NHS England

Paediatric Hearing Services Improvement Programme: system recommendations for immediate action

Recommendations

1. Leadership and quality governance

There should be a named senior-level clinical lead for each provider who has oversight and responsibility for audiological assessments and clinical interpretation undertaken by each service.

The named senior lead should have extensive clinical, scientific, and leadership skills in audiological diagnostic assessments and interpretation (appendix 1). Options for collaborating with other providers to access the expertise should be considered.

There should be an established route to the organisation's quality governance team for reporting issues and incidents.

Each ICB quality board should ensure they receive regular quality reports from paediatric hearing services in line with local service reporting arrangements.

2.UKAS IQIPS accreditation scheme

The UK Accreditation Service (UKAS) has operated an improving quality in physiological services (IQIPS) scheme since 2012 for the accreditation of audiology services.

The UKAS IQIPS (Improving quality in physiological services) is the only recognised accreditation standard for physiological science services inclusive of audiology services and provides the evidence for CQC regulatory purposes. Currently a minority of paediatric

audiology services (and physiological sciences services in general) have UKAS IQIPS accreditation.

The provider/trust should be working towards UKAS IQIPs accreditation and the ICB should ensure that there are plans in place to implement, achieve, or maintain accreditation using the available tools, and that there is oversight of quality management systems.

Services that are new to accreditation could approach pathology quality managers or UKAS IQIPS accredited Audiology Services to learn from established accredited services about the process. Services that are not IQIPs accredited should formally register this as a quality risk in their quality reporting system.

3. Paediatric audiology quality standards

For services that are not UKAS IQIPS accredited, heads of services in collaboration with the clinical lead should provide an external evidence-based assessment of their provision against the current standards outlined in:

- The British Society of Audiology (BSA) guidelines for the early audiological assessment and management of babies referred from the Newborn Hearing Screening Programme
- The British Academy of Audiology (BAA) Quality standards in paediatric audiology, with specific reference to standard 3 (assessment and aetiology) and standard 6 (skills and expertise).
- A self-assessment audit tool is available for services which must be triangulated with evidence-based external peer assessment of clinical practice.

(Appendix 2 provides an example of a current NHS regional evidence-based desk top peer review assessment being led by the Regional Healthcare Scientist to meet this recommendation.)
The recommended actions should be owned at provider level by the named clinical lead with associated improvement action plans and service risks developed with system quality groups including the ICB quality lead, the Regional Quality Group, and where appropriate regional medical directors and regional chief healthcare scientists.

All UKAS IQIPS accredited services should report progress against the recommended actions in their most recent assessment report to their local quality governance group and the ICB/ regional quality groups.

4. Peer review of diagnostic auditory brainstem response (ABR)

Services providing diagnostic auditory brainstem response (ABR) assessment must be actively engaged with internal and external peer review and external quality

assurance (EQA) processes in accordance with the British Society of Audiology (BSA) guidance.

Monthly summary outcomes, of peer review should be approved by the provider's/ trust's clinical lead, including a cumulative monthly report, who will escalate learning, improvement, and concerns within the provider and system quality groups (ICB and region).

5. Historical peer review

Where risk of harm is identified, the provider/trust quality governance team should agree the risk-based approach to historical peer review of cases. Implementation and outcomes of historical peer reviews should be communicated to the system quality groups; ICB, and region for escalation.

Incident management teams are to be instigated where risk of harm is identified. The incident management approach should include a full-service review and development of an improvement plan that is agreed by the ICB Quality and the Regional Quality Group.

6. Patient safety and duty of candour

Following historical peer review, any incidents should be reported to the provider/trust patient safety teams and in parallel, communications to patients and families affected should be agreed by the provider/trust in conjunction with ICB leads and regional medical directors.

In the event of a patient safety incident being identified, ICB leads should ensure that there is an appropriate patient safety lead identified within the provider/trust for the audiology service. They should refer to the NHS England » Patient Safety Incident Response Framework and supporting guidance and The duty of candour: guidance for providers (cqc.org.uk).

7. Data, records and documentation management

Services must maintain appropriate record keeping in line with national guidelines and arrangements for other diagnostic services, and what would be expected in UKAS accredited services. **BAA Quality Standards in British Academy of Audiology and Records and Document Management – NHS Digital**

Record keeping should include the retention of diagnostic data and accurate, timely data entry onto the national database, Smart for Hearing (S4H). All professionals should have access to essential data/case notes that are required in management and decision-making process for patients, including where patient care is delivered by multiple services in the ICB area.

All providers should risk stratify their paediatric waiting lists to ensure those needing urgent appointments are prioritised. For example, priority for children referred following bacterial meningitis and those identified as part of this incident response.

All providers should ensure that they are reporting activity and waiting times to DM01 in line with the criteria set out in the national DM01 guidance. This ensures there are no patients being held on other waiting lists that should have been reported under DM01.

8. Workforce competency

The service workforce should work to the professional standards of practice as outlined in the Academy for Healthcare Science good scientific practice, and in line with requirements of statutory and accredited professional registers and the Academy for Healthcare Sciences standards.

The competency of the workforce to perform, interpret or supervise paediatric audiology assessments should be reviewed according to the **BAA Quality Standards in Paediatric Audiology**[2] with specific reference to Standard 3 (Assessment and Aetiology) and standard 6 (Skills and Expertise).

For every member of staff, there must be a competency record and access to refresher training by professional organisations. Members of the workforce who cannot evidence their competency should be supervised by someone who can demonstrate competency to practice. ICB leads and regions should support services to access funding and resources for training and continual professional development.

9. Workforce health and wellbeing

Where patient safety issues are identified in services, provider/trusts should identify a named health and wellbeing lead for the paediatric audiology workforce. This person should be able to identify immediate support for staff health and wellbeing as well as training programmes such as resilience and handling difficult situations. The workforce should also be made aware of NHS England » The national speak up policy so that they have a confidential route to escalate concerns.

10. Mutual aid

ICBs, clinical leads, and heads of service should link with their regional teams to identify regional mutual aid capacity that could support services if historical peer review, training, or excessive waiting times are identified.

Instructions for return

- The findings and proposed actions need to be shared via established quality governance routes - System Quality and Regional Quality Groups.
- ICBs should provide the ICB Executive Quality Lead (e.g, Nursing Director or Medical Director) with monthly updates on their risks and issues for each of their services from **30 October 2023.** These should be escalated to an NHSE convened Regional Operational Paediatric Hearing Services Improvement Group.
- The table below outlines the key information required to demonstrate compliance against the recommended actions to ICB Executive Quality Leads. It is critical that an evidence-based approach is adopted to demonstrate compliance. We appreciate the nature of gathering the information will be iterative.

Recommended Action	Question	Response
1. Quality Governance	a) Please provide a named Senior Clinical Lead for the service. b) Is the trust quality governance and ICB clinical quality team engaged with clear reporting processes? c) Please provide details of the dedicated governance processes for paediatric audiology that are in place to manage quality at system, regional and national level	• Please provide named Senior Clinical Lead, contact details and evidence of experience. • Details of dedicated governance processes.
2. UKAS IQIPS	a) Is the service fully UKAS IQIPS accredited? Yes/No B) If no, has the service undergone recent IQIPS assessment and is working through mandated findings? Yes/No	• If the service is accredited, please provide date of last assessment and organisation ref number. • Is the service fully accredited for all aspects of paediatric hearing services pathway and at all sites? • If not, please list all aspects that are not accredited and provide action plans with timescales. • If accreditation is in progress with mandatary findings, please provide action plan with timescales to address these. • If the service is not accredited, please provide action plan with timescales for UKAS IQIPS accreditation along with interim quality assurance and management arrangements.

3. Paediatric Audiology Standards	Has the service participated in an evidence-based external peer assessment of clinical practice such as external desk top review (appendix 2) or UKAS benchmarking? Yes/No Appendix 2 provides an example of a validated approach that has been developed in the NHS Midlands region.	• If yes, what were the outcomes and recommendations from the external review? • Please provide action plans for any non-compliance/issues raised and related action plans with timescales and interim quality assurance and management arrangements. • If the service has not participated in an external peer assessment of clinical practice, please provide timelines when this is anticipated to be completed. • Please provide interim quality assurance and management arrangements.
4. Peer Review of diagnostic Auditory Brain Stem Response (ABR)	Is the service engaged in external ABR peer review process in accordance with BSA guidelines? Yes/No	• If yes, please provide details, including name of peer review service/provider. • If yes, please provide summary of peer review outcomes by each month, and associated actions for the last 12-months. • If no, please provide details of interim quality assurance and management arrangements. • Also please provide plan and timelines to implement external ABR peer review.

5. Historical Peer Review	Is the service undertaking/planning to undertake historical external reviews because of risks identified in the service following an evidence based assessment? Yes/No	• If yes, please provide details of the risks identified that initiated the review. • Details of the risk-based approach for cohort reviews. • The number of cases being reviewed and what time period these cover • A summary of findings and actions to date. • If in the process of planning, please provide details of action plans, timelines and interim quality assurance and management arrangements
6. Patients Safety and Duty of Candour	If the service answered yes to (historical peer review (no.5) has the service: a) Identified a patient safety lead? b) Instigated the NHSE patient safety incident response as outlined in the PSIRF?	• Provide name and contact details of patient safety lead. • Provide summary of patient safety incident response including the key risks and issues. • If no, please provide details of action plans, timelines and interim quality assurance and management arrangements
7. Data, records and document management	a) Does the service manage data according to the recommended guidelines?	• If yes, provide policy details on the process for data management of diagnostic assessment data and clinical data. • If no, please provide details of action plans, timelines and interim quality

		assurance and management arrangements
	b) Does the service report activity and waiting times to DMO1 as set out in national guidance? c) Does the service risk stratify the waiting list to identify and prioritise urgent appointments?	• Yes or No. • If no, to DMO1 provide information on plans to meet the guidance recommendations. • Provide description on risk-based approach for waiting lists. • Provide waiting list numbers (monthly).
8. Workforce competency	a) Can the service evidence good scientific practice as outlined in AHCS guidance? For example, calibrated equipment, up-to-date standard operating procedures, competency documents	• Provide evidence of good scientific practice followed, eg calibration record, SOPs, competency documents, certification. • If not able to evidence, please provide details of action plans, timelines and interim quality assurance and management arrangements
	b)What competency assessment processes does the service undertake to ensure their staff skills are maintained?" c) Are all qualified staff registered with AHCS/RCCP, HCPC or for medically qualified staff with GMC with RCP or SPIN module in Paediatric Audiovestibular Medicine?	Choose applicable option and provide evidence where processes are in place: • No competency assessment processes in place. • Has regular internal competency assessment process in place (min annually); • Has regular external competency assessment processes in place (min annually); • Has annual internal clinical supervision only; • Through regular 1-1s and annual appraisal process Provide numbers of qualified staff registered with AHCS/RCCP or HCPC or GMC registration with RCP (or SPIN module in Paediatric Audiovestibular Medicine Provide numbers of non registered staff (both qualified and non qualified)

9. Workforce health and well being	a) If the service answered yes to (historical peer review, no.5), is there a named health and well-being lead supporting the paediatric audiology workforce?	• Provide details of named health and well-being lead. • If no, please provide details how staff are being supported beyond the signposting to local resources.
	b) Does the service provide health and wellbeing training in resilience and handling difficult situations?	• Provide details of what is in place for well-being training and handling difficult situations. • If no details are available, please specify any plans to do so.
	c) Have the workforce been made aware of the national speak up policy?	• If yes, provide details on how this is communicated. • If no details are available, please specify any plans to do so.
10. Mutual Aid	Has the service identified need for mutual aid?	• If yes, has the service linked in with regional leads to establish regional capacity and sources of mutual aid? • Provide details of approach to understanding regional capacity and sources of mutual aid. • If no details available, please specify any plans to do so.

Appendix 1 – Competency framework for paediatric audiology clinical lead

Education/ qualifications

- MSc in Audiology or equivalent (or assessed study at M-level)
- Higher Certificate of Clinical Competence/ Certificate of Audiological Competence (or equivalent) and
- HCPC or GMC registration with RCP (or SPIN module in Paediatric Audiovestibular Medicine)
- Leadership or management qualification
- Member of an Audiology Professional group (eg BAA, BAPA**).**

Academic/Clinical Knowledge and Skills

- Expertise in paediatric clinical auditory assessment and management
- In- depth working knowledge of current national standards, policies, professional recommendations, and guidelines.
- Experience of clinical diagnostic quality management, governance and assurance, including assessment against UKAS IQIPS
- Detailed knowledge of hearing devices their processing strategies and other relevant technologies and experience of assessment against these
- Awareness of emergent research and technologies for hearing assessment and amplification devices
- Proven ability to lead and work co-operatively within a team including MDTs'.
- Ability to always behave appropriately towards patients, external professional collaborators, and colleagues.
- Significant specialist experience in an area of Audiology.

Appendix 2 - Example: Paediatric Audiology Hearing Services – Peer Review Evidence Template that is being used in the NHS Midlands region

(An assessment sheet that provides a scoring system can be obtained from england.cso@nhs.net)

Trust Name:		**Completed By:**	
Date:		**Designation:**	

	Key Line of Enquiry	**Evidence** [please embed a copy of the document here]	**Notes** [Please include any notes here, including any reasons for non-submission]
1.	Certificate of calibration for one paediatric ABR system		
2.	Certificate of calibration of one audiometer that is used for soundfield assessment of children		
3.	Protocol for triage of paediatric audiology referrals		

	Key Line of Enquiry	**Evidence** [please embed a copy of the document here]	**Notes** [Please include any notes here, including any reasons for non-submission]
4.	Protocol for paediatric hearing assessments		
5.	Protocol for paediatric discharge and management criteria		
6.	Photo of each VRA paediatric testing rooms set up (without patient)		
7.	Audit plan for the department 2023/24		
8.	Incident/risk log example and copies of governance meeting		

	Key Line of Enquiry	**Evidence** [please embed a copy of the document here]	**Notes** [Please include any notes here, including any reasons for non-submission]
	minutes where a concern has been raised/managed		
9.	Total number of staff, including how many qualified staff are not registered with AHCS/RCCP or HCPC.		

Sign Off:	
Name:	
Designation:	
Date:	