Quality Standards for Adult Hearing Rehabilitation Services

Report on the 2022 National Audit of Audiology Services in Wales

Version 2, July 2016

Contents

Purpose of this document

The purpose of this document is to provide an overview to the Welsh Government on the performance of the Adult Audiology Services in Wales, as measured against the Quality Standards for Adult Hearing Rehabilitation Services Version 2.

Background

In 2008 the first version of Quality Standards for Adult Rehabilitation Services was published after endorsement by the Minister for Health and Social Services.

To ensure that the standards continue to reflect best practice in Audiology it is necessary that they are periodically revised. In 2012, a working group comprised of senior audiology clinicians and external stakeholders was formed to jointly develop the second version of the Quality Standards and to consider five main areas for change:

- Rewording of existing criteria to avoid ambiguity and misinterpretation.
- Consideration of the appropriate place of criteria within the standards.
- Consideration of the relevance of existing criteria in light of evidence and advances in technology.
- Consideration and development of the standards in areas that are not detailed or specific enough.
- Scoring and weighting of the criteria and development of guidance on the evidence required to support self-assessment scores.

Following consultation with service users, Version 2 of the Quality Standards was endorsed by the Cabinet Secretary for Health, Well-being, and Sport in October 2016.

The audit process

In November 2022, all Adult Audiology Services in Wales were audited using Version 2 of the Quality Standards for Adult Hearing Rehabilitation Services. The audit for Powys Teaching Health Board relates only to their South Powys audiology service. The North Powys audiology service is provided by Betsi Cadwaladr University Health Board (BCU) and is assessed as part of the BCU Audit. The Ystradgynlais audiology service is provided by Swansea Bay University Health Board (SBU) and is assessed as part of the SBU Audit.

There have been changes to Welsh Local Health Board structure since the 2019 audit and this is reflected in the reporting names of these services. While audited services remain unchanged for 2022, and scores can be compared with previous audit rounds, the HB changes are reflected in the title to which they are referred in this report, namely: Swansea Bay University Health Board (formerly ABMU); Cwm Taf Morgannwg University Health Board Bridgend locality (formerly part of ABMU); Cwm Taf Morgannwg University Health Board, Rhondda Taff Ely and Merthyr & Cynon (formerly Cwm Taf University Health Board). Therefore, 10 services were audited in total.

The main update to the audit process in 2022 compared to the previous audit in 2019 was:

- Increase in target minimum assessment scores, from 80% for each individual standard in 2019 to 85% in 2022 and from 85% overall in 2019 to 90% in 2022.

As in previous years:

- Audiology Heads of Services were asked to complete a self-assessment for each of their services; these were forwarded to the audit teams by the Audit Coordinator prior to the audit visits.
- Most Health Boards had one audit visit, except for Powys, where the service is split between three Health Boards and Cwm Taf Morgannwg where Bridgend was audited separately.
- Each audit team was led by a senior audiology clinician from an external Health Board. Local patient representatives were invited to attend each audit. An independent, auditor, recruited from RNID, also attended every audit to ensure consistency and external (non-NHS) scrutiny in scoring.
- Following audit visits, the audiology lead auditor and RNID representative collaboratively produce the assessed service performance report. Summary reports were sent to the Chief Executive of the respective Health Board and Head of Service.
- An All-Wales report, incorporating the Quality Standards Adult Audiology Rehabilitation Services results for all services, has been provided to Audiology Standing Specialist Advisory Group (ASSAG) for approval prior to submission to the Welsh Government.

Actions completed to date

- October – November 2022: Self-audit for each service against the Quality Standards for Adult Hearing Rehabilitation Services Version 2, using the Quality Rating Tool (QRT).
- November 2022: Visits by external audit teams, organised and administrated by an Audit Coordinator and Associate Audit Coordinator. Full details can be found in the 'Arrangements for the External Audit of Adult Audiology Services against the Quality Standards for Adult Hearing Rehabilitation Services (2019)'.
- May 2023: Brief individual summary reports for each Health Board audited were sent to the Chief Executives (copied to Heads of Services and the Associate Audit Coordinator) informing them of the outcome of the audit visits for sites within their own Health Board.

This All-Wales audit report has been provided to ASSAG for approval prior to submission to the Welsh Government.

The Standards

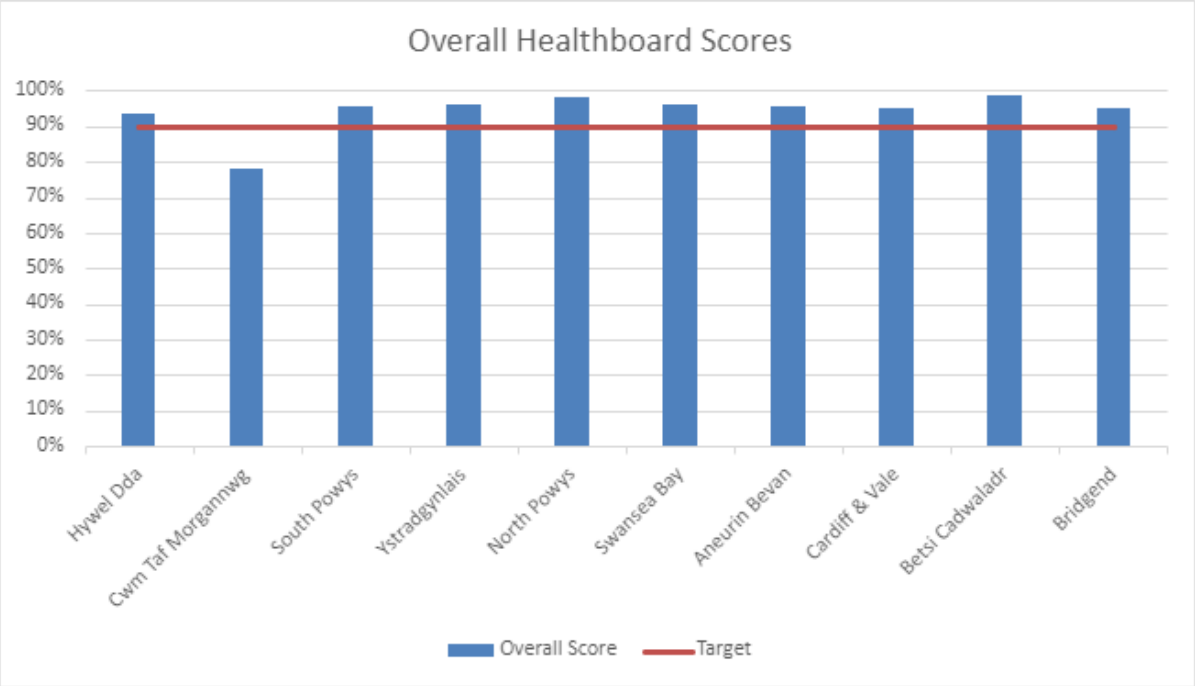
Services were audited against the following 9 standards:

1. Accessing the Service
2. Communicating with Patients
3. Assessment
4. Developing an Individual Management Plan
5. Implementing an Individual Management Plan
6. Clinical Effectiveness
7. Clinical Skills and Expertise
8. Collaborative Working
9. Service Improvement

There were 83 individual criteria. Low scoring criteria were judged as those scoring less than 2 on the Quality Rating Tool (QRT).
0 = No elements of the quality statement are met (or not evident)
1 = Few elements of the quality statement are met
2 = Meets around half of the elements of the quality statement criteria
3 = Almost fully meets the quality statement criteria
4 = Fully compliant with good to best practice as indicated by quality statement criteria

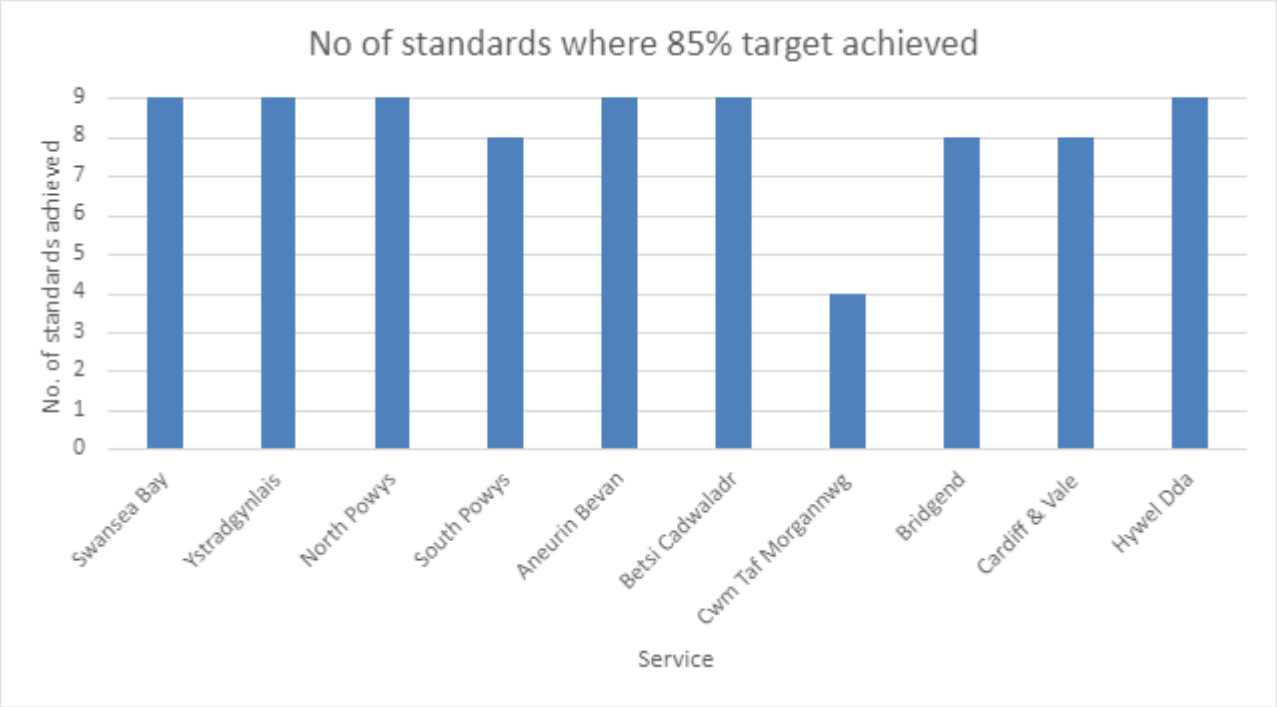
Summary of Outcomes and Analysis of Audit Results

Overall Target



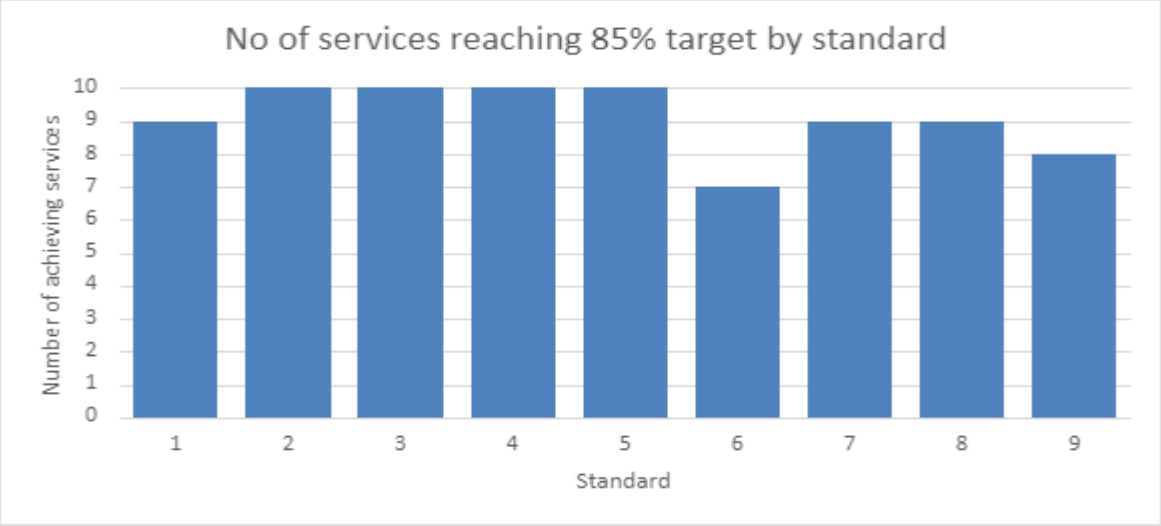
Graph 1. Nine of the ten services in Wales exceeded the overall compliance of 90%

Individual Standards

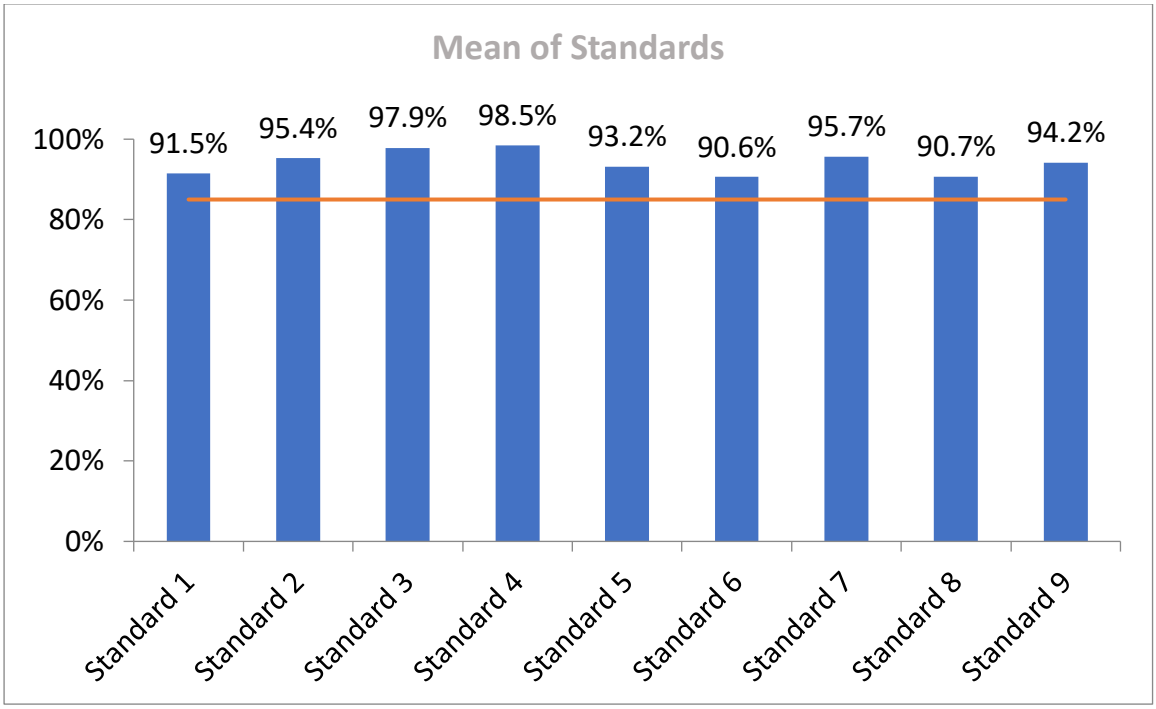


Graph 2. Six out of the ten services audited met, or exceeded, the compliance target of 85% for each individual standard.

For four out of nine standards the compliance of 85% was met by all services. These were Standard 2 *Communicating with Patients*; Standard 3 *Assessment*; Standard 4 *Developing an Individual Management Plan*; Standard 5 *Implementing an Individual Management Plan*. For all other standards, at least one service failed to meet the 85% target. These are:
Standard 1 *Accessing the Service* - Cwm Taf Morgannwg
Standard 6 *Clinical Effectiveness* - South Powys, Cwm Taf Morgannwg and Cardiff and Vale
Standard 7 *Clinical Skills and Expertise* - Cwm Taf Morgannwg
Standard 8 *Collaborative Working* - Cwm Taf Morgannwg
Standard 9 *Service Improvement* - Cwm Taf Morgannwg and Bridgend



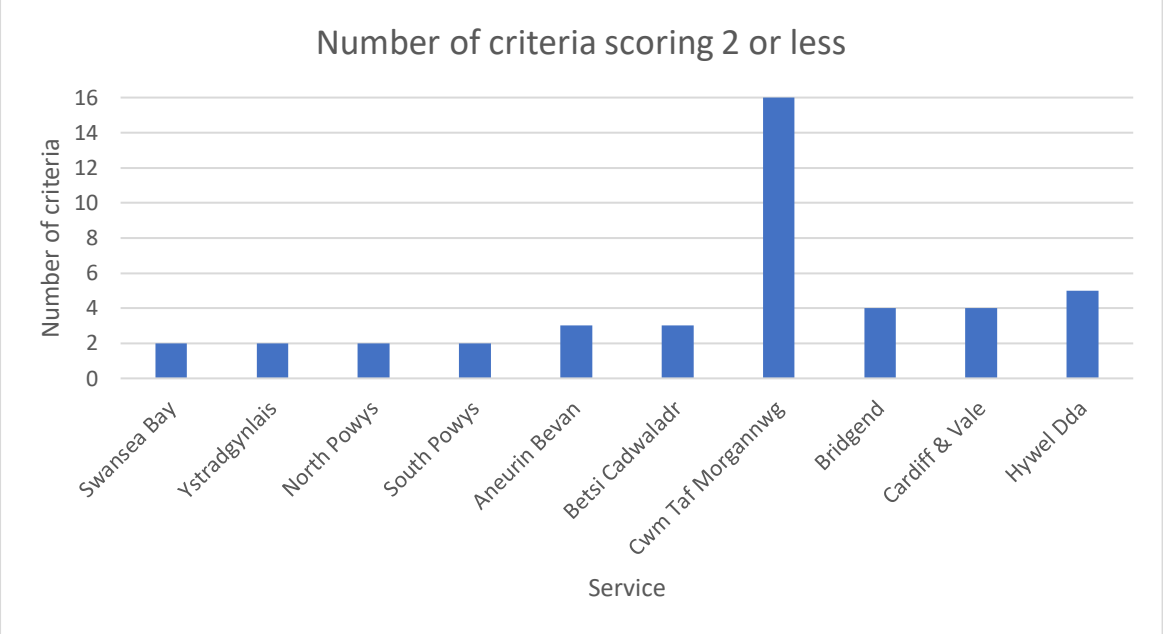
Graph 3. The number of services that met compliance target for each standard.
For all nine standards the mean across Wales is greater than 85%. The highest average score being for Standard 4 *Developing an Individual Management Plan* and the lowest mean score being for Standard 6 *Clinical Effectiveness*.



Graph 4. Mean scores for each standard across Wales.

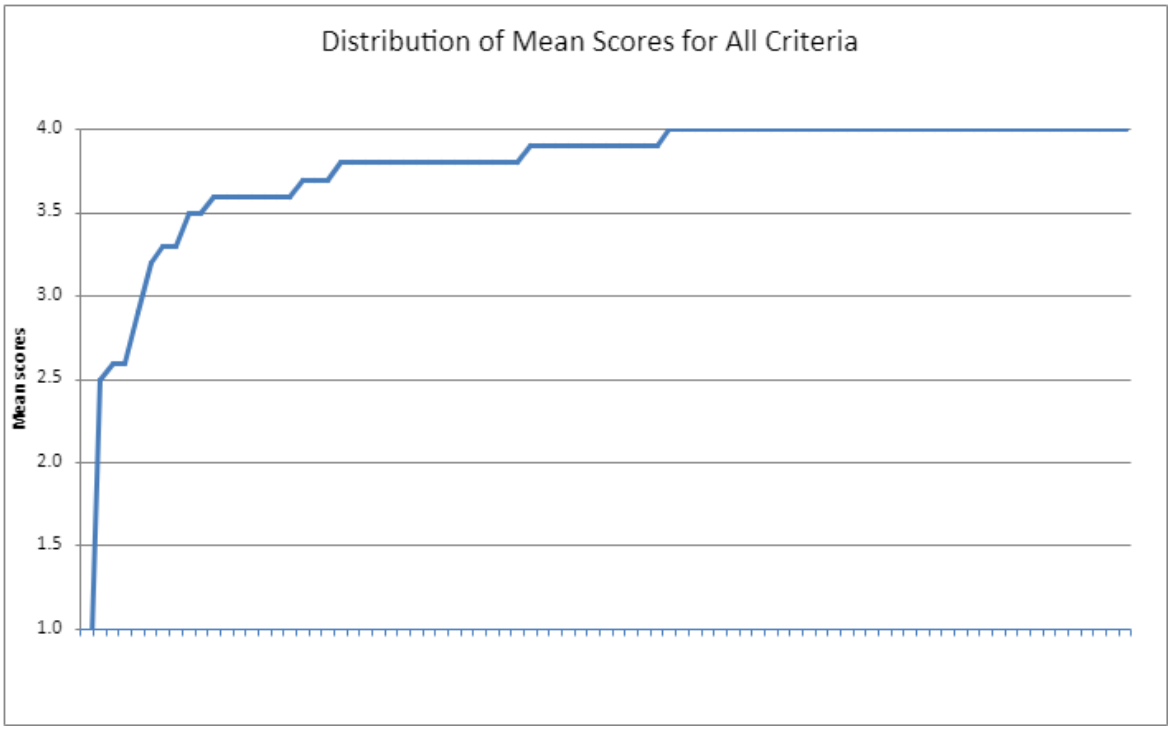
Individual Criteria

83 individual criteria are included in the audit. A score of 2 or less is considered a low score. Most services had small numbers of low scoring criteria.

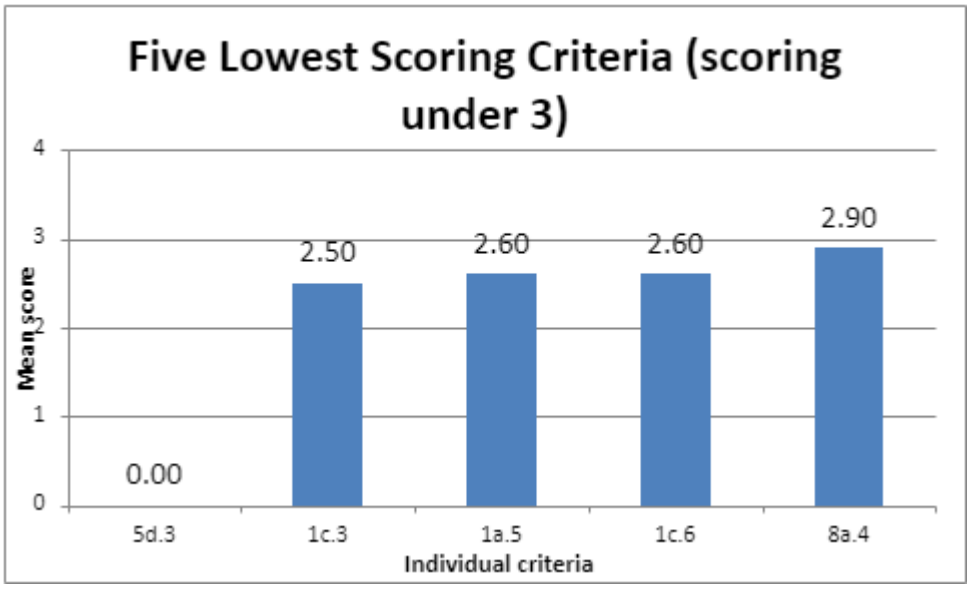


Graph 5. Number of low scoring criteria for each service

Across Wales, out of a total of 83 criteria, 37 had a mean score of 4, the maximum possible. Of the lowest scoring criteria, the lowest score across services is 0 for criteria 5d.3. *Following fulfilment of IMP needs, all hearing aid patients are contacted every 3 years, to offer a re-assessment appointment.*



Graph 6. Distribution of mean scores across Wales from all criteria



Graph 7. The five lowest scoring criteria

The lowest scoring criteria were as follows:

1) 5d.3. - Following fulfilment of IMP needs, all hearing aid patients are contacted every 3 years, to offer a re-assessment appointment.

2) 1c.3 - There should be direct open access (no appointment needed) for same day repairs and battery provision in at least one location within the area covered by the service. This should be accessible throughout the core working hours of the Service.

3) 1a.5. - The maximum waiting time from referral to commencement of treatment meets the national target.

4) 1c.6 - Patients have access peer support from trained volunteers.

5) 8a.4 - Evaluation of service level outcomes specific to referrals to collaborative partners is undertaken and acted upon.

It should be noted that for some services, the low score for criteria 1c3 was because of the post COVID access restrictions that remained in some Health Boards. These restrictions delayed the restart of direct open access clinics.

Areas of good practice

The audit report also noted areas of good practice which allows for sharing of good practice across Wales. Areas where good practice was commended were:

Standard 1 Accessing the service.

- 1a1. Excellent detailed pathways were seen throughout the audit. Ideal for new and existing staff to refer to. (Aneurin Bevan)
- 1a.2. A bi-annual newsletter is created and sent to all GPs, this gives them a quick and easy update on the audiology service regularly. (Hywel Dda)
- 1a.2. Development of an audiology led ear wax removal service. (South Powys)
- 1b.3. Robust process highlighting service delivery risk to maintain waiting times due to lack of accommodation. Plans developed to include audiology accommodation on the Health Board risk register. (South Powys)
- 1b.4. Exemplary service review processing including embedded action planning. (Cardiff and Vale)
- 1c.1. Evidence of collaborative working with ENT – effective wax removal provision to ensure minimal disruption to the patient audiology pathway. (Bridgend)
- 1c.1. All patients who require wax removal where it delays their audiology pathway are offered removal during their appointment. (Hywel Dda)
- 1c1. Opportunities for patient to receive wax removal fully established. (Cardiff and Vale)

Standard 2 Communicating with Patients.

- 2a.5. Clear patient information leaflets to support the patient self-management and maintenance of hearing aids. (Bridgend)
- 2a.5. New leaflets have been produced during Covid cover all aspects of adult audiology, these are well produced and easy to read. (Hywel Dda)
- 2a.6. Good evidence of feedback from service users. (Aneurin Bevan)

Standard 3 Assessment.

- 3a.7. Evidence that staff are always being supported and encouraged to participate in learning new processes and to review existing. (Aneurin Bevan)

Standard 4 Developing and Individual Management Plan.

- 4a.1./4a.2. good approach to IMP development by utilising Audit base for IMP. Overall good evidence of patient centred care. (Betsi Cadwaladr)
- Individual Management Plans are well developed and followed through. (Cwm Taf Morgannwg)

Standard 5 Implementing and Individual Management Plan.

- 5c.2. Good referral pathway to Hearing Therapy services. (Aneurin Bevan)
- Use of latest hearing aid technology. (Swansea Bay)

Standard 8 Collaborative Working.

- 8a.2. Protocols in place for effective communication with collaborative partners. Evidence of two-way communication for referral outcomes. (Bridgend)
- Very active volunteer service. (Swansea Bay)

Standard 9 Service Improvement.

- 9d.1. There is a robust method for recording meeting minutes and action plans. These helps produce a service improvement plan which is reviewed regularly. (Hywel Dda)

Comments on Interpretation of Outcomes

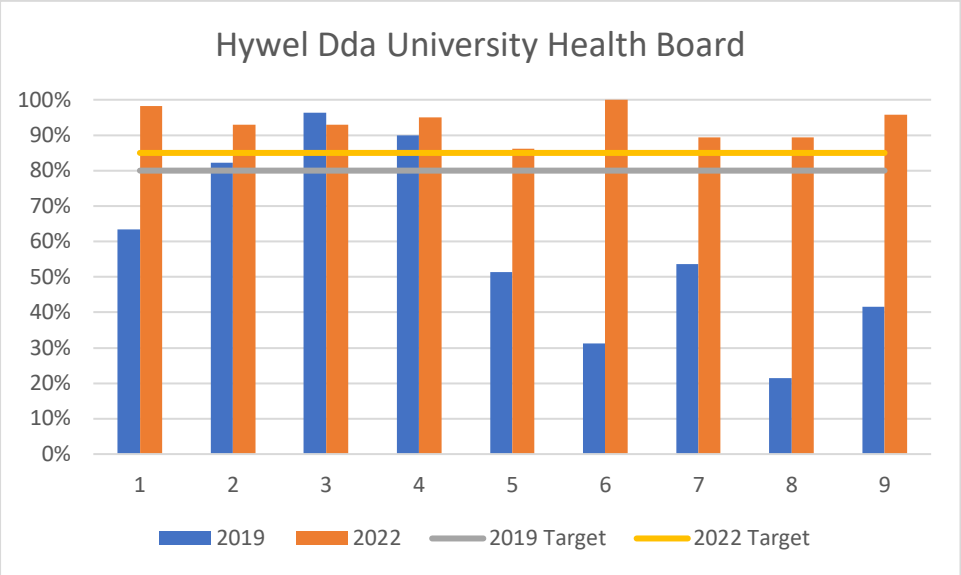
The 83 individual criteria which make up the nine standards have not been weighted in terms of their relative importance. Therefore, technically the overall scores should be regarded as indicators of the quality of individual services rather than definitive measures. There is a risk that a single criterion with a large impact, for example access times, can have significantly poor performance, but not be not highlighted using this methodology. Therefore, the results of these audits should not be taken in isolation.

The audit model adopted in Wales continues to include measures to improve the consistency of scoring (e.g., rotation of auditors, review meetings of participants and clarifications of criteria to reduce ambiguities). The provision of standardised evidence requirements is included within the standards document, and scoring guidance used for the 2019 audit aims to align the process across sites and across the different audit teams.

Comments on Compliance with Targets

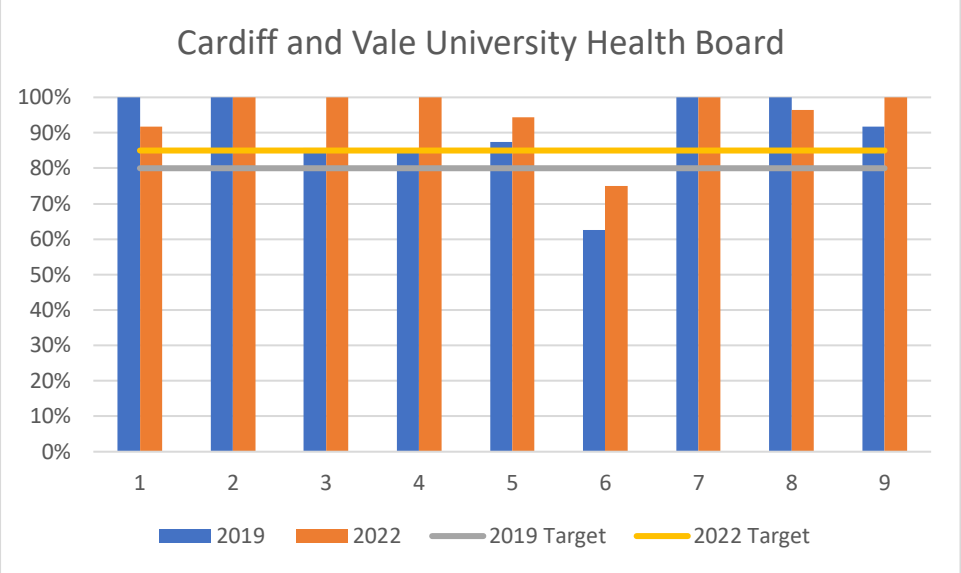
The compliance target for 2022 was set at 85% for each individual standard and 90% overall. All services except for Cwm Taf Morgannwg met the compliance target of 90% overall. Six out of ten services met, or exceeded, the compliance target of 85% for each individual standard. Swansea Bay, Ystradgynlais, North Powys, Aneurin Bevan, and Betsi Cadwaladr met, or exceeded the compliance target set for both 2019 and 2022 audits.

There has been an increase in the number of services meeting the compliance target for individual standards. In 2019 only five services achieved the new target of 80% for all the nine individual standards. In 2019 Hywel Dda met the compliance target for three of the individual standards. In the 2022 the service was compliant in all nine individual standards.

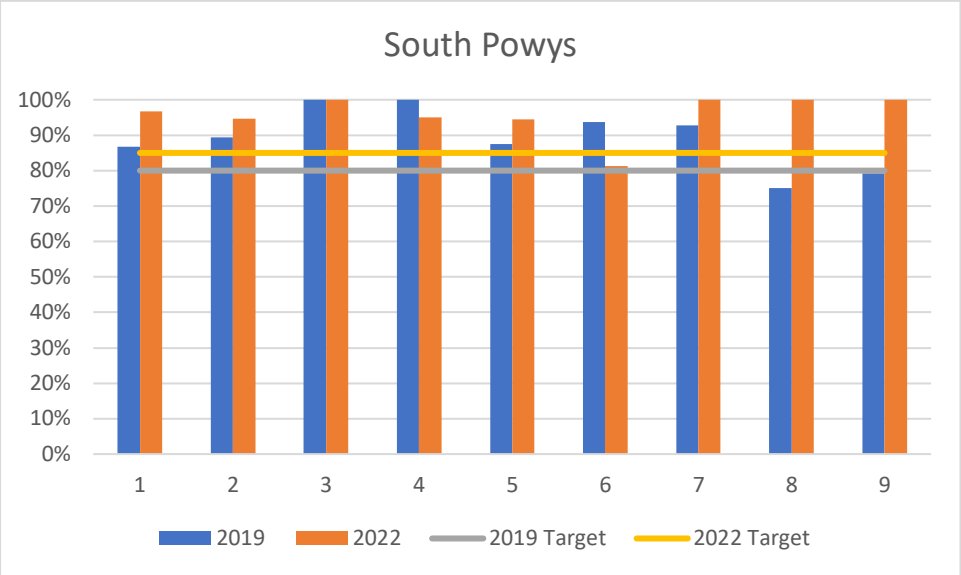


Graph 8. Hywel Dda individual standard scores.

Bridgend, South Powys and Cardiff and Vale did not meet the compliance target for one standard. Due to the changes to Welsh Local Health Board structure since the 2019 audit it is not possible to compare the 2019 and 2022 scores for Bridgend.

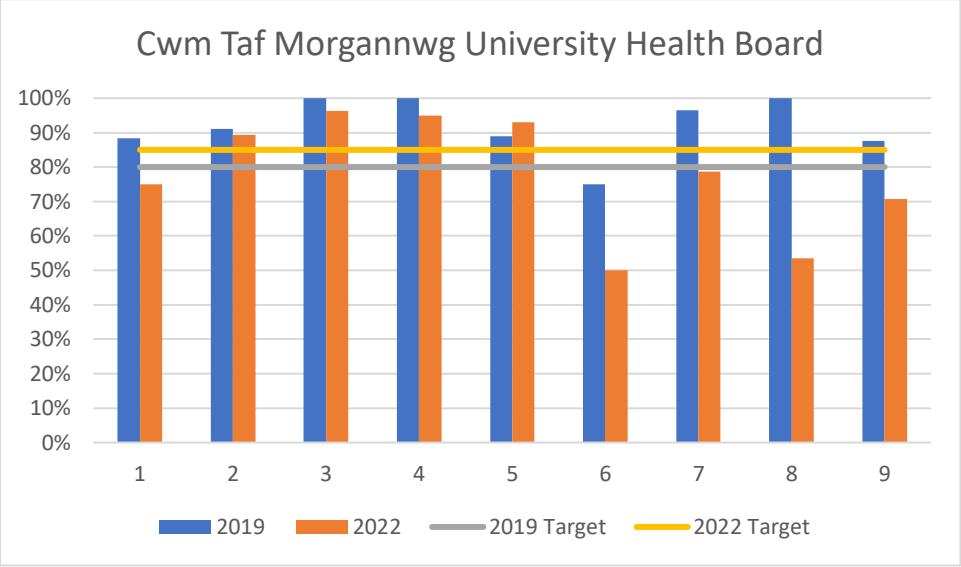


Graph 9. Cardiff and Vale individual standard scores.



Graph 10. South Powys individual standard scores.

Cwm Taf Morgannwg did not meet the compliance target for five of the standards.



Graph 11. Cwm Taf Morgannwg individual standard scores.

General Recommendations

All Health Boards failed (and scored 0) for criteria 5d.3, which states that all hearing aid patients must be contacted every 3 years, to offer a re-assessment appointment. All Health Boards also failed this criterion in 2017 and 2019. Without an increase in Audiology resources, it is unlikely that this criterion will be achieved.

A method for sharing the good practice highlighted in this report should be developed between services across Wales prior to the next Audit round.

Audiology colleagues from Wales Scotland and Northern Ireland are currently reviewing the standards to develop an updated version, reflecting the latest evidence-based to guide good practice. There is additional representation from RNID, Hearing Link and a patient representative.

Report prepared by Rebecca Carpenter, Adult Quality Standards Audit Co-ordinator. This full audit report has been provided to ASSAG for approval prior to submission to the Welsh Government. We are grateful to RNID for their participation in the 2022 audit process.