Learning from Lothian

* All views expressed are my own and may not be endorsed by BAA
Background

• In 2021 BAA were approached by Lothian Health Board to see if they could carry out a review of their paediatric audiology service

• An audit of cases from 2009-2018 (parts to August 2021) took place

• A week long governance review of the service took place
My son is profoundly deaf - but still passed a hearing test

By Angie Brown
BBC Scotland News

z days ago

Carrie-Anne Farquhar said her son Jamie was not diagnosed as deaf until he was nearly four years old
How did it happen?

- **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.
Reaction

- Whole department at fault – they all must be really awful
- It couldn’t happen here
Reaction

• Whole department at fault – they all must be really awful
• We found a highly skilled, motivated, caring team
• The team had won awards, within their Health Board and nationally
• The had superb facilities
• They had regular team meetings
• Most staff felt listened to by the manager and all were proud to work there

• I would happily employ any of the audiologists I met that week
Reaction

• It couldn’t happen here

• Really?
Reflections - departmental

• Training
  – Far fewer staff are members of BAA, therefore no access to HTS
  – Staff within paediatrics and some complex adult clinics have recently been trained in-house
  – Peer reviews, internal or external?
Reflections - departmental

• Are staff reading all documentation?

• Is our documentation actually readable and fit for purpose?
  – Balance between allowing clinical judgement and being too ambiguous
Reflections - departmental

- What do we do when we get different results/complex cases?
- What do we do with ‘untestable’ patients?
Reflections - departmental

• Audit
  – Are our audits on management decisions sufficient?
  – Are we evaluating all new processes?
Reflections - departmental

• Are staff comfortable in raising concerns?

• We have non-conformity/CAPA system but is it used appropriately?
Reflections - professional

• Recommended procedures
  – Are they fit for purpose?
  – Are they becoming discussion documents?
Reflections - professional

• Quality standards
  – Where are they?
  – What are we measuring against?
  – What is the recommendation for level of training/qualification?
  – Is the public protected enough?
Reflections - professional

• National oversight

• Beyond the Newborn Hearing Screen programme, who is checking?
Reflections - professional

• Training and Education

• Is it good enough?

• Are students being taught the skills to develop and evaluate services?
Reflections - professional

• Is mandatory IQIPS the answer?

• What’s BAA/BSA/BSHAA’s role in the future?
• Nobody is going to do this for us

• Just because it’s hard doesn’t mean we shouldn’t