



Quality Standards for Adult Hearing Rehabilitation Services

Report on the 2019 National Audit of Audiology Services in Wales



Version 2, July 2016

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Purpose of this document

The purpose of this document is to provide an overview to the Welsh Government on the performance of the Adult Audiology Services in Wales, as measured against the Quality Standards for Adult Hearing Rehabilitation Services Version 2.

Background

In 2008 the first version of Quality Standards for Adult Rehabilitation Services were published after endorsement by the Minister for Health and Social Services.

To ensure that the standards continue to reflect best practice in Audiology it is necessary that they are periodically revised. In 2012, a working group comprised of senior audiology clinicians and external stakeholders was formed to jointly develop the second version of the Quality Standards and to consider five main areas for change:

- Rewording of existing criteria to avoid ambiguity and misinterpretation.
- Consideration of the appropriate place of criteria within the standards.
- Consideration of the relevance of existing criteria in light of evidence and advances in technology.
- Consideration and development of the standards in areas that are not detailed or specific enough.
- Scoring and weighting of the criteria and development of guidance on the evidence required to support self assessment scores.

Following consultation with service users, Version 2 of the Quality Standards was endorsed by the Cabinet Secretary for Health, Well-being and Sport in October 2016.

The audit process

In June 2019 all Adult Audiology Services in Wales were audited using Version 2 of the Quality Standards for Adult Hearing Rehabilitation Services. There were several changes to the audit process in 2019 compared to the previous audit in 2017. These changes included:

- Increase in target minimum assessment scores, from 75% for each individual standard in 2017 to 80% in 2019 and from 75% overall in 2017 to 85% in 2019.
- The scoring sheet used was updated to Version 3.4, which includes the self-assessment scores and the actual audit scores on the day in the same spreadsheet.

As in previous years:

- Audiology Heads of Services were asked to complete a self assessment for each of their services; these were forwarded to the audit teams by the Audit Coordinator prior to the audit visits.
- All Health Boards had one audit visit, except for Powys, where the service is split between three Health Boards.
- Each audit team was led by a Senior Audiologist from an external Health Board. Local patient representatives were invited to attend each audit. An independent, external

auditor, recruited from the third sector, also attended every audit to ensure consistency in scoring.

- Following audit visits, the audit team produced a report on the assessed service performance. Summary reports were sent to the Chief Executive of the respective Health Board and Head of Service.
- An All Wales report, incorporating the Quality Standards Adult Audiology Rehabilitation Services results for all services, has been provided to Audiology Standing Specialist Advisory Group (ASSAG) for approval prior to submission to the Welsh Government.

Actions completed to date

- April - May 2019: Self-audit for each service against the Quality Standards for Adult Hearing Rehabilitation Services Version 2, using the Quality Rating Tool (QRT).
- June 2019: Visits by external audit teams, organised and administrated by an Audit Coordinator and Associate Audit Coordinator. Full details can be found in the 'Arrangements for the External Audit of Adult Audiology Services Against the Quality Standards for Adult Hearing Rehabilitation Services (2019)'.
- November 2019: Brief individual summary reports for each Health Board audited were sent to the Chief Executives (copied to Heads of Services and the Associate Audit Coordinator) informing them of the outcome of the audit visits for sites within their own Health Board.

This All Wales audit report has been provided to ASSAG for approval prior to submission to the Welsh Government.

Summary of outcomes and analysis of audit results

All 7 Health Boards participated in the full audit. Audiology services in Powys are provided by Powys Teaching Health Board (South Powys, Ystradgynlais), Swansea Bay University Health Board (SBU) and Betsi Cadwaladr University Health Board (BCU). For this reason SBU were also audited separately for their service in Mid Powys (Brecon) and BCU for their service in North Powys.

The individual standards, criteria and marking scheme used are the same as used for the external audit in 2017. The target minimum assessment scores have, however, increased since 2017, from 75% for each individual standard to 80% and from 75% overall to 85%.

The Quality Standards are arranged as 9 standards:

1. Accessing the Service
2. Communicating with Patients
3. Assessment
4. Developing an Individual Management Plan
5. Implementing an Individual Management Plan
6. Clinical Effectiveness
7. Clinical Skills and Expertise
8. Collaborative Working
9. Service Improvement

There were 83 individual criteria. Low scoring criteria were judged as those scoring less than 2 on the Quality Rating Tool (QRT).

0 = No elements of the quality statement are met (or not evident)

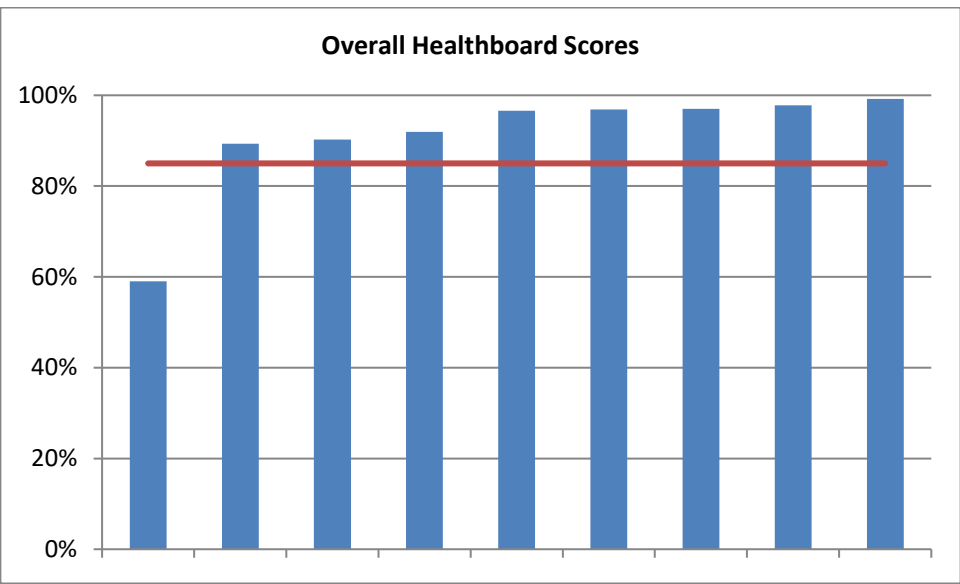
1 = Few elements of the quality statement are met

2 = Meets around half of the elements of the quality statement criteria

3 = Almost fully meets the quality statement criteria

4 = Fully compliant with good to best practice as indicated by quality statement criteria

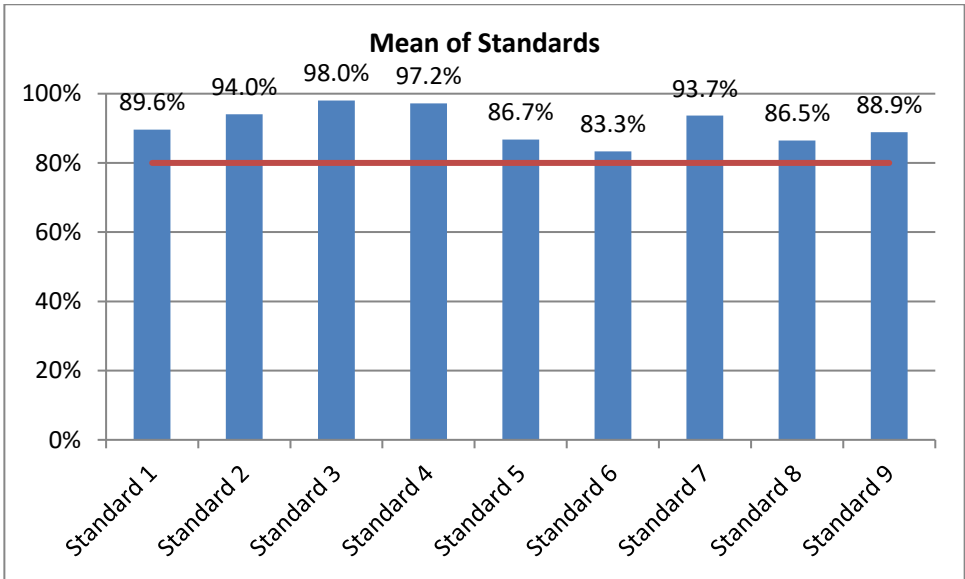
8 out of 9 services met, or exceeded, the compliance target of an overall score of 85%.



Graph 1. 8 of 9 Health Boards in Wales exceeded the overall compliance target of 85%.

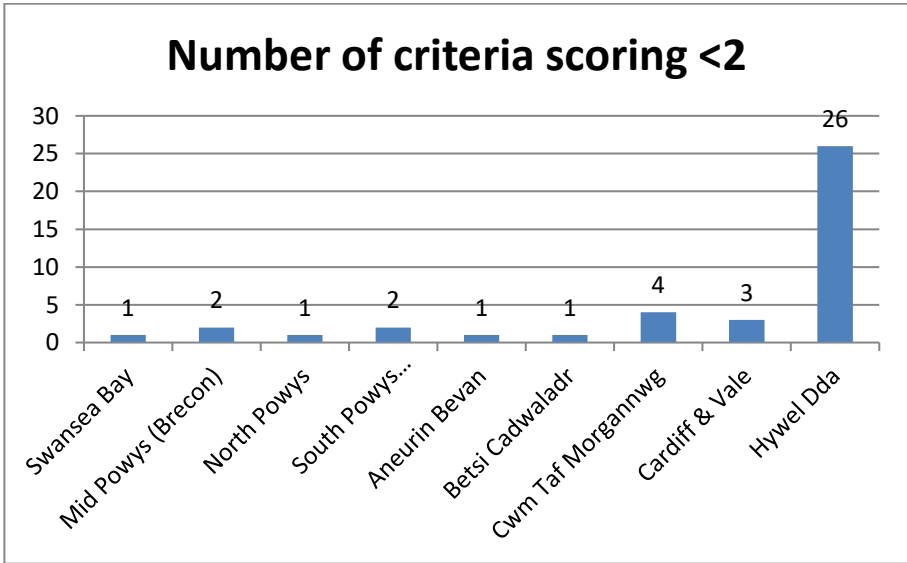
5 out of 9 services met, or exceeded, the compliance target of 80% for each individual standard. Cardiff & Vale and Cwm Taf Morgannwg did not meet the compliance target for 1 standard (Standard 6, Clinical Effectiveness), Mid Powys (Brecon) did not meet the compliance target for 2 standards (Standard 8, Collaborative Working and Standard 9, Service Improvement) and Hywel Dda did not meet the compliance target for 6 of the standards (Standard 1, Accessing the Service; Standard 5, Implementing an Individual Management plan; Standard 6, Clinical Effectiveness; Standard 7, Skills and Expertise; Standard 8; Collaborative Working and Standard 9, Service Improvement).

Mean scores achieved across Wales for each standard is greater than 80%, with the highest average score being for Standard 3 (Assessment) and the lowest average score being for Standard 6 (Clinical Effectiveness).



Graph 2. Mean scores for each standard across all Health Boards, set against the target of 80%.

There were 83 individual criteria included in the audit. A score less than 2 was considered a low score. Most services had relatively small numbers of low scoring criteria. No services achieved scores of 2 or above for all criteria.



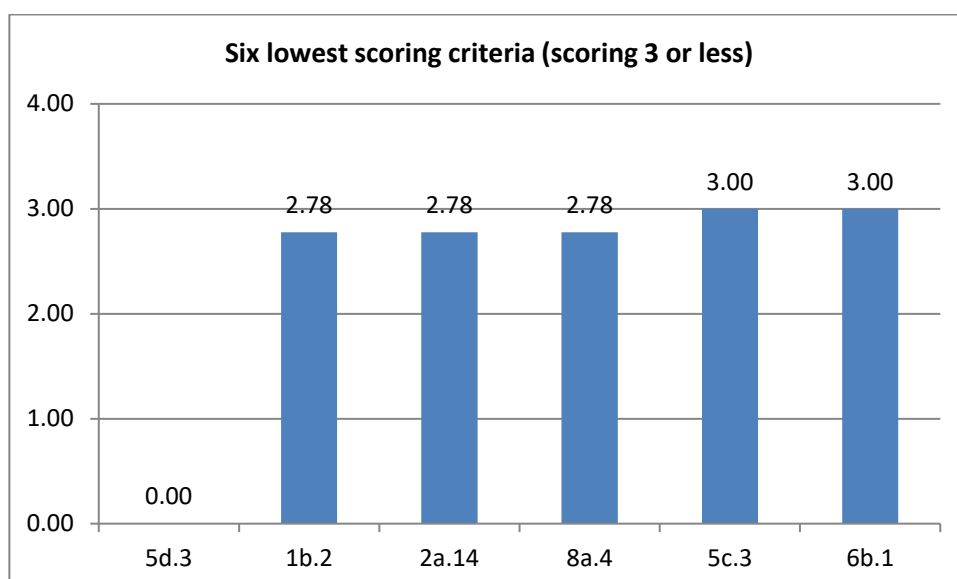
Graph 3. The number of criteria scored lower than 2 across Health Boards.

Mean, Maximum and Minimum Scores for each criteria (scores below 3 are highlighted).

Criteria	Mean	Min	Max
1a.1	3.78	3	4
1a.2	3.67	3	4
1a.3	4.00	4	4
1a.4	3.11	2	4
1a.5	3.33	2	4
1b.1	3.56	1	4
1b.2	2.78	0	4
1b.3	4.00	4	4
1b.4	3.44	0	4
1c.1	3.22	1	4
1c.2	3.67	2	4
1c.3	3.44	2	4
1c.4	4.00	4	4
1c.5	4.00	4	4
1c.6	3.78	2	4
2a.1	4.00	4	4
2a.2	4.00	4	4
2a.3	4.00	4	4
2a.4	4.00	4	4
2a.5	4.00	4	4
2a.6	4.00	4	4
2a.7	4.00	4	4
2a.8	3.56	1	4
2a.9	3.78	3	4
2a.10	3.89	3	4
2a.11	3.44	3	4
2a.12	3.33	2	4
2a.13	3.89	3	4
2a.14	2.78	0	4
3a.1	3.56	0	4
3a.2	4.00	4	4
3a.3	4.00	4	4
3a.4	4.00	4	4
3a.5	3.89	3	4
3a.6	4.00	4	4
3a.7	4.00	4	4
4a.1	4.00	4	4
4a.2	3.89	3	4
4a.3	3.89	3	4
4a.4	3.78	3	4
4a.5	3.89	3	4

Criteria	Mean	Min	Max
5a.1	3.67	2	4
5a.2	3.78	3	4
5b.1	3.78	3	4
5b.2	3.89	3	4
5b.3	3.67	1	4
5b.4	4.00	4	4
5b.5	3.78	2	4
5b.6	4.00	4	4
5b.7	3.89	3	4
5b.8	3.89	3	4
5b.9	4.00	4	4
5c.1	3.56	1	4
5c.2	3.44	1	4
5c.3	3.00	1	4
5c.4	3.33	0	4
5d.1	3.11	0	4
5d.2	3.67	2	4
5d.3	0.00	0	0
6a.1	3.33	2	4
6a.2	3.67	1	4
6a.3	3.33	0	4
6b.1	3.00	0	4
7a.1	4.00	4	4
7a.2	4.00	4	4
7a.3	3.56	0	4
7a.4	3.44	0	4
7a.5	4.00	4	4
7a.6	3.78	3	4
7a.7	3.44	0	4
8a.1	4.00	4	4
8a.2	3.78	2	4
8a.3	3.44	0	4
8a.4	2.78	0	4
8a.5	3.44	0	4
8a.6	3.33	0	4
8a.7	3.44	0	4
9a.1	3.33	1	4
9a.2	4.00	4	4
9b.1	3.11	0	4
9b.2	3.56	2	4
9c.1	3.56	1	4
9d.1	3.78	2	4

Table 1. Out of 83 individual criteria, 25 (30.1%) had a mean score of 4, 79 (95.2%) had a mean score of 3 or above and 4 (4.8%) had a mean score of less than 3.



Graph 4. The six lowest scoring criteria, scoring on average 3 or less.

The lowest scoring criteria were as follows:

- 1) 5d.3 - Following fulfilment of IMP needs, all hearing aid patients are contacted every 3 years, to offer a re-assessment appointment.
- 2) 1b.2 - The outcome of referral monitoring is analysed and appropriate action taken.
- 3) 2a.14 - Up-to-date technology (e.g. video clips, website) is used following appointments to support the self management of technological interventions and communication needs.
- 4) 8a.4 - Evaluation of service level outcomes specific to referrals to collaborative partners is undertaken and acted upon.
- 5) 5c.3 - Where group and/or individual Aural Rehabilitation sessions are in use, these should include:
 - Encouraged participations of significant others / communication partners
 - Information provision
 - Clear speech training
 - Communication tactics
 - Counselling
 - Self management support
- 6) 6b.1 - Outcomes are analysed at service level to identify trends and patterns within the data and are compared against different factors.

Across Wales, 25 criteria had a mean score of 4, the maximum possible. Only 4 criteria scored less than 3 on average, with the lowest criteria (5d.3) scoring 0.

Areas of good practice

The audit reports also noted areas of good practice; this allows sharing of good practice across Wales. Areas where good practice was commended were:

1a.1 – All adult patients have access to Audiology via direct access where this is clinically indicated. *With the introduction and development of Primary Care Audiology, extended professional boundaries within primary care and hearing pathway developments were clearly demonstrated.*

1a.1, 1a.2 & 1a.4 – All adult patients have access to Audiology via direct access where this is clinically indicated. Information about referral criteria and pathways, including any changes, is widely disseminated to all potential referrers on a regular basis. Waiting times for direct access (via GP referral or self referral) to Audiology are no longer than waiting times for patients who are referred to Audiology via ENT or Audio-Vestibular Medicine. *Cardiff had a robust system for tracking referrals and making sure they only received appropriate referrals. The pathway which has been developed for GPs and other health professionals is electronic where comments can be made if inappropriate, letter can also be sent.*

1a.3 – The proximity of patients to centres delivering Audiology services is similar to other adult services in the Board/district. *A large amount of primary care clinics have been set up throughout the North Wales area. This has created a service closer to home for patients and they only have to attend hospital after they have been triaged via primary care hospital if needed.*

1b – Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning. *Auditors were presented with extensive statistical monitoring of demand, activity and waiting times performance.*

1c.1 – All patients have access to ear care/wax management services with established protocols agreed between Primary Care, Audiology and ENT services and patients. *Cardiff and Vale had a robust system for removal of wax with the audiologist being able to use micro suction to remove wax on clinics. They had agreed protocols of when to remove the wax and how the patient can access the wax removal service.*

1c.6 – Patients have access to peer support from trained volunteers. *South and Mid Powys have a comprehensive network of volunteers supported by Action on Hearing Loss who are able to offer support, advice & simple repairs to hearing aid users at convenient locations.*

2a.1 – Individual communication needs and preferences are identified, recorded & actioned. *The alert module on Auditbase is used to identify patients with memory loss. This has been developed & expanded into a register of patients with memory loss/dementia. This ensures that patients with dementia are not discriminated against for not attending their appointments. Additional appointments are offered & effort is made to contact & include significant others.*

2a.2 – Written information about the service, assessment procedures, types of assessment, possible interventions and clinicians involved is provided by the Audiology service for all new and existing patients at the time of notification of the appointment. *Good clear information was available for all patients. Excellent uptake for the Patient Satisfaction Survey.*

2a.5 & 2a.7 – Written information about self-management and maintenance of hearing aids is available and offered to patients. Information is offered, by Audiology, regarding internal services provided Audiology including repair/replacement battery/wax management services. This will include information about locations and opening times. This is provided verbally and offered in written form. *Bespoke information booklets are offered to each patient with their individual management plans along with information required that is specific to each patients' needs. The booklet is similar to the red book for children and can be added to each time the patient visits the department.*

5b.8 – Hearing related assistive technology options are discussed with individuals when identified within their IMP. *Patients who require assistive listening devices are able to access these directly from Audiology, this is unique to ABUHB.*

5c.3 – Where group and/or individual Aural Rehabilitation sessions are in use, these should include: encouraged participations of significant others/communication partners, information provision, clear speech training, communication tactics, counselling and self management support. *Patients are given individual rehabilitation sessions with a hearing therapist. From looking at journals these are in-depth and cover communication tactics and speech training. All patients can access this service if required.*

5d.2 – Follow-up appointments are comprehensive. *There is a follow up triage system, which includes the options of group reviews or 1-1 with appropriate specialist clinicians, ensuring patient's individual needs are supported. Good Journal/Imp entry completed.*

6a.1, 6a.2, 6a.3 & 6b.1 – Individual outcomes are evaluated and recorded for all patients. Outcomes are directly related to the needs within the IMP and are recorded within the IMP. The outcomes contain information on the extent to which the specified goals have been met and include a validated quantitative measure which is appropriate for all the interventions implemented. Outcomes are used to monitor patient progress and to further develop the IMP which may result in the identification of further actions required. Outcomes are analysed at service level to identify trends and patterns within the data and are compared against different factors. *Outcome measure used by BCUHB the IMP-OS is a bespoke outcome measure validated by the BCU service and used instead of more generic outcomes measures used nationally. The measure is individually tailored to each person's needs and the outcome score means more at service level for evaluation of outcomes.*

7a.5 – All clinical staff & volunteers participate in CPD activity. *A list of on-line tutorials are made available to staff. These are extremely useful in maintaining skills, help train new members of staff & can be used a source of knowledge for students & volunteers.*

8a.5 – Audiology works strategically with collaborative partners. Membership and shared group objectives for these collaborations should be clearly stated within group Terms of Reference. *Partnership working with Action on Hearing Loss to develop volunteer services has been introduced to the area.*

9a.2 – Patients and significant others are encouraged to complete anonymous surveys on at least an annual basis to determine satisfaction with different elements of the service received. *Patient satisfaction survey confirms high level of patient's satisfaction with all aspects of the Audiology Service.*

9c.1 – The Audiology service has a systematic approach to the coordination, identification and appraisal of Audiological innovations. *The team shared their approach during staff meetings relating to having a standard agenda item entitled "Blue-sky thinking". It was felt that this encouraged innovation within the team.*

Comments on Interpretation of Outcomes

The 83 individual criteria which make up the nine standards have not been weighted in terms of their relative importance. Therefore, technically the overall scores should be regarded as indicators of the quality of individual services rather than definitive measures.

The audit model adopted in Wales continues to include measures to improve the consistency of scoring (e.g. rotation of auditors, review meetings of participants and clarifications of criteria to reduce ambiguities). The provision of standardised evidence requirements is included within

the standards document, and scoring guidance used for the 2019 audit aims to align the process across sites and across the different audit teams.

Comments on Compliance with Targets

The compliance target for 2019 was set at 80% for each individual standard and 85% overall. All services except for Hywel Dda met the compliance target of 85% overall. 5 out of 9 services met, or exceeded, the compliance target of 80% for each individual standard. Cardiff & Vale and Cwm Taf Morgannwg did not meet the compliance target for one standard, Mid Powys (Brecon) did not meet the compliance target for two standards and Hywel Dda did not meet the compliance target for six of the standards. There has been a drop in the number of services meeting the compliance target for individual standards. In 2017 all but one service met the 75% target for all individual standards, however in 2019 only five services achieved the new target of 80% for all of the nine individual standards.

General Recommendations

All Health Boards failed (and scored 0) for criteria 5d.3, which states that all hearing aid patients must be contacted every 3 years, to offer a re-assessment appointment. All Health Boards also failed this criteria in 2017. Without an increase in Audiology resources, it is unlikely that this criteria will be achieved.

A method for sharing the good practice highlighted in this report should be developed between services across Wales prior to the next Audit round.

Report prepared by Ellen Thomas, Clinical Scientist, on behalf of Lorraine Lewis, Adult Quality Standards Audit Co-ordinator. This full audit report has been provided to ASSAG for approval prior to submission to the Welsh Government. We are grateful to Action on Hearing Loss for their participation in the 2019 audit process.