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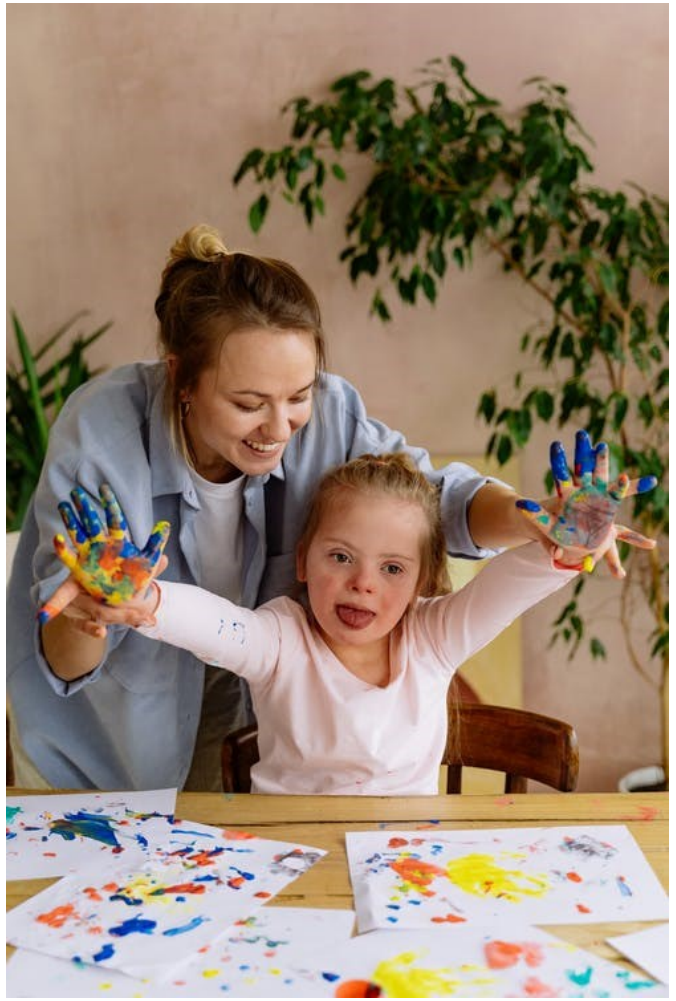
Welcome to the Paediatric Focus Day



Grab a seat, we start at 9:30……

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Welcome to the Paediatric Focus Day

With Special thanks

PHONAK
life is on

House Keeping

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Driving change whilst supporting services

Kathryn Lewis
President
British Academy of Audiology

Jason Smalley
BAA Director SQC

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Why BAA are hosting the Paediatric Focus days

- BAA were approached by Lothian Health Board in Scotland to see if we could carry out a review of paediatric audiology in Lothian following a upheld complaint and recommendation from the Scottish Public Services Ombudsman.
- BAA agreed to put a team of experienced, IQIPS accredited service paediatric audiologists from across the UK and were commissioned by the Health Board to carry out this review.
- What was highlighted by this review was a gap of appropriate post graduate and ongoing update CPD training in paediatric audiology.
- We will now explain how the process of the review was carried out and what was found.

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What We Did:

- Phase 1 involved an audit of cases from 2009-2018 with some areas extended to August 2021 & Governance review of the service

- Phase 2 was more focused, reviewing all ABRs performed at the Lothian Health Board since 2015 and all infants on PCHI register (not reviewed in Phase 1).

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What we did – Phase 1:

Audit: 1,113 children's records were reviewed by 12 senior paediatric audiology professionals from across England, Wales and Scotland. Where concerns were raised by the first reviewer, the case underwent 2nd review by the chair or board lead

Governance: 2 x Highly experienced Clinical Scientists with backgrounds in Paediatric Audiology and Governance visited the Health Board for 1 week of observations and interviews

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What we found:

- A friendly, hardworking team which are supportive of each other.
- A department with clear structure of roles and responsibilities, with evidence of regular team and multidisciplinary meetings and evidence of good communication both internally and with other departments.
- Departmental facilities were found to be good, with excellent new soundproof facilities. Many elements of good practice were seen during clinical observation and most appointments and audiological procedures were carried out in accordance with appropriate guidelines.
- Onsite clinical review however found 3 areas which caused significant concern: VRA testing, Critical review of previous testing results and ABR testing

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What we found (cont.):

- Audit findings showed significant issues with the under 5's diagnostic testing which led to failures to diagnose children effectively.

- In the 1,113 records reviewed, 155 had serious failures. These included:

5 children who were not suitable for cochlear implantation due to the delay in hearing loss identification

2 children who were assessed as normal by the Health Board at the point a opinion was sought from a different centre, from which they were referred for cochlear implantation (and implanted)

5 children who had their cochlear implantation delayed due to the delay in hearing loss identification

49 children where identification and management of a hearing loss was significantly delayed

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How has this happened?

- ***A lack of scientific leadership, knowledge, reflection and enquiry in the presence of a lack of routine and robust quality assurance processes.***
- Nearly all staff had been trained in-house, and not to National Standards in both ABR and behavioural testing, with no form of external competency assessment.
- This resulted in testing for infants and young children being carried out incorrectly which could not, therefore, be identified by the team
- A lack of scientific leadership with no reflection or critical appraisal oversight on the evidence base for guidelines, assessments, tests and results
- The absence of a routine and robust quality assurance process, coupled with a lack of national oversight of the outcomes from the Newborn Hearing Screening Programme (NHSP) in Scotland allowed this to continue without being identified, until a significant number of children have been adversely affected.

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What were the recommendations?

- We made 36 recommendations: 9 Urgent (Address immediately), 18 High (within 12 weeks) and 9 Medium (within 6 months).
- The urgent recommendations ranged from debriefing the report in a supportive manner and offering ongoing pastoral support to the audiology team, to establishing audiological scientific knowledge and leadership into the leadership roles within the department; seconding to the lead post if necessary.
- High priorities included communicating the findings under duty of candour to the children and families affected, reviewing all protocols and guidelines within the department, and implementing theoretical and practical training for staff on test techniques, selection and critical review of results

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What were the recommendations?

Medium term priorities included reviewing the structure of the department, developing a quality assurance programme and a full review of the complaint handling process

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What about Phase 2?

- Completed in Feb 2022
- Identified a further 417 children where there were severe concerns
- A further 3 recommendations, all related to the follow up / recall of these children

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What have we already done?

- Support for the department, both training and high level managerial input to ensure the department is now safe and providing effective care
- Fitness to Practice referrals
- Worked with NDCS to help the Health Board communicate with the families affected
- Met with the Scottish Government / Cabinet Secretary for Health to discuss the findings
- Meetings with other nations at top levels (NHS England, Wales and NI) to discuss the learning for other nations

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Fitting this into the National Picture in the UK

Following on from the Rapid Review into Paediatric Audiology in 2020, there had already been high level meetings with NHS England about improvements which were required in Paediatric Audiology. A main workshop and then three work streams had been set up on Data, Quality and Commissioning.

1) Data beyond NHSP was thought to be very poor, with inconsistent record keeping of children identified with a hearing loss not present at birth. This work-stream has gone back to basics is looking at what data might we want to collect and how to do that

2) Commissioning – More of an issue in England with the novel ways we like to commission things!

3) Quality – There is no mandatory quality assurance beyond the screen. This stream is working on how we might identify services which need support and how quality assurance of the later paediatric pathway might work

Plan is a lot of this work will be fairly generic and be able to picked up by the other nations even though fully devolved.

Lots of focus on outcomes atm – is the service we are delivering giving good outcomes and is it cost effective?

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What are we doing?

Big point that came out of the Lothian Review was in-house training and sign off for staff – “you don’t know what you don’t know”

We know training and service quality is an issue, how can we improve things quickly?

Currently working on an idea that through the BAA HTS allows staff who have been in post for a period of time to take the Higher Training Scheme exam directly without having to do the portfolio etc, allowing for a workforce to undergo external assessment of clinical competency.

We are also working with the universities to look at what is taught at PTP and STP level and what gaps exist for post graduate clinicians.

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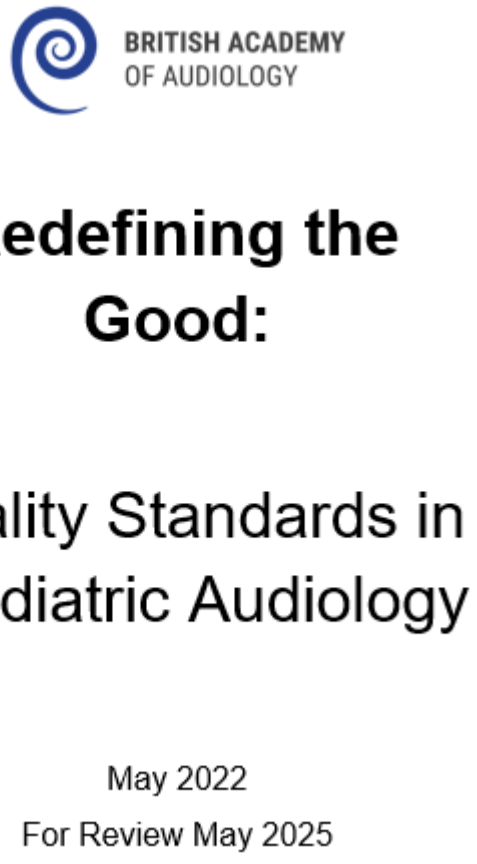
The Lothian findings instigated an urgent priority for the NHS Workstreams.

BAA are doing a lot of work with all the nations in the area of paediatric audiology, particularly in how services which are struggling might be identified in the data we already have, investigated and supported if required.

A business case for a National Specialist Advisor for Audiology within NHS England has now been approved and we're taking a active part in the Review into Scottish Audiology Services.

Quality Standards in Paediatric Audiology are now in a pre-publication state and be available as soon as possible.
There will also be a audit tool for services and a FAQ.

Going forward we will work with the new Scope of Practice to then form a Commissioning Guidance.



We held a series of Paediatric Webinars in March / April on Tinnitus, APD, ANSD and Vestibular testing. All are on the BAA website in the members area

We held a NHSP Webinar, specifically looking at data entry on S4H (again on the BAA Website) on May 4th

We've completed 2 days in Scotland and a day in England

And most importantly…we're here today!

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What can you do?

Help us!

If you think the way we do something nationally could be done better - tell us!

If you think ‘wouldn’t it be great to have data on this’ – tell us!

Support services with issues. We all have some of the similar issues, its about supporting each other to consistently improve and to ensure that NHS Paediatric services all work to the same standards.

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