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Newborn Hearing Screening Wales
Sgrinio Clyw Babanod Cymru

Quality Assurance of Diagnostic Assessment and Early Audiological and Medical Management following Newborn Hearing Screening 2018

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Purpose and Summary of Document:

- To describe method and results of quality assurance of early diagnostic hearing assessment and audiological and medical management following newborn hearing screening.
- To outline recommendations and actions required by Health Board Children's Audiology teams and NBHSW QA team

Work Plan reference:

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1.0 SUMMARY

In 2018 Newborn Hearing Screening Wales (NBHSW) undertook a Quality Assurance (QA) review of audiology assessment and early support for children with significant hearing losses and their families, following referral from the newborn hearing screen. The aim of the review was to audit service provision throughout the care pathway against NBHSW standards, to identify areas requiring monitoring and development and to highlight good practice.

1.1 Method

The QA process was aligned with the Quality Standards in Children's Audiology (Version 2) audit. Specific NBHSW standards were included for:

1) Accessing the service
2) Assessment
3) Audiology Individual Management Plan (IMP)
4) Hearing Aid Management
5) Skills and Expertise
6) Information Provision and Communication with Families
7) Collaborative Working
8) Service Improvement
9) Wider Care of the Child

Each Health Board or assessment site self assessed their service and an external audit visit to review evidence was undertaken.

1.2 Results

All Health Boards were compliant with the 85% overall score recommended by the Welsh Scientific Committee: Audiology Specialist Standing Advisory Group and endorsed by Newborn Hearing Screening Wales Quality and Clinical Governance Group. Five of the six Health Boards were compliant with an 80% score in all nine standards. One Health Board assessed at two sites due to differences in service delivery was not compliant with one standard in one site. The overall scores for all Health Boards represent an improvement since the QA Audit in 2016.

1.3 Areas of Good Practice

NBHSW has always set high standards for service provision, from delivery of the screen, through diagnostic audiology assessment to early audiological management and multidisciplinary support. The QA process has shown that in general these high standards are being delivered as a matter of course. It has also highlighted continuing good practice in all sites which exceed the level of provision expected from NBHSW quality standards including the all-Wales peer review of diagnostic assessments which is the only national peer-review process in the UK. Excellent multidisciplinary working and

putting the family at the centre of the process highlighted in previous years was once again evidenced.

Two Health Boards and one assessment site in a Health Board scored 100% compliance across the QA standards. This is excellent and to be commended however, it is important that Health Boards continue to monitor their own practice in the areas addressed by the standards to identify any areas of service that may benefit from further development and improvement.

1.4 Areas for Monitoring and Development

Areas recommended for monitoring and development in some Health Boards included:

- ensuring access to continuing professional development related to newborn diagnostic hearing assessment; and
- gaining feedback from families of their views of services by undertaking regular surveys
- Improvements in timely distribution of information following diagnostic assessments and documentation of information provision to families

1.5 Conclusions

This Quality Assurance review indicates that all Health Boards provide services that overall meet expected standards of care for Newborn Hearing Screening Wales. The average age of identification of hearing loss in the last Annual Report (covering the period April 2016 - March 2017) was 10 weeks and the average age of hearing aid fitting was 14.7 weeks.

Alignment of Quality Assurance of NBHSW diagnostic assessment and early medical and audiology management with the all Wales Quality Assurance of Children's Audiology services ensures bi-ennial quality assurance with directly comparable measured outcomes for each audit cycle. Some areas for monitoring, action or development remain. The Regional and Programme Coordinators will support Health Board Children's Audiology Services in developing action plans to implement the recommendations made in individual service reports.

2.0 INTRODUCTION

Newborn Hearing Screening Wales (NBHSW) was introduced in Wales in 2003 with completion of roll out of the programme to all areas of Wales in 2004. The programme aims to identify babies born with significant bilateral hearing impairment shortly after birth. NBHSW has service level agreements with each Health Board (with the exception of Powys) to provide diagnostic hearing assessments for babies referred from the screen. Ongoing management and hearing aid fitting, where appropriate, are undertaken by the audiology department. Audiologists work together with a lead medical professional (Paediatrician or Audiovestibular Physician) and with colleagues in Education services to ensure a coordinated multi-disciplinary service with families at the centre of the provision.

Self assessments and external reviews in the form of quality assurance visits took place during 2008 and 2011. In 2011, following the introduction of 'Quality Standards for Paediatric Audiology (Wales) (2010)', the NBHSW quality assurance visits were undertaken alongside the Paediatric Audiology visit.

http://www.wales.nhs.uk/sitesplus/documents/980/Microsoft%20Word%20-%20NBHSW%20QA%20report%20finalc%20version.pdf)

In 2014 the Quality Assurance process was a 'desk top' exercise and derived information from Health Board and NBHSW sources:

http://www.wales.nhs.uk/sitesplus/documents/980/QA_Report%202014.pdf

In 2016 the Quality Assurance process included specific NBHSW standards in Quality Standards for Paediatric Audiology (Wales) (2010) Version 2. The NBHSW quality assurance visits were undertaken alongside the Paediatric Audiology visit.

http://www.wales.nhs.uk/sitesplus/documents/980/NBHSW%20Final%20QA_Report%202016.pdf

3.0 QUALITY ASSURANCE PROCESS 2018

In 2015 'Quality Standards for Paediatric Audiology (Wales) (2010)' were reviewed and specific standards for Newborn Hearing Screening Wales incorporated into the working document Quality Standards in Children's Audiology (Version 2) Minor revisions were made following Quality Assurance 2016.

For Quality Assurance of Children's Audiology in 2018 the Welsh Scientific Committee: Audiology Standing Specialist Advisory Group recommended reporting a 85% overall score and a score of 80% in each Standard as indicative of compliance with the Standards.

The adoption of this scoring system for the NBHSW QA process was agreed by the NBHSW Quality and Clinical Governance Group.

3.1 Method

Services in six Health Boards in Wales were reviewed. In those Health Boards where audiology and medical staff work across hospital sites following the same service delivery in each (Betsi Cadwaladr, Hywel Dda and Cwm Taf Health Boards), the review was based on teams not individual hospital sites. In ABM University Health Board service delivery was reviewed as two assessment sites, Bridgend being reviewed separately from Neath Port Talbot and Swansea.

Audiology services for Powys are provided by neighbouring Health Boards. Betsi Cadwaladr East provides a service for North Powys. In South Powys most assessments are completed by Aneurin Bevan.

The table below shows which hospitals are covered by which Health Board reports.

Health Board	Hospital(s)/assessment sites	NBHSW Division
Betsi Cadwaladr	Wrexham Maelor Glan Clwyd Ysbyty Gwynedd	North
Abertawe Bro Morgannwg, Bridgend	Princess of Wales	Mid and West
Abertawe Bro Morgannwg, Swansea and Neath Port Talbot	Neath Port Talbot Singleton	Mid and West
Hywel Dda	Glangwili Bronglais Withybush	Mid and West

Health Board	Hospital(s)/assessment sites	NBHSW Division
Cwm Taf	Royal Glamorgan Ysbyty Cwm Cynon	South East
Cardiff and Vale	University Hospital of Wales	South East
Aneurin Bevan	Royal Gwent Nevill Hall	South East

Each Head of Service/Lead Audiologist and Medical Lead self assessed and scored their service for the NBHSW standards in Quality Standards for Children's Audiology (Wales) Version 2 and submitted these scores to the Audit Coordinator for Quality Standards in Children's Audiology and the NBHSW QA team.

An external visit organised by the Audit Coordinator for Quality Standards in Children's Audiology was undertaken by a nominated lead auditor (audiologist), medical professional and voluntary sector representative. At the end of the external visit and review of evidence an agreed score was submitted. For two health boards due to a shortage of medical auditors, evidence relating to the wider care of the child was reviewed by a medical auditor by email prior to the external visit and feedback provided to the lead auditor.

Guidance was provided on evidence required for each standard and External Auditors were also asked to provide narrative evidence (Appendix 2).

The external audit teams forwarded the self-assessment and audit-visit scores to the NBHSW QA Team (NBHSW QA Advisor Dr Ann MacKinnon and NBHSW Programme Coordinators Dr Amanda Roberts, Dr Meg Shepherd and Ms Jackie Harding). These scores were accompanied by additional notes and comments in line with the Guidance for Auditors issued by NBHSW (Appendix 2).

For each Health Board or assessment site the QA team collated evidence from the external visits of good practice, areas for improvement and also noted when there was <80% compliance with any individual standard.

The score for each Health Board or assessment site along with the self assessment score and external visit score were distributed to the Medical Lead and Audiology team and an opportunity for comment and feedback provided. Statements related to good practice and monitoring or action required were also distributed for feedback.

An individual Summary report has been provided to each Health Board/hospital site. This highlights areas for monitoring and/or action (Appendix 3)

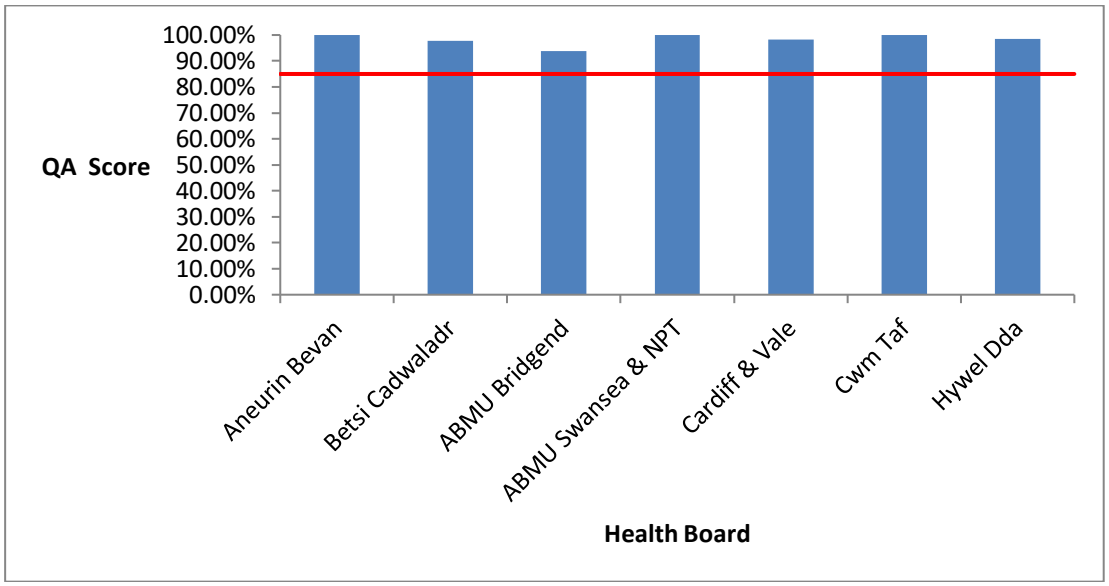
4.0 DATA ANALYSIS

Each service was assessed against eight standards:

- Standard 1: Accessing the Service
- Standard 2: Assessment
- Standard 3: Audiology Individual Management Plan (IMP)
- Standard 4: Hearing Aid Management
- Standard 5: Skills and Expertise
- Standard 6: Information Provision and Communication with Families
- Standard 7: Collaborative Working
- Standard 8: Service Improvement
- Standard 9: Wider Care of the Child

Standard 9 reflects the involvement of the wider team in the management and support of children with hearing loss. As many aspects of this Standard are not under the control of Audiology services, it is not included in the overall service score for Standards 1-8 but is reported separately

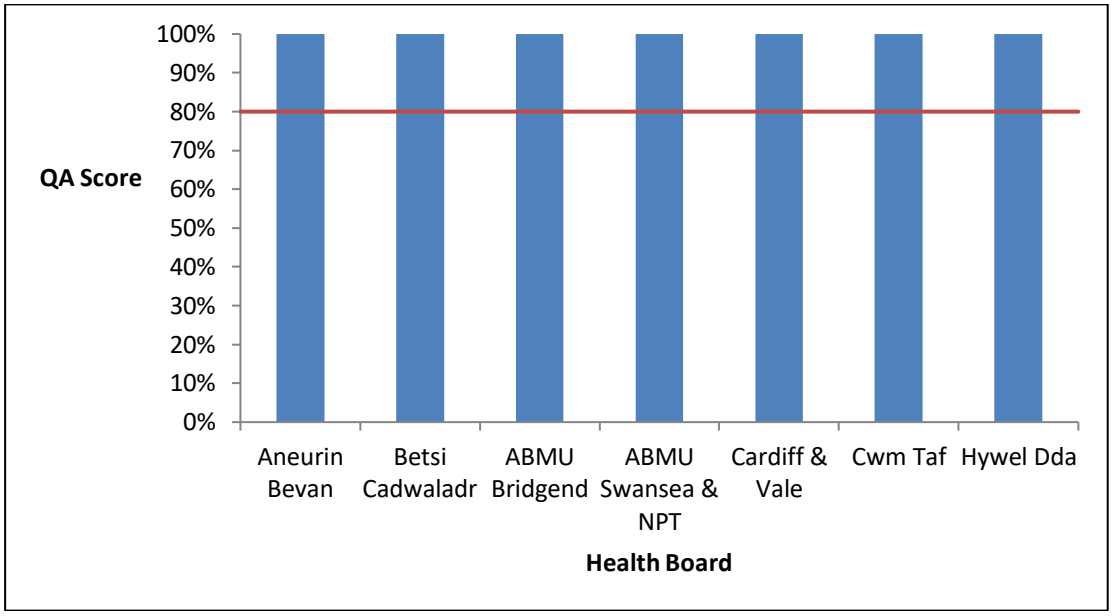
Graph to show total % score for Standards 1-8 by Health Board and assessment site



All Health Boards and assessment sites were compliant with the 85% overall score for the Standards 1-8.

4.1 Accessing the service

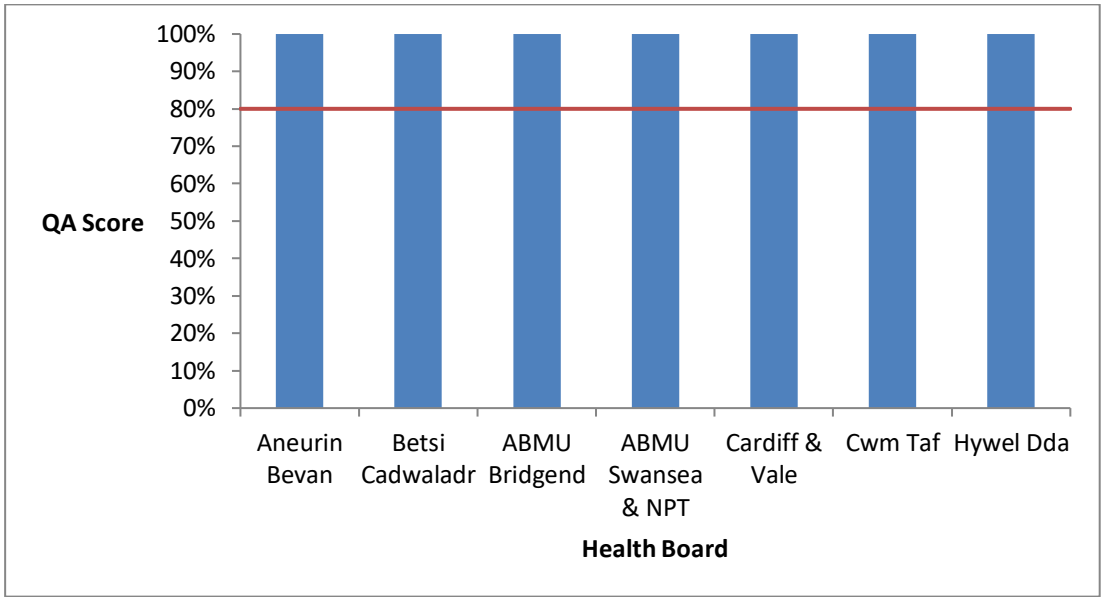
Graph to show % score for Standard 1: Accessing the Service by Health Board and assessment site



All Health Boards and assessment sites were compliant with the three criteria for accessing the service. The criteria related to accessing assessment appointments within agreed timescales of four or eight weeks for well and high risk babies respectively, demonstrating flexibility in appointments for families and reporting accurate data related to early identified babies in service reviews.

4.2 Assessment

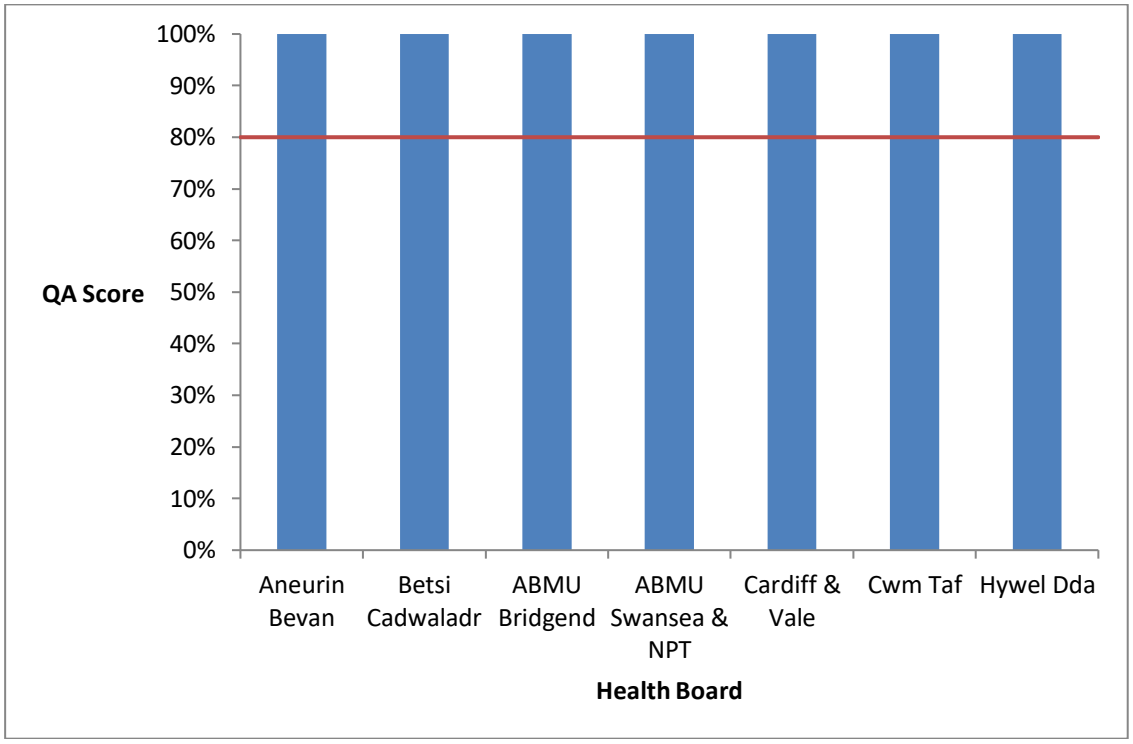
Graph to show % score for Standard 2: Assessment by Health Board and assessment site



All Health Boards and assessment sites were compliant with the four criteria for assessment. The criteria related to availability and accessibility of national guidance on assessment, completion of assessments using the full range of diagnostic tests and behavioural test follow up. Additionally timeliness and monitoring processes for peer review were considered.

4.3 Audiology Individual Management Plan (IMP)

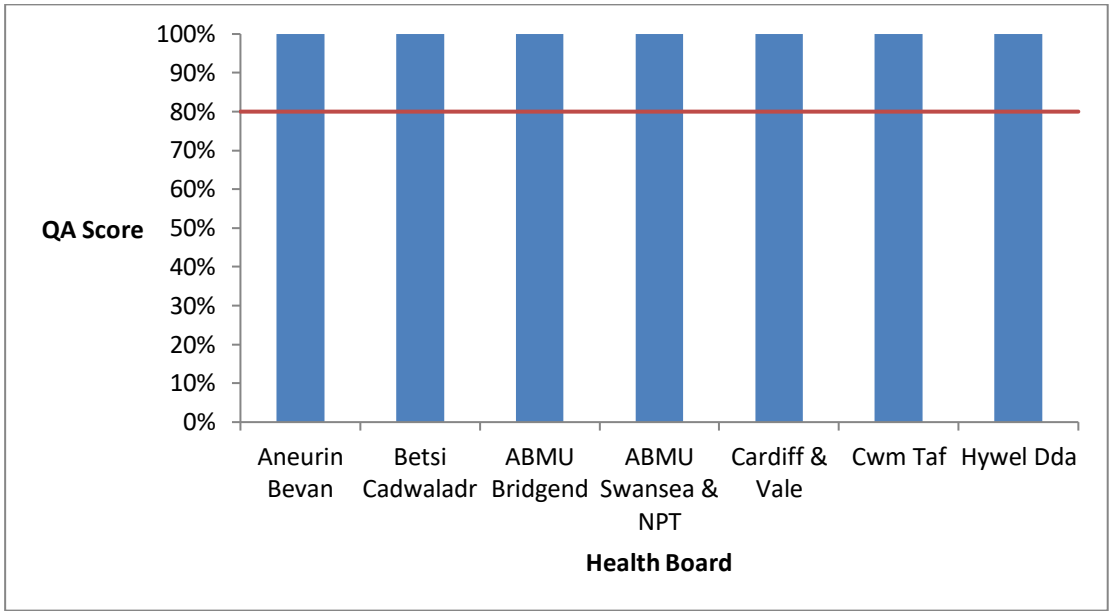
Graph to show % score for Standard 3: (IMP) by Health Board and assessment site



All Health boards and assessment sites were compliant with ensuring the IMP included a plan for audiological management and ongoing assessment.

4.4 Hearing Aid Management

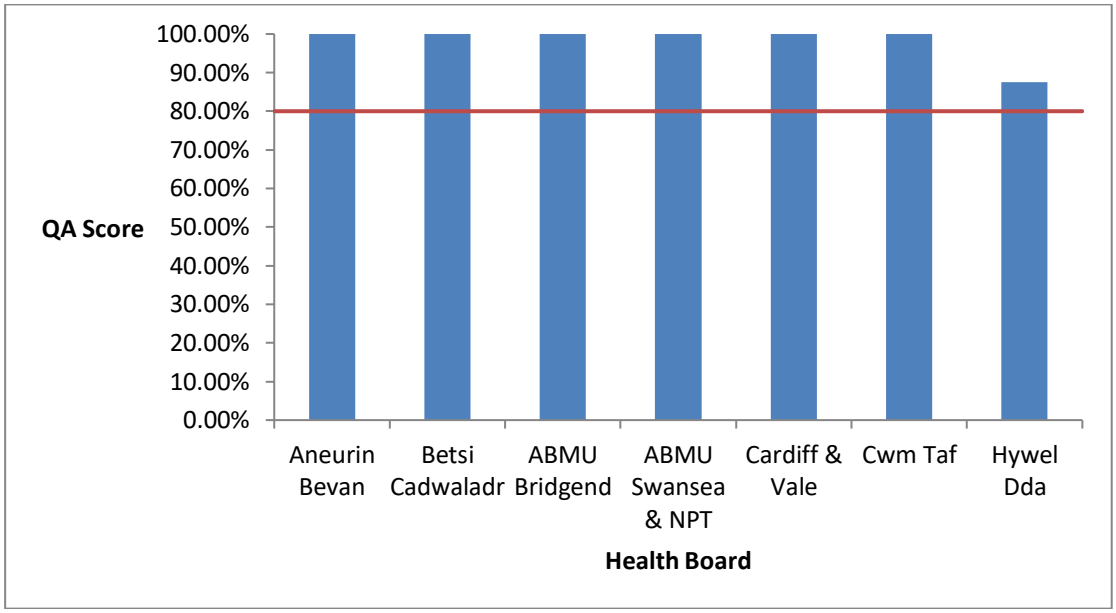
Graph to show % score for Standard 4: Hearing Aid Management by Health Board and assessment site



All six Health Boards and all assessment sites were compliant with the standard of hearing aid fitting for babies within four weeks of confirmed loss

4.5 Skills and Expertise:

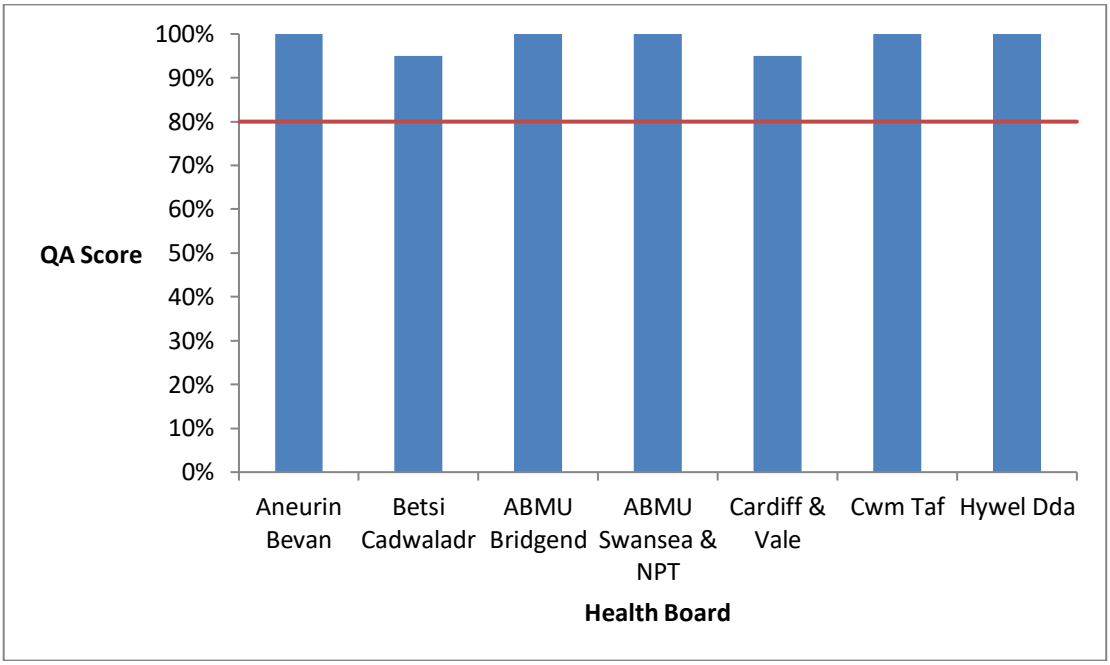
Graph to show % score for Standard 5: Skills and Expertise by Health Board and assessment site



All Health Boards were overall compliant with the criteria related to qualification, training competency assessment and continued professional development for Audiology staff and Medical Leads working with NBHSW. However there was variance with one Health board needing improved access to continuing professional development for staff undertaking diagnostic hearing assessment.

4.6 Information provision and Communication with Families

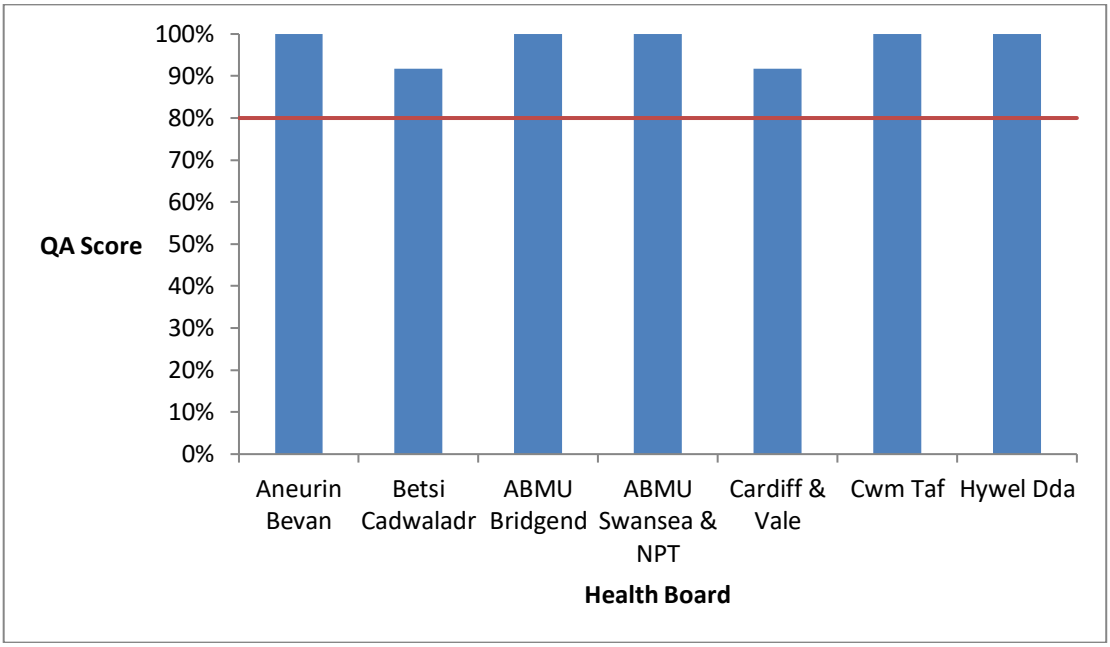
Graph to show % score for Standard 6: Information Provision and Communication with Families



All Health Boards and assessment sites were overall compliant with criteria for timely and appropriate information provision for families on the outcomes of assessment; the availability of support services where appropriate; and accessibility of services in the preferred language of the family. Variance across the Health Boards was noted in the timeliness of distribution of information to families, and completeness of information on education and voluntary organisation support services provided to families in written reports.

4.7 Collaborative Working

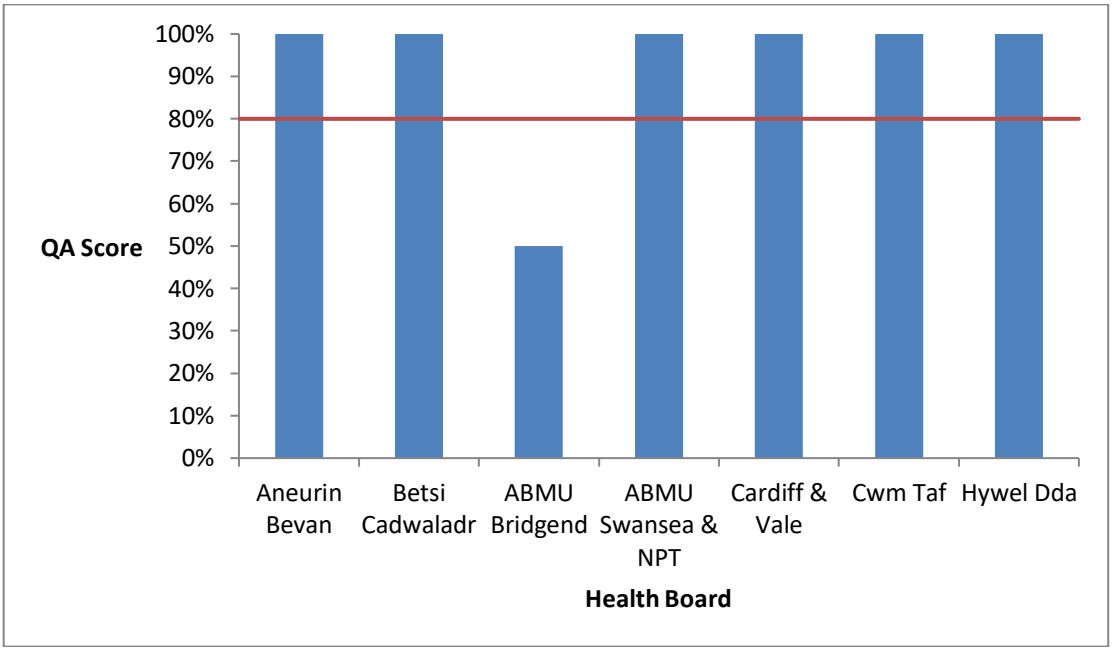
Graph to show % score for Standard 7: Collaborative Working by Health Board and assessment site



All Health Boards and assessment sites were overall compliant with the criteria relating to timely and informative reports for relevant health professionals and the management of non attenders. Variance across Health Boards related to the timeliness of distribution of reports.

4.8 Service Improvement

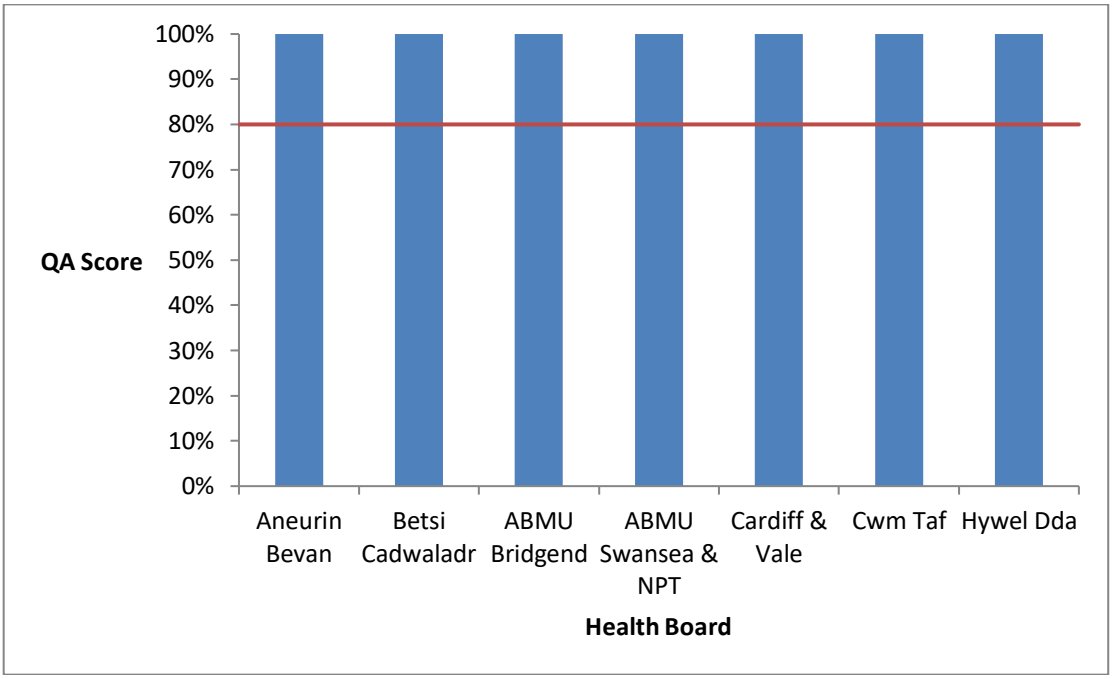
Graph to show % score for Standard 8: Service Improvement by Health Board and assessment site



One Health Board was not compliant with the criterion relating to service user engagement. All Health Boards included newborn hearing screening within Children's Hearing Services Working Group discussions.

4.9 Wider Care of the Child

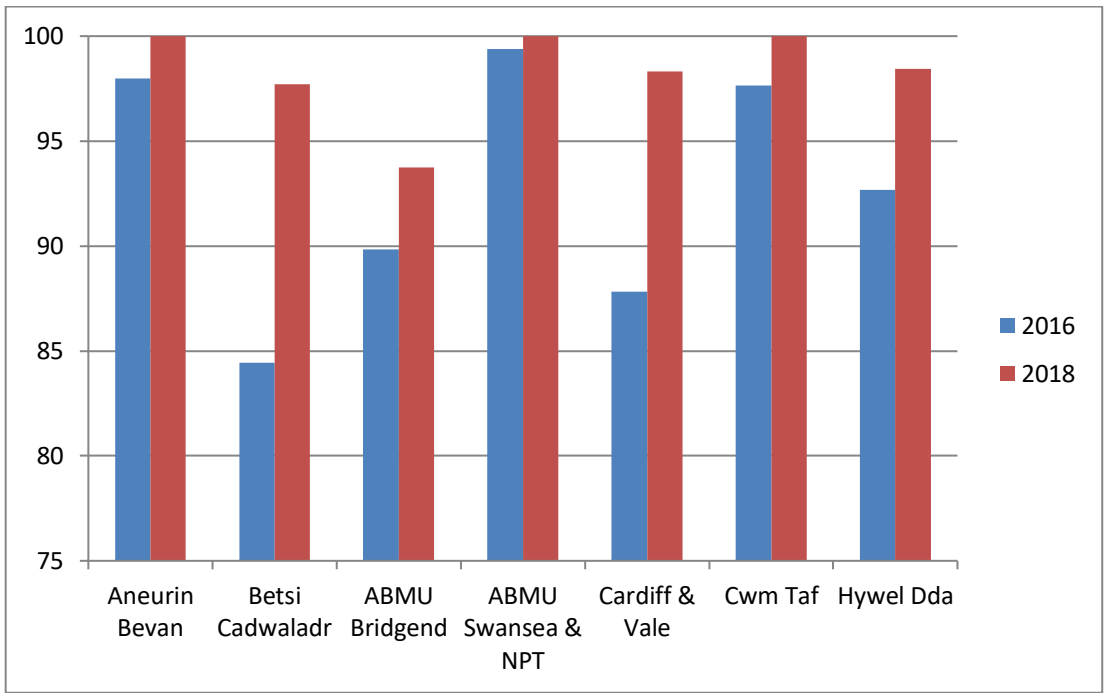
Graph to show % score for Standard 9: Wider Care of the Child by Health Board and assessment site



All Health Boards were compliant with this standard which requires the Medical Lead for early support services to have completed relevant training and have the required expertise for their role.

5.0 COMPARISON WITH QUALITY ASSURANCE SCORE 2016

Graph to show % total score for Standards 1-8 in 2016 Quality Assurance and 2018 Quality Assurance



All Health Boards and assessment sites demonstrated improvement in total score for NBHSW standards 1-8.

6.0 RECOMMENDATIONS

6.1 Children's Audiology Services

6.1.1 Two health boards and one assessment site in one Health board had 100% objective audit scores. This is excellent and to be commended however the challenge is to maintain and enhance the quality of provision, identifying areas of service that may benefit from further development and improvement.

6.1.2 In order to demonstrate compliance with NBHSW specific quality standards and evidence good practice services must ensure ongoing good documentation of all aspects of service provision.

6.1.3 All services should ensure that they undertake service user satisfaction surveys and consider how best to engage with families to gain their views. It is important that the views of families regarding the service they have received are sought to help shape future service developments and improvements.

6.1.4. All services should facilitate training and networking opportunities for staff who participate in newborn diagnostic audiology.

6.1.5 Services will develop Action Plans to address areas for monitoring and development as outlined in Health Board QA Final Reports. These Action Plans will be discussed and progress monitored at Regional Management meetings.

6.1.6 In order to monitor the ongoing delivery of a high quality Newborn Hearing Screening Service all Children's audiology Services will participate in future cycles of Quality Assurance Audit. However a review of the frequency, content and focus of ongoing cycles of audit should be undertaken to minimise the impact on service provision whilst demonstrating ongoing service provision and development.

6.2 Medical Audiology Services

The responsibility for medical management of early identified hearing loss along with coordination of early support and follow-up lies with the Medical Lead in each service.

Workforce review indicates that a significant number of Medical Leads will be retiring in the next five years. Changes in training routes have, and will continue to make it increasingly difficult to recruit doctors with the relevant specialist knowledge and expertise to these posts. Health Boards will need to consider how best to fulfil the Medical Lead role and ensure Medical Leads have the necessary competencies for the role or are supported to access appropriate training opportunities and Continuing Professional Development in order to gain these competencies.

This will have implications with respect to the arrangements for commissioning medical input and facilitating access to and funding of relevant training.

6.3 Future Quality Assurance of NBHSW diagnostic assessment and early medical and audiological management.

In 2016 NBHSW QA was completed within the Children's Audiology Standards framework. The inclusion of NBHSW Standards was reported to increase the time required for the external visit and evidence review.
For the 2018 cycle the QA team refined the evidence requirements for each standard utilising information sources within NBHSW to limit duplication of evidence collection by Health Boards. This was welcomed by all involved.

The current QA process is labour intensive for all involved. This is recognised by the QA team who will be reviewing the QA delivery model and making recommendations to NBHSW Quality Assurance and Clinical Governance Group to ensure that moving forward NBHSW can continue to be quality assured in a safe, effective, efficient and sustainable way which causes minimal additional workload for services.

7.0 CONCLUSION

This NBHSW Quality Assurance review of audiology assessment and early support for children with significant hearing losses following referral from the newborn hearing screen has shown that the Children's Audiology Services across Wales continue to deliver a high quality service, with all Health Boards being compliant with the total 85% score recommended by the Welsh Scientific Committee: Audiology Specialist Standing Advisory Group and endorsed by Newborn Hearing Screening Wales Quality and Clinical Governance Group.

Comparison of scores with the 2016 QA process demonstrates improvements across all standards and with overall scores.

Areas of good practice were acknowledged along with some areas for monitoring and development. Action Plans will be developed by individual Boards to address these. The Programme Co-ordinators will monitor and support progress against the Action Plans by Health Board teams.

The QA process for future years will be reviewed.

APPENDIX 1: NBHSW Final Evidence List – April 2018

6. Newborn Hearing Services Quality Assurance 2018

Newborn Hearing Services (NBHS) Quality Assurance has been incorporated into the Quality Standards for Children's Audiology, version 2. Green italicised text has been used throughout the Standards to denote criteria specific to NBHS.

Where fewer than three newborns with a hearing loss are identified by the service in the audit year, *all* of these should be included in the cases reviewed. The remaining newborn case histories will be identified for inclusion in case review by NBHSW.

Scoring NBHS criteria:

Standard	Evidence Source	Referred well babies that are offered assessment within 4 weeks	Referred High risk babies that are offered assessment within 8 weeks	
1a.6 Referrals from NBHS for diagnostic assessment are offered an appointment within the nationally agreed timescales[1]	**WALES** Use local data	4 >90%	4 100%	For agreed audit period numbers of babies referred for assessment (well and high risk) to be provided to local health board teams by NBHSW. Total numbers referred for audit period to be included for calculation Provide information /exception report on babies assessed outside of recommended timescale
		3 80-90%	3 90-99%%	
		2 70-80%	2 80-89%	
		1 60-70%	1 70-79%	
		0 < 60%	0 -<70%	
1a.8 Flexibility is available in appointment times and where possible, locations, to suit the individual needs of the parents and child or young person.	Patient management system schedule Letters Discussion with team	4 - All sources indicate appointments available am/pm on different days of week and where possible made in consultation and agreed with family.		Scored from evidence and discussion on the day
		3		
		2		
		1		
		0 - Fixed appointment schedule limited to specific sessions. No flexibility		

[1] Wales – Within 4 weeks of date of last screening episode for Well Babies, and within 8 weeks of date of screening episode for High Risk Babies.
Scotland – Within 4 weeks of date of referral for all babies

Standard	**Evidence Source**	**Referred well babies that are offered assessment within 4 weeks**	**Referred High risk babies that are offered assessment within 8 weeks**	
1b.2 Key data are identified, collected, reviewed and used in annual service review A Report* Detailing: • the number of children referred to audiology services, <u>with specific reference to the numbers referred by NBHS</u> • the number of NHS hearing aids fitted for the local paediatric population, including conductive and sensorineural losses, <u>with specific reference to those children referred by NBHS</u>	Departmental Report NBHS Annual Report NBHS Database	4 - Report details numbers of children with hearing impairment confirmed following NBHS and numbers fitted with hearing aid and age of fitting 3 2 1 0 No reference to NBHS identified babies		Lead auditor will be provided with summary of expected cases over agreed time period
2a.2 A comprehensive range of audiological assessments is available.	Three case histories of newborns with hearing loss	4 - Assessments completed to guidance and result in defined levels of hearing. Evidence of CM, OAE, masking and high frequency tympanometry being used where appropriate. Evidence of range of behavioural assessments VRA with inserts AC/BC, BOA, Sound field VRA 3 2 1 0 - Poor definition of hearing loss and range of assessment methods with no follow up behavioural data (depends on clinical condition)		Two cases selected by NBHSW Local team should identify further case to provide evidence required.

Standard	**Evidence Source**	**Referred well babies that are offered assessment within 4 weeks**	**Referred High risk babies that are offered assessment within 8 weeks**	
2a.4 All audiological procedures follow national standard/guidelines where these exist.	Departmental protocols for newborn diagnostic assessment. National guidance for newborn diagnostic assessment.	4 - Current guidance easily accessible and up to date 3 2 1 0 - No access to protocols either national or departmental.		Reference list of National Guidance to be provided to auditors and local health board teams by NBHSW
2a.5 Where a system of national peer review is in place for NBHS diagnostic assessments, participation is demonstrated and is monitored locally. If there is no system of national peer review in place for NBHS diagnostic assessments then departments must demonstrate that local peer review is taking place and that this is being monitored.	Departmental record of sending assessments for peer review, and participating as peer reviewer, whilst adhering to defined timescales. Spreadsheets or patient management system entries related to peer review	4 100% assessments completed by department are peer reviewed 3 95-99% 2 90-94% 1 85-89% 0 < 85%	4 100% assessments sent within 7 days 3 95-99% 2 90-94% 1 85-89% 0 < 85%	4 100% received assessments reviewed within 14 days 3 95-99% 2 90-94% 1 85-89% 0 < 85%	Average 3 scores. Lead auditor to have summary of number of assessments requested by NBHSW for audit period.
2b.2 All behavioural hearing assessments are interpreted taking into account the developmental status of the child and any co-existing medical conditions.	Three case histories of newborns with hearing loss	4 - Evidence of range of behavioural assessments VRA with inserts AC/BC, BOA, Sound field VRA 3 2 1 0 - Poor definition of hearing loss and range of assessment methods with no follow up behavioural data (depends on clinical condition)		2 cases selected by NBHSW Local team should identify further case to provide evidence.

Standard	**Evidence Source**	**Referred well babies that are offered assessment within 4 weeks**	**Referred High risk babies that are offered assessment within 8 weeks**	
3a.2 The IMP includes an initial programme of audiological management (including provision of hearing aids where appropriate) and details of ongoing assessment as required.	Three IMPs for babies with identified hearing loss	4 - Audiological management and further assessments detailed in IMP-all elements present 3 2 1 0 - No IMP available for any cases		2 cases NBHSW selected 1 case self selected
4a.2 All referrals for hearing aids for babies identified via NBHS are offered an appointment for fitting within 4 weeks of decision to aid.	Audit presented Audit Care pathway forms for babies with identified hearing loss NBHSW Database	4 < =100% to >=75% 3 – <=74% to >= 50% 2 – <=49% to >=25% 1 – <=24% to >=10% 0 -<=9% to 0% Clinical/family/service reasons provided for babies fitted > 4 weeks.		Summary of expected cases provided to each lead auditor /assessment site
5a.3 Audiology staff carrying out neonatal assessments should have appropriate qualifications and training for newborn/early years work.	Audiologists should provide evidence of post graduate or equivalent training	4 - Audiologist has specific expertise for role 3 2 1 0 - Audiologist does not have specific expertise for role.		
5a.5 Competency of staff performing neonatal assessment activity is verified by competency checks at least every 3 years. These are formally documented.	Log of competency checks	4 - Competency verified for all activities 3 2 1 0 - Competency checks not performed		

Standard	Evidence Source	Referred well babies that are offered assessment within 4 weeks	Referred High risk babies that are offered assessment within 8 weeks	
5a.7 There is a Departmental process for acting on the outcomes of peer review of assessment (variations from guidance) (including the national peer review system where this exists)	Spreadsheet or other departmental documented process to review and act on peer review of diagnostic assessments (variations from guidance) Action plans or lessons learnt from peer review evidenced	4 - Clear process and method of documentation of peer review outcomes. Action plan and revised management as appropriate. 3 2 1 0 - No process in place to respond to peer review		
5a.11 All Audiologists performing neonatal assessments participate in relevant CPD activity, including regular training and annual updates specific to NBHS.	Relevant CPD for audiologists undertaking neonatal diagnostic assessment documented (for staff in Wales, to include attendance at Divisional Audiologist meeting and Training Day)	4 - All Audiologists achieved relevant CPD over past 12 months (for staff in Wales – all attended Divisional Audiologist meeting and Training Day). Other equivalent courses attended. 3 2 1 0 - No training relevant to NBHS attended		
6a.2. NBHS specific letter is provided as part of the appointment process.	Current NBHS assessment appointment letter in use	4 - All key elements from standard letter in place 3 2 1 0 - Letter does not include key elements of standard		
6a.5. Families received verbal explanation of the neonatal hearing assessment results, and supporting literature, if required, on the same day that the assessment is carried out.	IMPs for NBHS assessments including standard 'discharge' letters Patient management system entries	4 - Evidence of verbal and written information provided within IMP and in Audit base entries 3 2 1 0 - No evidence of verbal or written information		Random sample of five cases Sample cases selection by NBHS

Standard	Evidence Source	Referred well babies that are offered assessment within 4 weeks	Referred High risk babies that are offered assessment within 8 weeks	
6a.7. Following completion of newborn hearing assessment, families are offered written information within 10 working days of the appointment[2].	NBHS letter distribution dates compared to date of assessment	4 - 90% within 10 days 3 2 1 0 - <50% sent within 10 days		10 days is within NBHS standards for distribution. Sample size: when <25 cases have been referred for assessment, all to be included in audit; when >25 cases have been referred, local team to select 25 of these for audit. This should include the 5 cases in Standard 6a.5.
6a.9 Families of babies identified with a hearing loss through NBHS routinely given information on support services (when appropriate) to include educational sensory service as well as local and national voluntary support groups for deaf children and young people.	Three letters /reports/IMPs for babies with hearing loss	4 - Documented provision of information on voluntary and education services x3 3 2 1 0 - No documented provision		2 cases selected by NBHS and one self selected case

[2] NDCS and NBHS Wales/Scotland provide a number of documents that can be used to support information regarding outcomes of assessments undertaken.

Standard	Evidence Source	Referred well babies that are offered assessment within 4 weeks	Referred High risk babies that are offered assessment within 8 weeks	
6a.11 Families of babies referred by NBHS have access to information in their preferred language via the provision of translated material where possible.	Evidence of interpreters used for neonatal assessments e.g. invoice, letter documenting interpreter present. Local policy/ process for identifying families requiring interpreter support and arranging this	4 - Evidence of use of interpreters where appropriate. Policy/process in place 3 2 1 0 - No evidence of use or policy/process		
7b.2. Results of neonatal hearing assessments are reported to the referrer and other relevant professionals/family	NBHS letter distribution list	4 - All letters copied to referrer and other relevant professionals and family 3 2 1 0 - No letters copied to other agencies		Sample size: when <25 cases have been referred for assessment, all to be included in audit; when > 25 cases have been referred, local team to select 25 of these for audit. This should include the 5 cases in Standard 6a.5.
7b.4. Reports are distributed to relevant professionals within 10 working days of completion of the neonatal hearing assessment.	NBHS letter distribution dates compared to date of assessment	4 - 90% within 10 days 3 2 1 0 <50% sent within 10 days		10 days is within NBHS standards for distribution. Sample size: when <25 cases have been referred for assessment, all to be included in audit when > 25 cases have been referred, local team to select 25 of these for audit. This should include the 5 cases in Standard 6a.5.

Standard	Evidence Source	Referred well babies that are offered assessment within 4 weeks	Referred High risk babies that are offered assessment within 8 weeks	
7b.6. Non attendance for newborn hearing assessment is managed in accordance with NBHS guidelines	Communication with family and PHCT Standard NBHS letters DNA/Declined assessment	4- Letters sent for all DNA assessments** to relevant professionals 3 2 1 0 No evidence of standard DNA letters sent		All DNA assessments in audit period ** not DNA appointments
8a.2. The Audiology service surveys the views of parents of children with a hearing loss every 3 years	Survey of views of parents of children with hearing loss	4 - Survey completed within last three years 3 2 1 0 - No survey completed		Will depend on birth rate and numbers of children identified per year.
8b.5. NBHS is a standing agenda item at CHSWG.	CHSWG minutes	4 - NBHS is agenda item and discussed 3 2 1 0 - Not on agenda		
9b.2 All medical staff working within the collaborative team have appropriate qualifications, training, expertise and competence for newborn/early years work.	Medics should provide evidence of post graduate training and/or equivalent competencies in medical paediatric audiology specific to newborn assessment.	4 - Medical lead has specific expertise for their role. 3 2 1 0 - Medical experience not specific or no medical input to team.		Guidance on medical role provided for medical auditors

Appendix 2: NBHSW QA 2018 - Guidance for Auditors

Standard	Criteria	Rating tool	Additional Instructions to Auditors
1. Accessing the Service	1a.6.	Appointments for NBHS	Review and verify exceptions.
	1a.8.	Flexibility of Appointments for NBHS	Please supply narrative comments related to available venues, days of week and times of appointments, and any contact with families when arranging appointments.
	1b.2.	Service Planning	None
2. Assessment	2a.2.	NBHS Assessment	Ensure the three case studies cover the full range of neonatal assessments. Confirm appropriate and timely behavioural follow-up. Request additional case studies if not evidenced.
	2a.4.	National Standards/Guidelines NBHS	Please supply narrative comments on location and accessibility.
	2a.5.	Peer Review NBHS	NBHSW will provide number of completed assessments that should have been sent for peer review. Discrepancy to be investigated by site after visit. Please supply narrative comment on process for monitoring, recording and checking of completeness of peer review. Peer review audit data
	2b.2.	Developmental Status NBHS	Ensure the three case studies cover the full range of assessments. Request additional case studies if not evidenced.
3. Audiology IMP (Individual Management Plan)	3a.2.	Initial Programme of Management NBHS	Ensure the three case studies cover the full range of assessments. Request additional case studies if not evidenced.

Standard	Criteria	Rating tool	Additional Instructions to Auditors
4. Hearing Aid Management, Selection, Verification and Evaluation	4a.2.	Speed of Access for Hearing Aids NBHS	Please supply exception report to NBHSW for >4 weeks fitting
5. Skills and Expertise	5a.3.	Specific Experience for Neonatal NBHS	Please supply additional narrative on qualifications and experience of Audiologists undertaking neonatal assessments and number of assessments completed per staff member during audit period.
	5a.5.	Competency Checks NBHS	Please supply narrative on departmental process for competency assessments (as distinct from peer review)
	5a.7.	Departmental Policy re Peer Review NBHS	Please supply narrative on outcomes and actions arising from peer review
	5a.11.	NBHS Specific Training/Updates	If Regional Audiologist Meeting and All-Wales Training Day not attended, please supply additional narrative on non-NBHSW events.
6. Information Provision and Communication with Children, Young People and Families	6a.2.	NBHS Specific Letter	
	6a.5.	Verbal Information NBHS	
	6a.7.	Written Information NBHS	
	6a.9.	Support Services Following NBHS	
	6a.11.	Information in Language of Choice NBHS	Please supply narrative on policy awareness and implementation
7. Collaborative Working	7b.2.	NBHS Reports	Review Audit
	7b.4.	NBHS Reports Distributed Within 10 Days	Review Audit
	7b.6.	NBHS Non-Attendance Reported	Review Audit

Standard	Criteria	Rating tool	Additional Instructions to Auditors
8. Service Improvement	8a.2.	NBHS Surveys every three years	Please supply narrative on type of survey, sample selected and outcomes and actions
	8b.5.	NBHS is a Standing Agenda Item at CHSWG	View CHSWG minutes
9. Wider Care of the Child	9b.2.	NBHS All staff qualified in early years	Medical Auditor to review qualifications and experience in medical paediatric audiology

NB: BCU and Aneurin Bevan are assessment sites for Powys babies. Case histories for Powys babies will have been requested

Appendix 3: Draft Summary Report QA 2018

Newborn Hearing Screening Wales has completed Quality Assurance of diagnostic assessment and early audiological support for babies referred from screening. This was undertaken in conjunction with the Quality Assurance of Children's Audiology services in Wales.

The service was assessed against nine standards:

- Accessing the service
- Assessment
- Audiology Individual Management Plan (IMP)
- Hearing Aid Management
- Skills and Expertise
- Information provision and Communication with families
- Collaborative Working
- Service Improvement
- Wider Care of the Child

Newborn Hearing Screening Wales in consultation with the Welsh Government Scientific Committee: Audiology Standing Specialist Advisory Group (ASSAG) has set a score an overall score of 85% and 80% in each individual standard as indicating compliance with the standards

Sample Health Board met /did not meet 85% compliance overall.

Sample Health Board met /did not meet 80% compliance in each standard.

The following areas are highlighted as examples of good practice:

The following areas are highlighted as requiring monitoring and/or action: