Appendix E

Independent Review of Audiology Services

Quality Assurance survey – Key Performance Indicators (KPIs) – List of questions

KPI Name/ Number	INFORMATION REQUEST (Definition)	Rationale	• Data source • Mitigations/qualifications • Reference	Specific Evidence requested	Response –please complete this column. Embed documents as necessary (eg copies of materials where requested)
1. Formal complaints regarding Audiology clinical services made to health board	**Provide number of formal complaints received by the health board that refer to Audiology clinical care. Figures should be by year for the period 1st Jan 2017 to 31st Dec 2021. The nature of the complaint should be concisely described for each.**	Provides an indication of levels of complaints relating to Audiology services and to allow comparison between health board services.	To be directed at health boards To be adjusted (by sub-group team) with reference to health board populations served Non-clinical complaints (eg car parking etc, are not required)	Summary list of all such complaints. NB please provide GDPR compliant response	
2. Complaints Management	**4.1 Is there a service level complaint policy with scope that includes clinical care?** **4.2 Is there a service level complaints log?**	To provide an indication that the service attends to and takes responsive action to complaint regarding clinical care.	To be directed at health boards Reference: Informed by scope of content of IQIPS PE3 and PE4	Provide copies of i) up to date service level complaints policy ii) complaints log (for period Jan 1st 2020 to date	2.1 2.2

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	4.3 Does the complaints log include actions taken to address logged complaints?			Please provide GDPR compliant responses.	2.3
3. Age of hearing aid fitting of infants diagnosed with PCHI and referred from UNHS	**Provide the mean corrected* age, in weeks, at time of hearing aid fitting of infants referred from UNHS and subsequently identified with permanent childhood hearing impairment**, for children identified in the period Jan 1st 2017 to end Dec 2021.**	To provide a measure of HB performance against the JCIH guidance for enrolment in early interventions. Early age at intervention is favourable to health outcomes.	To be directed at health boards 5-year period, to provide adequate sample Reference to JCIH guidance **Permanent hearing loss at time of diagnosis >40dBHL average across the better ear, 500Hz to 4 kHz. *adjusted for prematurity		
4. Peer review of ABR assessment on infants	**Provide the percentage of all ABR results from infants referred from UNHS that are:**	To ensure data used in guiding the management and early intervention are accurate and robust	To be directed at health boards *Principles of external peer review of auditory brainstem response		4.1

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referred from UNHS.	**7.1 Internally peer reviewed** **7.2 Externally** peer reviewed to a defined (*BSA compatible) process (with reference to BSA Newborn hearing screening protocols) in the period Jan 1st 2021 to end Dec 2021.**		(ABR) testing in babies, BSA 2019. Front page (thebsa.org.uk) Quality Standards for Children's Hearing Services 2016 – Standard 2a.5 **by an Audiologist not employed within the same health board		4.2
5. Waiting times for children referred to Audiology for hearing assessment	**Provide the median waiting time in weeks for new referrals for offered appointment for hearing assessment, referred in the period Jan 1st 2021 to end Dec 2021 This should exclude children referred from UNHS.**	Children that require audiology assessment and management benefit from receiving care in a timely manner.	To be directed at health boards Quality Standards for Children's Hearing Services 2016 – Standard 1a.3. Refers to a 6 week target. Children = those <18 years of age		
6. Audits of peer review outcomes for ABR assessment of children	**Has there been a documented audit of peer review outcomes for ABR assessments covering the period Jan 1st 2021 to end Dec 2021?**	Audit of this key diagnostic activity provides assurance of the quality of assessment.	To be directed at health boards	Provide copy of audit report.	

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referred form UNHS					
7. Waiting times for adults referred to Audiology pathways.	**11.1 What is the % of adult patients exceeding 18 week waiting times for first hearing aid fitting, in the last month?** **11.2 What is the % of adult patients exceeding 18 week waiting times for first assessment for tinnitus, in the last month?** **11.3 What is the % of adult patients exceeding 18 week waiting times for first vestibular assessment or particle repositioning procedure, in the last month?**	Adults that require a hearing assessment achieve better health outcomes if assessed and intervention occurs in a timely manner. Audiology services are measured as part of the 18 Weeks Referral to Treatment (RTT) standard. The Scottish Government has determined that the 18 Weeks RTT target should be delivered for at least 90% of patients	To be directed at health boards From date of referral by GP or ENT. Adult is patient age >=18 yrs Link providing advice on measurement: Waiting Times | Audiology | Health Topics | ISD Scotland NB for the purpose of this exercise, specific access times for individual key pathways are requested.		7.1 7.2 7.3
8. Format and duration of appointments	**Are there sufficient individual appointments within pathways, with duration**	Professional bodies and national guidelines should be followed to ensure	To be directed at health boards Adult is patient age >=18 yrs	Provide copy of currently delivered hearing aid pathway for	

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for adult rehabilitation.	**and content adequate to support completion of individual management plans? – answered by provision of evidence.**	provision meets the needs of the individual. Evidence suggests that hearing aids are most effective when their performance is carefully matched to the requirements of the individual	Quality Standards for Adult Hearing Rehabilitation Services (2016 – Standard 5a. The Individual Management Plan is implemented over a series of appointments with the opportunity for revision of needs, actions and outcomes at each stage. The series of appointments is timely and may be multi-disciplinary.	adults. This must detail sequence of appointments, duration of appointments and format of appointments (detailing if individual, group, face to face, phone or virtual).	
9. Seeking and responding to views of service users experience relating to	**13. 1 Is service user feedback on their clinical care, regularly collected to a defined local approach?***	Audiology services that seek, consider and respond to the views of users will be more likely to meet the needs of their patients	To be directed at health boards *eg surveys and PREMS Quality Standards for Adult Hearing Rehabilitation Services (2016 – Standard 9a.2. Patients and significant others are	13.1 Provide copy of current user survey/tool. 13.2 Provide results from survey conducted in last year and	9.1

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their clinical care	**13.2 Are results collated, analysed and actions recorded?**		encouraged to complete anonymous surveys on at least an annual basis to determine satisfaction with different elements of the service received	list of actions taken as a consequence.	9.2
10. CPD uptake in the service	**14.1 How whole many days of external CPD, for purposes of maintenance of clinical skills, occurred in the year Jan 1st 2021 to end Dec 2021, in total for all staff?**	An indication of support of staff to maintain and update their clinical practice with external reference.	To be directed at health boards To be adjusted at analysis stage, for different numbers of staff Quality Standards for Children's Hearing Services 2016 - Standard 5.a9		10.1
	14.2 Provide average head count of all clinical staff for the same period				10.2

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11. Education and Training of Audiology clinicians performing ABR assessment of children.	**For staff performing ABR assessment of children,** **11.1 what proportion hold a MSc Audiology or M-level qualification/ module in Paediatric Audiology?** **11.2 what proportion have externally assessed practical training* in ABR assessment of children?** **11.3 Of those who have not had externally assessed education and/or training (a or b above), what proportion of the remainder have attended external training in ABR assessment of children? **	Shortfall in skills was identified by Lothian review. This may relate to education and training	To be directed at health boards Adapted from questions posed by Wales survey of Audiology services. *Passed STP/CAC, or BAA paediatric HTS module , which all involve external assessment of skills to a national standard. ** where provided through a professional organisation or delivered by recognised lead clinicians.		11.1 11.2 11.3

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12. Education and Training of Audiology clinicians leading 2-person assessment of pre-school age children	**For staff leading two-person behavioural based hearing assessment of children,** **12.1 What proportion hold a MSc Audiology or M-level qualification/ module in Paediatric Audiology?** **12.2 What proportion have externally assessed practical training* in behavioural based hearing assessment**	Shortfall in skills was identified by Lothian review. This may relate to education and training.	To be directed at health boards Adapted from questions posed by Welsh survey of services. *Passed STP/CAC, or BAA paediatric HTS module , which all involve external assessment of skills to a national standard. ** provided through a professional organisation or delivered by recognised lead clinicians.		12.1 12.2

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	of pre-school age children? **12.3 Of those who have not had externally assessed education and/or training (a or b above), what proportion of the remainder have attended external training in behavioural based hearing assessment of pre-school age children** ?**				12.3
13. Education and Training of Audiology clinicians performing tinnitus	**13.1 What proportion of staff working with tinnitus patients are have or are working towards an M level tinnitus qualification or**	Shortfall in skills was identified by Lothian review. This may relate to education and training.	Quality Standards for Adult Tinnitus Services 2022 in Wales, Welsh Government 2022 , Standard 5a.2		13.1

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assessment of adults.	**externally assessed training (eg BAA HTS)?** **13.2 What proportion of staff working with tinnitus patients have accessed external tinnitus training of any type**?**		** provided through a professional organisation or delivered by recognised lead clinicians.		13.2
14. Education and Training of Audiology clinicians vestibular assessment of adults.	**14.1 What proportion of staff leading vestibular appointments, have an M-level qualification in balance assessment, <u>and</u> clinical competence demonstrated by CAC, BAA HTS or equivalent external assessment?** **14.2 What proportion of staff leading vestibular appointments, have accessed external training in balance assessment of any type*?**	Shortfall in skills was identified by Lothian review. This may relate to education and training	Quality Standards for Adult Vestibular Services in Wales 2022, Welsh government, 2022. Standard 5.a3 ** provided through a professional organisation or delivered by recognised lead clinicians.		14.1 14.2

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15. Aetiological investigations of children diagnosed with permanent hearing loss	**Are locally defined pathways and guidelines in place which reflect national guidelines* for the investigation of hearing loss in children?**	Aetiological investigations are important to inform diagnosis, to guide management and parental decision-making	To be directed at health boards Quality Standards for Children's Hearing Services (2016) - Standard 9a (2). *Documents, Guidelines, Pathways and Clinical Standards. - BAAP	Provide copy of current protocol describing aetiological investigation pathway, linking with national guidelines	
16. Use of outcomes measures	**In which patient pathways are outcome measures * in routine use to a defined local approach?**	Interventions will benefit patients most when they are guided by outcome measurement.	To be directed at health boards Quality Standards for adult and Hearing Services 2016 – Standard 6 *Questionnaire based tools, examples for adult rehabilitation might be GHABP or COSI, or	Provide list of outcome measures currently in routine use. Provide current local document describing the	

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			Little Ears for early years paediatric habilitation,	use of each outcome measure.	
17. Use of Individual Management Plans	**17.1 In which patient interventional pathways are Individual Management Plans (IMPs)* in routine use, to a defined local approach?** **17.2 What proportion of patients have a documented IMP compliant with the defined local approach (for each pathway)?**	Interventions will benefit patients most when they are directed to address patient needs.	To be directed at health boards Quality Standards for adult and Hearing Services 2016 – Standard 4a1, 4a2. *to defined minimum data set (see ref). Quality Standards for Children's Hearing Services (2016) – Standard 3a	Provide copy of current local document describing routine use of IMPs in each patient group, to a minimum data set,	17.1
					17.2
18. MDT working in paediatric Audiology	**Does the Audiology service initiate and offer a first multi-agency meeting, for all pre-schoolers, with the family within 3 month of confirmation of significant hearing loss?**	When a number of different services work with a family, a multiagency support plan ensures that individual components of the plan are understood in relation to one another and, more importantly, in	Quality Standards for Children's Hearing Services (2016) 7C.1 Significant = permanent hearing loss, >40dBHL ave in better ear.	No separate material evidence required	

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		relation to the overall aims and wishes of the family.			
19. Patients fitted with Bone anchored hearing aids (BAHA)	**What number of patients were fitted with BAHAs* in the period April 1st 2015 to end March 2020?**	Provides an indication of the effectiveness of Health board services to identify cases and an indication of equity of access in different geographical areas across Scotland.	Sample period set to pre-COVID period. *to a surgically implanted fixture To be adjusted (by sub-group team) with reference to health board populations served Patients of all ages		
20. Children referred and fitted with cochlear implants	**Provide number of children (age 15 or less) referred in the period 1st Jan 2012 to 31st Dec 2021 by health board area of residency* and number subsequently implanted**	Provides an indication of the effectiveness of HB services to identify cases and for CI centre to implant. Provides an indication of equity of access in different geographical areas across Scotland.	To be directed at CI Centre Presented data to be adjusted with reference to health board populations (age <=15 years) served. No specific reference in existing quality standards. Similar data reported in SCIP Annual Report 2021/22		
21. Adults referred and	**Provide number of adults (age 16 or over)**	Provides an indication of the	To be directed at CI Centre		

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fitted with cochlear implants	**referred in the period 1st Jan 2012 to 31st Dec 2021 by health board area of residency* and number subsequently implanted**	effectiveness of HB services to identify cases and for CI centre to implant. Provide an indication of equity of access in different geographical areas across Scotland.	Presented data to be adjusted with reference to health board populations (age >=16 years) served. No specific reference in existing quality standards. Similar data reported in SCIP Annual Report 2021/22		
22. Positive predictive value (PPV) of primary hearing screen referrals for diagnosis - proportion of children referred from UNHS who were subsequently identified with permanent childhood	**Q1: Number of babies screened per health board?** **Q2: Number of babies which were referred from that screen?** **Q3: Number of babies identified* with a PCHI from those which referred the screen per health board** ***on ABR assessment, by 6m of age**	Would reveal outlier health boards who are not identifying numbers of cases that might be anticipated following referral from UNHS.	From UNHS Coordinator (with support from health boards) *Permanent hearing threshold average of > 40dB in one or both ears. This would allow for comparison with equivalent data recently secured from services by NHSP (England). Outcomes could be followed up by targeted sampling		

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hearing impairment. .	**Data for period of three years (April 18 to end March 2021)**				
23. Performance against existing Newborn Hearing Screening KPIs	**Report performance, by health board against UNHS screening KPIs for the period Jan 1st 2021 to end Dec 2021**	To ensure the screening services are monitoring and achieving the KPIs	To be directed national UNHS coordinator? Newborn Screening Programmes Key Performance Indicators 7.1-7.7, National Services Division.		