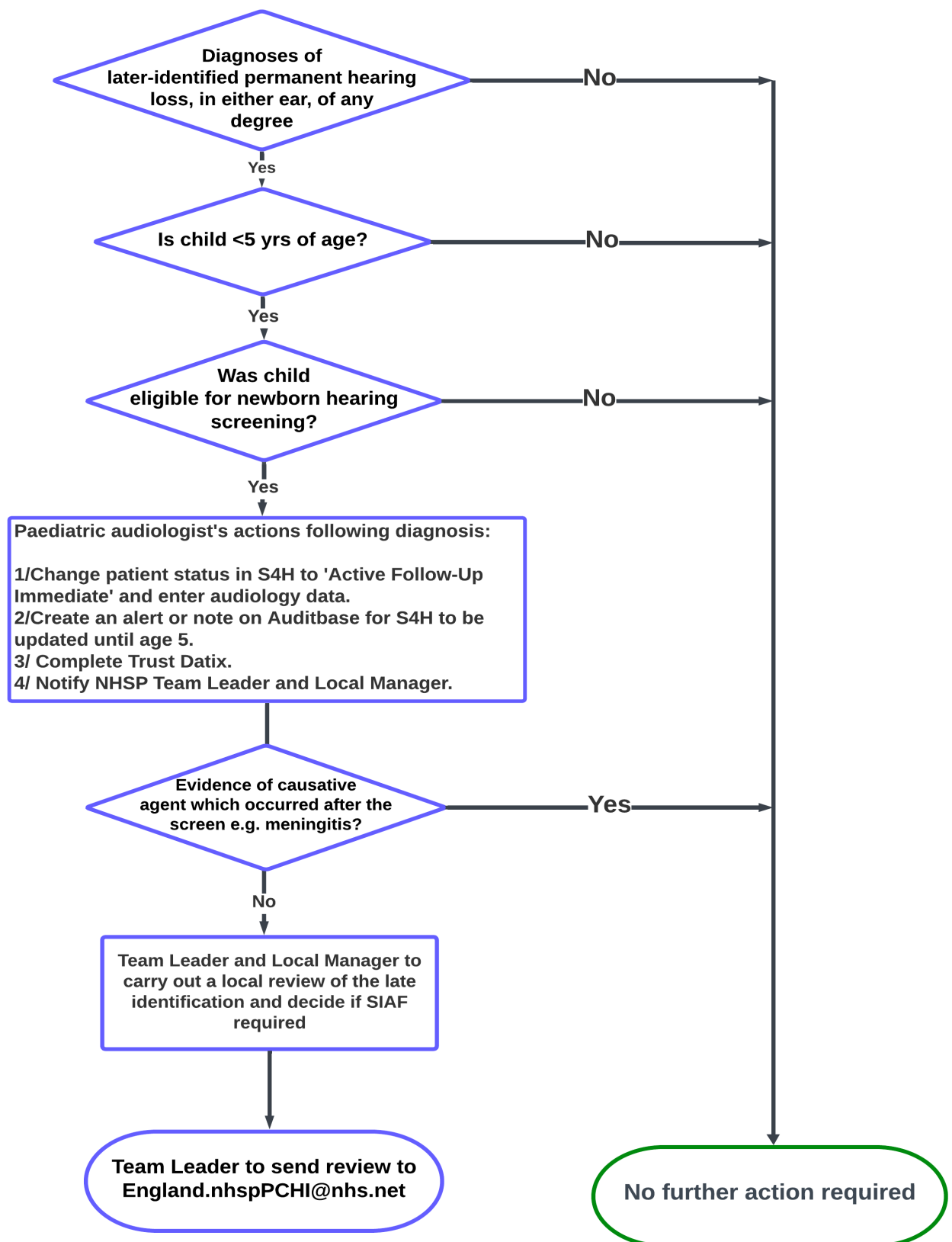


Figure 1: Flow chart for case review (S4H, 2024).