The Newborn Hearing Screening Programme

Quality Improvement Project

**Background**

Hampshire Hospitals Foundation Trust (HHFT) Newborn Hearing Screening (NBHS) service was delivered in two different ways:
1. Basingstoke – Health visitors screened babies.
2. Winchester and Andover – screening (funding) provided by Southampton, screeners who came to the hospital sites and screened babies on day 1 or 2 after birth.

Drivers for the change in service

Changes in Health visiting service meant that they were no longer going to provide the service.
The screening service provided by Southampton screeners to Winchester and Andover could continue but would be charged for. The changes in the funding meant that the NBHS was to become part of the Postnatal tariff in Maternity and that the current funding arrangements were not going to continue. If HHFT paid for the current service, the estimated cost would be £35 per screen x 6,000 babies = £210,000 per year.

The Vision was for HHFT to ‘own their NBHS programme’.

**Aim**

To provide a new, efficient and effective local community based pathway for the Newborn Hearing Screening Service

**Project plan/outline**

- Complete re-design of NHSP service, community based ‘local where possible’ model decreasing acute site activity.
- Maternity Support Worker’s (MSW) to be trained and qualified to provide service on day 5.
- Equipment and venue costs kept to a minimum.
- To ensure targets are within NHSP guidelines to optimise wellbeing of the newborn.
- Project to focus on first stage of NHSP AOA1.
- Leadership, engagement, networking and communication key to success of the project.

**New HHFT Newborn Hearing Screening Pathway**

**Key Stakeholders**

- Paediatric AD
- NBHS local manager
- HR (tupe process)
- Operational manager
- Head of Midwifery
- Project Manager/lead
- Admin support for communication
- IT /Business Intelligence

**Summary**

- Data shows Key performance indicators (KPI’s) – achieved 99% and 100%.
- Unforeseen benefit – 70% less babies need re-screening as test now later.
- Reduced anxiety and stress for parents, optimising care provision.
- Local community service rather than central/acute site service.
- CQC, Staff and patient feedback excellent.
- Gold standard PHE targets of within 4-5 weeks.
- Cost improvement and sustainable service.

**Lessons Learnt**

- To ensure a robust design, good communication and engagement.
- Having the right people together at the beginning of the project.

**Actions Taken**

- Committee formed (key stakeholders) holding regular meetings.
- Project lead/manager appointed to provide leadership and oversee training, plus new staff appointments (2 WTE MSW’s).
- In house training days, 7 on-line modules, OSCEs.
- Implementation project time frame – 6 months.
- Source venues for screening.
- Source equipment and test at venues.
- Data input training onto NHSP ‘otopers’.
- Screening monitored/data check against birth data.
- Close involvement of project lead (trained as screener to support workforce and fully engage).
- Continuous evaluation of project.

**References**