

1. Introduction and Who Guideline applies to

This document is a local guideline for use within Hearing Services Department (HSD) at UHL to identify safeguarding issues specifically linked to hearing loss or HSD appointments. As missing clinical appointments may be a safeguarding issue, this guide also includes the local DNA guidelines.

Any member of staff can refer to the safeguarding team and should be aware of the UHL trust policy. As these guidelines are based on clinic attendance and compliance, it is likely that they will be most applicable to the Paediatric Audiologists.

This guide should be applied in conjunction with the UHL trust Safeguarding Children Policy (2012) which can be found on Insite. There are reasons; not specifically linked to hearing loss, that may be observed by HSD staffs which require a safeguarding referral. These should be actioned as appropriate.

As per UHL safeguarding policy, all Paediatric Audiologists will complete level 3 children's safeguarding training.

2. Guideline Standards and Procedures

DNA

DNA = Did not attend. Some national documents refer to 'was not brought' (WNB) but locally we will continue to use DNA as this is the known acronym within UHL. Cancelling, without a 'reasonable' reason, on the day of or after the appointment is also classed as a DNA and should be recorded.

Apt DNA should be recorded on PN using Paed DNA template and writing 'DNA@ alongside clinic type on PN note description. The appointment check in should be completed as 'DNA' and medical referral/consultation completed as appropriate dependent on management of the DNA appointment

- **Routine referral from ENT or other source (new or follow up patient)** – DNA first appointment – Discharge with letter to parents, GP and referrer
- **Bank child or significant risk of hearing loss** e.g. bacterial meningitis, cCMV etc
 1. DNA first appointment.
 - Try to contact family and explain importance of attending.
 - Check address and contact telephone numbers (in person or via Spine).
 - Find out if any day/time better for attendance and, if possible, give appointment date/time over the phone.
 - If not able to make the appointment directly, rebook and put new appointment date/time into the DNA letter.
 - If no appointments available (consider alternative clinics), add to the pending list and speak to Head/deputy head of service to see whether alternative arrangements are needed.

Record reason for DNA and your actions on PN.
Send DNA letter to family, GP and referrer.

2. DNA second appt.
Same as first appointment but the appointment must be made by phone and, if known, inform TOD or HV/SN of new appointment date and ask them to help encourage attendance.
A reminder phone call/text must be made and documented, warn that this is the final appointment.
Make it clear in the DNA letter what the current diagnosis or risk to hearing is and the implications of this for the future, detail the dates of the missed appointments and a summary of actions taken to aid attendance. State that missed appointments can be a safeguarding concern
3. DNA third appt.
Send DNA letter to GP, TOD/HV (if address known), referrer and parents.
Make it clear in the DNA letter what the current diagnosis or risk to hearing is and the implications of this for the future. Detail the dates of the missed appointments and a summary of actions taken to aid attendance.
Inform Head/Deputy Head of Paed Audiology in case further actions/safeguarding measures are required.
4. Discharge from HSD if agreed by Head/Deputy Head of Paed Audiology
5. If further routine surveillance is required e.g. Downs syndrome/CLP, refer to appropriate service for this to be continued (See Paediatric Audiological Surveillance Chart, 2023).

- **Confirmed/suspected significant hearing loss or child with a hearing aid**
 1. As above but, after second DNA, when speaking to parents make them aware that if the next appt is not attended then a referral will be sent to the Safeguarding Team as non attendance may be detrimental to the child, this conversation should be recorded on PN.
 2. DNA third appt – complete safeguarding form as below, ask for feedback (bottom of the form) and return child to pending list/hearing aid spreadsheet as appropriate so as not to lose them to follow up. Send DNA letters as above but mention that a referral to Safeguarding has been made in order to support the family to attend future appointments
 3. Inform Head of Paediatric Audiology of safeguarding referral/concern

It is the Audiologist's responsibility to ensure that the relevant Admin person knows to make the reminder phone call/text and the Admin person's responsibility to note this as appropriate e.g. On PN notes/appointment booking and hearing aid spreadsheet etc

Failure to comply to treatment

- This is likely to apply to children that require hearing aid/s but parents either won't consent to hearing aid/s being fitted or refuse to allow the child to use hearing aids. This does not apply to children refusing to wear the hearing aid/s unless there is evidence of this being due to coercion or bullying by an adult.
- If the child attends school/nursery or other setting and the hearing aid/s is allowed to be worn then this is not a safeguarding issue, even if the aid/s is not worn at home, unless the child wants to wear the aid/s at home and the parent refuses to allow them to do so.
- Parents should be encouraged; in a non judgemental way, to explain their reasons for refusing treatment

- Ask parents what their hopes, dreams and aims are for their child's future
- Evidence regarding the need for hearing aids must be obtained. This should include;
 1. Up to date and complete hearing test
 2. Sound field unaided testing
 3. Unaided, age appropriate, sound field, speech discrimination testing at 60, 50 and 40dBA in quiet and +10 (60/50dBA) and 0 (60/60dBA) SNR in noise if able
 4. If the child has a hearing aid/s, the above tests should also be performed in the aided and unaided condition to demonstrate benefit
 5. The above tests should be performed with parents present so that they can see and hear the response
- If test results can't be obtained, presuming that there are ABR results or other substantive evidence of hearing loss, a safeguarding referral should be considered if the hearing loss is bilateral, permanent and at a moderate level or worse (≥ 40 dBHL) across the frequency range OR at 2 and 4KHz.
- Ask the parent their thoughts regarding the tests observed and their child's response
- Explain the results aligning it with parents comments and their initial concerns and aims for their child's future i.e. explain how the hearing loss may negatively affect the child's ability to achieve their aim
- Information from the TOD and/or school should be obtained regarding speech and language, academic, behavioural and social development
- If the hearing loss is very mild or the child scores highly on all tests above AND there are no concerns from TOD or school regarding any aspect of development then it is preferable to work with the parent rather than make a safeguarding referral in the absence of evidence.
- If the child has a bilateral moderate or worse hearing loss OR the results above show significant impairment OR there are concerns raised by TOD or school regarding development linked to the hearing loss, explain to the parents that not allowing the hearing aid/s to be used is classed as withholding necessary treatment for a child and is therefore a safeguarding issue which we need to report.
- If the parent continues to refuse treatment then the safeguarding procedure below needs to be followed.
- Note all conversations and actions on PN and, within the confines of confidentiality, on the report.
- Inform Head of Paediatric Audiology of safeguarding referral/concern

Safeguarding procedure

1. Contact the children's safeguarding team for advice on x15770 Mon-Fri 0830-1630 or for out of hours advice contact social care directly by calling 0116 4541004 (city) and 0116 305 0005 (county), social care offer a 24 hour service. .
Email if required at child.protectionteam@uhl-tr.nhs.uk
2. See link to Insite below for guidance to complete UHL Safeguarding form on ICE

<http://insite.xuhl-tr.nhs.uk/homepage/clinical/child-protection/safeguarding-children-referral-form-a>

3. Record actions taken on PN
4. The safeguarding team will review your form and decide how best to support the family and who to refer onto e.g. HV's or social services etc,
5. Record any feedback regarding your referral on PN, including names, addresses and contact numbers of key workers

6. Keep key workers and Head of Paediatric Audiology informed and follow and record actions that they recommend regarding future appointments

3. Education and Training

None

4. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
PN note DNA template completion DNA letter sent with appropriate information. Appropriate attempt to rearrange appointment directly with parent and encourage attendance. Ref to children's safeguarding as appropriate.	DNA letter and PN notes	Head of Paediatric Audiology	annual	To paediatric team

5. Supporting References

Hartland, S. (2023) Paediatric Audiological Surveillance Chart v1.3. Available via HSD shared drive:

H:\IQIPS Leicester LRI\Guidelines\Clinical Guidelines (Team Leads)\Paediatric Team\Pathways\ paediatric audiological surveillance chart version 1.3 June 2023

UHL (2012) *Safeguarding Children Policy*.

6. Key Words

Paediatric; Hearing; Safeguarding; DNA; Cancellation

CONTACT AND REVIEW DETAILS	
Guideline Lead (Name and Title) Sheena Hartland Head of Paediatric Audiology	Executive Lead Hazel Busby-Earles (Consultant)
Details of Changes made during review:	
Version 1.1. Addition of level 3 training for all Paediatric Audiologists and update of safeguarding advice contact numbers	
Version 2 Minor clarification of process, Addition of Head of Paediatric Audiology notification Compliance monitoring updated Child protection training level checked and safeguarding contact details and process checked	

Title of P&G Document Being Reviewed: Insert Details Below:		Yes / No / Unsure	Comments
1.	Title and Format		
	Is the title clear and unambiguous?		
	Does the document follow UHL template format? <i>If no document will be returned to author</i>		
2.	Consultation and Endorsement		
	Complete the consultation section below		
3.	Dissemination and Implementation		
	Complete the dissemination plan below		
	Have all implementation issues been addressed?		
4.	Process to Monitor Compliance		
	Ensure that the Monitoring Table has been properly completed.		
5.	Document Control, Archiving and Review		
	Ensure that the review date and P/G Leads identified.		
6.	Overall Responsibility for the Document		
	Ensure that the Board Director Lead is identified		

1. OVERVIEW

2. EQUALITY IMPACT ASSESSMENT

		Comments	
1.	What is the purpose of the proposal/ Policy	To clarify how the UHL safeguarding policy is applied within the paediatric Hearing service specifically linked to hearing loss. How to deal with patients that DNA appointments	
2.	Could the proposal be of public concern?	No	
3.	Who is intended to benefit from the proposal and in what way?	Paediatric audiologists are clear how to DNA patients and action safeguarding procedures. Patients/families get support to attend appointments	
4.	What outcomes are wanted for the proposal?	Clarity regarding how hearing loss links to the UHL safeguarding policy	
		Yes/No	Comments
5.	Is there a possibility that the outcomes may affect one group less or more favourably than another on the basis of:	No	

		Comments	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and transsexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
6.	Is there any evidence that some groups are affected differently?	No	
7.	If you have identified that some groups may be affected differently is the impact justified E.g. by Legislation: National guidelines that require the Trust to have a policy, or to change its practice.	na	
8.	Is the impact of the proposal / policy likely to be negative?	na	
9.	If so can the impact be avoided?	na	
10.	What alternatives are there to achieving the proposal/ policy without the impact?	na	
11.	Can we reduce the impact by taking different action?	na	

If you have identified a potential discriminatory impact; please ensure that you do a Full Impact Assessment.

If you require further advice please contact Service Equality Manager on 0116 2584382.

3. CONSULTATION SECTION

(To be completed and attached to Policy and Guidance documents when submitted to the UHL Policy & Guidelines Committee)

Elements of the Policy or Guidance Document to be considered (this could be at either CMG/Directorate or corporate level or both)	Implications (Yes/ No)	Local or Corporate	Consulted (Yes/ No)	Agree with P/G content (Yes/No)	Any Issues (Yes / No)	Comments / Plans to Address

Education (ie training implications)	No					
Corporate & Legal	No					
IM&T (ie IT requirements)	No					
Clinical Effectiveness	No					
Patient Safety	No					
Human Resources	No					
Operations (ie operational implications)	No					
Facilities (ie environmental implications)	No					
Finance (ie cost implications)	No					
Staff Side/ (where applicable)	No					
Any others	No					

Committee or Group (eg CMG/Directorate Board) that has formally reviewed the Policy or Guidance document	Date reviewed	Outcome / Decision
MSS	17/11/23	Approved

Lead Officer(s) (Name and Job Title)	Contact Details
Hazel Busby-Earles (Consultant)	Hazel.Busby-Earles@uhl-tr.nhs.uk

Please advise of other policies or guidelines that cover the same topic area:

Title of Policy or Guideline:
See Reference.

4. IMPLEMENTATION AND REVIEW

Please advise how any implications around implementation have been addressed:	
Financial	N/a
Training	N/a
REVIEW OF PREVIOUS P&G DOCUMENT	

Previous P&G already being used? Yes		Trust Ref No: n/a
If yes, Title: Paediatric HSD DNA and safeguarding guideline v1.		
Changes made to P&G? Yes	If yes, are these explicit Yes	If no, is P&G still 'fit for purpose? Yes
Supporting Evidence Reviewed? Yes	Supporting Evidence still current? Yes	

5. DISSEMINATION PLAN

DISSEMINATION PLAN			
Date Finalised:	Dissemination Lead (Name and contact details) Sheena Hartland, Head of Paediatric Audiology Sheena.hartland@uhl-tr.nhs.uk		
To be disseminated to:	How will be disseminated, who will do and when?	Paper or Electronic?	Comments
Paediatric HSD Staff	Staff meeting/shared drive	Electronic	n/a

CATEGORY 'C' POLICIES OR GUIDELINES ONLY CMG/Directorate Approval Process:	
CMG Approval Committee:	MSS
Date of Approval:	17/11/23
Copy of Approval Committee Minute to be submitted with request to upload into Policy and Guideline Library	

Glossary of terms

Apt	-	Appointment
cCMV	-	Congenital Citomeglavirus
CLP	-	Cleft lip and palate
DNA	-	Did not attend
ENT	-	Ear, Nose and Throat
GP	-	General Practitioner
HV	-	Health Visitor
SNR	-	Signal to noise ratio