

Quality Manual

Audiology
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Quality Manual

This document, together with the processes and procedures specified within represents the Quality Management System of Audiology services, Nottingham University Hospitals Trust. The contents of this manual are compiled to meet the requirements IQIPs V2.1 2023 standard used by the United Kingdom Accreditation Service (UKAS) in confirming the competence of physiological diagnostic services.

Contents

1.	Introduction to the Quality Manual.....	7
1.1.	Overview of the organisation	7
1.2.	Mission statement.....	7
1.3.	Service Scope	7
1.3.1.	Adult Audiology	8
1.3.2.	Childrens Audiology	8
1.3.3.	Diagnostic Audiology	9
2.	Definitions & Abbreviations	10
3.	Management Requirements.....	11
3.1.	Organisation & Management Responsibility	11
3.1.1.	Organisation	11
3.1.1.1.	General.....	11
3.1.1.2.	Relationship to the Host Organisation and Legal Entity.....	11
3.1.1.3.	Ethical conduct	11
3.1.1.4.	Head of Service	12
3.1.2.	Management responsibility	13
3.1.2.1.	Management Commitment.....	13
3.1.2.2.	Identifying patient & service user needs.....	13
3.1.2.3.	Quality Policy	14
3.1.2.4.	Quality Objectives and Planning	15
3.1.2.5.	Responsibility, authority and interrelationships.....	15
3.1.2.6.	Organisation chart.....	16
3.1.2.7.	Communication.....	16
3.2.	Quality management System.....	17
3.2.1.	General.....	17
3.2.2.	Quality management cycle	17
3.2.3.	Quality Manual.....	18
3.3.	Document control	18
3.4.	Patient Satisfaction & resolution of complaints.....	18
3.4.1.	Patient satisfaction measurement	18
3.4.2.	Resolution of complaints.....	19
3.5.	CAPA – Corrective & preventative actions.....	19
3.5.1.	General.....	19

3.6.	Continual improvement.....	19
3.6.1.	General.....	19
3.6.2.	Performance & Quality indicators.....	20
3.7.	Control of Health records.....	20
3.8.	Evaluation and Audits.....	20
3.8.1.	General.....	20
3.8.2.	Internal assessments.....	21
3.8.3.	Review and follow up of corrective actions.....	21
3.8.4.	Quality indicators.....	21
3.8.5.	External assessments.....	21
3.9.	Risk Management.....	21
3.9.1.	Registering risks.....	22
3.9.2.	Incident management.....	22
3.9.3.	Business continuity.....	22
3.10.	Management reviews.....	22
3.10.1.	General.....	22
3.10.2.	SLT meetings.....	22
3.10.3.	Service health check meetings.....	23
3.10.4.	Quality Team meetings.....	23
3.10.5.	Annual service review.....	24
4.	Technical Requirements.....	24
4.1.	Personnel.....	24
4.1.1.	General.....	24
4.1.2.	Recruitment.....	25
4.1.3.	Personal file.....	25
4.1.4.	Induction.....	25
4.1.5.	Training.....	26
4.1.6.	Staff competency (Clinical Staff).....	26
4.1.7.	Staff appraisal.....	26
4.1.8.	Continuous education.....	26
4.1.9.	Non-permanent personnel.....	26
4.2.	Facilities and Safety.....	26
4.2.1.	General.....	26
4.2.1.2.	Health and safety.....	27
4.2.3.	Facilities.....	27

4.2.3.2.	Staff Facilities	27
4.2.4.	Facility Maintenance and Environmental Conditions	28
4.2.5.	Continuity of service	28
4.3.	Equipment	28
4.3.1.	General	28
4.3.2.	Selection of equipment	29
4.3.3.	Acceptance Criteria	29
4.3.4.	Equipment Inventory and master file	29
4.3.5.	Calibration	29
4.3.6.	Preventive maintenance and repair	30
4.3.7.	Decommissioning	30
4.4.	Purchasing and inventory	30
4.4.1.	General	30
4.4.2.	Consumables & goods management	31
4.4.3.	Selection and evaluation of providers	31
4.4.4.	Procurement	32
4.4.4.1.	Equipment procurement	32
4.4.4.2.	Goods, consumables & reagents.	32
4.4.5.	Stock management and inventory	32
4.5.	Clinical appointment process	32
4.5.1.	Referral into Pathways	32
4.5.2.	Standard Clinical appointment activities	32
4.5.2.1.	Pre-appointment	32
4.5.2.2.	During the appointment	33
4.5.2.3.	Post appointment activities	33
4.5.3.	Quality monitoring of examinations	34
4.5.4.	Accessing counselling services	34
4.5.5.	Uncertainty of Measurement	34
4.5.6.	Advisory services	34
4.5.7.	Second opinions	34
4.6.	Information Management	35
4.6.1.	General	35
4.6.2.	Information system - Security	35
4.6.3.	Confidentiality	35
15.	Equality Impact Assessment (EQIA) Form	36

16.	Values and Behaviours.....	38
17.	Monitoring Matrix.....	40
18.	References.....	41
19.	Appendix	43

1. Introduction to the Quality Manual

This Quality Manual describes the Quality Management System (QMS) in use throughout the audiology service for the benefit of the Service's own management and staff, service users and accreditation and regulatory bodies.

The QMS is the process developed to support the generation of an efficient, effective, high quality and appropriate Audiology service.

This Quality Manual demonstrates the Service's, and specialities within, ability to execute the indicated repertoire and to meet regulatory requirements.

Supporting documentation is referenced as appropriate. A full detailed reference list and series of appendixes is located towards the end of the manual.

1.1. Overview of the organisation

As part of the Health services provided by Nottingham University Hospitals Trust, the Audiology Service provides diagnostic testing, assessments, rehabilitation and other tests relevant to audiological patients for the benefit of both patient and population.

The Service has developed its own quality management system for the purpose of the effective and efficient use of its resources. All employees are committed to the culture of quality.

All staff share responsibility for identifying and recording nonconformities & opportunities for improvement. Ensuring that corrective, or preventive, actions are undertaken to support the continued improvement and safe operation of the service.

1.2. Mission statement

As a service, we aim to recognise the excellence within the foundation of our work (our staff) whilst also seeking opportunities for improvement and innovation.

We aim to foster a collaborative culture that reaches out across the wider healthcare environment to support shared learning and establish versatility, responsiveness and resilience within our team [Policy – Our service].

To support our patient outcomes we aim to operate holistically, allowing smooth patient flow between the specialities that constitute our service.

1.3. Service Scope

The Audiology Service provides audiological assessment, rehabilitation and (where clinically indicated) onward referral for adults and children with hearing difficulties. The service also provides vestibular assessment and rehabilitation for patients referred from ENT. The service is a regional centre for implanted BCI and receives referrals from throughout the East Midlands for this [Policy – Our service].

Audiology is comprised of three interlinked and interdependent clinical services supported by the Audiology administration team. The three clinical services are Adult Audiology, Childrens Audiology and Diagnostic Audiology, each with their own scope of service.

Quality Manual - Audiology			
Version 3	Implemented 14/6/2023	Review 31/5/2024	Page 7 of 47

1.3.1. Adult Audiology

The Adult Audiology Service provides [Policy – Our service]:

- Diagnostic hearing assessment for adults aged over 50 years who have been referred from primary care via direct access or direct referral pathways
- Hearing rehabilitation in the form of hearing aid assessment, hearing aid fitting and ongoing hearing monitoring and hearing aid support.
- Specialist tinnitus and hyperacusis rehabilitation clinics for those aged over 16
- Specialist hearing assessment and rehabilitation clinics for adult patients with cognitive disability.
- Specialist rehabilitation clinics for adult patients with a complex auditory profile.
- Specialist Young Persons Clinic, providing ongoing audiological care and support for 16-25 year olds including those who transition from the paediatric to adult service.
- Bone Conduction Hearing Implant assessment appointments for adults with conductive / mixed hearing loss, single sided hearing loss and middle ear pathologies
- The domiciliary service and in-patient ward-based service provides hearing and rehabilitation for patients unable to attend clinic.
- The Adult Audiology Service outreach clinics provide reassessment of hearing for patients who have been fitted with hearing aids by the Service.

1.3.2. Childrens Audiology

Childrens Audiology service provision is for children up to the age of 16 years (and very occasionally older young people if there are specific complex needs requiring specialist paediatric behavioural testing strategies or clinical knowledge/skill set)) referrals are taken from a variety of sources for audiological assessment, rehabilitation and recommendation/decision for further management.

The Childrens Audiology service is intended for children who have hearing difficulties but whom do not need first line medical management. Children who need medical management for their ear related conditions should be managed in Primary Care or referred directly to ENT at QMC.

The Childrens Audiology Services provide [Policy – Our service]:

- Hearing assessment for children from 3 months of age up until the age of 16 years.
- Specialist hearing assessment appointments for children with complex needs from 3 months up to the age of 16 years.
- Targeted follow on care of babies who have been directly referred from the newborn hearing screening programme (NHSP).
- Specialist hearing assessment and monitoring for children receiving ototoxic medication
- Audiology led follow-up hearing assessment following grommet insertion.
- Hearing aid assessment clinics
- Management of permanent childhood hearing impairment (PCHI), including babies diagnosed from NHSP.
- Hearing rehabilitation in the form of hearing aid fitting and ongoing hearing monitoring and hearing aid support.
- Hearing aid servicing requests, including earmould appointments and hearing aid repairs

- Bone Conduction Hearing Instrument (BCHI) assessment for both non-surgical and surgical options and BCHI fitting and follow on care.
- Specialist tinnitus, hyperacusis and auditory processing difficulty appointments.
- Ongoing monitoring of children's hearing who may not have intervention for their hearing loss or are at greater risk of developing hearing difficulties during childhood.
- School hearing assessment and monitoring service for children at some Nottingham City specialist education settings.
- School ear mould impression service at some local Nurseries and Schools.
- Transition of audiological care into the adult audiology service for children who require ongoing audiological support post 16 years.
- A specialist paediatric otological ENT service for children with PCHI, children with complex medical needs that require a specialist paediatric hearing assessment at their ENT appointment.
- Remote consultations on request from a professional or parent/carer

1.3.3. Diagnostic Audiology

The diagnostic audiology service provides:

- Diagnostic hearing assessment for patients attending Otology clinics
- Diagnostic hearing assessment for adults aged between 16 and 49 years who have been referred from primary care via direct access or direct referral pathways
- Specialist assessment clinics for adult patients with a complex auditory profile.
- Diagnostic vestibular assessment and management for patients referred by ENT.
- Monitoring audiometry for adults requiring ongoing assessment, for example adults receiving ototoxic medication

2. Definitions & Abbreviations

Term	Definition
BAA	British Academy of Audiology
BCHI	Bone Conductive Hearing Instrument
BRC	Biomedical Research Centre
CAPA	Corrective And Preventative Actions
CaPA	Clinical and Product Assurance
CCG	Clinical commissioning group
CQC	Care Quality commission
Datix	Trust Risk Management & incident reporting system
ENT	Ear, Nose & Throat
ESR	Electronic Staff Record
GDPR	General Data Protection Regulation
HSE	Health & Safety Executive
IG	Integrated Governance
IQIPS	Improving Quality in Physiological Services Accreditation
MESU	Medical Equipment Service Unit
MPCE	Medical Physics & Clinical Engineering
NHS	National Health Service
NHSE	NHS England
NHSI	NHS Improvement
NHSP	Neonatal Hearing Screening programme
NUH	Nottingham University Hospitals
PTP	Practitioner Training Programme
QM	Quality Manual
QMC	Queens Medical Centre
QMS	Quality Management System
SLA	Service Level Agreement
SLT	Senior Leadership Team (within Audiology)
STP	Scientific Training Programme
UKAS	United Kingdom Accreditation Service

3. Management Requirements

3.1. Organisation & Management Responsibility

3.1.1. Organisation

3.1.1.1. General

Nottingham University Hospitals NHS Trust provides services to over 2.5 million residents of Nottingham and its surrounding communities. The Trust also provides specialist services to a further 3-4 million people from across the region.

The Trust has three main sites:

- Queens Medical Centre where the Emergency Department (ED), Major Trauma Centre, Nottingham Treatment Centre and the Nottingham Children's Hospital are based. It is also home to the University of Nottingham's School of Nursing and Medical School
- Nottingham City Hospital is the planned care site, where the cancer centre, heart centre and stroke services are based
- Ropewalk House provides a range of outpatient services, including the Audiology Service.

3.1.1.2. Relationship to the Host Organisation and Legal Entity

The Audiology Service is part of the Surgery Division for Nottingham University Hospitals NHS Trust which is held legally responsible for its actions. The Trust Establishment Order is located here:

<https://www.legislation.gov.uk/ukxi/2006/782/introduction/made>

The service's management relationships with the Trust are via the Surgery Division, which is led by the Divisional Director. The lines for clinical, governance and operational responsibility are represented in appendix 19.1.

The board members and a list of executive and non-executive directors can be found on the hospital website at:

<https://www.nuh.nhs.uk/meet-the-board>

3.1.1.3. Ethical conduct

The Audiology Service will deliver its service to clinicians and their patients in an ethically sound and transparent manner, ensuring that these specific requirements are met:

- The service will conduct its affairs in ways to ensure that it retains clinicians and patients' confidence in its competence, impartiality, judgement and operational integrity [Policy - Patient-Centred Care and Consent].
- Management and personnel are free from undue internal and external commercial, financial or other pressures, which may adversely affect the quality of their work [Trust: Corporate Governance Framework Chapter 9 – Conflicts of Interest].
- If there are potential or real conflicts of interest, these are transparently and appropriately declared in line with Trust policy and yearly staff appraisals [Trust: Appraisal and Incremental pay Progression Procedure].

- Confidentiality of information is maintained [Trust: Data Protection, Confidentiality and Disclosure Policy].

To achieve these requirements, Service will:

- Require and ensure that all Clinical staff are members of the appropriate voluntary or statutory register and follow appropriate professional codes of conduct.
- Comply with specific arrangements established by the Trust with regards to; fairness, equality and standards of business & professional practice.
- Comply with the Trust policy on maintaining a register of staff (and close relatives and associates) external business interests, ensuring when there is a conflict of interest, staff involved do not take part in any decision-making associated with that area, including authorities to purchase.
- Ensure staff compliance with the Trust policy on acceptance of gifts from third parties.
- Ensure management of staff absence according to Trust policy.
- Ensure that staff are aware of the Trust Whistleblowing policy [Trust: Freedom to Speak Up Policy].
- Ensure there are appropriate policies and procedures for consent to examination for patients [Trust: Guidance Consent to Treatment and Examination].
- Require and ensure all staff participate in the Trust Mandatory Training Program, which includes the ethical conduct expected from all staff as part of the Trust Corporate Induction.
- Require and ensure all staff participate in Information Governance training, which is included as part of the on-going training programme (recorded on the Electronic Staff Training Record (ESR)), this includes understanding GDPR rules.
- Ensure there is controlled access to areas (both physical and electronic) where confidential information is stored.
- Ensure staff are aware of their responsibilities relating to information storage and retrieval [Trust: INFORMATION SECURITY AND RISK POLICY].

3.1.1.4. Head of Service

The Audiology Service is led by the Head of Audiology; they are supported by the Audiology Service Manager. Both are responsible to the Speciality General Manager for the overall functioning of the Service.

The Head of Audiology is responsible to the Head of ENT/Audiology for all clinical matters. The Head of Audiology maintains executive accountability and the competence to assume responsibility for the Service provided. Each individual specialisation of the Service has a designated clinical lead.

- The lines of Clinical and Operational accountability are detailed in appendix 19.1, 19.2 & 19.3 at the end of this document.
- The duties and responsibilities of the Head of Audiology, Audiology Service Manager other key roles are documented in appendix 19.4 at the end of this document [Policy & Procedure – Our people].

3.1.2. Management responsibility

3.1.2.1. Management Commitment

The Senior Leadership Team (SLT) is committed to the development, implementation and continual improvement of its quality management system (QMS). This requirement is achieved by:

- Ensuring that all members of the Service are aware of and comply with regulatory and accreditation requirements.
- Ensuring that all members of the Service are aware of and comply with the needs and requirements of service users.
- Establishment of the service's Quality Policy (see below).
- Ensuring that quality objectives and plans to achieve these objectives are in place.
- Defining the responsibilities, authorities and interrelationships of all personnel
- Establishment of effective communication processes with staff and with service stakeholders.
- Establishment and appointment to the role of Audiology Project Facilitator
- Ensuring that management reviews are carried out on a regular basis to the depth required by relevant regulations.
- Ensuring that staff are competency assessed to provide assurance that they are competent to perform their assigned activities.
- Ensuring that there are adequate resources to enable the proper conduct of assessment & treatment activities.

3.1.2.2. Identifying patient & service user needs

Within Audiology we recognise that an essential prerequisite of a quality service is that the organisation and management of the Audiology Service relates to the needs and requirements of its users.

The needs and requirements of users are identified both at Service & directorate level and through constant monitoring of patient feedback & patient satisfaction surveys.

3.1.2.3. Quality Policy

The Audiology Senior Leadership team, within the Audiology Service, have established a Quality Policy for the provision of service. The Service is dedicated to providing a high quality service to users. Management of resources, examination processes and overall care are reviewed and quality indicators and objectives established on a yearly basis.

For the Needs of Users:

In order to meet the needs and requirements of its users the Audiology service will:

- Look to consult with users on a regular basis to ensure their needs and requirements are met.
- Set quality objectives and plan to implement and maintain this quality policy.
- Ensure that all personnel are familiar with the quality policy to ensure user's satisfaction.
- Operate a quality management system that integrates qualitative metrics indicative of its performance, documents its procedures and keeps records that provide evidence of the proper conduct of its activities. Where this cannot be supported by the implementation of an ICT based QMS, the service will develop its own in house QMS based process.
- Commit to providing facilities required for the provision of the service and for the health, safety and welfare of its staff.
- Ensure that visitors to the service will be treated with respect and that due consideration will be given to their safety whilst on any site where Audiology operates.
- Comply with local and national environmental legislation and guidelines.
- Uphold professional values and be committed to good professional practice and conduct.

To comply with National, Local and regulatory standards:

To comply with the above standards, both compulsory and aspirational, the service is committed to:

- Recruitment, training, development and retention of staff at all levels in a manner that ensures that they are competent to be fully involved in its work.
- Maintenance, management and procurement of equipment, facilities and other resources as are needed for the provision of the service and ensure the quality of its examination results.
- Use of evidence based procedures that will ensure the highest achievable quality of all examinations performed.
- Undertake regular internal quality monitoring activities to ensure compliance with standards.
- Be subject to external audits to ensure compliance with standards.
- Reporting results of examinations in a manner which ensures their timeliness, accuracy, and clinical usefulness and maintains confidentiality.
- Evaluation and continual improvement of the service it provides to its users.
- Maintain a group of staff (comprised of clinical and non-clinical staff members) to review, monitor and advise on quality related matters throughout the service.

3.1.2.4. Quality Objectives and Planning

The Audiology Senior Leadership Team defines the quality objectives of the Audiology Service in consultation with both Directorate leads and the individual Specialisations within the service and is responsible for ensuring that plans are made to meet these objectives.

Service specific objectives, which may relate to the overall directorate strategy are defined within the quarterly service health check meetings. Management review takes place at both specialisation and service level meetings. These meetings determine whether quality objectives have been successfully completed and provide an opportunity for revising objectives, plans and the functioning of the quality management system.

These actions are supported by the Audiology Quality group which monitors ongoing performance across QMS based activities.

3.1.2.5. Responsibility, authority and interrelationships

The line of responsibility for clinical performance runs from the Trust Chief Executive through the Trust's Medical Director, to the Divisional Director & associated deputies, to the overall clinical lead for Audiology (Consultant Clinical Scientist/ Head of Audiology), and subsequently to the Lead Clinician for each Speciality.

The Head of Audiology is responsible to the Trust Medical Director, for the quality and scope of treatment provided by the audiology service, its Clinical Leads and Audiologists.

The Operational Management responsibility runs from the Trust's Chief Executive Trust through the Corporate Trust Board to the Divisional General Manager and associated Pathway managers & deputies, to the Head of Audiology. The General Manager for Surgery is ultimately responsible for all staff and aspects of service provision & organisation, they are also the prime budget holder.

Non-clinical staff are accountable to the Associate Specialty General Manager through the Audiology Service Manager.

Audiology Clinical staff are accountable directly to the Head of Audiology who is then accountable to the Head of ENT/Audiology.

The service Governance lead is responsible to the Head of Audiology who has ultimate responsibility for ensuring the Health, Safety and Welfare of staff and visitors within Audiology.

All senior Audiology staff have proven technical and managerial competencies appropriate to the post held.

In the absence of key managerial staff, the appropriate appointed deputy fulfils the role of the absent member of staff.

All staff are issued with a job description detailing the general extent and limitations of their responsibilities. These are reviewed annually at staff appraisals for both clinical and non-clinical staff.

On a day-to-day basis, specific duties relating to these responsibilities are discharged through the member of staff with direct responsibility for the supervision of any given individual.

Quality Manual - Audiology			
Version 3	Implemented 14/6/2023	Review 31/5/2024	Page 15 of 47

- It is the responsibility of all employees to become familiar with and participate in Quality Management and the requirements of the Audiology QMS.
- At all times Staff must follow documented and approved procedures.
- Staff must become familiar with the contents of this Quality Manual.
- Staff must record non-conformances as soon as possible after they arise and if patient/staff harm or potential harm has been identified; this must also be recorded on the Trust incident reporting system (Datix).
- Staff must participate in their annual appraisal.
- Clinical staff must record self-assessments and Continuing Professional Development (CPD) activities within their personal portfolios and ensure that their competency records are kept up to date.

3.1.2.6. Organisation chart

Directorate, Clinical Audiology and Audiology Administration organisational chart structures are shown at the end of this document [appendix 19].

3.1.2.7. Communication

The SLT ensures appropriate communication takes place to keep staff members informed.

All-staff meetings are held every two months. During the meetings:

- Information on general organisation, actions and projects is communicated.
- Information on any new or leaving staff is communicated

Following the meeting all staff are sent a copy of or link to the meeting presentation with any pertinent notes.

In addition to these meetings, The SLT communicates with staff through a variety of means including, e-mails, noticeboards and one to one meetings.

Staff suggestions are actively encouraged. This is supported by the Audiology People's Committee, which meets every two months. As part of these meetings staff can anonymously feedback any ideas or concerns about the service they may have. These matters are escalated directly to the head of Audiology maintaining staff anonymity.

Records are kept of items discussed in all communications and meetings. Minutes of service-wide meetings are readily available for all staff to read. Individual specialisations also hold periodical meetings to discuss specific issues. All minutes are recorded on a service standard meetings template.

The SLT also ensures that appropriate communication processes are established between the service and its stakeholders, with scheduled meetings involving the Divisional leads, CCG and BRC.

3.2. Quality management System

3.2.1. General

The operational processes which constitute the audiology QMS are illustrated in the section 3.2.2. When executed in the correct sequence, these processes allows us to meet the requirements of our quality policy and to meet the needs and requirements of our users. Audiology will endeavour to improve the effectiveness of this QMS in accordance with the requirements of IQIPS.

3.2.2. Quality management cycle

ESTABLISHMENT of the QMS is a SLT responsibility and evidence is provided by:

- Determining the needs and requirements of users
- Establishment of a Quality Policy and Quality Manual
- Setting quality objectives
- Defining responsibilities
- Establishing good internal communications
- Ensuring adequate resources
- Establishing service agreements where appropriate



CONTROL of the QMS is maintained by the service by:

- Identifying and implementing the core and support processes in the service and determining their sequence and interaction
- Establishing Quality indicators
- Managing resources
- Controlling all local documentation



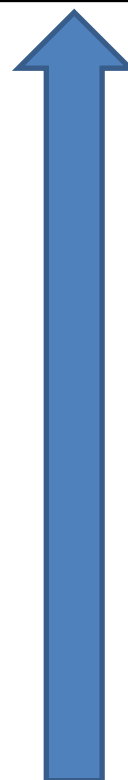
REVIEW of the QMS is a SLT responsibility and takes place by:

- Conducting Management Reviews using the results of performance data, audits and direct feedback.



IMPROVEMENT of the QMS is carried out in the service by:

- Instigating Corrective Actions
- Conducting Preventative Actions
- Having a commitment to Continuous Improvements



3.2.3. Quality Manual

The quality manual defines and describes the QMS in use. It contains a copy of the departments Quality Policy together with a statement of our aspirations with regard to quality. The Quality Manual outlines the form of the Quality System in operation in Audiology, identifying the general arrangements for ensuring that the quality policy is adhered to by staff at all times.

The Quality Manual is reviewed annually by the Project Facilitator, approved by the SLT and distributed to all staff who must acknowledge it through the readership assurance database.

3.3. Document control

Documentation created at a local service level is maintained through the Service's quality and Management teams and is subject to the local Document control policy & procedure [Policy – Quality, Procedure – Document control]. This includes the authorisation, distribution and archiving of documents as required.

All documents are formatted in line with the current Audiology service document template [Audiology document template].

Staff are not permitted to change any documents without expressed permission from the lead executive or document author, after alteration a document requires re-authorisation by the lead executive.

Staff are informed of new or updated documentation relevant to their job role. A database is in place for staff to record when they have completed required readership. Readership is monitored as part of the Services overall approach to document control.

The audiology quality group maintains a database of documentation in use throughout the service. Access & amendment of this database is restricted to senior managers & members of the quality group.

When documents are updated all electronic copies of the previous version are archived. In the case of a document being retired, the retired document is also archived. The electronic document archive is kept on a network drive with limited access to prevent proliferation of incorrect/outdated documentation [SOP - Issuing documentation following completion].

Hard copies of documents are created & filed following any updates, with the previous version being destroyed.

The Quality Manual is reviewed on a yearly basis, with all other service documentation is subject to a standard 3 year review cycle.

3.4. Patient Satisfaction & resolution of complaints

3.4.1. Patient satisfaction measurement

All Patients are encouraged to leave feedback to support in the continuous development of the service. Feedback is accepted in multiple formats and a policy is in place to correctly [Procedure - Management of Compliments and Complaints] guide staff in how to handle feedback.

Feedback is presented at regular staff meetings.

Quality Manual - Audiology			
Version 3	Implemented 14/6/2023	Review 31/5/2024	Page 18 of 47

3.4.2. Resolution of complaints

It is Trust policy that dissatisfied service users should be encouraged to tell their concerns when they arise. Whenever possible, their concerns should be handled by the department or area in contact with them. Staff must offer reassurance and respond to matters of concern as they arise. The Trust and Audiology service have in place a documented procedure for the management of complaints from clinicians, patients, staff and other parties

If these attempts to resolve concerns fail the Trust Patient Advice and Liaison Service (PALS) will try to facilitate an appropriate and acceptable resolution in accordance to the Trust Concerns and Complaints Policy and Procedure. complaints can be made directly to PALS.

The service investigates all complaints received. Complaints are discussed at the Directorate Management Team, Clinical Governance and departmental staff meetings as relevant and appropriate to the complaint.

3.5. CAPA – Corrective & preventative actions

3.5.1. General

The Service is committed to the identification, documentation, correction, and prevention of nonconforming events in all possible forms.

Procedures are in place that:

- Designate the individuals responsible and actions necessary for handling nonconformities;
- Ensures that each nonconforming event is documented, recorded, and reviewed at identified intervals, a root-cause analysis performed and that corrective action is taken and documented.
- Offer guidance when procedures and data reporting will be withheld due to nonconformities and when, and under what conditions, they can resume.
- Ensure learning is shared where possible.
- Provide a platform for staff to raise concerns about processes before an incident occurs.
- Ensure both corrective and preventative actions contribute to the continued improvement of the service

The Service is subject to the Trusts Incident Reporting and Management Policy. In addition, the service holds its own CAPA policy and procedure [Policy – Quality, Procedure – CAPA] to support local learning and process improvement.

Incidents of potential or actual harm are recorded on the Trusts incident reporting system Datix. Incidents of lower/no risk are recorded through the Services in house CAPA process.

In both instances a root-cause analysis is completed.

3.6. Continual improvement

3.6.1. General

The Service is committed to continual Quality Improvement. In order to maximise our opportunity for improvement the service will:

- Use management reviews to compare the Services actual performance in its evaluation activities, corrective actions and preventative actions with its intentions, as stated in the Quality policy.

- Direct improvement activities at areas of highest priority based on risk assessments
- Develop action plans which will be implemented and documented as appropriate
- Effectiveness of actions shall be assessed through regular review
- Ensure that the Service participates in continual improvement activities that encompass relevant areas and outcomes of patient care
- Address any opportunities for improvement regardless of where they occur
- Communicate to staff improvement plans and related goals

3.6.2. Performance & Quality indicators

The service establishes performance & quality indicators to monitor and evaluate performance of its processes every year as part of its service health review meetings. [Policy –Quality, Procedure – Quality Monitoring]. Several of the services performance & quality indicators are determined by the Trust, wider NHS governing bodies or external regulators (such as the BAA).

Key quality indicators are as follows:

- Clinical Audit results
- Quality monitoring Audit results
- Service Evaluation
- Patient Surveys

These indicators are regularly monitored as for their concordance with the defined objectives and the activities established in the Service. These indicators are presented during quarterly service health reviews.

3.7. Control of Health records

The service ensures that clinical records are managed from creation and use to archival and destruction in accordance with Trust policy [Trust: Health Records Management Policy]. Currently, all physical health records are being transferred to electronic copies. Wherever possible, digital systems are used to retain patient information, the Trusts ICT department controls access to these systems centrally.

All records maintained by the service are subject to the Trusts Health Records Management Policy.

3.8. Evaluation and Audits

3.8.1. General

The Service performs ongoing quality assessments such as:

- Monitoring and evaluation of patient feedback & staff suggestions
- Peer reviews of clinical staff [Procedure - Clinical Peer Review]
- Audits of clinical and non- clinical processes [Procedure – Quality Monitoring]
- Monitoring of determined quality indicators, corrective actions undertaken, and follow-up.
- Participation in internal and external audits.

These quality assessments support our service aim to improve the quality of our performance & the effectiveness our quality management system. Additionally, they support in the identification and resolution of nonconformities that may affect performance and patient outcome.

3.8.2. Internal assessments

The Service has a documented procedure [Procedure – Quality Monitoring] to define the responsibilities and requirements for planning and conducting audits, for reporting results and maintaining records. The audit programme considers the status and importance of the processes and technical and management areas to be audited, as well as the results of previous audits. Audit training forms part of the programme identified within this document. All such training is carried out by competent peer auditors where needed. The audit criteria, scope, frequency and methods are defined in yearly audit calendars.

Audit activities, nonconformities found and time scales for corrective and preventive actions are recorded.

3.8.3. Review and follow up of corrective actions

All corrective actions undertaken in the Service will be reviewed and their follow up evaluated. This is described in the chapter 3.5 Corrective and preventative actions.

3.8.4. Quality indicators

The Service uses an agreed template for monitoring departmental performance indicators. Full details can be found in chapter 3.6 Continual Improvement.

3.8.5. External assessments

Reviews of Audiology by external organisations are recorded in the shared drive. Non-conformities or deficiencies found during the review are raised with the CAPA team & recorded accordingly. Reviews from external organisations are discussed by the SLT in regular meetings and relevant information and actions passed onto the wider team as part of all staff meetings. Where immediate action is needed, additional meetings will be scheduled for relevant actions to be decided upon & implemented.

.Currently the Service / host Trust is assessed by the following external organisations:

- United Kingdom Accreditation Service (UKAS)
- Care Quality Commission (CQC)
- Health & Safety Executive (HSE)

3.9. Risk Management

Risk management, an identified key component of effective Clinical Governance, incorporates a systematic approach to:

- Identifying risks (to staff, service users, patients, and fellow health care professionals),
- Identifying risks to the service
- Analysis of adverse clinical incidents, indemnity claims, and complaints,
- Control of risks by use of systems and checking procedures.

The Department operates a Health and Safety Policy [Policy – Governance] that includes details of how risks to staff, service users, patients, and fellow health care professionals are reported, investigated and acted upon. Incidents & risks are discussed as part of local Quality meetings and regular divisional integrated governance forums.

3.9.1. Registering risks

The service operates and maintains its own Risk register detailing all current risks across both clinical and non-clinical activities. Where new or recurrent risks are identified, steps will be taken to reduce or eliminate said risk, with full documentation for future reference. The Risk Register is updated regularly by the Governance Lead.

Additionally, all Risks are recorded on the Trusts risk registering & incident management software, Datix.

3.9.2. Incident management

All incidents concerning the Service, whether adverse or not, are to be reported using the Nottingham University hospitals NHS Trust Risk Management Tool DATIX, in accordance with the Trusts incident reporting policy.

Where an incident is of lower risk, it will also be recorded according to the Service's CAPA policy.

Where incidents are recorded on DATIX, The Service will seek to effectively manage pursuant corrective actions and amend work processes. All DATIX incidents are reviewed monthly by the Governance lead in conjunction with Health and safety or non-conformance colleagues as appropriate. Incidents of concern are escalated to the Senior Leadership Team.

3.9.3. Business continuity

As part of the service's approach to the mitigation of risk, A local business continuity plan is in place. This plan is informed by the Trusts overall business continuity plan.

The business continuity plan covers all eventualities from partial to complete service loss which may be caused by but not restricted to, loss of power, loss of water supply, loss of staff, complete loss of a site or sites for any other reason.

3.10. Management reviews

3.10.1. General

The service holds regular meetings checks to ensure that its organisation and activities remain appropriate and efficient. This supports the evaluation and continuous improvement its quality management system.

SLT meetings take place every two weeks; these consider the immediate & future state of the service.

Service Health check meetings take place quarterly; these consider the state of the service's QMS and ongoing KPI's.

Quality group meetings are non-management level meetings, which act as a first point of review for QMS related activities.

Each of these meetings provide input and feedback for a yearly service management review.

3.10.2. SLT meetings

Topics considered within Senior Leadership Team meetings include but are not limited to:

- Service planning & service review
- Consideration of service improvement proposals
- Changes to capacity relative to staffing and patient demand

- Review of staff and patient feedback.
- Review of patient complaints
- Review of recommended Actions from Quality group meetings
- Authorisation of documentation
- Review of staff training needs
- Business planning

Elements of output from Senior Leadership Team meetings include but are not limited to:

- Establishment of immediate & future service priorities
- Establishment of service improvement projects
- Implementation of actions from recommendations (sources including CAPA, Quality group, Patient and staff feedback)
- Implementation of changes to staff workload
- Ongoing service development; including staff development.
- Development of plans for any changes relating to Trust or national guidelines/recommended practice

3.10.3. Service health check meetings

The elements reviewed are related to the quality management system & overall status of the service

Elements of entry of the review:

- Establish and review any quality objectives pertinent to the service, including;
 - QMS Metrics
 - Document Readership
 - Training (mandatory and local)
 - Internal audit reports
 - Corrective actions
 - Staff appraisals
 - Equipment Status
 - Reporting Metrics
 - Position as per DM01 (6 weeks to diagnostic assessment)
 - Position as per 18 week RTT (direct access & Incomplete)
 - Clinic DNA (Did Not Attend) report (rate and number)
 - Clinic slot utilisation
 - Reporting timeframe (out and authorised)
 - Any secondary KPIs that are outside normal and acceptable parameters

Elements of output of the service health review:

- Determine actions for improvement where targets are not met or represent a downward trend.
- Establish any required improvements for the quality management system

3.10.4. Quality Team meetings

These meetings include representatives both clinical and non-clinical staff groups.

The meetings focus on maintaining & reviewing ongoing aspects of quality within the service, including but not limited to:

- Review of any new or ongoing CAPA incidents, including identification of any which require further escalation.
- Review of current audit activity & development of audit process
- Discussion of compliments, complaints and concerns.
- Assessment of current documentation & escalation of any nearing/past review date
- Discussion of any new/ongoing concerns raised at the Integrated Governance forum
- Ensuring trend analysis & recommended actions for all of the above.

All topics are documented & passed on to the SLT for further review & inclusion in the overall service health review meetings.

3.10.5. Annual service review

Taking input from SLT, Service health review, Quality group and other meetings, the Annual service review provides an opportunity for the service to review the full breadth of its operation and plan accordingly for the full year. Due to the expansive nature of the review, information is reviewed in summary format with full detail provided as & when needed.

To support the review being representational of the service attendees include the SLT, Quality leads for clinical and non-clinical areas, the service's Governance lead and other representatives as appropriate.

Input for the management review includes, but is not limited to:

- Review of Service quarterly health check metrics
- Review of Audit outputs across all parts of service
- Review of Service user satisfaction rates
- Review of Governance (highlight report only)
- Review of Staff feedback from Audiology People's committee
- Review of Service user feedback through PPI activities
- Review of recommendations from previous UKAS accreditation report
- Review of CAPA themes and key actions

Elements of output for the management review includes, but is not limited to:

- To define and agree strategy and quality objectives for the next 12 months
- Definition of the quality objectives for the next period (where required)
- Establishment of new quality indicators in concordance with the new quality objectives
- Review and consider recommendations to update Quality policy.

4. Technical Requirements

4.1. Personnel

4.1.1. General

The Service recognises that its most important resource is its personnel. To support in the recruitment, retention and development of its personnel the service:

- Has a defined local staff management policy & procedure [Policy & Procedure – Our people]

- Ensures matters relating to staff management and development are informed by overarching Trust documentation such as the Appraisal and Incremental pay Progression Procedure and Wellbeing and Attendance Management Policy
- Works with the Trusts HR department to ensure recruitment is diverse and unbiased
- Works with the Trusts HR department to ensure education qualifications and references of job applicants are checked.
- Ensures legal contracts/agreements are signed by all parties prior to employment (or within a set period).
- Defines educational needs and competencies required for conducting clinical procedures
- Ensures that staff receive training appropriate to their job requirements.
- Ensures all personnel (temporary, permanent, students, etc.) are subject to the Trusts guidelines on Information governance & confidentiality
- Ensures all Audiology personnel respect the Trusts rules concerning health, safety and security.
- Provides development opportunities as appropriate to staff job roles.
- Ensures all staff have a defined job role, of which they retain a copy.
- Ensures all staff have a staff file containing information relevant to their employment. Operates an open and inclusive environment where staff are actively encouraged to provide feedback.

4.1.2. Recruitment

Approval to recruit or advertise a new post is authorised by the Divisions vacancy control panel, after this the Job description and person specification is passed onto the Trusts HR team who then manage recruitment via the TRAC system.

To ensure the best fit for service requirements, interview panels are typically comprised of a member of the SLT the prospective individual would report to, along with senior colleagues within that area of work. Records of interviews are submitted to HR and held centrally.

4.1.3. Personal file

Confidential personal files are in place for each staff member (temporary, permanent & trainee). The SLT retains responsibility for ensuring these files are maintained securely and updated as appropriate.

As a minimum, records include the following:

- Educational and professional qualifications.
- A copy of certification or registration, where applicable.
- A copy of their application including previous work experience.
- A signed copy of their current job description.
- Details of any incidents of sickness or absence where a formal discussion has taken place.
- Competency assessments, where applicable.
- Hard copies of their most recent & previous staff appraisals.

4.1.4. Induction

All new permanent staff to the Trust undergo a Trust wide induction on the first Monday following the start of their employment.

Quality Manual - Audiology			
Version 3	Implemented 14/6/2023	Review 31/5/2024	Page 25 of 47

All new staff also undergo a local induction, though this induction they are introduced to their relevant teams & taken through any role specific training. This training includes comprehensive readership of all documentation relevant to their role.

4.1.5. Training

All staff undertake mandatory training as required by the Trust. This training forms part of each staff members ESR. Some training is held in face-to-face sessions and others are through web-based training. Line managers are informed when staff have competencies that are due for renewal.

In addition, all Service staff are required to undertake role specific training as required; training is carried out by a designated individual for each specialisation.

The effectiveness of local training is periodically reviewed.

4.1.6. Staff competency (Clinical Staff)

Staff competencies cover technical and practical skills and general knowledge.

Competency of each new employee is assessed and verified before they are permitted to perform testing and report results. This competency is ongoing in the form of a yearly peer review [Procedure – Clinical Peer Review],[Trust - Medical Devices Policy: Training & Competencies] .

4.1.7. Staff appraisal

All staff undertake a yearly appraisal in line with the Trusts appraisal & pay progression procedure [Trust - Appraisal and Incremental pay Progression Procedure]. During the appraisal the staff member's performance will be discussed against any previously set goals, new goals will be agreed and any opportunities for further development explored.

4.1.8. Continuous education

All staff with a desire to further their development are supported through a number of educational opportunities. These range from Trust provided sessions to those by external institutions. Funding for external sessions is provided as appropriate for the role.

All clinical staff are able to apply for Study/Professional leave in line with the policy towards study and professional leave [Policy & Procedure – Our People].

4.1.9. Non-permanent personnel

Non-permanent personnel such as STP students/ trainees follow the general Audiology orientation procedures for integration in the Service.

Additional information for fixed term & locum staff can be found within the local document [Policy & Procedure – Our People]

4.2. Facilities and Safety

4.2.1. General

Audiology facilities based at Ropewalk House are a mix of purpose built and re-purposed existing facilities. All facilities are designed to ensure the quality, safety and efficacy of the service provided to the users and the health and safety of service personnel, patients, and visitors.

As processes and ways of working have changed over the years, the SLT have evaluated the sufficiency and adequacy of the space allocated for the performance of the work carried out and made what changes can be reasonably done to make the most efficient and safe use of the space and facilities available.

4.2.1.2. Health and safety

The following policies ensure the health, safety, and welfare of all personnel: -

- Audiology Health and Safety Policy [Policy – Governance]
- Trust Health & Safety Policies, available on the Trust intranet, full details can be found in this documents references
- Trust COSHH Policy [Trust: Policy – COSHH]

All adverse incidents or near misses resulting or potentially resulting in harm to patients, staff or visitors and the associated actions arising are reported using Datix. Datix incidents are monitored by the Trust Clinical Risk Department in addition to the local IG lead.

4.2.3. Facilities

The Service and associated office facilities provide an environment suitable for the tasks to be undertaken, with the following conditions being met:

- Access to non-patient areas on the premises is restricted to authorised personnel
- Once in the department access to any IT system containing medical or personal information is controlled by individual passwords with different and appropriate levels of access to different grades of staff.
- The facilities provided including energy sources, lighting, ventilation, noise, water, waste disposal and environmental conditions are appropriate to allow for correct performance of examinations.
- Communication systems e.g. telephones, electronic links etc. meet the needs and requirements of users.
- Safety facilities and devices including alarm systems are provided and their function regularly verified.
- Suitable and sufficient soundproof booths in both Ropewalk House and ENT
- Suitable and sufficient offices in both Ropewalk House and ENT
- Wheelchair accessible routes to treatment and assessment areas
- Bariatric Chairs in the main Ropewalk House waiting area & a bariatric couch located within ENT.
- Suitable facilities for paediatric patients within Childrens Audiology.

4.2.3.2. Staff Facilities

The following facilities are provided for staff within Ropewalk House:

- Sufficient toilets on each floor of the building.
- Water dispensers on each floor
- A staff room located on the top floor with limited kitchen facilities.
- A staff room located in the basement with limited kitchen facilities.
- A staff changing room located in the basement.

- A private room for staff who are breast feeding.
- A staff wellbeing room (for all teams that work within the building).
- A multi-faith room (for all teams that work within the building).
- Alarm systems where appropriate for lone workers.
- A Lecture room is available on the top floor for staff meetings.
- A smaller training room is available in the basement for meetings and training
- A library is available for quiet study & smaller team meetings where appropriate.

The following facilities are provided for staff within ENT:

- Staff room with amenities
- Sufficient toilets on each floor of the building.
- Meeting rooms
- Additional provisions throughout QMC including restaurants, multi-faith rooms and wellbeing rooms.

4.2.4. Facility Maintenance and Environmental Conditions

The facilities provided are managed and maintained by Trust Estates & Facilities team. Staff are required to maintain good housekeeping throughout the building at all times. The environment must clean and tidy, in a manner that is compatible with the level of safety required for the operation of the Service.

The Trust Health and Safety Manager performs an annual inspection of the site Facilities at both Ropewalk house and ENT.

General maintenance of the Ropewalk house site is performed by a building caretaker. Facilities at ENT are maintained by the trusts wider estates and facilities team.

Alarm systems throughout both sites are checked weekly by the Trust Estates and Facilities team.

Clinic rooms are regularly checked and monitored for ambient noise levels; with corrective action undertaken should the noise level interfere with any audiological testing.

4.2.5. Continuity of service

A business continuity plan [Audiology Business continuity plan] is in place in the event of a large-scale disruption to the service. Electronic copies are maintained on the Trust intranet & local shared drive. In the event of a full outage of ICT systems, a physical copy is available in the head of service's office.

All staff are required to have read the business continuity plan to understand their roles in such an event.

4.3. Equipment

4.3.1. General

The Audiology SLT ensures that equipment is properly selected, installed, validated, maintained and disposed of according to established procedures and manufacturer's instructions to meet the needs of the Service to perform quality testing [Policy - Medical Equipment Management].

4.3.2. Selection of equipment

Evaluation of potential equipment solutions for the identified need will occur in order to provide identification of a preferred equipment solution as per current departmental Evaluation of Medical Equipment Procedure.

Following identification of preferred equipment solution, final decision is made by the Audiology SLT, and acquisition process in line with trust policy/procedure is followed [Procedure - Medical Equipment Evaluation].

4.3.3. Acceptance Criteria

Deployment on medical equipment for clinical use is subject to Trust policy and procedures for the completion of acceptance, assurance and commissioning of equipment.

The subsequent medical equipment is deployed for clinical use following appropriate documented staff training and competence assessment in line with Trust Medical Devices training procedures and current departmental Staff Competence Assurance Policy (see current Audiology procedure for local medical equipment commissioning and deployment).

4.3.4. Equipment Inventory and master file

All medical equipment held within Audiology is registered within the MPCE MEDUSA system as part of MPCE records for acquisition/ commissioning/ servicing (both planned and corrective) and decommissioning. MEDUSA is typically not-accessible to Audiology staff for data interrogation.

All items of medical equipment are uniquely identified with a 6-digit MEDUSA number. In cases of any legacy equipment that is not known by MPCE, this is highlighted and a MEDUSA number is assigned.

For equipment obtained prior to SLA with MPCE, an alternative Audiology number may have been assigned. At the point of Assurance and Preventive Maintenance (APM) calibration by MPCE, the Audiology number will be removed and replaced with a MEDUSA number by MPCE. Records of the Audiology number will be joined with the MEDUSA number on a local electronic equipment inventory.

The local equipment inventory is held on a departmental shared drive.

This inventory includes the following:

- Local ID
- MEDUSA number
- Manufacturer
- Equipment model
- Serial number
- Where applicable – last APM
- Location stored
- Purchase date
- Cost
- Current status – i.e. active or decommissioned.

4.3.5. Calibration

When a new piece of equipment has been commissioned it will be calibrated. Calibration checks should be performed by MPCE or alternative appropriate provider prior to clinical use, and this

documented appropriately as per current version of the Audiology policy for Medical Equipment Management.

Appropriate SOPs and where required, Medical Device Lesson Plans, are made in order to aid staff training in line with Trust procedure for Medical Devices Training and Competency.

In cases where a previous medical device lesson plan and/or SOP is applicable (such as in cases where equipment type has been previously purchased), creation of new documents are not required.

The operating manual of each piece of the equipment is available in the language spoken and understood by Audiology staff [Procedure - Medical Equipment Commissioning and Deployment].

4.3.6. Preventive maintenance and repair

Medical equipment function is assured to ensure effective functionality of the equipment is maintained. It is the responsibility of Audiology SLT/ Audiologist Liaison for MPCE to ensure that medical equipment is available within appropriate timescales to allow for appropriate maintenance/calibration and repair.

Routine User Maintenance (RUM) including specified routine cleaning, functional checks, and quality control measures should occur in line with recommended national guidance/ manufacturer specification, and completed by suitably trained member of audiology staff. Such activities are also referred to as Stage A checks.

Assurance and Preventive Maintenance (APM) is a legal obligation to ensure medical equipment is assured and maintained in correct working order (safety and essential performance to specification), such as calibration and electrical safety testing. It is the responsibility of MPCE to perform APM at equipment specific pre-determined time intervals in accordance with the SLA KPIs [Procedure - Equipment Fault Reporting].

4.3.7. Decommissioning

The decision for the decommissioning and disposal of medical equipment lies with the Audiology SLT as part of equipment planning. MPCE is responsible for decommissioning and disposal of equipment in line with Trust policy and procedures.

It is noted that medical equipment reaching the end of its defined lifespan are to be highlighted within equipment planning for replacement. Should the equipment be in good working condition (including service/ fault history), and equipment maintenance procedures (including availability of consumables, spare parts, performance assurance and maintenance arrangements) can continue to be met, the lifespan of the individual equipment can be extended for a specific timeframe where it should be further reviewed.

4.4. Purchasing and inventory

4.4.1. General

Working with our suppliers and procurement department, the service works towards ensuring an uninterrupted supply of consumables & goods are available to perform all required activities.

Standard consumables & goods are ordered and maintained through the Trusts procurement department by the Materials Management team. Both procurement and Materials management operate in accordance with their own local Policies and Procedures.

Standard consumables & goods are purchased through NHS Supply chain wherever possible to ensure compliance with NHSI approved procurement frameworks.

Where consumables & goods cannot be purchased through this provider, local contracts are established with the assistance of the Trusts procurement department [Trust: Corporate Governance Framework – Chapter 6 - TENDERING AND CONTRACT PROCEDURE]. Wherever possible these contracts will follow NHS supply chain provided non-stock frameworks.

4.4.2. Consumables & goods management

Consumables & goods purchased through NHS supply chain fall under SLA's with their selected providers, the expectation & overall supplier relationship management provided by NHS Supply chains Clinical product Assurance group.

Concerns around a supplier's quality of goods or consumables are passed on to the local Materials Management representative for resolution by NHS supply chain customer services.

For goods, consumables & services purchased directly from suppliers, the supplier will be expected to adhere to any SLA's established in their contract along with any standard implied contractual terms – particularly that goods be fit for purpose.

Any concerns raised regarding a direct supplier's performance are escalated by a member of senior management to the procurement representative managing the contract or directly to the supplier's customer service representative.

4.4.3. Selection and evaluation of providers

Providers on the NHS supply chain framework are selected by NHS supply chain's overall contract management group. The service aims to use these providers wherever possible in line with NHSI procurement policy.

Where goods, consumables and services are not available through NHS Supply Chain directly, the service works with the procurement team to evaluate suppliers defined criteria which may include:

- value for money
- post-delivery support
- availability
- in-country distribution
- Registration of the provider.

All contracts conform to national regulations for public sector procurement.

4.4.4. Procurement

4.4.4.1. Equipment procurement

The Service ensures that when purchasing, leasing or acquiring new equipment, it conforms to the established requirements (for example testing capacities & servicing by MESU). See chapter 4.3 Equipment.

4.4.4.2. Goods, consumables & reagents.

Purchasing orders

Standard goods are ordered via the Materials Management service to an agreed stock level using their IT systems.

Additional requirements can be requested through the Materials Management service for adhoc or direct supplier orders.

Reagents are used primarily in the Audiology ear mould lab. These consumables are purchased from suitable & compliant suppliers, as defined by the devices requirements, and a supplier's inclusion on NHS Supply Chains approved supplier list.

Receipt of orders

Goods that arrive with a purchase order are receipted by the Materials Management service through the Integra finance system.

4.4.5. Stock management and inventory

The services stock management is covered by the Materials Management service. Stock levels are reviewed at least once a year with input from a senior member of the Audiology service.

4.5. Clinical appointment process

The Audiology Service encompasses multiple treatment pathways & their corresponding clinical appointments.

4.5.1. Referral into Pathways

The service accepts referrals from many different internal and external referrers, including other NHS Trusts, GP surgeries, Internal Referrals and self-referrals.

When a referral is received it is triaged and the patient moved into the relevant treatment pathway. For new patients this will often be for an initial appointment to better discern what care they require.

Appointments take place at various points along each treatment pathway.

4.5.2. Standard Clinical appointment activities

A set of standard activities take place in all examinations, both before, during and after an examination.

4.5.2.1. Pre-appointment

Before clinical appointments take place a number of daily checks (referred to as 'Stage A checks') are undertaken [Procedure - Daily and Weekly Checks] in each consultation room, this is to ensure

the correct calibration of equipment that may be used.

Where Stage A checks are performed and the equipment is found to be functioning as expected, this is noted on the Daily Equipment and Room Check Record Form. Where Stage A checks reveal a problem (which cannot be resolved by the audiologist), the equipment shall be removed from clinical use, and the problem reported as per the Audiology equipment fault reporting procedure. Each piece of equipment is tested and calibrated to its specific requirement.

Cleaning of the appointment environment is undertaken in accordance with the Service's Infection control Policy [Policy – Governance].

4.5.2.2. During the appointment

During clinical appointments clinicians will follow the appropriate clinical documentation for guidance regarding the clinical activity to be undertaken. Clinical documents detail the best practice for the relevant clinical activity as well as essential criteria regarding patient management. The clinical documents used consist of both nationally recognised & published practice and, where no national documentation is in place, locally generated guidance.

Due to the subjective nature of many hearing assessments, clinical staff require a certain degree of flexibility during an appointment to respond to the individual patient's needs, as such, the service's test procedures are guidance documents as opposed to SOP's. Outside of these requirements, a number of standard actions are undertaken across all appointments and are subsequently monitored for their conformance.

During an appointment a Patient must be correctly identified [Trust: Positive Identification of Patients Procedure], this is to ensure that the correct patient is receiving the correct appointment. Throughout the process, consent to examination must also be obtained whenever required [Policy - Patient-Centred Care and Consent]. Both the identification and consent must be documented where appropriate in any notes pertaining to the appointment, the patient and/or carer should also be notified of the record taken of the examination [Policy - Governance],[Procedure – Clinical reporting], [Guidance - Paediatric Audiology Reporting].

Where a patient's ability to give consent may be affected by age or mental capacity, guidance can be found within the Service's Patient-Centred Care and Consent Policy.

Whilst undertaking an appointment, Staff are expected to comply with the Service's Infection control policy.

4.5.2.3. Post appointment activities

Following an appointment, Staff are expected to undertake any post session cleaning activities required as noted in the Infection control policy.

Additionally, the Audiologist undertaking the examination will complete a report based on the appointment. A number of report templates exist to guide staff in what information should be recorded.

Following the reports completion, it is issued to the relevant parties, which may include the patient,

GP and/or Referrer. Details on which party should be sent a report is detailed in a clinic by clinic basis within the service's Policy & procedure for clinical reporting [Policy – Governance], [Procedure – clinical reporting], with additional information for Paediatric patients found in the Paediatric Audiology reporting Guidance document [Guidance - Paediatric Audiology Reporting].

4.5.3. Quality monitoring of examinations

Each group of appointments (& any subsequent examinations) has a set of quality monitoring activities, which are detailed in the relevant groupings Guidance document.

4.5.4. Accessing counselling services

Where a patient requires additional emotional support following a diagnosis, the audiologist will either refer them to appropriate local services providing further support or back to their GP for onward referral to an appropriate counselling service.

4.5.5. Uncertainty of Measurement

The service follows the BAA guidance on uncertainty of Measurement and the values defined in the BAA Uncertainty of Measurement in Audiology document in conjunction with locally applicable uncertainty of Measurement guidance.

4.5.6. Advisory services

The service offers advisory services and signposting for patients, clinical staff and other clinical services when needed.

4.5.6.1. Patients

Patients are offered a variety of resources in different media formats to support in their treatment. This ranges from leaflets detailing the transition process from Childrens to Adult Audiology to support videos on the Trust website detailing hearing aid care.

Patients are also signposted to additional support including hearing charities, council services and providers of additional support devices as appropriate.

4.5.6.2. Clinical staff

Staff are able to get seek advice from fellow colleagues and their seniors. Those in leadership roles are encouraged to engage with external mentors for additional support.

Staff are able to obtain additional advisement on clinical/patient related matters through specialist networks (such as the BCHI special interest group and East Midlands Paediatric Audiology Network), other services within the Trust (such as evoked potentials) or external services (such as Sensory support services).

4.5.6.3. Other services

The service offers advisory services to other providers as requested. Such requests are typically made via E-mail or letter.

4.5.7. Second opinions

Access to second options is available for both patients and clinical staff.

4.5.7.1. Patients

Where a patient requests a second opinion, they are directed back to their GP or original referrer for referral to a different provider. The audiologist conducting the original assessment will offer advice on suitable local options, the head of Audiology can also facilitate second opinions with the ICS where needed.

4.5.7.2. Clinical staff

Within the service, staff requiring a second opinion on a clinical matter are able to seek input from senior and specialist colleagues within the service.

Staff are also able to contact colleagues within the wider Trust for additional feedback on clinical matters, this may be contact with colleagues within the NAIP service or ENT surgery to explore additional avenues of treatment.

4.6. Information Management

4.6.1. General

The Audiology Service has access to the data and information needed to provide a service that meets the needs and requirements of its users. The Audiology Service uses multiple information systems, which cover the following activities:

- Medical record management
- Patient management
- Audiology patient note taking

Each of these systems provide a different function for the service, all are managed centrally by the Trusts ICT department.

The Service also maintains some paper records where ICT systems are not yet available.

4.6.2. Information system - Security

All ICT systems in use throughout the service are used in compliance with the Trusts ICT and Data protection policy [Trust: INFORMATION SECURITY AND RISK POLICY], [Trust: Data Protection, Confidentiality and Disclosure Policy].

The ICT department retains responsibility for ensuring regular back-ups are made of all electronic data & restoration of this information is available when needed.

4.6.3. Confidentiality

The personnel (temporary, permanent, student, etc.), whatever the duration of their contract, will act in accordance with the Service's [Policy - Governance] & Trusts rules around information governance.

All staff are subject to a DBS check at point of appointment.

15. Equality Impact Assessment (EQIA) Form

An equality impact assessment has been undertaken on this document and has not indicated that any additional considerations are necessary.

Q1. Date of Assessment: November 2022			
Q2. For the document and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the document or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups experience? i.e. are there any known health inequality or access issues to consider?	b) What is already in place in the document or its implementation to address any inequalities or barriers to access including under representation at clinics, screening	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of the document or its implementation being assessed:			
Race and Ethnicity	No issues identified		
Gender	No issues identified		
Age	No issues identified		
Religion	No issues identified		
Disability	No issues identified		
Sexuality	No issues identified		
Pregnancy and Maternity	No issues identified		
Gender Reassignment	No issues identified		
Marriage and Civil Partnership	No issues identified		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No issues identified		

Area of service/strategy/function

Q3. What consultation with protected characteristic groups inc. patient groups have you carried out?			
None			
Q4. What data or information did you use in support of this EQIA?			
None			
Q.5 As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?			
None			
Q.6 What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that the document and its implementation is not discriminating against any groups			
What	By Whom	By When	Resources required
Q7. Review date	Not applicable		

16. Values and Behaviours

The Trust's TEAM NUH Values and Behaviours describe the principals and beliefs of our people and show that 'we listen, we care'. The TEAM NUH Values and Behaviours have been considered in relation to this document.

Please rate each value from 1 – 3 (1 being not at all, 2 being affected and 3 being very affected)

Value	Score (1-3)
1. Polite and Respectful Whatever our role we are polite, welcoming and positive in the face of adversity, and are always respectful of people's individuality, privacy and dignity.	1
2. Communicate and Listen We take the time to listen, asking open questions, to hear what people say; and keep people informed of what's happening; providing smooth handovers.	1
3. Helpful and Kind All of us keep our 'eyes open' for (and don't 'avoid') people who need help; we take ownership of delivering the help and can be relied on.	1
4. Vigilant (patients are safe) Every one of us is vigilant across all aspects of safety, practices hand hygiene & demonstrates attention to detail for a clean and tidy environment everywhere.	1
5. On Stage (patients feel safe) We imagine anywhere that patients could see or hear us as a 'stage'. Whenever we are 'on stage' we look and behave professionally, acting as an ambassador for the Trust, so patients, families and carers feel safe, and are never unduly worried.	1
6. Speak Up (patients stay safe) We are confident to speak up if colleagues don't meet these standards, we are appreciative when they do, and are open to 'positive challenge' by colleagues	1
7. Informative We involve people as partners in their own care, helping them to be clear about their condition, choices, care plan and how they might feel. We answer their questions without jargon. We do the same when delivering services to colleagues.	3
8. Timely We appreciate that other people's time is valuable, and offer a responsive service, to keep waiting to a minimum, with convenient appointments, helping patients get better quicker and spend only appropriate time in hospital.	1

9. Compassionate We understand the important role that patients' and family's feelings play in helping them feel better. We are considerate of patients' pain, and compassionate, gentle and reassuring with patients and colleagues.	1
10. Accountable Take responsibility for our own actions and results	3
11. Best Use of Time and Resources Simplify processes and eliminate waste, while improving quality	3
12. Improve Our best gets better. Working in teams to innovate and to solve patient frustrations	3
TOTAL	20

17. Monitoring Matrix

Minimum requirement to be monitored	Responsible individual/ group/ committee	Process for monitoring e.g. audit	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Service evaluation/ monitoring audits	SLT All staff	Audits	Various	SLT CAPA team	SLT CAPA team	SLT CAPA team
Adverse Incident Surveillance	SLT Audiology Clinical Governance Lead/CAPA team	Datix incidents/ CAPA reporting	Monthly	SLT Audiology Clinical Governance Lead/CAPA team	SLT Audiology Clinical Governance Lead/CAPA team	SLT Audiology Clinical Governance Lead/CAPA team
Peer review	SLT All staff	Peer review	Various	SLT Line manager CAPA team	SLT Line manager CAPA team	SLT Line manager CAPA team

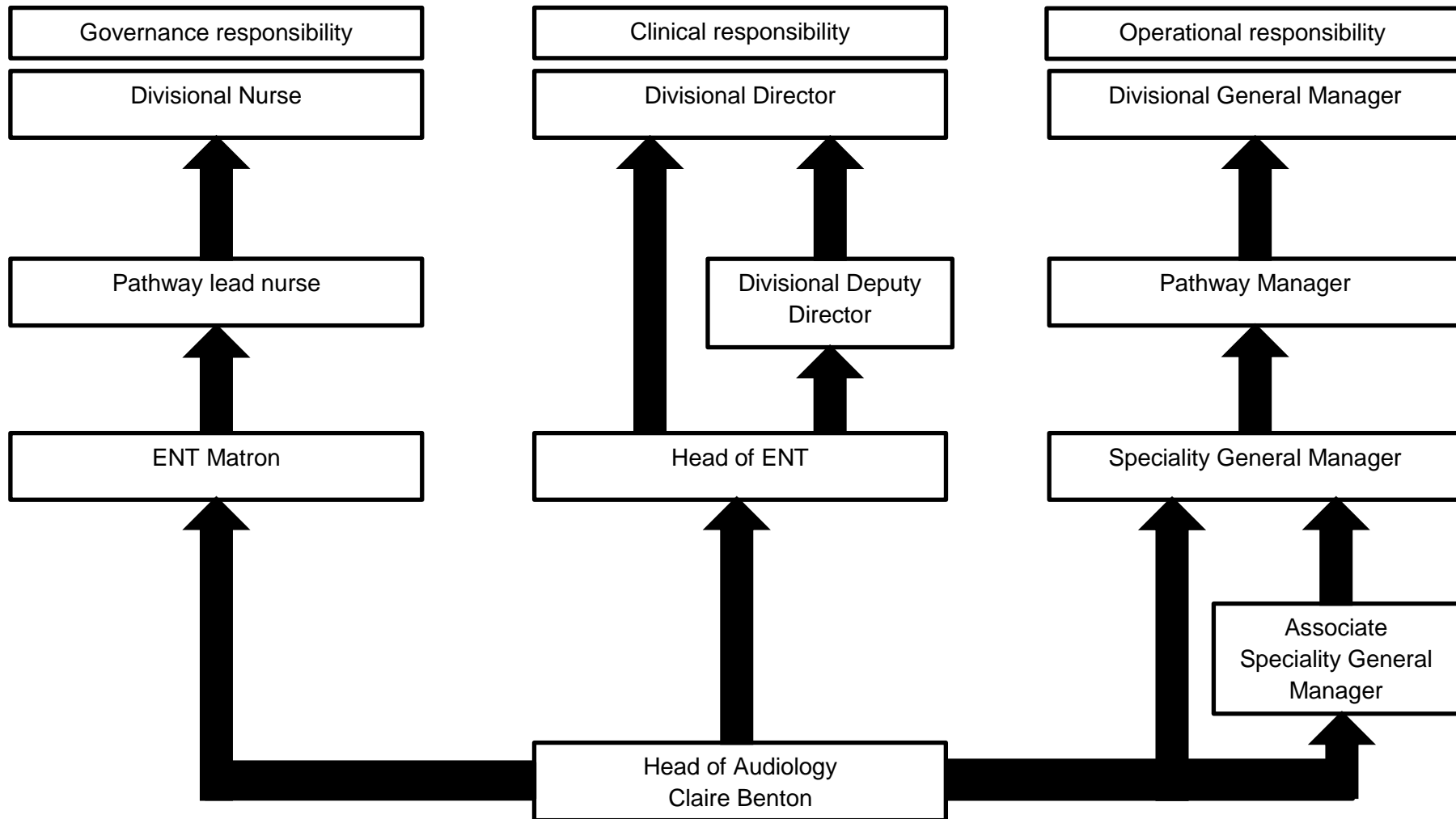
18. References

Section	Document
1.2, 1.3	Policy – Our service
3.1.1.3	Policy - Patient-Centred Care and Consent Trust: Corporate Governance Framework Chapter 9 – Conflicts of Interest Trust: Appraisal and Incremental pay Progression Procedure Trust: Data Protection, Confidentiality and Disclosure Policy Trust: Freedom to Speak Up Policy Trust: Guidance Consent to Treatment and Examination Trust: INFORMATION SECURITY AND RISK POLICY
3.1.1.4	Policy & Procedure – Our People
3.1.2.3	Policy – Quality
3.3.5	Policy – Quality Procedure – Document control
3.3.7	Audiology document template SOP - Issuing documentation following completion
3.4.1.	Procedure - Management of Compliments and Complaints
3.5	Policy – Quality Procedure - CAPA
3.6.2	Policy – Quality Procedure – Quality Monitoring
3.7.	Trust: Health Records Management Policy
3.8.1	Procedure - Clinical Peer Review Procedure – Quality Monitoring
3.8.2.	Procedure – Quality Monitoring
4.1.1.	Policy & Procedure – Our People
4.1.6	Procedure – Clinical Peer Review Trust - Medical Devices Policy: Training & Competencies
4.1.7	Trust - Appraisal and Incremental pay Progression Procedure
4.1.8, 4.1.9.	Policy & Procedure – Our People
4.2.1.2.	Policy – Governance Trust - CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH (COSHH) Policy Trust - Aggression, Violence and Harassment Policy (including lone working guidance) Trust - Display Screen Equipment (DSE) Policy Trust - First Aid at Work Policy Trust - Health And Safety Consultation Procedure Trust - Health Surveillance Policy Trust - Manual Handling Policy Trust - Noise at Work Policy Trust - Slips Trips and Falls Policy
4.3.1.	Policy - Medical Equipment Management
4.3.2.	Procedure - Medical Equipment Evaluation
4.3.5.	Procedure - Medical Equipment Commissioning and Deployment
4.3.6.	Procedure - Equipment Fault Reporting
4.4.1.	Trust: Corporate Governance Framework – Chapter 6 - TENDERING AND CONTRACT PROCEDURE
4.5.2.1.	Procedure - Daily and Weekly Checks Policy – Governance

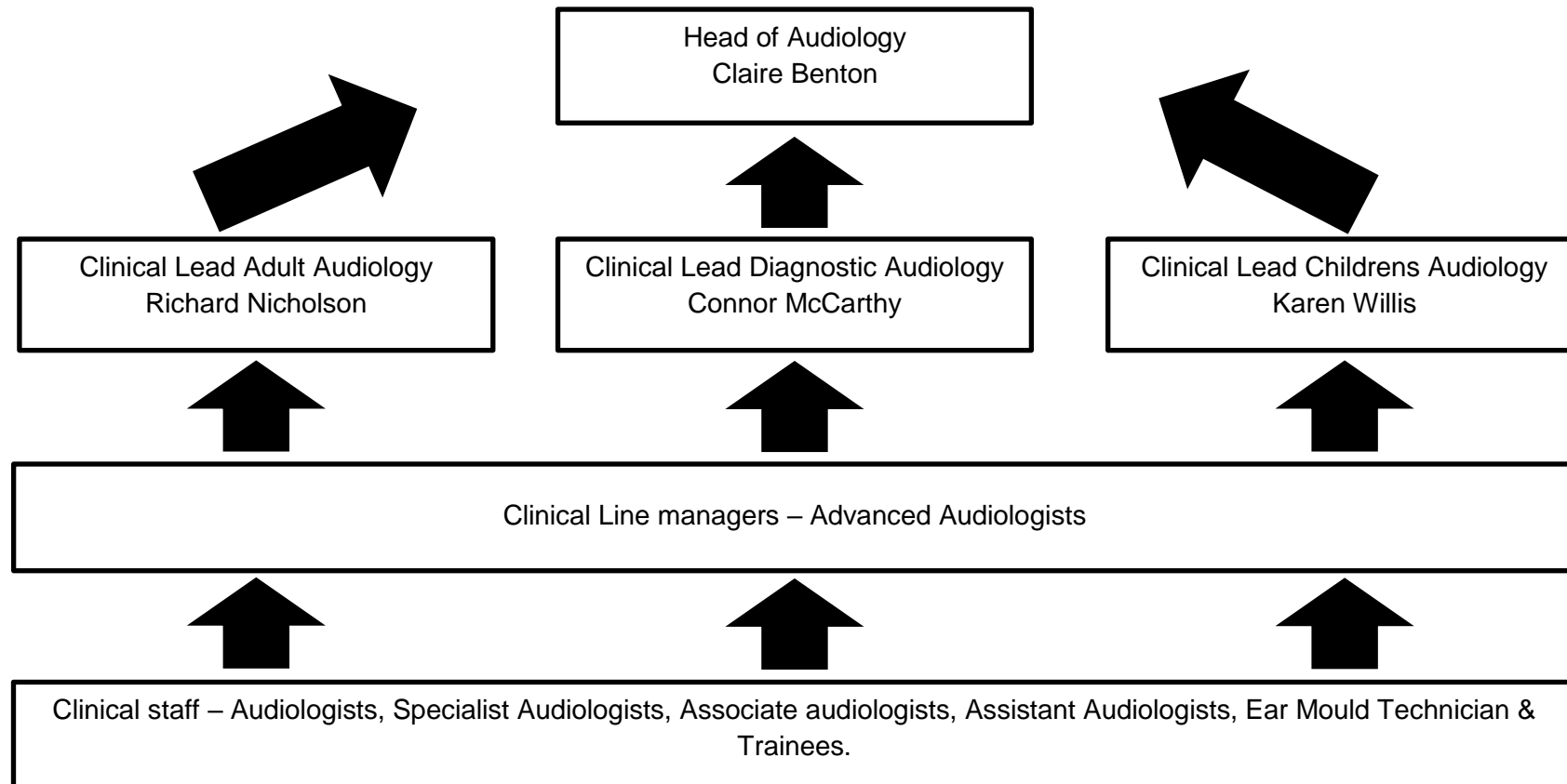
4.5.2.2.	Trust: Positive Identification of Patients Procedure Policy - Patient-Centred Care and Consent Policy – Governance Procedure – Clinical reporting Guidance - Paediatric Audiology Reporting
4.5.2.3.	Policy – Governance Procedure – clinical reporting Guidance - Paediatric Audiology Reporting
4.6.2.	Trust: INFORMATION SECURITY AND RISK POLICY], [Trust: Data Protection, Confidentiality and Disclosure Policy
4.6.3.	Policy - Governance

19. Appendix

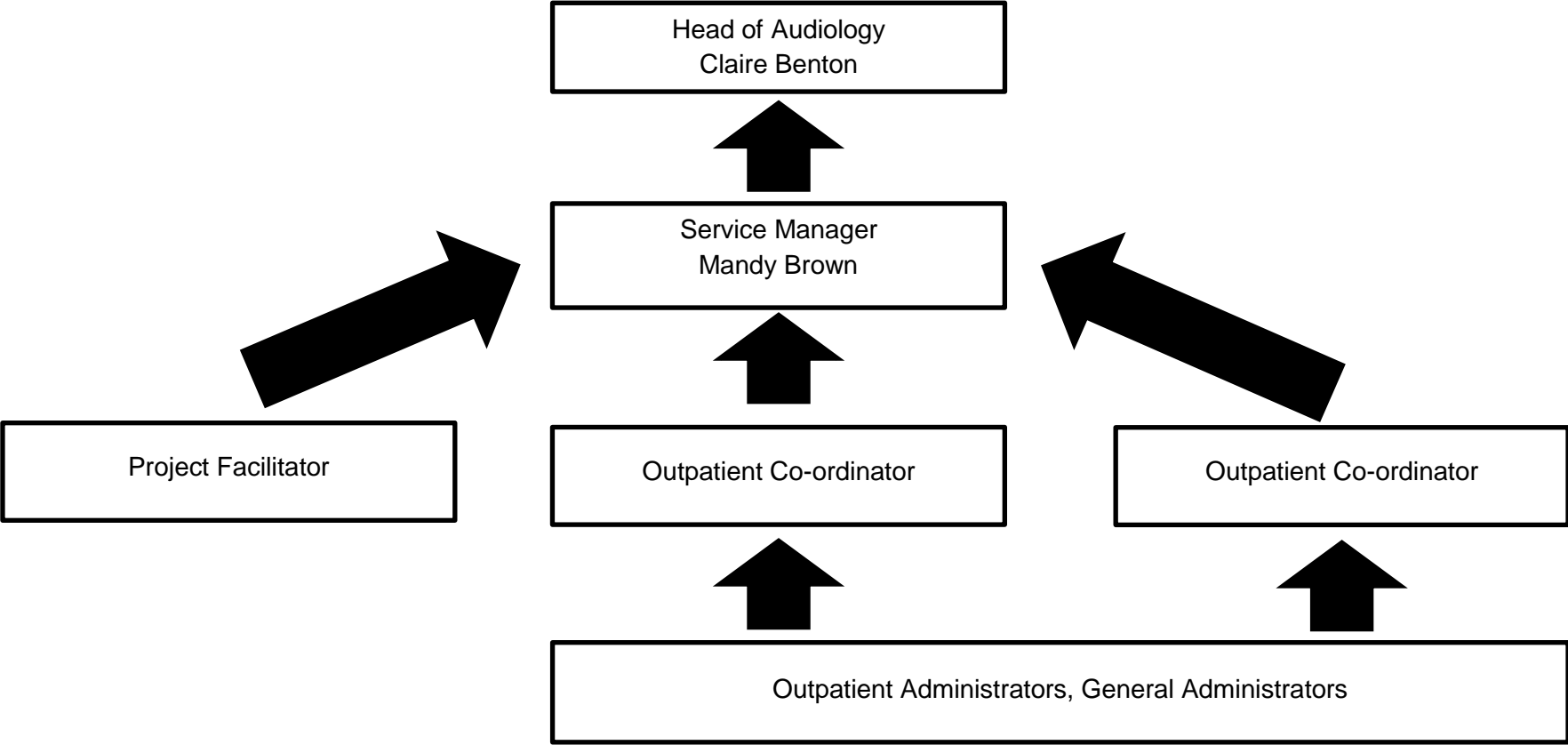
19.1. Management organisation within the Directorate



19.2. Clinical responsibility within Audiology



19.3. Operational responsibility within Audiology



19.4. Key Duties and responsibilities

Role	Summary responsibilities	Job description	Named Person(s)
Head of Audiology	<ul style="list-style-type: none"> Professional leadership for The Audiology Service Accountable for all resources and services provided by Audiology, including Childrens audiology, Adult Rehabilitation, Specialist and Diagnostic Services. Responsible for strategic planning, development and prioritisation of services in liaison with Directorate and Divisional management teams to ensure co-ordinated approach to business planning across each clinical area. Specialist clinical role, including provision of clinical supervision, training and input. Line management of a team of team leaders/line managers. Overall accountability for Audiology Health and Safety and risk management. Overall accountability for Audiology clinical governance. 	Head of Audiology – Consultant Audiologist/ Consultant Clinical Scientist.	Claire Benton
Service Manager	<ul style="list-style-type: none"> Lead for management of services in conjunction with the Head of Audiology, Divisional Management and Service Leads. Accountable for the management and development of information and administrative systems for monitoring of performance against targets. Key team member for business planning and service delivery. Responsibility for delivery of specific contracts at service level. Line management of administrative team. 	Service Manager	Mandy Brown
Clinical Lead for Children's Audiology	<ul style="list-style-type: none"> Accountability for the paediatric audiology service in conjunction with the Head of Audiology. Clinical leadership for Childrens Audiology. Paediatric Safeguarding Lead for the Audiology Service. Deputise for Head of Audiology in their absence as required. Evaluation, monitoring and development of scientific, rehabilitative and support services to infants and children in line with Directorate and Trust strategy. Specialist clinical role, including provision of clinical supervision and training. Liaising with a large multidisciplinary team of professionals to provide co-ordinated service satisfying requirements of national professional standards and the Children's Act. Responsibility for implementation of an effective Childrens Audiology management team. Line management of senior clinical staff. 	Clinical Lead – Childrens Audiology	Karen Willis

Clinical Lead for Diagnostic Audiology	<ul style="list-style-type: none"> • Accountability for the diagnostic audiology service in conjunction with the Head of Audiology. • Clinical leadership for the diagnostic audiology service. • Deputise for Head of Audiology in their absence as required. • Evaluation, monitoring and development of scientific, diagnostic and support services to patients in line with Directorate and Trust strategy. • Specialist clinical role, including provision of clinical supervision and training. • Liaising with a large multidisciplinary team of professionals to provide co-ordinated service satisfying requirements of national professional standards. • Responsibility for implementation of an effective diagnostic audiology service management team. • Line management of senior clinical staff. 	Clinical Lead – Diagnostic Audiology	Connor McCarthy
Clinical Lead for Adult Rehabilitation	<ul style="list-style-type: none"> • Accountability for the adult audiology service in conjunction with the Head of Audiology. • Clinical leadership for the adult audiology service. • Deputise for Head of Audiology in their absence as required. • Evaluation, monitoring and development of rehabilitative and support services to adults in line with Directorate and Trust strategy. • Specialist clinical role, including provision of clinical supervision and training. • Liaising with a large multidisciplinary team of professionals to provide co-ordinated service satisfying requirements of national professional standards and Mental Capacity Act. • Responsibility for implementation of an effective adult rehabilitation service management team. • Line management of senior clinical staff. 	Clinical Lead – Adult Audiology	Richard Nicholson
Senior Leadership Team	<ul style="list-style-type: none"> • Leadership and co-ordinated management of The Audiology Service across Childrens Audiology, diagnostic and adult rehabilitation services. • Responsibility for setting of service strategic objectives in line with Directorate and Trust strategy. • Responsibility for ensuring the quality of clinical procedures/interventions. • Evaluation, monitoring and development of Audiology services in conjunction with interdependent services (e.g. ENT, EVP) and with Directorate and Trust senior management. • Planning for and managing business continuity and service delivery. 	N/A	Claire Benton Mandy Brown Richard Nicholson Connor McCarthy Karen Willis