

National Audit of Quality Standards for Children's Audiology (Wales) 2024/5:

Summary Report for Aneurin Bevan Health Board

Introduction and Purpose:

To provide an overview to the Aneurin Bevan UHB on the performance of Children's Audiology service against the Quality Standards for Children's Audiology (Wales) version 2. 2

Background:

Quality Standards for Children's Audiology (Wales) have been in place since endorsement by the Minister for Health and Social Services in 2010. In 2015, the Quality Standards for Children's Audiology was rewritten considering improvements in the field and feedback after previous audits.

Between February 2024 and February 2025 all Children's Audiology Services in Wales were audited using version 2.2 of the Quality Standards for Children's Audiology (2016). Amendments were made to include KPI's that were identified from the Lothian Report (2021).

The target for the 2024/5 audit was 90% in each individual standard and an overall target of 95%.

Outcome for Aneurin Bevan Health Board – PQS 2024/25:

- Aneurin Bevan Health Board **did not meet the 95%** overall compliance target. They scored 86.46%
- Aneurin Bevan Health Board **meet the 90%** compliance target in **6 out of 9** individual standards.
- Aneurin Bevan Health Board did not meet the 90% compliance target to the standard relating to Access, Assessment & Hearing Aid Management

13 out of 86 individual criteria were identified as lower scoring (2 or below) and are outlined below:

Accessing service

- Speed of Routine Referrals
- Speed of Urgent Referrals
- Follow-Up Appointments (relating to waiting times)

Assessment

- Acoustical Facilities

Hearing Aid Management, Selection, Verification & Evaluation

- Replacement Earmould Appointments
- Regular Hearing Aid Reviews
- Verification with REM/RECD
- REM/RECD to BAA Procedures
- REM/RECD Within Tolerances
- Explanation if Not Performed

Collaborative Working

- Audiology Initiate First MASP (Multi Agency Support Plan)

Wider Care if the Child

- MASP in place by 12 weeks
- MASP at least every 6 months pre-school

Risk and Impact for Aneurin Bevan Health Board:

Audiology Staffing

Situation

- This is a skilled role, requiring in-depth clinical knowledge to provide safe and effective clinical service delivery.
- Following the Lothian Report, where a large number of children were diagnosed late and/or were not given the appropriate intervention, minimum recommended training requirements for paediatric audiology have changed. Although not formally assessed in this version of the standards, services should be cognisant of the new requirements which are likely to be specified in the next version of the standards.
- 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.
- Training to provide high quality service provision is lengthy due to the need for clinical experience, and some departments have a low throughput of activity for very complex cases.
- Clinicians require opportunities for relevant Continuing Professional Development (CPD) to provide safe service delivery.

Risk

- Insufficient staff numbers to deliver a timely, safe and effective service in the event of natural attrition of staff.
- Lack of expertise to deliver high quality, timely services.
- Unplanned staff absence has the potential for breaching or exacerbating the breach of targets for assessment.
- Whilst clinical service delivery is prioritised, this is often at the expense of CPD and supervision activity necessary to improve clinical competence.

Potential Clinical Impact

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

Waiting Times

Situation

- Waiting times have increased in Audiology due to several factors. Some of these include:
- Staffing shortages
- Lack of funding into paediatric audiology
- Increase in service demand
- Seeing more complex children for testing

Risks

- Insufficient staff numbers have a potential for delay in assessments
- Services being stretched to capacity causing staff burnout
- Breaching targets for assessment

Potential Clinical Impact

- Late diagnosis which can have a significant impact on a child's development and education. The first 3 years of life, when the brain is developing and maturing, is the most intensive period for acquiring speech and language.

- Delay in intervention resulting in poorer outcomes.

Accommodation

Situation

- Due to the nature of Audiology appointments, background noise should be at a minimum as stated in the national audiology guidelines.
- Some Audiology clinics are performed in non soundproof/ sound treated due to no other facilities being available.
- Some Audiology clinic facilities, due to age, may have deteriorated sound-proof characteristics

Risk

- Increase in inaccurate assessment results leading to additional referrals for further assessment causing waiting list to rise and, resulting in the potential for further breaches
- Increase in workload resulting in a non-effective service

Potential Clinical Impact

- Inaccurate hearing tests
- Increase in referrals into secondary care.
- Misdiagnosis of hearing loss.

Identified Areas of Good Practice for Commendation:

- Transition
The transition pathway ensures the young adult is at the centre of their care. Using a “Ready, Steady, Go” pro forma the young person is aware of the changes to their care from the age of 14 and ensures they understand their hearing loss fully before moving to the adult service.
- Information provision and communication with children, young people and families
There is clear information available to the patients in leaflets and on their website. It is notable that parents’ comments/concerns are listened to. Photos of the testing rooms and waiting areas have been uploaded to the website so children have more understanding of where they are going. The child is at the centre of their care and the audiologists work hard to ensure their needs are met.

Response from Head of Service

We would like to extend our gratitude to the audit team for their fair assessment and constructive discussion during the recent audit. It was highly rewarding to see the exceptional quality of care that the paediatric service provides.

However, we acknowledge the concerns raised regarding areas where the service did not meet the compliance score.

- **Standard 1 – Accessing the Service:** The issue of long waiting times has been escalated to both the Directorate and Division. An interim plan has been proposed for consideration to address these delays and improve access to care.
- **Standard 2 – Assessment & Standard 4 – Hearing Aid Management, Selection, Verification, and Evaluation:** The lower scores in these areas are directly linked to reduced staffing levels and critical gaps within the paediatric service. These shortages must be addressed urgently as part of our succession planning. Recognizing the impact on service delivery, we are committed to training and developing staff to fill these essential roles.

Given the current challenges, we are actively exploring financial support options to reinforce staffing and service provision. These measures are crucial to maintaining the high standards of care that our patients and families rely on.

Information

Detailed scoring and improvement actions will be available at the request of the Head of Service/paediatric audiology medical lead.

If there are further queries relating to the above, please do not hesitate to contact me.

Further communication regarding the next round of paediatric audiology service audits, will be circulated to Heads of Services/paediatric audiology medical leads following consideration by ASSAG, and the Welsh Government.

The final All-Wales report for 2024/5 will be disseminated to Heads of Services, Paediatric Medical Leads, and the Director of NDCS Cymru following ratification by the Welsh Government.

Report prepared by Rhian Hughes– Audit Coordinator 2024/5

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