



QUALITY ASSURANCE OF DIAGNOSTIC ASSESSMENT AND EARLY AUDIOLOGICAL AND MEDICAL MANAGEMENT FOLLOWING NEWBORN HEARING SCREENING: 2024-25

Version 1.0

July 2025

Contents

Contents.....	2
Executive Summary	3
Background.....	3
Purpose.....	3
Key findings	3
Recommendations and conclusions	3
Authorship, acknowledgements and contact information	5
Introduction.....	6
Methodology	6
Findings	7
DATA ANALYSIS	9
Overall Compliance Score	9
Standard 1: Accessing the service.....	9
Standard 2: Assessment	10
Standard 3: Audiology Individual Management Plan (IMP).....	11
Standard 4: Hearing Aid Management.....	11
Standard 5: Skills and Expertise:	12
Standard 6: Information provision and Communication with Families:	12
Standard 7: Collaborative Working	13
Standard 8: Service Improvement	14
Standard 9: Wider Care of the Child	14
Conclusions.....	15
Recommendations.....	16
References	18
Appendices	19



Executive Summary

Background

It is essential to be assured of the quality of neonatal diagnostic hearing assessment services, and the subsequent audiological and medical services provided for babies referred by Newborn Hearing Screening Wales (NBHSW).

External quality assurance audits take place triennially in Wales alongside ongoing peer review of diagnostic neonatal assessment. However, well-publicised issues have been identified elsewhere in the UK relating to late diagnoses and in response to this, additional Key Performance Indicators and minimum training standards have been introduced in Wales and incorporated into the 2024-25 audit.

Purpose

The compliance of Health Board Audiology services against targets for 2024-25, agreed by the Audiology Standing Specialist Advisory Group (ASSAG), is reported.

Data was collected from external audit of the six Health Board Audiology services delivering neonatal diagnostic assessment against the Newborn-specific criteria of the Quality Standards for Children's Hearing Services (v.2), carried out in early 2025.

The report seeks to assure stakeholders of the quality-of-service provision across Wales. Additionally, to raise potential risks and the associated clinical impacts, and to highlight areas for service improvement.

Key findings

- Four of the six Health Board services were compliant with the 95% overall score for the Standards 1-8
- All six Health Boards met the 90% score for Standard 3: Audiology Individual Management Plan (IMP)
- In general, the audit provides assurance for NBHSW that service provision across Wales is Safe, Timely, Effective, Efficient, Equitable and Person-Centred

Recommendations and conclusions

Findings provide assurance that Audiology services in Wales provide care that generally aligns with the domains of quality described in the Duty of Quality Act (2020). Where targets have not been met, services are required to submit an action plan and to report on progress.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

At a higher level, potential risks exist due to fragility of the Audiology workforce (highly specialised with small numbers of staff delivering the service) which could be realised if planning for attrition of existing staff and support for training of new is not actioned in a timely manner. The Medical Lead workforce is also subject to the same risk and should be considered.

Further quality assurance audits will be carried out in 2027 with the updated version (3) of the Quality Standards for Children's Hearing Services.



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Authorship, acknowledgements and contact information

Authors: Hayley Mills and Jackie Harding, Programme Coordinators, Newborn Hearing Screening Wales

This publication represents the outcome of a collaborative effort. Public Health Wales would like to acknowledge the support provided by the Children's Audiology Services in Wales. Public Health Wales is grateful for the expert advice, contributions and assistance provided by many people throughout this project. Most notably, this includes

- Gwen Carr, Independent Advisor
- Hazel Badjie, National Deaf Children's Society

QUALITY ASSURANCE OF DIAGNOSTIC ASSESSMENT AND EARLY AUDIOLOGICAL AND MEDICAL MANAGEMENT FOLLOWING NEWBORN HEARING SCREENING: 2024-25

Introduction

Quality assurance is a critical tool to support effective screening programme delivery, both as part of Public Health Wales (PHW) screening provision and within Health Board diagnostic assessment and treatment services. Commissioned services should be compliant with the Duty of Quality Act (2020) for the services they provide.

It is the responsibility of the commissioning service (i.e. Newborn Hearing Screening Wales [NBHSW]) to assure that the commissioned service (i.e. Audiology) meets the requirements of the Duty of Quality in delivering a service that is Safe, Timely, Effective, Efficient, Equitable and Person-centred for babies and families referred from NBHSW¹ (see Appendix 1).

This report summarises the outcomes of audit against the NBHSW criteria of the Quality Standards for Children's Hearing Services (v.2)² carried out in Spring 2025 and reports compliance against pre-agreed targets, identifies areas of good practice and areas where risks, or potential risks, have been identified in delivery of services against STEEEP dimensions.

PHW have produced and circulated Health Board-specific reports to individual Audiology services, who are required to develop an action plan to address areas for improvement during the audit cycle, with the next audit due to take place in 2027.

Methodology

Children's Audiology Services in the six Health Boards in Wales which deliver neonatal diagnostic assessment were reviewed. In Betsi Cadwaladr and Cwm Taf Morgannwg University Health Boards, Audiology and Medical staff deliver services across multiple hospital sites following the same policies and procedures, and therefore, the review was based on the service as a whole and not individual hospital sites.

Audiology services for Powys are provided by neighbouring Health Boards. Betsi Cadwaladr (East) University Health Board provides the service for North Powys residents and South Powys residents are mainly assessed within Aneurin Bevan University Health Board.

The audit seeks to assure that there is high-quality service provision for neonatal diagnostic hearing assessment and in the early audiological and medical management of babies who are

identified with a hearing loss. This is defined by meeting the agreed compliance targets for the NBHSW-specific criteria of the Quality Standards for Children’s Hearing Services (v.2). These criteria have also been mapped against the STEEEP criteria of the Duty of Quality Act (2020) (see Appendix 2 for full details of the criteria and mapping).

Audiologist and Medical Lead representatives for each Health Board self-assessed against the NBHSW-specific criteria of the Children’s Hearing Quality Standards (v.2) and provided supporting evidence/verification of data in an electronic format.

NBHSW Programme Coordinators then verified the data where possible and identified criteria requiring further evidence or exploration.

Discussion was held between Programme Coordinators and external quality assurance advisors to ensure that all family-centred criteria, which had more subjective scoring, were being comprehensively audited and that there was consistency in external scoring applied across each Health Board.

NBHSW Programme Coordinators and representatives of each Health Board Audiology team met via Microsoft Teams in February/March 2025 to enable provision of further evidence, discussion of queries and formal verification of scores.

Following the meetings, a service-specific summary was sent for approval. An individual Health Board report was produced which documents performance against the compliance scores which were set by the Audiology Standing Specialist Advisory Group (ASSAG) and highlights areas for monitoring and/or action.

Findings

Each service was assessed against the following 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.

For the 2024/25 audit cycle, targets set by ASSAG were:

95% overall compliance (average of Standards 1-8)

and

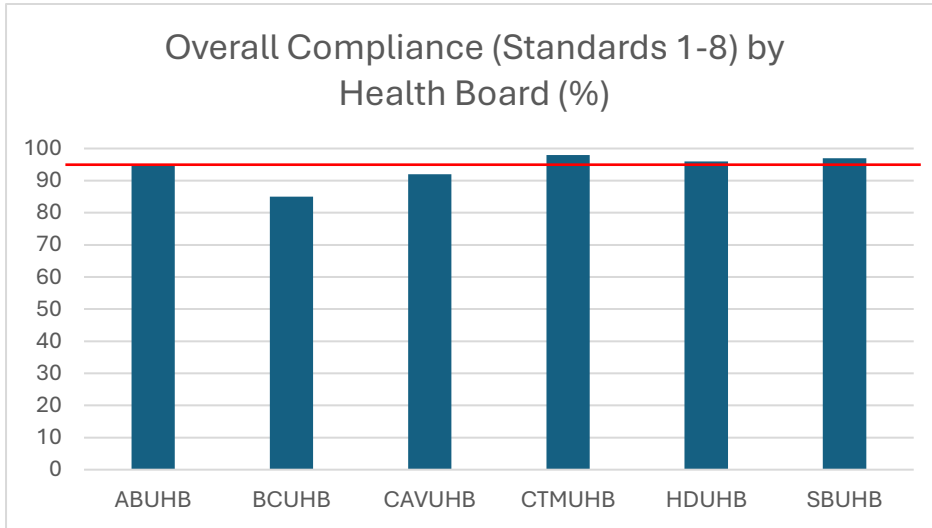
90% compliance in each individual Standard (1-9)



DATA ANALYSIS

Overall Compliance Score

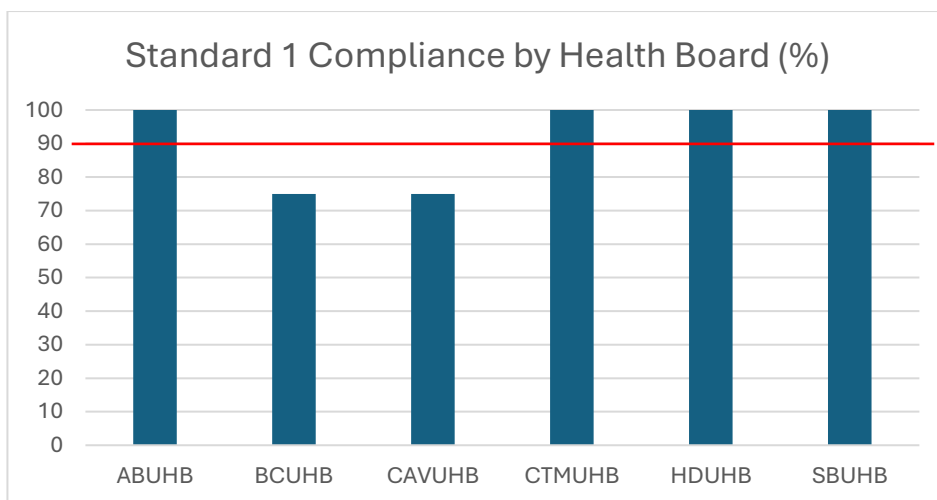
Graph 1: shows the overall percentage score for Standards 1-8 by Health Board



Four of the six Health Board services were compliant with the 95% overall score for the Standards 1-8. Of those who did not achieve the target, one Health Board scored 85% overall and one 92%.

Standard 1: Accessing the service

Graph 2: shows the percentage score for Standard 1, Accessing the Service by Health Board



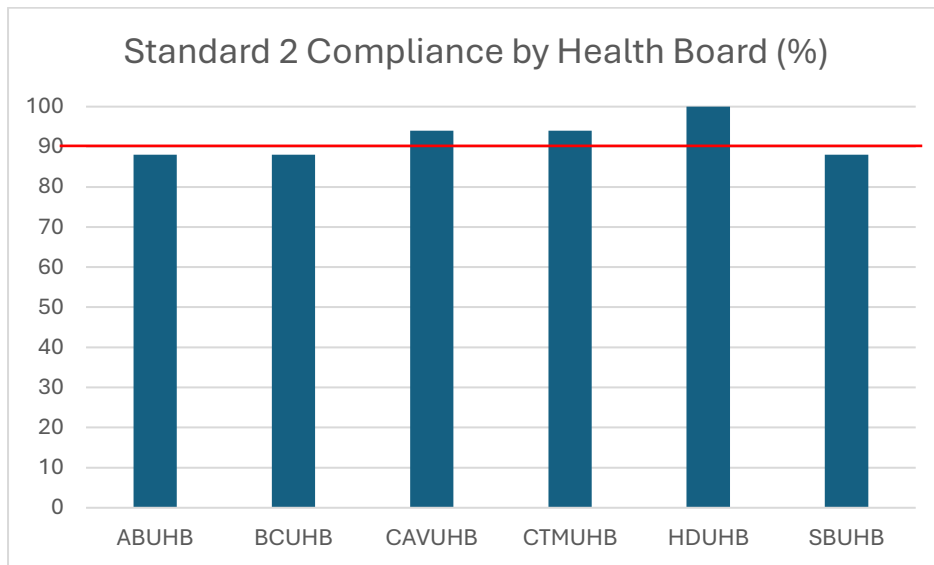
Four of the six Health Board services were compliant with the criteria for accessing the service. Standard 1 criteria related to:

- *accessing assessment appointments* within agreed timescales (four or eight weeks for Well and High-risk babies respectively) and *demonstrating flexibility in appointments* for families. For these two criteria, all Health Boards showed compliance.

- *service planning*. Two Health Boards were unable to provide a formal report detailing service planning specifically relating to Newborn Hearing Services.

Standard 2: Assessment

Graph 3: shows the percentage score for Standard 2, Assessment by Health Board



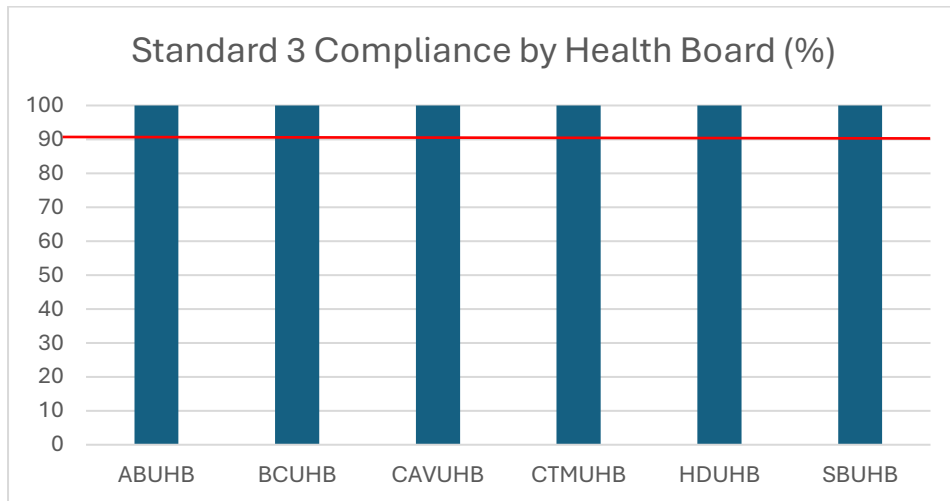
Three of the six Health Board services were compliant with the four criteria for Assessment.

Standard 2 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.

Standard 3: Audiology Individual Management Plan (IMP)

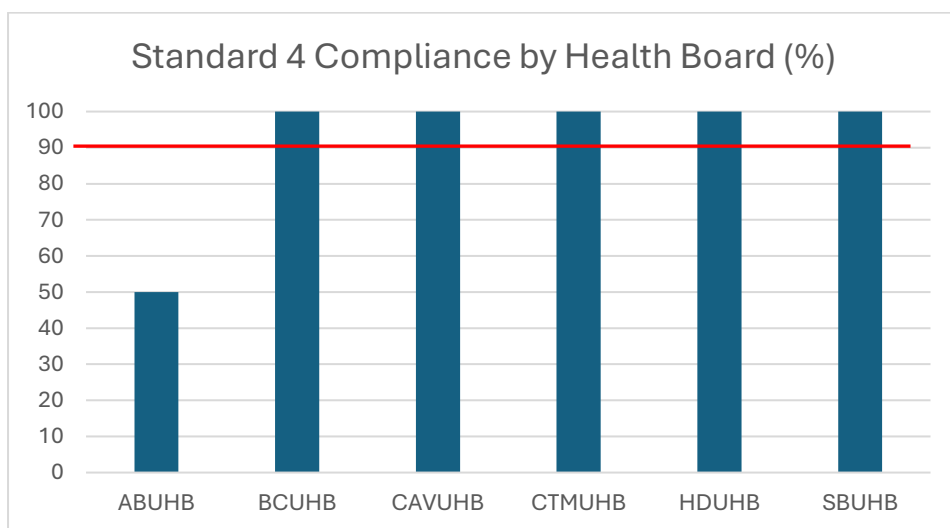
Graph 4: shows the percentage score for Standard 3, Audiology Individual Management Plan (IMP) by Health Board



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

Standard 4: Hearing Aid Management

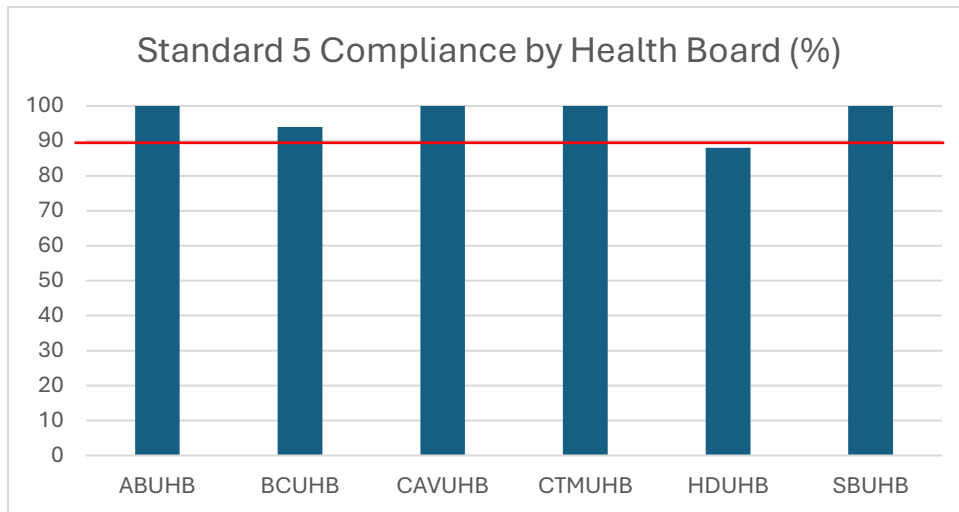
Graph 5: shows the percentage score for Standard 4, Hearing Aid Management by Health Board



Five of the six Health Boards/assessment sites were compliant with the standard of hearing aid fitting for babies within four weeks of decision to aid.

Standard 5: Skills and Expertise:

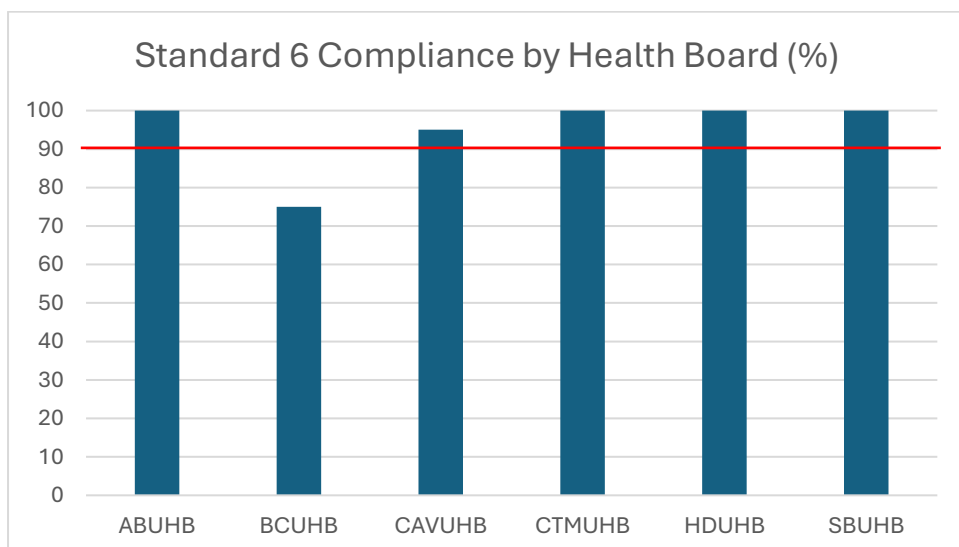
Graph 6: shows the percentage score for Standard 5, Skills and Expertise by Health Board



Five Health Board services were overall compliant with the three criteria related to qualification, training competency assessment and having a Departmental Policy for peer review. One Health Board service did not meet the required score across this Standard, reflecting the lack of formal training accessed by staff and lack of regular staff competency checks (or a suitable alternative) having been carried out over the whole audit period.

Standard 6: Information provision and Communication with Families:

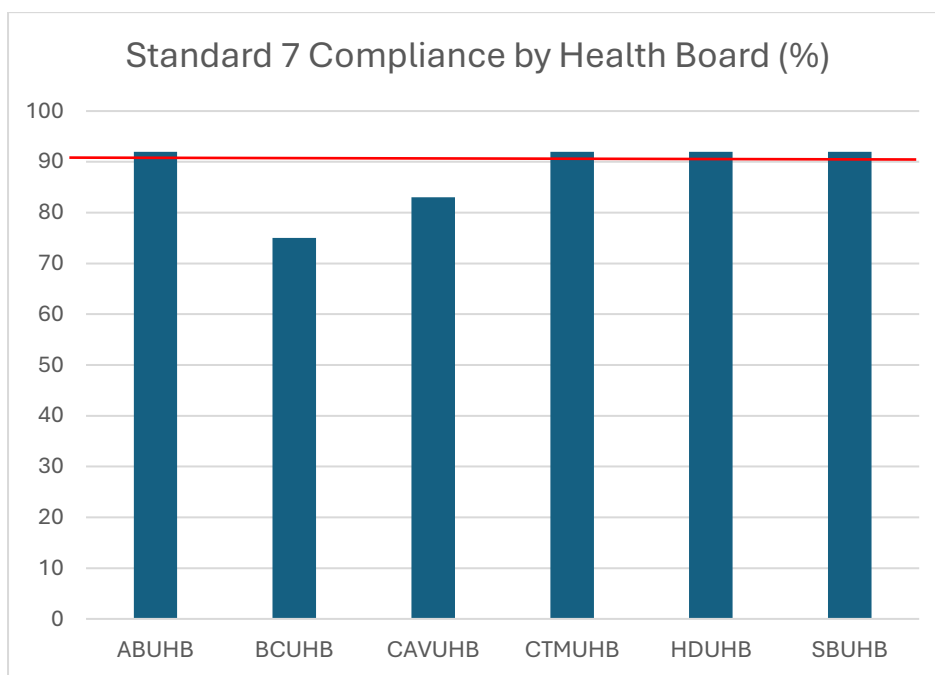
Graph 7: shows the percentage score for Standard 6, Information Provision and Communication with Families by Health Board



Four Health Board services were overall compliant with the four criteria audited for this Standard; 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. However, variance across services 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.

Standard 7: Collaborative Working

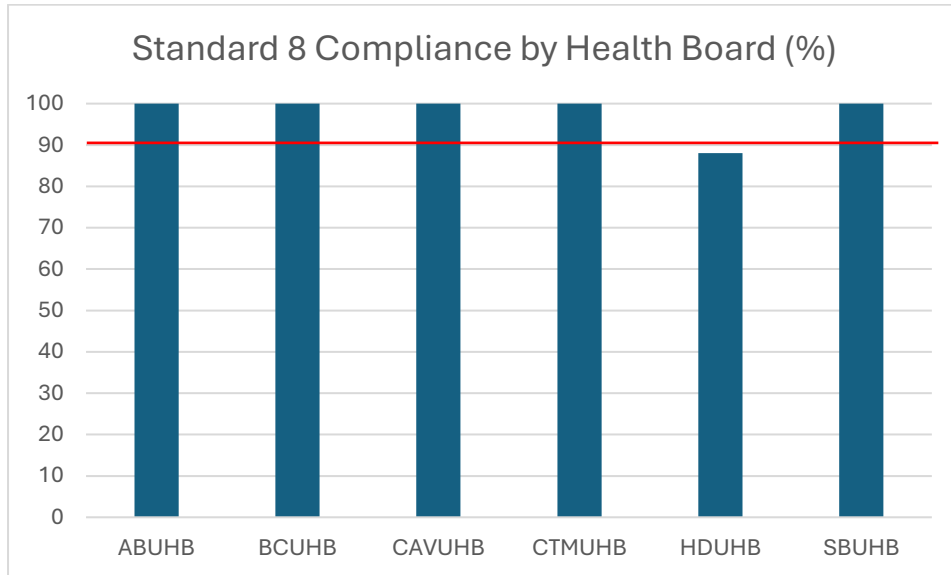
Graph 8: shows the percentage score for Standard 7, Collaborative Working by Health Board



Four Health Board services were overall compliant with the criteria relating to timely and informative reports for relevant health professionals and the management of non-attenders.

Standard 8: Service Improvement

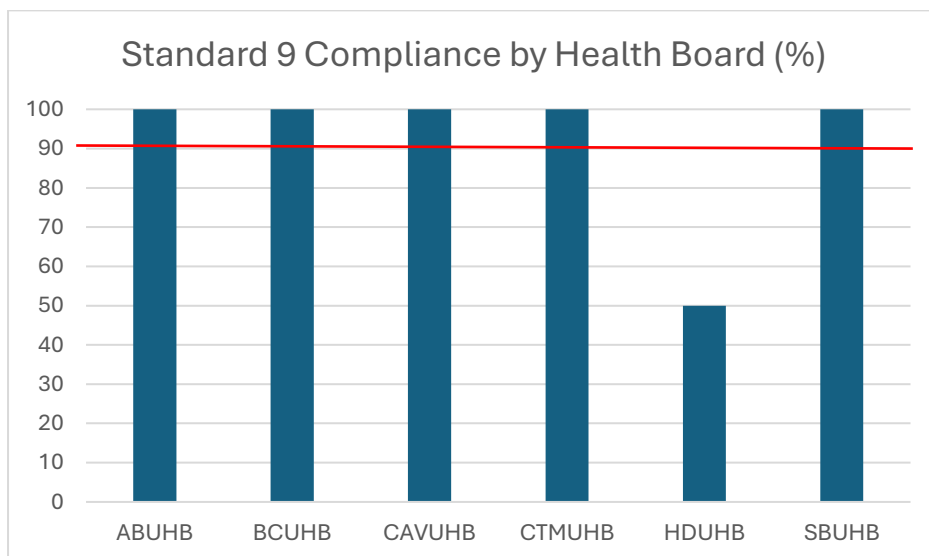
Graph 9: shows the percentage score for Standard 8, Service Improvement by Health Board



Five Health Board services were compliant with the criterion relating to service user engagement and included newborn hearing screening within Children’s Hearing Services Working Group discussions. One Health Board had not conducted service satisfaction questionnaires over the whole audit period.

Standard 9: Wider Care of the Child

Graph 10 shows the percentage score for Standard 9, Wider Care of the Child by Health Board



Five Health Board services 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. A newly appointed Medical Lead accounts for the Health Board which did not meet the Standard.

It is not possible to compare results of the 2024/25 audit period with the previous audit period (2020/21) due to adjustments that were made considering the Covid-19 pandemic.

Conclusions

Compliance targets were generally met, providing a good level of assurance of high-quality neonatal diagnostic hearing assessment and early audiological and medical management of babies identified with a hearing loss across Wales.

Health Board service specific areas of good practice have been reported on an individual basis, but on an All-Wales basis include:

- timely access to diagnostic hearing assessment
- flexibility in time/location of diagnostic appointments where possible
- participation in peer review of all neonatal diagnostic hearing assessments
- routine provision of detailed individual management plans
- appropriate qualification for job role
- relevant continuing professional development

Where targets were not met, Health Board services are expected to develop action plans to address the shortfalls in service provision.

In general, the audit provides assurance for NBHSW that service provision across Wales is Safe, Timely, Effective, Efficient, Equitable and Person-centred.

National oversight of performance has identified several areas of risk which might affect multiple Health Boards. Whilst these may not have impacted performance during the period of review and are therefore not expected to be included in the action plans, they are detailed in the recommendations section of this report to support continued high quality provision.

Whilst the formal external audit process using the Quality Standards for Children's Hearing Services (v.2) provides a regular, triennial, quality assurance measure, NBHSW monitors the quality of service provision on an ongoing basis. This is carried out via Service Performance Activity Reports (SPARs), peer review and moderation, and from 2025 via Key Performance Indicators (KPIs). Any concerns resulting from these measures are raised directly with Health Board Audiology services in a timely manner. Work is underway to review, and update the Children's Quality Standards, and the associated newborn-specific criteria, with the next scheduled audit to take place using version 3 in 2027.

Recommendations

1. Each Health Board Audiology service to produce an action plan, and progress to date, to be presented to NBHSW by the end of Quarter 2 of the 2025-26 financial year
2. Health Boards to consider the following areas of potential risk to the provision of high-quality services, and which apply to one or more Health Board Audiology services:

Audiology Staffing

Situation

This is a highly skilled role, requiring in-depth clinical knowledge to provide safe and effective clinical service delivery.

- Only a very small number of staff deliver the service, therefore there is fragility in service provision the event of absence.
- Training to provide high quality service provision is lengthy due to the need for extensive clinical experience, for a low throughput activity.
- Within each health board delivering neonatal diagnostic assessment, there should be professional healthcare scientist support provided by a senior Clinical Scientist in paediatric Audiology. This should ideally be provided by Healthcare Scientists within the direct line management within a service, but otherwise by formal cross-Health Board (network) agreement.

Risk (if realised)

- Unplanned staff absence has the potential for breaching of targets for neonatal diagnostic assessment.
- Unplanned staff absence has the potential for breaching of targets for neonatal hearing aid fitting.
- Insufficient staff numbers to deliver a timely, safe and effective service in the event of natural attrition of staff.

Potential Clinical Impact (if risk is realised)

- Delayed diagnosis of permanent hearing loss.
- Delayed implementation of required support.
- Misdiagnosis of hearing loss.

Training

Situation

- This is a highly skilled role, requiring in-depth clinical knowledge, supported by extensive clinical experience to provide safe and effective clinical service delivery.
- Prolonged time is required to develop new staff into the role and necessitates both financial and time investment, along with direct supervision from experienced staff.



- Clinicians require opportunities for relevant Continuing Professional Development (CPD) to provide safe service delivery.

Risk (if realised)

- Lack of expertise to deliver high quality, timely services.
- Whilst clinical service delivery is rightly prioritised, this is often at the expense of CPD activity necessary to improve clinical competence.

Potential Clinical Impact (if risk is realised)

- Poor quality neonatal diagnostic assessment.
- Unsafe/inappropriate management of babies.

Medical Staffing

Situation

- This is a highly skilled role, requiring in-depth clinical knowledge to provide safe and effective clinical service delivery.
- Only a very small number of staff deliver the service, therefore there is fragility in service provision the event of absence.

Risk (if realised)

- Unplanned staff absence has the potential for delayed offer of aetiological investigations, some of which are time critical.
- Unavailability of suitably qualified staff to deliver a timely, safe and effective service in the event of natural attrition of staff.
- Inability to provide a multi-agency approach to deliver family-centred care.

Potential Clinical Impact (if risk is realised)

- Delayed identification of a condition which may require medical treatment.
- Families have a life-long relationship with Audiology services; provision of a multi-agency support team is essential from the start.



References

References

1. [Duty of Quality Health and Care Quality Standards.pptx](#).
2. Children's Audiology Quality Standards (version 2)
<https://gov.wales/sites/default/files/publications/2019-10/quality-standards-for-childrens-hearing-services.pdf>
3. Welsh Government National Clinical Audit and Outcomes Review Plan [nhs-wales-national-clinical-audit-and-outcome-review-plan-annual-rolling-programme-2019-2020.pdf](#)

Funding support

None

Competing interests

None

Cite this publication

Material contained in this document may be reproduced under the terms of the [Open Government Licence](#) (OGL) provided it is done so accurately and is not used in a misleading context.

Acknowledgement to Public Health Wales NHS Trust to be stated.

© 2025 Public Health Wales NHS Trust

[Terms of Use](#)

ISBN (If applicable)

Appendices

Appendix 1 - NBHSW Quality Assurance and Duty of Quality (STEEEP measures)

Commissioned services should be compliant with Duty of Quality Act (2020) for the services they provide. It is the responsibility of the commissioning service (i.e. NBHSW) to assure that the commissioned service (i.e. Audiology) meet the requirements of the Duty of Quality (ref: [Duty of Quality Health and Care Quality Standards.pptx](#)) STEEEP dimensions

(Descriptors for STEEEP dimensions from: [Excellent Public Health Services Route Map Draft 07.02.25.docx](#))

Safe	Timely	Effective	Efficient	Equitable	Person-centred
Our services will demonstrate safety and mitigation of harms through effective governance and practice.	Our services will be delivered at the right time	Our services will be evaluated for effectiveness and supported by improvement systems	Our services will be agile, prioritising, and maximising health improvements for the resources used	Our services will address and minimise unfair outcomes, especially those caused by the way the service is delivered	Our services will be coproduced with service users and stakeholders and actively involve them in service development
NBHSW specific considerations					
<i>Staffing training, continuing professional development and competency assessment</i> <i>Peer review of diagnostic assessment outcomes</i> <i>Management of non-attendance</i>	<i>Referrals for assessment, fitting of hearing aids, offer of aetiological investigations, peer review of completed assessments.</i> <i>Post-appointment provision of information to families and professionals</i>	<i>Comprehensive provision of, and adherence to, evidence-based test protocols</i> <i>Peer review of completed assessments</i>	<i>Flexibility in appointment timings/venues where practical to support attendance</i> <i>Proactive management of non-attendance</i>	<i>Flexibility in appointment timings/venues where practical to support attendance</i> <i>Appointments in chosen language of family</i>	<i>Appointment flexibility, chosen language for appointment, support for attendance/managing non-attendance</i> <i>Stakeholder surveys</i> <i>Children's Hearing Services Working Group (CHSWG)</i>

Appendix 2 – Mapping of NBHSW Criteria of Children’s Quality Standards (version 2) against STEEEP measures

The table below maps the key criteria of NBHSW Quality Standards (version 2) against STEEEP measures. Some criteria provide evidence for multiple dimensions of quality

NBHSW QS Criteria	Safe	Timely	Effective	Efficient	Equitable	Person-Centred
1a6 - Referrals from NBHS for diagnostic assessment are offered an appointment within the nationally agreed timescales.		X				
1a8 - Flexibility is available in appointment times and where possible, locations, to suit the individual needs of the family.				X	X	X
1b2 – Service planning. Key data are identified, collected, reviewed and used in annual service review.	X		X	X		
2a2 - A comprehensive range of audiological assessments is available.			X	X	X	
2a4 - All audiological procedures follow national standard/guidelines where these exist.	X		X		X	
2a5 - A system of national peer review is in place for NBHS diagnostic assessments, participation is demonstrated and is monitored locally.	X	X	X			
2b2 - All behavioural hearing assessments are interpreted taking into account the developmental status of the child and any co-existing medical conditions.			X	X		X
3a2 – Initial programme of management. The IMP includes an initial programme of audiological management (including provision of hearing aids where appropriate) and details of ongoing assessment as required.		X	X		X	X
4a2 - All referrals for hearing aids for babies identified via NBHS are fitted within 4 weeks of decision to aid.		X				
5a3 - Audiology staff carrying out neonatal assessments should have appropriate qualifications and training for newborn/early years work.	X				X	
5a5 - Competency of staff performing neonatal assessment activity is verified by competency checks at least every 3 years. These are formally documented.	X					
5a7 - There is a Departmental process for acting on the outcomes of peer review of assessment (variations from guidance).	X					

5a11 - All Audiologists performing neonatal assessments participate in relevant CPD activity, including regular training and annual updates specific to NBHS.	X					
6a5 - Families receive verbal explanation of the neonatal hearing assessment results, and result-appropriate supporting literature, on the same day that the assessment is carried out.		X				X
6a7 - Following completion of newborn hearing assessment, families are offered written information within 10 working days of the appointment.		X				X
7b2 - Results of neonatal hearing assessments are reported to the referrer and other relevant professionals/family.	X				X	
7b4 - Reports are distributed to relevant professionals within 10 working days of completion of the neonatal hearing assessment.		X				
7b6 - Non-attendance for newborn hearing assessment is managed in accordance with NBHS guidelines.	X			X	X	X
8a2 – The Audiology service surveys the views of children with a hearing loss every 3 years.						X
8b5 – NBHS is a standing agenda item at CHSWG.						X
9b2 - All medical staff working within the collaborative team have appropriate qualifications, training, expertise and competence for newborn/early years work.	X	X		X	X	X



GIG
CYMRU
NHS
WALES

Iechyd Cyhoeddus
Cymru
Public Health
Wales

Gweithio gyda'n gilydd
i greu Cymru iachach

Working together
for a healthier Wales