



Quality Assurance Report June 2009

Produced by
Sally Minchom, Associate Director
Elaine English, Divisional Coordinator Mid and West Wales

Address for correspondence
Dr Sally Minchom
Newborn Hearing Screening Wales
Wrexham Child Health Centre
Croesnewydd Road
Wrexham LL13 7ZA

Contents

- 1.0 Summary
- 2.0 Introduction
- 3.0 The Quality Assurance Framework within NBHSW
 - 3.1 The Quality Manual
 - 3.2 The Annual Report
 - 3.3 The Quality Advisory Group
 - 3.4 Peer Review for Audiologists
- 4.0 QA Site Visits
 - 4.1 Self Assessment
 - 4.2 Areas of Good Practice
 - 4.3 Areas for Improvement
- 5.0 Limitations of Quality Assurance Site Visits and Report
- 6.0 Measuring Effectiveness
- 7.0 Conclusion

Appendix A: NBHSW Site Documentation

Appendix B: Self Assessment scores for all sites

1.0 Summary

In 2008, Newborn Hearing Screening Wales (NBHSW) undertook Quality Assurance (QA) visits to audiology sites providing services to the programme. Diagnostic assessment of babies, ongoing management and hearing aid fitting (where appropriate) is undertaken by the audiology department. The professional lead and audiologists work together to ensure a coordinated multidisciplinary service with families at the centre of the provision. The aim of the QA site visit was to identify areas of good practice and areas for improvement in relation to NBHSW assessments and Paediatric Audiology services provided to under 2 years.

Self assessment

Audiology services completed self assessment questionnaires. The highest self assessment score was regarding information flow. The lowest self assessment score was for aspects of service provision. Eight out of the 11 sites followed up babies after newborn hearing assessment in the community as well as in the hospital. The self assessment score for community audiology provision was the lowest of all the scores. Equipment used for NBHSW assessments requires immediate replacement in two sites. One site is undertaking a full service review following the site visit.

Areas of good practice

A strong support network has been established between the audiologists carrying out the assessments and between the professional leads coordinating the services and medically managing the babies identified with hearing loss. Staffing in almost all hospital sites is with highly trained motivated staff working in good facilities.

Areas for improvement

The self assessment scores highlighted areas for improvement. The most common area identified was associated with elements of the process of assessment of babies referred by the screen or habilitation of babies diagnosed as significantly hearing impaired. Six sites do not use written individual care plans for children who attend multidisciplinary reviews. Five sites were recommended to review or audit their provision of ear moulds. Recommendations were also made to review the process of appointing babies for assessment and the time taken to fit hearing aids. Three sites were asked to review case histories of babies identified as hearing impaired to identify areas for service improvement. There was a lack of commitment to obtaining information from parents about the services provided to hearing impaired children and their families.

Three out of 11 sites had no access to Specialist Speech and Language Therapy, 3 further sites described limited provision.

In the 8 sites providing follow up of babies in the community, all had inadequate test facilities. In three of the community audiology services it was recommended that training or staffing should be reviewed.

In 8 sites, it was recommended that the Children's Hearing Services Working Group should try and develop strategic direction.

Measuring Effectiveness

The effectiveness of the QA site visit is defined as the improvement to services implemented by the sites following the visits. An interim action plan was requested 3 to 4 months after the visit and has been received by all the sites. Significant improvements to services have been reported with other actions in progress. No progress appears to have been made in improving services provided in the community. This will require a long term approach.

2.0 Introduction

Newborn Hearing Screening Wales (NBHSW) aims to identify babies born with significant bilateral hearing impairment shortly after birth. It is a national programme with teams of screeners employed by the programme working in divisions across Wales. There are three divisions each with a programme manager, assistant programme manager, administrative support and clinical lead (Divisional Coordinator). NBHSW has service level agreements with each Trust (with the exception of Powys) to provide audiology and paediatric services. Diagnostic assessment of babies, ongoing management and hearing aid fitting (where appropriate) is undertaken by the audiology department. The paediatrician or audiological physician (professional lead) and audiologists work together to ensure a coordinated multidisciplinary service with families at the centre of the provision.

3.0 The Quality Assurance Framework within NBHSW

Quality assurance is at the heart of the newborn hearing screening programme in Wales, ensuring that the programme performs to the highest standards throughout screening, assessment and habilitation.

Quality assurance depends on effective management to design, document, implement, maintain and review a quality system.

QA has two key components:

- **quality management** which is that aspect of the overall management function which determines and implements quality policy;
- **quality control** which is the operational techniques and activities, used to fulfil the requirements for quality.

There are a number of structures which make up the NBHSW QA framework including:

- The Quality Manual
- The Annual Report
- The Quality Advisory Group
- Peer review for Audiologists

3.1 The Quality Manual

The Quality manual underpins the QA process within NBHSW. It documents the quality system required to achieve quality in screening the hearing of infants. It has been devised with reference to the English protocol for Newborn Hearing Screening and following consultation with experts in Wales and England. The Quality Manual outlines the roles and responsibilities of all staff including their QA role. The Quality Manual is revised annually and can be viewed on the website www.screeningservices.org/nbhsw.

3.2 The Annual Report

This report outlines screening and assessment activity over a financial year and can be viewed on the website www.screeningservices.org/nbhsw. The annual report and the processes outlined in the Quality Manual ensure the quality of the screen. The annual report, although providing activity data, does not fully address the quality of assessment or paediatric audiology services provided to children under the age of 2 years and their families.

3.3 The Quality Advisory Group

The remit of the Quality Advisory Group is to provide advice regarding quality management across the programme including

- quality assurance of services up to the age of 2 years for babies diagnosed from the screen
- ensuring satisfactory services are in place to complete audiological follow up or child health surveillance up to 2 years
- clinical and operational audit

The Group meets every 6 months and is chaired by the Associate Director of NBHSW. Its members come from within the screening programme and from audiology, education, health visiting, midwifery, general practice, public health, the voluntary sector, and the English newborn hearing screening programme.

3.4 Peer review for audiologists

A network of peer review of ABR assessment traces was established at the end of 2006 throughout the three divisions in Wales (North, Mid and West, and South East). All audiologists undertaking ABR assessment on screen referrals participate in the peer review rotation. This has initially involved audiologists reviewing the ABR recordings of others within their division, but this is now being extended so that in the near future all audiologists in Wales undertaking assessments following the screen will be involved in a single peer review rota. This should ensure a robust process that highlights any discrepancies in interpretation and management at an early stage.

4.0 QA Site Visits

Paediatric audiology services are provided by local trusts and are based in centres which can provide diagnostic assessments of young babies, habilitation and on going support to hearing impaired babies and their families. Eleven sites were identified as having appropriate services before screening was started in 2003. During 2008, all sites undertaking services for NBHSW throughout Wales were visited by the Associate Director and the appropriate Divisional Coordinator. The review in Wrexham, the Associate Director's local site, was led by the South East Divisional Coordinator.

The visits reviewed quantitative and qualitative data and benchmarked each site with the other sites in Wales. The aim of the visit was to identify best practice in completing hearing assessments on babies referred from the screen and to quality assure Paediatric Audiology services provided to children under 2 years of age.

The outcome of the meeting was a short report and an action plan as agreed at the meeting which was sent to the Chief Executive of the Trust. A progress report on the action plan was required by trusts 3-4 months after the visit, with further review completed within 12 months of the site visit.

This report outlines the site visit and progress on recommendations to the date of April 2009. The changes in the structure of the NHS in Wales have made naming the sites difficult but keeping the hospital name consistent hopefully will make the sites identifiable.

4.1 Self Assessment

Sites filled in a questionnaire prior to the site visit (see Appendix A). Questions were centred on each of the following five objectives:

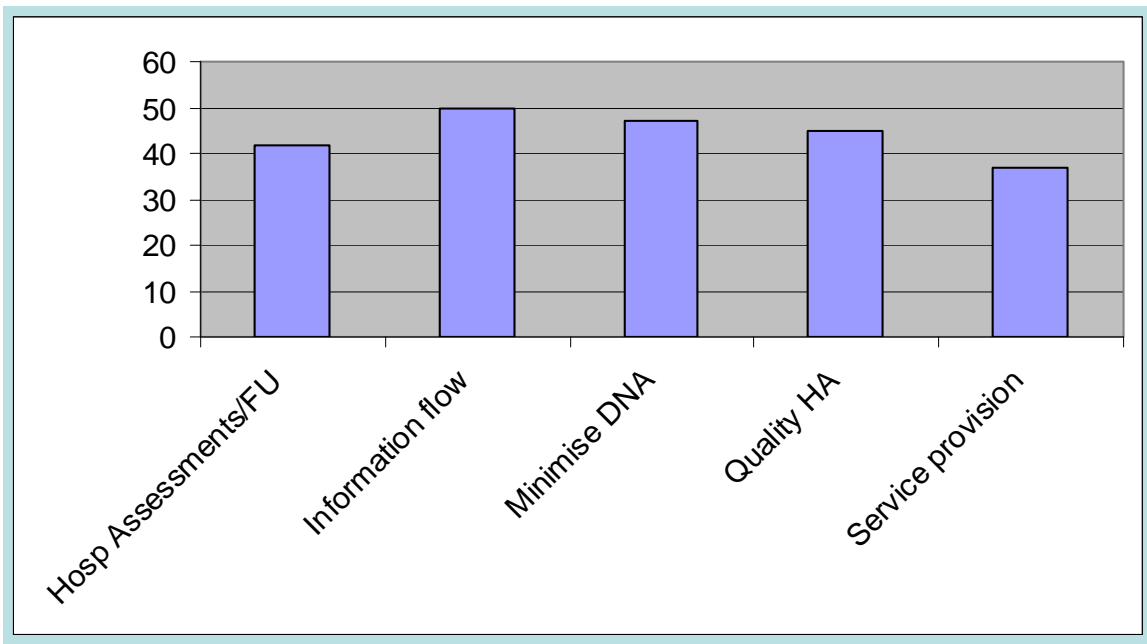
- To ensure the quality of NBHSW assessments and follow up of babies referred from the screen
- To ensure appropriate information flow following assessment
- To minimise the number of babies who do not receive assessment
- To ensure the quality of hearing aid fitting
- To ensure service provision to families with newly diagnosed families

After completing information relating to the objectives, the audiologist and/or professional lead added a self assessment rating of their performance. This was reviewed as part of the site visit and occasionally increased or decreased following discussion.

The assessment score was on a scale of 1 to 5. The highest self assessment score, adding the 11 sites together, was for the objective regarding information flow (50 out of a maximum score of 55). The lowest self assessment score was for service provision (36 out of a maximum score of 55).

Table 2 shows the self assessment scores of the 11 sites added together for each objective.

Table 2: Self assessment score of all sites for each objective.



Community

Eight out of the 11 sites followed up babies after newborn hearing assessment in the community as well as in the hospital. This was scored separately. The community appointments would normally start at around 7 to 8 months of age. This self assessment score was the lowest of all the scores being 23 out of a possible score of 40.

Appendix B gives further information.

The table below shows the self assessment scores for each site. This is the score achieved for each of the 5 objectives outlined above with a maximum potential score of 5 if all the elements of the objective/standard were achieved.

Table 3: Self assessment scores based on the five objectives for each site

Site	Self assessment out of a maximum score of 25	Comment
Bridgend and Neath /Port Talbot (Princess of Wales)	21	Newborn hearing screening equipment in Bridgend requires replacement.
Cardiff and Vale (University Hospital of Wales)	22	The team in Cardiff reviewed their service provision and instigated improvements prior to the site visit
Carmarthen and Ceredigion (West Wales General)	19	
Conwy and Denbighshire (Glan Clwyd)	20	
Gwynedd (Gwynedd)	20	
Newport (Royal Gwent)	22	Additional medical audiology time is required to support the Professional Lead to undertake NBHSW duties

North Glamorgan (Prince Charles)	13	The hospital Paediatric audiology service is very limited with University Hospital of Wales providing services to support NBHSW. Existing equipment would not be able to provide full range of tests required for assessment.
Pembrokeshire (Withybush)	20	Case reviews highlighted the need for a full service review. Newborn hearing screening equipment is due for replacement. Hearing impaired children have no access to ophthalmology
Pontypridd and Rhondda (Royal Glamorgan)	23	Newborn hearing screening equipment requires replacement.
Swansea (Singleton)	22	
North East Wales and North Powys (Wrexham)	22	

The completed questionnaire and discussion at the site visit was used to identify areas of good practice and produce recommendations for areas of improvement.

4.2 Areas of good practice

The introduction of newborn hearing screening in Wales has had a positive impact on children's hearing services and on the professionals working within those services. A strong support network has been established between the audiologists carrying out the assessments and between the professional leads coordinating the services and medically managing the babies identified with hearing loss.

Personnel

In all areas, there is at least one audiologist in a senior grade trained to undertake newborn hearing assessments, with the exception of Powys where assessments are undertaken out of county. Each area has a professional lead who holds either an MSc in Audiological Medicine or considerable experience in managing children with hearing impairment. There have been no vacancies in either the professional lead or the audiologist posts since the screening programme began, ensuring the continuity of a high standard of care.

Facilities

In general, very good facilities are available in hospitals, with hearing tests being undertaken in sound proofed rooms meeting the required standards. The screening programme has provided the impetus for the development of some of these facilities, particularly in areas where historically very poor provision existed.

Training

Both audiologists and professional leads attend annual training days organised by NBHSW. This not only enables specific training needs to be met but allows more informal discussions and promotes networking amongst the professional groups. Both groups have attended a course on “Breaking the News” and audiologists have attended a specialist course on assessment of hearing in very young babies.

Multidisciplinary working

Many areas provided a “joined-up” team approach to the management of hearing impaired children prior to newborn hearing screening, but the programme has encouraged and enabled the development of family friendly, family focussed services. Close links exist between health and education services, with teachers of the deaf being notified within 24 hours of any baby identified with a significant hearing loss. Every area in Wales now has a Children’s Hearing Services Working Group (CHSWG) usually led by the professional lead and with representation from key personnel with an interest in the provision and monitoring of quality services.

Through the programme, firm links have been developed with the National Deaf Children’s Society in Wales resulting in input at CHSWG’s from NDCS representatives.

Audit

All professionals contribute data to inform the evaluation of the programme and enable a high standard of reporting in the Annual Report.

All audiologists undertaking hearing assessments from the screen participate in peer review, which in turn has helped to develop the close network that exists across Wales. Each division in Wales holds divisional audiology meetings which are chaired by the divisional audit facilitator, an audiologist who has taken on this role. An audit of the peer review process is due to be undertaken.

The professional leads have participated in an audit of aetiological investigations for babies identified with significant hearing loss. The audit highlighted areas of good practice and also resulted in improvements in managing this aspect of care.

Independent of the site visits, some services have undertaken audits of ear mould turnaround times, case reviews and user satisfaction surveys.

Other areas of good practice

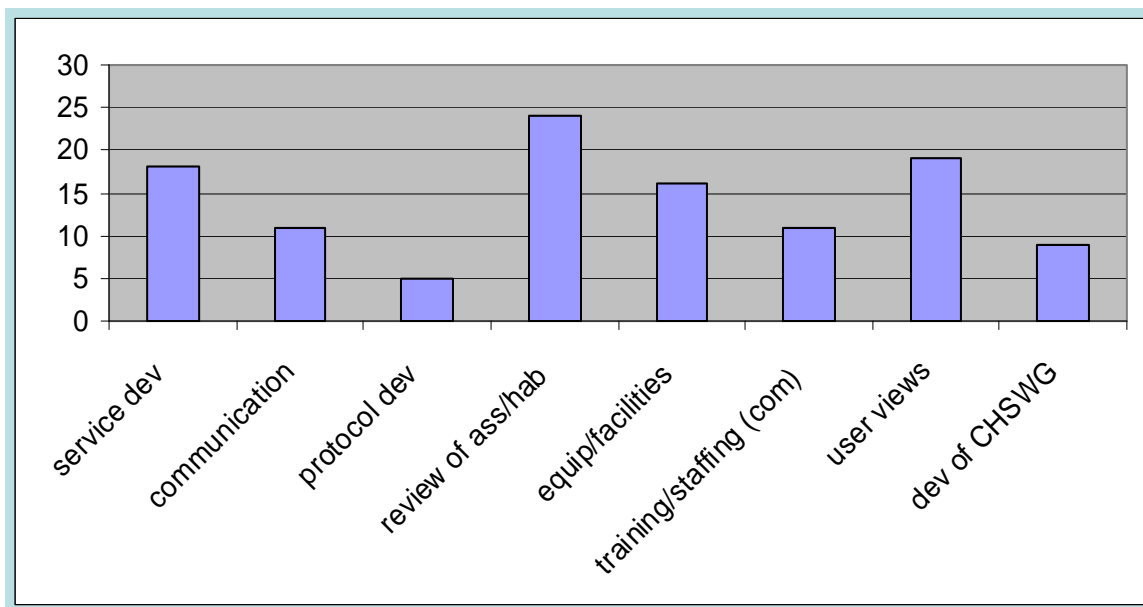
The number of assessment appointments not attended has been improved by audiologists taking an active, “family friendly” approach, by contacting parents by telephone to arrange a convenient appointment time. They also do the same when appointments are not attended.

The parent information leaflets developed by NBHSW are used routinely by both audiologists and professional leads, ensuring families receive the information they need at the appropriate time. However, many areas are also developing their own family information packs, through their CHSWGs.

4.3 Areas for improvement

Following the site visit, a summary of the discussion and a list of recommendations were provided to each site. A copy of the summary was sent to those at the meeting, senior managers who were not present and the Chief Executive of the Trust. The following table shows a summary of recommendations for improvement divided into categories. For example there were 17 recommendations for service development (dev).

Table 4: Summary of recommendations for all trusts divided into categories



Review of the assessment process for babies referred by the screen or habilitation of babies diagnosed as significantly hearing impaired

This was the most common area identified for improvement with 24 recommendations across the 11 sites. Six sites do not use written individual care plans for children who attend multidisciplinary reviews. Ear mould provision is very important for very young children, with a need for frequent replacement moulds with a short turn around time. Five sites were recommended to review or audit their service provision of ear moulds. Recommendations were also made to review the process of appointing babies for assessment and the time taken to fit hearing aids. Three sites were asked to review case histories of babies identified as hearing impaired in order to identify areas for service improvement and one site had already completed this process and could report at the site visit.

Collection of service user views

There was a lack of commitment to obtaining information from the parents about the services provided to hearing impaired children and their families. Only 3 sites had undertaken any user satisfaction surveys and only 2 sites had parent representation on the Children's Hearing Service Working Group (CHSWG). CHSWGs are multidisciplinary groups which have an important remit to monitor services and ensure good practice.

Service Development

Eighteen recommendations were centred round service development. Three out of 11 sites had no access to Specialist Speech and Language Therapy, 3 further sites described limited provision. One site had no access to Ophthalmology to assess the vision of deaf babies. Concerns were raised in 3 sites about there being only one audiologist with the necessary skills for assessing babies referred by the screen. Where there were constraints on audiologist or professional lead time, discussion highlighted service development that should be undertaken. It was recognised that trust mergers gave opportunities for improving services.

Equipment and Facilities

Equipment used in diagnostic assessment was due for replacement in 4 sites. In two sites it requires urgent replacement. There was a lack of available rooms for assessment in 2 sites. In the 8 sites providing follow up of babies in the community, all had inadequate test facilities. Children need to be seen in local facilities to assist families to attend appointments and to avoid further pressure on hospital premises. One site had very poor equipment for testing in the community.

Training and Staffing

NBHSW has offered to provide information on performance of trust staff working with NBHSW to be available for the individual's appraisal within their own trust. Although most staff have welcomed this opportunity, some staff continue to have reservations. This was discussed with senior management at site visits. In three of the community audiology services it was recommended that training or staffing should be reviewed. In one site there was inadequate time allocated to the role of professional lead.

Communication

In 5 of the sites, the timeliness or quality of the provision of information to NBHSW could be improved. In 3 of the sites, it was recommended that the process of provision of information to primary care should be improved. The use of email between NBHSW and the site was suggested in 3 sites.

Development of Children's Hearing Services Working Group

In 8 sites, it was recommended that the group should try and develop strategic direction. This has been discussed previously at NBHSW training days but few sites felt that they had managed to find the routes within their own trust to raise issues and promote positive service development. In one site there was a need to determine service needs in order to give direction.

Protocol Development

In several sites protocols for appointments not attended needed to be developed. In one site a multidisciplinary care pathway for hearing impaired babies required development.

5.0 Limitations of Quality Assurance Site Visits and Report

It is important to highlight the limitations of the process of Quality Assurance as carried out by NBHSW. The site visits were undertaken over the last 6 months of 2008. This was a time when trusts were reconfiguring, resulting in changes within directorate management. Although in each meeting there was managerial representation, some of the managers were newly appointed and some were soon to move away from the post. The recommendations included actions which needed both the support of senior managers and financial investment. These actions will be hard to achieve with competing priorities within trusts. The most significant of these is the much needed review of hearing assessments completed by "community audiology".

The NBHSW assessment activity data presented to trusts was gathered over one year which gave a snapshot of site performance. In trusts with small numbers of assessments, it sometimes disguised areas of known concern. Sites were recommended to monitor their own trends from data presented in the annual report. The data presented on services to hearing impaired babies was more robust as it had been collected over 5 years.

It is difficult in the summaries to the trust and in this report to demonstrate which of the recommendations are thought to be the most important. For example, the recommendations to review the process of assessment of babies referred by the screen or the habilitation of babies diagnosed as significantly hearing impaired contain relatively minor procedural recommendations, but also those of much higher impact. However, recommendations have been highlighted in Table 2 and community audiology has been described as receiving the lowest self assessment score.

The visit reviewed audiology provision and audiology input into multidisciplinary working. The provision by the other agencies supporting hearing impaired babies and their families was only discussed in the broadest terms. However a noticeable gap in service provision from Education still exists in many areas as teachers are not always available during school holiday periods.

The QA visits were centred round sites providing assessment. Powys does not have a site providing this specialist work and babies requiring assessment travel to sites outside Powys. These assessments are mainly carried out in Wrexham but also Nevill Hall and occasionally Cardiff and Swansea. Powys assessments were included in the relevant site visit. However, services provided to hearing impaired babies and hearing assessments outside the newborn period also need to be considered. North Wales Trust (East) provides a comprehensive service to North Powys; South Powys has no such service and this remains of concern to NBHSW. A summary of the service provided to NBHSW was provided to the Powys Chief Executive and Children's Service Manager in January 2009. No acknowledgement of the document was received.

6.0 Measuring Effectiveness

The effectiveness is defined as the improvements to services implemented by the sites following the visits. An interim action plan was requested 3 to 4 months after the visit and has been received by all 11 sites.

Trust mergers have taken place or are planned in 2009 which will facilitate further support to audiologists who have previously worked on their own within small Paediatric Audiology Departments.

Trust	Key action Completed	Key action Progress	Key action No progress
ABM University			
Bridgend and Neath /Port Talbot (Princess of Wales)	Review of hearing aid fitting	Administrative support Satisfaction survey	Audiology staffing Equipment replacement
Singleton	Change of staff undertaking hearing assessments under 2 yrs Written individual care pathway Satisfaction survey		Facilities in the community
Cardiff and Vale			
University Hospital	NBHSW standards including attendance at assessment appointments continue to be monitored New community referral system in place	Facilities and staffing in the community are being reviewed in community child health review and other initiatives in Cardiff and Vale Events planned to collect service user views	
Cwm Taf			
Prince Charles Royal Glamorgan	Team to develop Paediatric audiology	Following trust merger the two	Short term solution to facilities in Prince

	across the 2 trusts has been formed. Further staff have been recruited	audiologists are working towards being interchangeable in the work performed Written individual care pathway Satisfaction survey Improved facilities in 2 community sites	Charles Hospital. Capital bids for equipment replacement in 2 sites Specialist Speech and language therapy
Gwent			
	Review of time taken to fit aids Improved care pathway	Written individual care pathway Further satisfaction survey	Facilities in the community Increased medical input
Hywell Dda	Independent review of Paediatric audiology service provision is being undertaken		
West Wales General	Improved use of standard letter and reports Events planned to collect service user views	Development of multidisciplinary working Written individual care pathway	
Withybush	Following trust merger assessment for NBHSW is being undertaken by staff from West Wales General		
Withybush	Children referred now being seen by ophthalmology	Written individual care pathway	
North Wales			
Glan Clwyd	Review of processes and time taken to fit aids	Written individual care pathway Satisfaction survey	Report on facilities being produced Specialist Speech and language therapy
Gwynedd (from Oct 09)	Case reviews	Review of provision for behavioural assessments. Appointment of further staff	Report on facilities being produced Satisfaction survey
Wrexham Maelor	Access to specialist test room Case reviews	Specialist Speech and language therapy	Facilities in the community
Powys	No information received		

7.0 Conclusion

All the sites were extremely welcoming and appeared to take the site visit as an opportunity. The commitment and dedication across Wales to NBHSW was very evident and many expressed a view that the site visit had helped them to review their own practice and see areas of improvement. Many sites have requested a follow up in the near future.

For the Associate Director, the time commitment to visiting and reporting on 11 sites means annual site visits are not feasible. Follow up and review of progress will be done by local meetings undertaken by the divisional coordinator and written reporting. A further written report by NBHSW will be provided in 12 months time. The timing of the next site visit is not confirmed but is likely to be in 2011/12.

The value of site visits can be measured by the improvements made by staff to processes and practices within the service. However some much needed improvements relate to staffing, community facilities and equipment. These will need to be progressed by well presented business cases to promote paediatric audiology services. NBHSW will continue to strive to ensure high quality service provision and will support paediatric audiology across Wales to achieve its aims and standards.

Appendix A: NBHSW Site Documentation

For discussion at site visit.

Quantitative Information **provided by NBHSW** prior to the meeting
Site performance in relationship to other sites in division and in Wales.

Objective	Criteria	Minimum Standard	Result	Supporting evidence
6. To start the assessment procedure (diagnostic ABR) in appropriate cases within the allocated time	Well babies: Those babies that start the assessment procedure within 4 weeks of the second screening episode. High risk babies: Those babies which start the assessment procedure within 8 weeks of AABR.	≥ 90% of those requiring assessment		All Wales Well babies 82.4% At risk 94.5%
7. To complete the assessment procedure within the allocated time	Those babies that complete the assessment procedure by 3 months of age (in appropriate cases)	≥ 80% of those requiring assessment		All Wales 86.5%
10. To refer an appropriate number of babies for assessment	The percentage of screened babies referred for assessment	Between 1-2%		All Wales 1.3%
11. To minimise the number of babies who do not receive assessment	The percentage of offered assessment appointments which are not attended	< 10% (DNA appointments only)		All Wales 18%
12. To minimise the number of babies who do not receive assessment	The percentage of babies who are referred for assessment and not seen	< 5%		All Wales 8.4%
13. To refer an appropriate number of babies for a repeat screen from audiology (one ear clear response, well babies)	The percentage of babies referred	< 1%		All Wales 1.4%

14. To refer an appropriate number of babies for targeted distraction test	The percentage of babies referred	< 1%		All Wales 0.5%
1. To confirm hearing loss within the allocated time	The percentage of babies who have audiological confirmation by the age of 6 months	80% of those babies who are diagnosed by screening programme		All Wales 82% (Average age 20.5 weeks Median 12.6 weeks)
2. To fit hearing aids to appropriate cases within the allocated time	The percentage of appropriate cases fitted with hearing aids within 4 weeks of audiological certainty (diagnosis) The percentage of those babies diagnosed as significantly hearing impaired who have hearing aids fitted by the age of six months	≥99% of those appropriate 60% of those diagnosed by screening programme		All Wales 62% All Wales 65%

Qualitative information provided by NBHSW prior to the meeting

Objective	Criteria	Minimum Standard	Result
<p>To provide prompt accurate information to NBHSW to allow monitoring of programme</p>	<p>Prompt return of assessment form to NBHSW</p> <p>Activity forms from professional lead and audiologist to be accurately completed and returned 6 monthly</p> <p>Accurate information about babies requiring audiological follow up and babies diagnosed as hearing impaired from screening and outwith the screening programme (for NBHSW database)</p>	<p>Form to be returned within 3 working days in most cases</p> <p>Forms to be up to date in each 6 months and on request</p> <p>Information to be provided in a routine manner and promptly on request to DC</p>	

Quantitative Information provided by site: This section should be completed by the lead audiologist and lead paediatrician for NBHSW and available at the meeting. The result section should contain a brief description of the local situation with an explanation if the information is not available. Supporting evidence should be collected where possible. There are suggestions about the minimum evidence that would be acceptable.

Objective	Criteria	Minimum Standard	Result	Supporting evidence
15. To provide a written report following the assessment procedure within the allocated time	Those babies that complete the assessment procedure or reach 3 months of age that have a written report provided as per protocol within 7 working days of completing the assessment procedure	≥ 95% of cases requiring assessment		Collected from 10 cases
3. To refer all appropriate cases to education with the allocated time	The percentage of cases referred to a Teacher of the Deaf within 24 hours of diagnosis of hearing loss	≥ 90% of those appropriate		Collected from 5 cases See table provided.
4. To ensure that appropriate habilitation services and facilities for audit are in place	The establishment and regular meetings of a multidisciplinary group monitoring services in each area. (Children's Hearing Services Working Group)	100%		Copy of minutes of latest meeting Minutes available
5. To arrange audiological follow up of those babies requiring further hearing tests referred from the screening programme	The percentage of babies who receive an appointment for a hearing test	≥ 95%		Collected from last 10 cases of suitable age referred for TDT by screening programme. Request data from NBHSW to get babies referred
6. To complete audiological follow up of those babies requiring further hearing tests referred from the screening programme	The percentage of babies who complete hearing tests as per protocol	≥ 90%		Follow these 10 babies through to check HT completed

Qualitative Information provided by site. This section should be completed by the lead audiologist and lead paediatrician for NBHSW. The result section should contain a brief description of the local situation with an explanation if the information is not available. Please expand the boxes to fit your explanation

Objective	Criteria	Standard	Result
To ensure the quality of NBHSW assessments and follow up of babies referred from the screen	Suitable facilities for completing tests	All babies that require hearing testing are tested in sound proof rooms sound treated rooms or quiet rooms as appropriate	
	Suitability of equipment	Babies are tested by calibrated equipment appropriate to their age, development and information required	
	Sufficient number of suitably trained staff	To be discussed	
	Participation in peer review	100% of staff undertaking assessments	
	Monitoring of staff competency, PDP and appraisal	To be discussed	
	Succession planning	To be discussed	

Based upon your answers, on a scale of 1-5, how would your services performance in this quality standard?

1 Does not meet any elements of this standard	2 Meets some elements of the standard	3 Meets about half of the elements of the standard	4 Meets most of the elements of the standard	5 Meets all of the elements of the standard
--	--	--	---	--

To ensure appropriate Information flow following assessment	<p>Explanation of test results immediately following test</p> <p>All audiologists undertaking assessments for NBHSW have attended "breaking news" course</p> <p>Use of NBHSW leaflets On discharge from assessment</p> <p>On diagnosis of hearing impairment</p> <p>Contact details provided</p> <p>Translator/interpreter available when appropriate</p>	100% of cases	
---	---	---------------	--

Based upon your answers, on a scale of 1-5 how would your services performance in this quality standard?

1 Does not meet any elements of this standard	2 Meets some elements of the standard	3 Meets about half of the elements of the standard	4 Meets most of the elements of the standards	5 Meets all of the elements of the standard
--	--	---	--	--

To minimise the number of babies who do not receive assessment	Procedure/protocol to be used when families DNA Flexibility in booking appointments	Procedure used with 100% cases	
--	--	--------------------------------	--

Based upon your answers, on a scale of 1-5 how would your services performance in this quality standard?

1 Does not meet any elements of this standard	2 Meets some elements of the standard	3 Meets about half of the elements of the standard	4 Meets most of the elements of the standard	5 Meets all of the elements of the standard
--	--	---	---	--

To ensure the quality of hearing aid fitting	Ear mould turnaround time Method of hearing aid fitting Rationale behind hearing aid provision Use of Real ear measurements	100% of ear moulds returned within 3 days	
--	--	---	--

Based upon your answers, on a scale of 1-5 how would your services performance in this quality standard?

1 Does not meet any elements of this standard	2 Meets some elements of the standard	3 Meets about half of the elements of the standard	4 Meets most of the elements of the standard	5 Meets all of the elements of the standard
--	--	---	---	--

To ensure service provision to families with newly diagnosed babies	Aetiological investigations	100% of children offered appropriate investigations in a timely manner	
	Documented individual care plan Regular review of services for individual family	100% of babies diagnosed from assessment have ICP	
	Availability of early support from education	100% of families offered access	
	Availability of early support from social services Availability of early support from voluntary sector Availability of early support from SALT		
	Use of user satisfaction survey	Undertaken in last 2 years	

Based upon your answers, on a scale of 1-5 how would your services performance in this quality standard?

1	2	3	4	5
Does not meet any elements of this standard	Meets some elements of the standard	Meets about half of the elements of the standard	Meets most of the elements of the standard	Meets all of the elements of the standard

Appendix B: Self Assessment scores for all sites

Standard/Objective	Number of sites which achieved each score. Note not all sites had a community element				
	1. Does not meet any elements of the standard	2. Meets some elements of the standard	3. Meets about half of the elements of the standard	4. Meets most of the elements of the standard	5. Meets all of the elements of the standard
Hospital To ensure the quality of NBHSW assessments and follow up of babies referred from the screen		1	2	6	2
Community To ensure the quality of NBHSW assessments and follow up of babies referred from the screen		3	3	2	
To ensure appropriate information flow following assessment				5	6
To minimise the number of babies who do not receive assessment			1	6	4
To ensure the quality of hearing aid fitting	1 Hearing aid fitting currently not taking place in this site			6	4
To ensure service provision to families with newly diagnosed families		1	5	5	