Quality Standards for Children's Hearing Services

Report on the 2021 National Audit

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Report on the 2021 National Audit of Children's Audiology Services in Wales

Contents

Purpose of this document:

To provide an overview to the Welsh Government on the performance of the Children's Hearing Services in Wales as measured against the Quality Standards for Children's Hearing Services version 2.

Background

In 2010, the first version of Quality Standards for Children's Audiology were 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 2016, Children's Audiology Services were therefore audited against a working document of version 2 of the Quality Standards which were subsequently endorsed by the Cabinet Secretary for Health, Well-being and Sport in October 2016. The Audit process in 2018 was also completed against this version.

The external audits planned for June 2020 did not take place due to the COVID-19 pandemic. The deferred audits have instead been completed in autumn 2021.
External site visits did not take place in 2021 a decision that was taken to ensure that the external audit process was compliant with Covid-19 restrictions [namely social distancing and travel restrictions], and to improve efficiency of the process by reducing the time-burden of external audit visits.

The audit process

All 7 Health boards participated in the audit. The audit for Powys University 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. Aneurin Bevan University Health Board also provides some services for Powys Health Board.
There have been changes to Welsh Local Health Board structure since the 2018 audit and this is reflected in the reporting names of these services. As in previous audit rounds, some children's audiology services within Health Boards have different management. While audited services remain unchanged for 2021, 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 (formerly ABMU West); Cwm Taf Morganwg, Bridgend locality (formerly ABMU East); Cwn Taf Morgannwg, Rhondda Taff Ely and Merthyr (formerly Cwm Taf Morgannwg). Therefore, 8 services were audited in total.

Process for the 2021 had some changes compared to that completed in 2018 but with the main unchanged features being:

- Heads of Services were asked to submit a self-assessment against the criteria which were forwarded to the Audit Teams ahead of the external audits.
- Audit Teams were led by experienced Paediatric Audiologists / Clinical Scientists.
- A representative from the National Deaf Children's Society was part of each Audit Team.

- Standardised lists of evidence were included in order to improve consistency.
- Following audit visits, the audit team produced a report on the performance of each service. Summary reports were sent to a minimum of the Chief Executive, Head of Audiology Service and Medical Lead for Audiology of the respective Health Boards.
- This All Wales report, incorporating the Quality Standards Children's Audiology Services results for all services, has been provided to Audiology Standing Specialist Advisory Group (ASSAG) for approval prior to submission to the Welsh Government.
- Following ratification by the Welsh Government, the report will be made available to Heads of Services, Medical Leads and the Director of NDCS Cymru.

Changes for 2021 compared to the 2018 process were as follows:

- All external audits were carried out remotely via Microsoft Teams. Evidence was provided prior to the audit day allowing opportunity for individual audit team members to score the criteria and request additional evidence from the service being audited.
- The Newborn Hearing Screening Wales Quality Assurance (NBHSW QA) was completed at a similar time to that of the Children's Audiology audit but with separate process and reporting by the NBHSW QA team. No elements of the NBHSW QA were discussed as part of the Children's Audiology audit.
- Due to the ongoing limitations to the availability of Medical Leads, 1 Medical Lead was each asked to audit 2 services. Of the 7 participating Medical Leads, 5 had no previous audit experience.
- The targets for 2021 were increased to 85% for each individual standard and the overall target was increased to 90%.

Actions Completed to Date

- September 2021: self-assessment for each service against the Quality Standards for Children's Audiology Services version 2, using the Quality Rating Tool (QRT).
- October-November 2021: 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 Children's Audiology Services against the Quality Standards for Children's Audiology (Wales) v 5.4a' and the 'Addendum to The Arrangements for the External Audit of Children's Audiology Services against the Quality Standards for Children's Audiology (Wales) v 5.4a'.
- February 2021: Individual summary report for each Health Board audited were sent to Chief Executives (copied to Heads of Services and Medical Leads) informing them of the outcome of the audit visits for sites within their own Health Board.

This full audit report was approved by ASSAG prior to submission to the Welsh Government.

The Standards

Services were audited against the following 9 standards:

1. Accessing the Service
2. Assessment
3. Audiology Individual Management Plan (IMP)
4. Hearing Aid Management, Selection, Verification and Evaluation
5. Skills and Expertise
6. Information Provision and Communication with Children, Young People and Families
7. Collaborative Working
8. Service Improvement
9. Wider Care of the Child

The 'Wider Care of the Child' standard is outside the remit of only the Audiology department (involving input from Medical leads, Speech and Language Therapy and Sensory Impairment Teachers). These are important in the care of children with hearing impairment but are scored and recorded separately and not included in the overall compliance score.

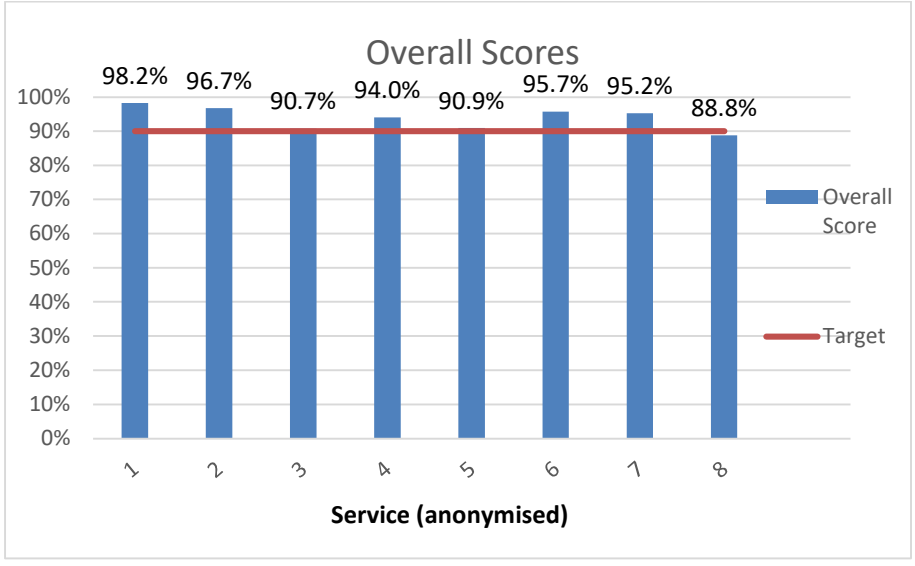
There were 86 individual criteria. Low scoring criteria were judged as those scoring 2 or less on the Quality Rating Tool (QRT).

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

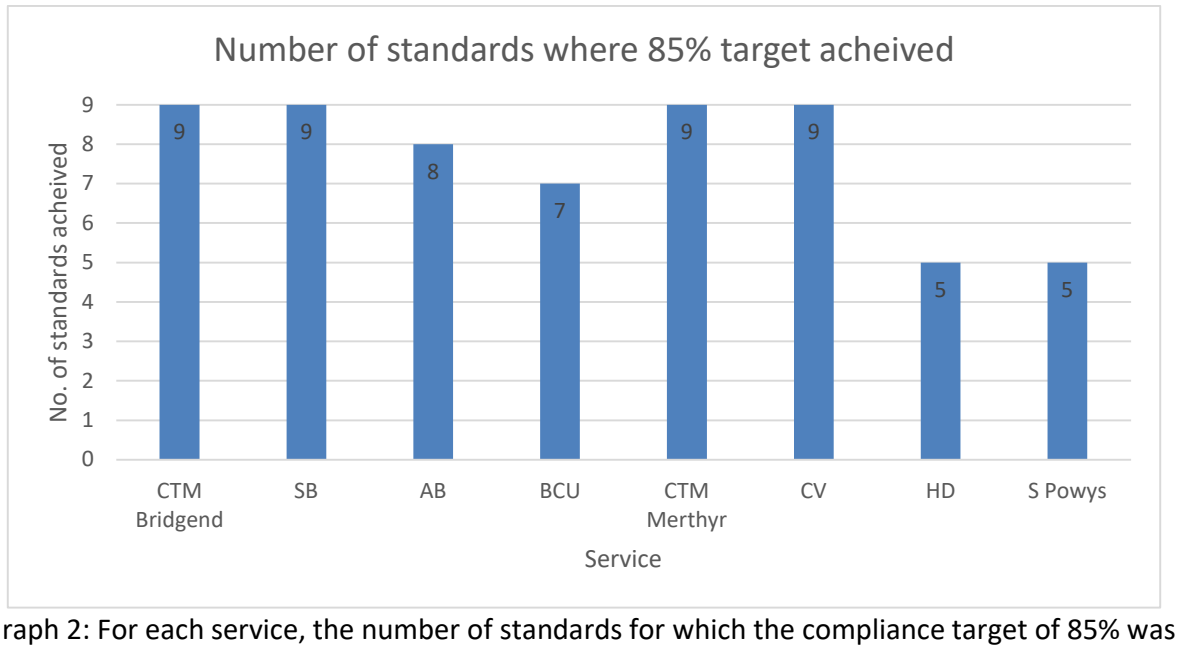
Seven out of eight services met, or exceeded, the overall compliance target of 90% for Standards 1-8. Only service 8 did not meet this target.



Graph 1: Anonymised overall % score for standards 1-8 set against the target of 90%.

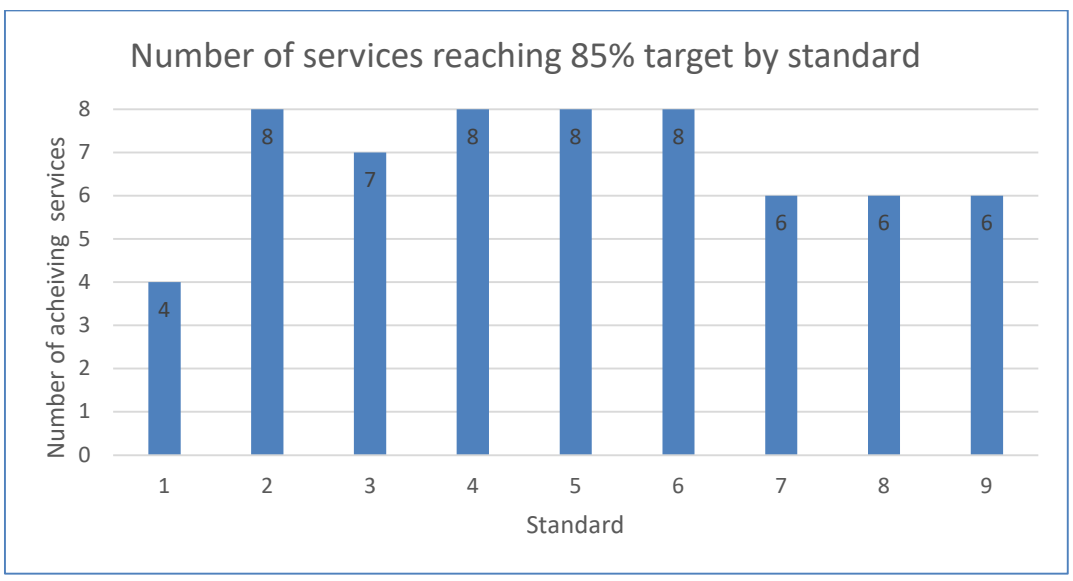
Individual Standards

Four out of the eight services audited met the compliance target of 85% for each individual standard.



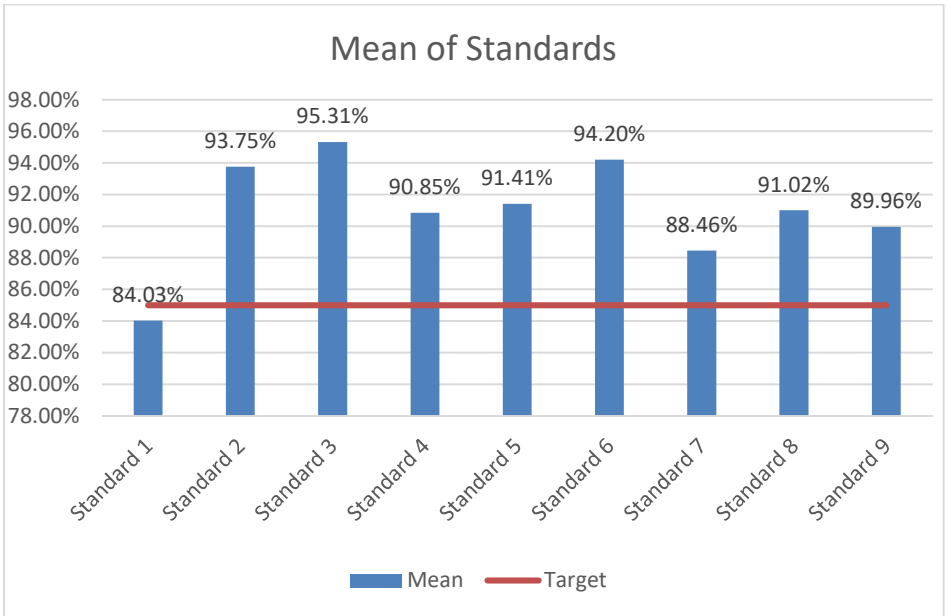
Graph 2: For each service, the number of standards for which the compliance target of 85% was met.

For four of the nine standards the compliance target of 85% met by all services. These were Standard 2*: Assessment;* Standard 4: *Hearing Aid Management, Selection, Verification and Evaluation*; Standard 5: *Skills and Expertise*; Standard 6*: Information Provision and Communication with Children, Young People and Families*. For all other standards, at least one service failed to meet the 85% target.
Of particular note, only four services met the required target for Standard 1: *Accessing the Service*. Some services have long waiting times, especially for new, routine referrals, and for those requiring review.



Graph 3. The number of services that met the compliance target for each standard

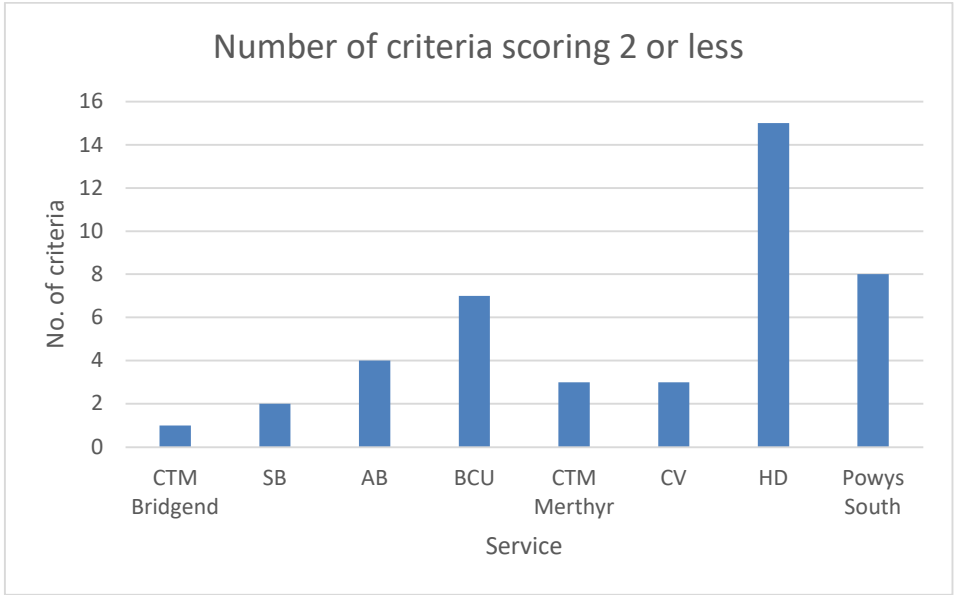
With the exception of Standard 1: *Accessing the Service,* the mean scores achieved across Wales for each standard is greater than 85%. When looking at all standards, the highest average score being for Standard 3: *Audiology Individual Management Plan (IMP)* and the lowest average score being for Standard 1: *Accessing the Service*.



Graph 4. Mean scores for each standard across Wales.

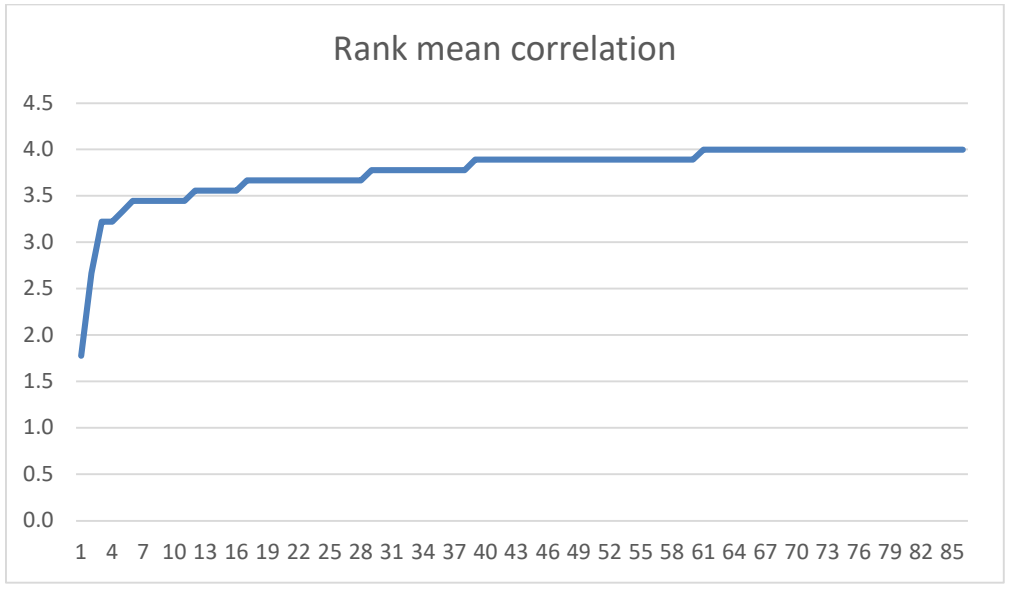
Individual Criteria

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



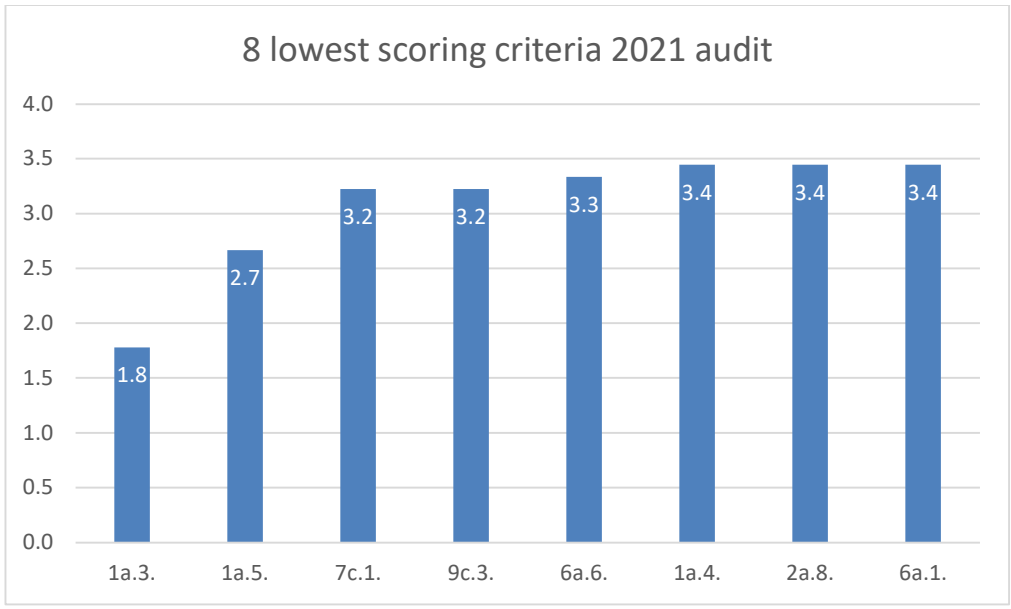
Graph 5. Number of low scoring criteria for each service out of a total of 86 criteria.

Across Wales, out of a total of 86 criteria, 26 had a mean score of 4, the maximum possible. Of the lowest-scoring criteria, the lowest score across services is 1.8 for criteria 1a.3: Speed of Access for routine referrals, against a 6 week target.



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

The eight lowest scoring criteria across all services were spread across six of the individual standards with only two criteria scoring less than 3 on average.



Graph 7. The eight lowest scoring criteria

Criteria scoring less than 3 on average across all services are:
1a.3: Speed of Access; routine referrals. There is a six week non-reportable target for offering access to Audiology services. Three of the eight audited services were able to achieve the maximum score of 4 for this criteria. The standards are not sensitive to determining the length of waits for individual Health Boards. A score of 0 means that fewer than 25% referrals are seen within 6 weeks of referral.
1a.5: Speed of Access; follow ups. The target for follow-up or review appointments is four weeks. Four services achieved the maximum score of 4 for this criteria and four of the services scored 2 or lower.

Areas of good practice

The audit reports also noted areas of good practice which allows sharing of good practice across Wales. Areas where good practice was commended were;

- Standard 1: Accessing the Service

1a.2/3 - triaging of new, routine referrals to cut waiting times and improve DNA rates
1a.7 - 'Drive-through' clinics were used for OAE screening and hearing aid repair/replacement where possible during the COVID-19 pandemic. This reduced foot-fall in hospital/clinic sites and increased capacity by minimising the amount of disinfection needed between patients.
1a.4 - All urgent referrals are seen within a 4 week timeframe
1a.9 – Information provided to young people transitioning into the adult service (child-adult transition)
1b.1 - Community Lead paediatric audiologist worked hard to reduce waiting times prior to COVID-19, with a robust triaging system and communication with Health Visitors with regards to appropriate reasons for referral to Audiology and specific concerns regarding hearing loss. Despite the increase in waiting times, this is ongoing, with a plan to prepare a presentation for Health Visitors.

- Standard 4: Hearing aid selection and verification

4b.2 - Signposting families to the NDCS 'Technology Test Drive'; Team commended for quality of information including information on local NDCS services

- Standard 5:

5a.6 – good peer review process with action log

- Standard 6:

6a.1 - Good link on appointment letters to YouTube videos on hearing tests accessible prior to appointments; Information on testing prior to appointment is clear and comprehensive; Information is in Welsh and English and is very comprehensive

6a.3 - Contact methods – two accessible forms, SMS on all documents and in the body of text.

6a.12 – transition leaflet – comprehensive leaflet

- Standard 8: Service improvement

8a.1 - Continuous monthly satisfaction surveys are completed; Surveys every 2 years – young person survey; Good survey and presentation of data for measures of service user satisfaction; The service had a very high return rate for patient satisfaction surveys

8a.4 – results (of surveys) made widely available – excellent poster

Comments on Interpretation of Outcomes

The 86 individual criteria which make up the 9 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. Examining services' performance against the individual standards and highlighting criteria which are poorly scored goes some way to addressing this shortfall.

The audit model adopted in Wales continues to include measures to improve the consistency of scoring (e.g. rotation of auditors, observations of audits by prospective auditors, review meetings of participants whenever there are changes and clarifications of criteria to reduce ambiguities). The provision of standardised evidence requirements is included within the Audit tool as well as scoring guidance which further aligns the process across sites and the different audit teams.

Comments on Compliance with Targets

The overall target for 2021 was set at 90%. Although this target is greater than that set for 2018 of 85%, all but one of the services that met the previous overall target have also met this target. South Powys, which was previously unable to meet the overall targets in 2018 and 2019, met the 90% target set for 2021. Hywel Dda UHB is the only service that has been unable to meet to 90% target set for 2021; Standards 1 and 9 were particularly low-scoring for this service and the loss of a substantive medical lead post is evident.

For 2021, there has been a decrease in the number of services meeting the compliance target for individual standards. The Covid-19 pandemic has had a unavoidable and variable impact on service delivery for Children's Audiology Services across Wales. The changing workforce, especially with respect to medical lead input to Children's Audiology services is increasingly apparent in the scores for Standards 7 and 9.

General Recommendations

- Speed of access to services following routine referral, and those anticipating a review appointment continue to be poor for many services. Waiting times for Paediatric Audiology are not currently reportable to Welsh Government. This could be considered.

- Training of new and prospective auditors in required. All audit team members would benefit from refresher training to ensure consistency and objectivity of future audits.

- South Powys has shown continued improvement against their scores for the previous three audits (2018, 2019, 2021) and this year achieved the overall compliance target, and the individual target in 5 out of the 9 standards. The service can continue to be audited along with other Children's Audiology Services. An interim meeting to ensure that the team are supported in delivering recommendations from this audit would be recommended.

- Remote evidence submission and review has proven successful and was generally well-received. While the main purpose of remote audit was due to restrictions imposed due to the Covid-19 pandemic, if required for future audit (whole or in part) it is reassuring to know that this is an accepted approach. Desk top review of medical evidence was successfully trialled and well received in 2018. Due to the potential limitations on medical lead availability, attendance at external audits could be replaced by a desk top exercise in all cases should this be necessitated (and acceptable to stakeholders) in future.

- Review of the standards v.3 to be considered.

Report prepared by Hayley Mills, Audit Coordinator, Children's Audiology Services Quality Standards, 2021. This full audit report has been approved by ASSAG prior to being forwarded to Welsh Government. We are grateful to NDCS for their participation in the 2021 audit process.