

# 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

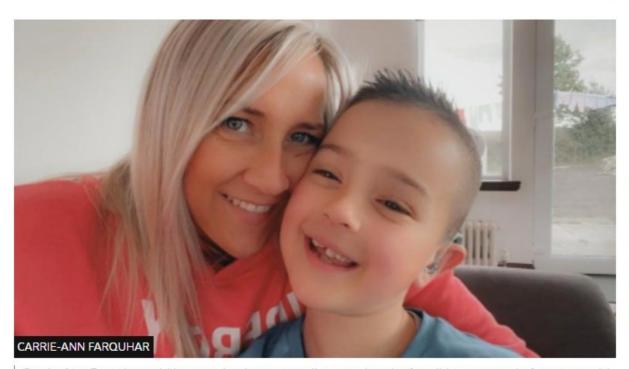


#### My son is profoundly deaf but still passed a hearing test

By Angie Brown BBC Scotland News

3 days ago





Carrie-Ann 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?



#### 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 inhouse
- Peer reviews, internal or external?



Are staff reading all documentation?

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



 What do we do when we get different results/complex cases?

What do we do with 'untestable' patients?



- Audit
  - Are our audits on management decisions sufficient?
  - Are we evaluating all new processes?



Are staff comfortable in raising concerns?

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



Recommended procedures

– Are they fit for purpose?

– Are they becoming discussion documents?



Quality standards

- Where are they?
- What are we measuring against?
- What is the recommendation for level of training/qualification?
- Is the public protected enough?



National oversight

 Beyond the Newborn Hearing Screen programme, who is checking?



Training and Education

- Is it good enough?
- Are student being taught the skills to develop and evaluate services?



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



