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# Quality Standards for Children's Hearing Services



Version 2 July 2016

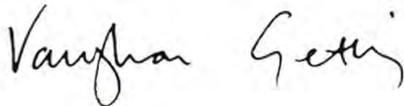
## Foreword

Welcome to the National Quality Standards for Children's Audiology Wales 2016. I am delighted to endorse the Quality Standards as the benchmark for NHS children's audiology services in Wales.

The first version of the Standards was launched in 2010 and has resulted in significant improvements in provision of children's audiology services throughout Wales. The revised document fine-tunes the original Standards, retaining key features and also incorporating Quality Assurance of New born Hearing Screening Services and extending the quality measures relating to hearing aid services. Current evidence, best practice principles and clinical standards have been applied to develop Standards which will ensure the provision of high quality children's audiology services.

The work has been supported by Audiology professionals and representatives of the National Deaf Children's Society across Wales and Scotland, together with the Audiology Standing Specialist Advisory Group of the Welsh Scientific Advisory Committee. Implementation of the new Standards will continue to encourage close working between NHS professionals and external agencies to deliver the best services for the children and young people of Wales.

I wish to thank everyone involved in this important development for children's audiology services.



**Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon**  
**Cabinet Secretary for Health, Well-being and Sport**

## Introduction

### Background

In 2010 the first version of Quality Standards for Paediatric Audiology (since renamed Quality Standards in Children's Audiology) were published. Since 2010/11 most of the NHS audiology services across Wales have undergone self assessment and external audit against these Standards. The South Powys service has only taken part in external audits in 2014 and 2015.

The use of the Standards in Wales has been viewed as successful with a significant advance in measured service quality across the country. However, the process also highlighted some areas within the Standards where revision may be beneficial; firstly, in order to ensure that the quality standards stay appropriate in the light of new evidence and advances in technology/practice. There is also an opportunity to clarify and improve the functionality of the standards, ensuring that audit remain robust and is efficient. Newborn Hearing Screening Wales (NBHSW) also requested consideration of incorporating its quality assurance of diagnostic assessment, and early Audiological management following screening, within any revision to the Standards.

### Development of Quality Standards Version Two

A Working Group was set up and included senior audiology clinicians, paediatricians specialising in audiology, an audiovestibular physician, managers, third sector representatives from National Deaf Childrens Society (NDCS) and a representative from NBHSW. The working group also co-opted an additional member from academia to review the evidence base and develop the reference lists.

### Working Group Objectives

The working group's main objective was to jointly develop the Second Version of the Quality Standards for Children's Audiology considering the following main areas for change:

1. consideration of the relevance of existing Criteria in light of the latest evidence-based practice and advances in technology
2. rewording of existing Criteria to avoid ambiguity and misinterpretation
3. consideration of the appropriate place of Criteria within the Standards
4. consideration and development of the Standards to incorporate Newborn Hearing Screening Wales quality assurance
5. consideration of scoring to be in line with the revised Adult Rehabilitation Quality Standards
6. consideration of incorporation of standardised evidence requirements

## Consultation

The draft version two has undergone two stages of Consultation. Stage One sought views from those that had significant experience in using the original version of the Standards, including NHS Heads of Audiology Services, Paediatricians working in Audiology and external Auditors from both NHS Audiology Services and NDCS.

The second stage of the Consultation included the initial group and was extended to service users, Specialist Teachers for Hearing Impaired Children, Specialist Speech and Language Therapists, and professional bodies including ENT Wales, BAPA and BAAP. Consultation was by means of an online questionnaire.

Feedback from both consultation stages was used to develop further drafts of these revised Quality Standards

## Approach and Context to Describing Service Quality

The standards are sequenced to reflect the patient pathway and are as follows:

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

The scope of content of standards 1-8 is deliberately limited to items that are specific to Audiology or are particularly worthy of emphasis over more generic health and care standards, legislative, organisational governance or good practice requirements. These service specific standards should therefore complement other requirements; they provide a more specific and evidence-based contribution to help define a good quality service that will provide the best outcomes for patients.

There were other areas of practice such as aetiological investigations, communication options and Multi-Agency Support Plans, which were felt to be essential to providing optimal care, but fall outside of the remit of Audiology. These areas were combined in Standard 9, the Wider Care of the Child.

Criteria which provide Quality Assurance measures for NBHSW dovetail in with the main document, but data will be extracted and reported on separately by NBHSW.

The standards describe good practice and use of tools to provide evidence of health outcomes. However, compliance with the standards should not be used in isolation to specify or determine the efficacy of services in terms of health outcomes and patients satisfaction.

## **Changes within Version Two**

The key changes within this revised version of the Standards include:

- Development of additional rationale and criteria related to care for children with hearing aids
- Inclusion of NBHSW quality assurance of diagnostic assessment and early audiological management
- New scoring range from 1-5 in version one to 0-4 where non-compliance now is identified with a 0% score
- Incorporation of a list of suggested evidence to support compliance with criteria

## The Standards

### Format

The Standards are made up of nine *Standard Statements* that explain what level of performance is expected. These are supported by evidence based *Rationale* which provide the reason why the Standard is considered to be important. The *Standard Statements* are expanded into a number of *Criteria* which clearly state exactly what must be achieved for the standard to be met. The *Standard Statements* are listed below. The evidence based *Rationale*, the references that support them and the detailed *Criteria* are all detailed within the *Assessment and Audit Tool* that accompanies this document.

### The Standard Statements

#### Standard 1. Accessing the Service

All children and young people with hearing problems, and their families, who require access to Audiology services are able to:

- access the correct Audiology service to meet their needs,
- conveniently access the services they require,
- gain access to the Audiology service as quickly as other comparable medical services.

Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning.

#### Standard 2. Assessment

All children and young people receive an individually-tailored Audiological assessment, appropriate to their age and stage of development. Assessment is carried out to recognised national standards, where available.

#### Standard 3. Audiology Individual Management Plan (IMP)

All children and young people should have an individually developed plan for the management of their needs. This plan:

- is initially based on information gathered at the assessment phase,
- is determined in conjunction with the child and/or their families,
- is updated on an ongoing basis,
- is accessible to the clinical team,
- includes recommended interventions to best meet needs of the individual,
- should follow the young person through transition to adult services.

#### **Standard 4. Hearing Aid Management, Selection, Verification and Evaluation**

Where provision of hearing aid(s) is required the service ensures that:

- hearing aids are provided in a timely manner,
- hearing aids are selected, and programmes provided, taking the individual's needs into consideration,
- nationally agreed procedures and protocols for fitting and verification are followed at a local level,
- benefit from hearing aids is evaluated and steps taken if optimal performance is not achieved,
- regular hearing aid reviews take place,
- young people and families are informed about, and signposted to, environmental aids and other technologies

Following hearing aid fitting, services provide timely access for replacement earmoulds and hearing aid repairs,

#### **Standard 5. Skills and Expertise**

Each service provides, within a governed team approach, the clinical competencies necessary to safely and effectively support the assessments and interventions undertaken. All tasks are undertaken within an established, nationally-agreed, competency-based framework.

#### **Standard 6. Information Provision and Communication with Children, Young People and Families**

Services provide families with departmental contact details and timely information on results of assessments. Information should be available on support services for families and children/young people. Information provided should be in the family's preferred language where possible.

#### **Standard 7. Collaborative Working**

Each Children's Audiology service has in place processes and structures to ensure effective collaborative working, and communication, within a multi-disciplinary team which includes each newborn, infant, child or young person, and his/her family.

Each service has a major role in facilitating, and providing input to, the development and ongoing review of a Multi-Agency Support Plan (MASP) for each newborn, infant, child and young person who has an ongoing significant hearing loss.

#### **Standard 8. Service Improvement**

Each service has processes in place to measure service quality. Quality measures are used to plan and implement service improvements.

Each service has processes in place to regularly consult with families and young people (ideally gaining feedback from children themselves) and with key stakeholders.

### **Standard 9. Wider Care of the Child**

Each collaborative team demonstrates that within their team they have the clinical competencies necessary to support the assessments and interventions they undertake. They also provide support and guidance for the newborns, infants, children, young people, their families and other involved professionals. This includes referral for aetiological investigations and discussion around, and provision of, different communication options.

## The Individual Management Plan

The Individual Management Plan (IMP) is a key area in the Quality Standards for Children's Audiology. However, it is important to recognise that the introduction of the IMP was not about asking audiology services to do something new. It was an idea firmly rooted in existing good practice. Essentially, the IMP is nothing more than a minute of the conversations that good audiologists will already be having with children, young people and their families, conversations about what they feel, want or expect; what the audiologist is able to offer; and how the audiologist and child/young person/family agree to proceed.

There is no specified form or template for the IMP. It is assumed that many services will already keep detailed notes of these conversations in their patient records. The IMP is not a case history form or a record of assessment results, although the patient's case history and hearing status will certainly help to inform the IMP and are therefore likely to be summarised within it. What is important is that an audiology service can demonstrate that for each patient any planned assessments, interventions or onward referrals have been properly discussed and agreed with the patient. All of those taking part in the conversation through which a management plan is constructed, need to have the chance to 'agree the minutes' of that conversation. In other words they should know exactly what has been decided and why, and have a clear understanding of how and when further assessment / treatment will proceed.

Through conversation and an exchange of information at this and subsequent appointments, the audiologist and the child/young person/family will explore what can and cannot be done and the agreed needs and agreed actions for the patient will be reviewed and updated over time.

## The Evidence Base

"Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values," (Sackett et al., 2000 p. 1).

A comprehensive review of the current evidence base has been undertaken. Wherever possible the evidence base has been drawn from peer reviewed, published research. Articles from other literature have been included if deemed appropriate by the working group. To enable the reader to explore the relevant literature that supports each individual standard, the rationale column now contains numbered references. Full details of the references for each standard can be found within the Standard assessment tool. There are also a number of overarching documents that have informed the development of the second version and these are listed below.

*Equality Act*. 2010. London: HMSO.

THE SCOTTISH GOVERNMENT, 2012. *A Guide to Getting it Right for Every Child* [online]. Edinburgh: The Scottish Government. Available from: <http://www.gov.scot/resource/0042/00423979.pdf>

NDCS., 2013. *Audiology Service Provision in the UK* [online]. London: NDCS. Available from: [http://www.ndcs.org.uk/about\\_us/ndcs\\_policies\\_and\\_position\\_statements/index.html](http://www.ndcs.org.uk/about_us/ndcs_policies_and_position_statements/index.html)

THE SCOTTISH GOVERNMENT, 2013. *Supporting Young People's Health & Wellbeing -A Summary of Scottish Government Policy*. Edinburgh: The Scottish Government.

THE SCOTTISH GOVERNMENT, 2013. *See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland*. Edinburgh: The Scottish Government.

NHS WALES, 2013. *All Wales Standards for Accessible Communication and Information for People with Sensory Loss*. Wales: NHS Wales. Available from: <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

*Children and Young People (Scotland) Act*. 2014. Norwich: TSO.

*Public Bodies (Joint Working) (Scotland) Act*. 2014. Norwich: TSO.

BRADLEY, P. and WILSON, A., 2014. *Achieving prudent healthcare in NHS Wales (revised)*. Cardiff: Public Health Wales.

DEPARTMENT OF HEALTH, 2004. *The NHS Knowledge and Skills Framework and the Development Review Process*. London: Department of Health Publications.

HCPC., 2014. *Standards of proficiency - Clinical scientists* [online]. London: HCPC. Available from: [http://www.hcpcuk.org/assets/documents/1000050AStandards\\_of\\_Proficiency\\_Clinical\\_Scientists.pdf](http://www.hcpcuk.org/assets/documents/1000050AStandards_of_Proficiency_Clinical_Scientists.pdf).

CLINICAL STANDARDS GROUP BRITISH ASSOCIATION OF AUDIOLOGICAL PHYSICIANS, 2011. *Clinical standards. Setting standards to improve care for patients with hearing and balance disorders* [online]. London: BAAP. Available from: <http://www.baap.org.uk/Portals/0/Content/Documents/stories/baapcs.pdf>

HARDING, J. 2013. *Report on Quality-Assuring the NBHSW Peer Review Process, 2012*. Wales: NBHSW. Available from: <http://www.newbornhearingscreening.wales.nhs.uk/>

SCREENING DIVISION OF PUBLIC HEALTH WALES, 2015. *Newborn Hearing Screening Wales. Annual Performance Results 2013-14* [online]. Wales: Public Health Wales. Available from: <http://www.newbornhearingscreening.wales.nhs.uk/>

NDCS., 2011. *Quality Standards: Transition from paediatric to adult audiology services*. London: NDCS.

DEPARTMENT OF HEALTH (DH), 2007. *A Transition Guide for all Services. Key Information for Professionals about the Transition Process for Disabled Young People*. Nottingham: DCSF Publications.

*The Social Services and Well-being (Wales) Act*. 2014. Wales: National Assembly for Wales. Available from: <http://gov.wales/legislation>

*Draft Additional Learning Needs and Education Tribunal (Wales) Bill*, 2015. Wales: National Assembly for Wales. Available from: <http://gov.wales/consultations>

WELSH GOVERNMENT, 2014. *Qualified for Life*. Cardiff: Welsh Government. Available from: <http://gov.wales/topics/education>

DONALDSON, G. 2015. *Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales*. Cardiff: Welsh Government. Available from: <http://gov.wales/topics/education>

## **External Audit Against the Standards**

The process for self assessment and external audit against the Standards is outlined in detail within the *Arrangements for the External Audit of Children's Audiology Services against the Quality Standards for Children's Audiology* that accompanies this document.

## Principles and Key Features of External Audit Process

- The objective of the audit process is to externally verify self-assessment scores (and evidence) limited to the standards. The objective is not to perform an appraisal of service management and/or make extensive recommendations for improvement.
- The audit process should be robust, relevant, efficient, fair and consistent.
- It is assumed that a full self-assessment will have been completed prior the external visit and evidential materials compiled for ready reference at the time of the visit of the external auditors.
- Visits will be conducted jointly by an external audit team; comprising of Lead Auditor (Paediatric Audiologist) and a Paediatrician working in Audiology both from another service and a representative from NDCS.
- All Health Boards will be visited every two years for an external audit.
- The Head of Audiology at each Health Board will select whether to submit one self assessment score for the whole Health Board or whether to submit separate self assessment scores for each 'service' within the Health Board. Services are defined as substantive permanently manned departments (and their peripheral sites) – reflecting those that participated in previous self-assessment. Special provision will be made for Powys LHB whereby individual assessment will be performed on the services delivered by different providers. However, there will be one site visit, to the only permanently manned site (Brecon).
- The visit of the external auditors will be completed over a day (nominally 6-7hrs), with additional time required for travel. Only the base centre would be visited rather than peripheral sites. Where a Head of Audiology has selected to submit one self assessment for the Health Board the Head of Audiology at that site will select which Service department to visit to undertake the external audit visit.
- Scores given for the NBHSW criteria at the time of the visit will be provisional. These scores will be subject to review by the NBHSW Team and may be standardised.
- Externally assessed scores must be presented to the Chief Executives and Heads of Audiology for each respective service, prior to being made available to ASSAG and put in the public domain (eg on WSAC website).
- A coordinator will be appointed by ASSAG to administer the scheme, collate results and report to ASSAG following each audit.

- An appeals mechanism will exist where external scoring or the audit process are challenged.