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Pwyllgor Ymgynghorol
Gwyddonol Cymru
Welsh Scientific
Advisory Committee

NHS Audiology Service Quality Standards – National Audit Report 2014

Produced on behalf of WSAC by the
Audiology Standing Specialist Advisory
Group

Overview and Role of Professional Advisory Structures

Within WSAC the Audiology Standing Specialist Advisory Group (ASSAG) has guided the development of service quality standards, advised on their adoption at national level and oversees the process of clinical audit relating to both NHS Paediatric and Adult Rehabilitative Audiology. Audit against these standards is included in the National Clinical Audit & Outcome Review Annual Plan (from 2014-15) which requires health boards to participate in audit. The external audit process results in reports presented to individual health boards and a national report with recommendations received by WSAC. The products of this work reflects on the effective and on-going collaboration by NHS Audiology professionals in Wales, engaging with services users, third sector organisations, other agencies and with colleagues in Scotland.

Information for Service Users

These national standards describe the quality of service that a NHS Audiology service should aim to deliver. The performance of services across Wales is compared against these standards every year through a process known as clinical audit. Results are made available to the public through this website and at a local service level. This allows you as a service user to be informed of the quality of your local NHS Audiology service in comparison with other services in Wales for both children Audiology services {link to chart below} and adult rehabilitation services, including hearing aids {link to chart below}.

The individual service standards documents may also help you in understanding what you should expect from your local children Audiology service {link to service standards document below} and adult Audiology rehabilitation service {link to service standards document, below}. The standards range from technical/scientific elements describing how hearing aids are fitted through to arrangements to listen to service users in order to improve the service offered. Consequently, if as a service user you require any explanation of these standards or have any comments on the performance of your local service your local audiology department would be keen to hear from you.

How are Results Gathered and Presented?

The annual audits have run for several years which allows for changes in service quality to be charted over time both locally and nationally. A service quality score representing overall compliance against the collection of standard criteria is provided for each health board and for Wales as a whole – see charts below. Target compliance scores are set at a national level and are gauged to be challenging yet realistic. The standards are grouped into elements loosely following the patient pathway which allows for detailed sub-analysis to guide progressive improvement to service quality for NHS patients and their families.

Summary Features of the Standards and Audit Process:

At all levels, the development, content and audit of the standards provide an example of **co-production** with service users. The standards describe development of individual management plans that meet the patient's agreed needs, engagement with patients through local joint working groups overseeing service delivery are a key feature and finally patients are involved in the future design of services through close engagement in the development/revision of the standards.

- The service quality standards follow a prescribed UK Health Department format (devised by Quality Improvement Scotland)
- The standards are evidence-based with reference to research findings, national clinical guidelines and policy documents.
- Development of the standards included input from multiple stakeholders including: service users, representatives from the professions, academics, third sector and NHS/government departments. Service users and/or their representatives participate in the annual audit process (including the National Deaf Children's Society).
- A prescribed external audit process includes site visits to help ensure consistency and accuracy of audit.

- The standards were developed and adopted in association with colleagues in Scotland which provides for audit and benchmarking across the two countries.
- Results have been presented at UK professional conferences.
- Work is underway to develop the next generation of standards to reflect progression in the evidence, practice and delivery of Audiology.

Quality Standards for Adult Hearing Rehabilitation Services

Background to the Adult Quality Standards

In 2008 a set of quality standards about adult hearing rehabilitation were published. They were developed by a team of people including professionals, service users and service user representatives.

Every year since 2010 all Adult Audiology services in Scotland and Wales have been measuring the services they provide against these standards. This information has been used to improve Audiology services across Scotland and Wales.

What's in the Standards?

There are 9 different standards covering different areas of the Adult Hearing Rehabilitation Service. These are:

STANDARD 1 ACCESSING THE SERVICE

This standard covers how you can access the service, where services are located and how long you have to wait to access the service.

STANDARD 2 COMMUNICATING WITH PATIENTS

This standard covers when information should be provided, the format of that information (written, verbal, electronic etc) and what that information should include. It also covers how people communicate with you before and during your appointments.

STANDARD 3 ASSESSMENT

This standard covers all the things that are required to make sure you have a good quality assessment. For example how your hearing test should be performed and what questions you might be asked at your appointment.

STANDARD 4 DEVELOPING AN INDIVIDUAL MANAGEMENT PLAN

This standard covers how you should be involved in the planning of your care and how that care should be individual to you.

STANDARD 5 IMPLEMENTING AN INDIVIDUAL MANAGEMENT PLAN

This standard covers the type of care and support you might receive and how that is delivered. This includes how hearing aids should be fitted.

STANDARD 6 CLINICAL EFFECTIVENESS

This standard covers how Audiology services should be checking that the care they have provided to you has made a difference to you.

STANDARD 7 SKILLS AND EXPERTISE

This standard ensures that the people who assess and support you within the Audiology adult rehab service have the right skills and that these skills are maintained.

STANDARD 8 COLLABORATIVE WORKING

This standard covers how different agencies should work together to offer the best quality services for adults with hearing loss. This includes how Audiology services work with social services, charities and service users.

STANDARD 9 SERVICE IMPROVEMENT

This standard covers how Audiology services should gather information about their service and use that information to improve things for service users.

Assessment of Adult Hearing Rehabilitation Services against the Quality Standards

The graph below shows how Services performed against the Standards over the last four years. The numbers on the left show the percentage compliance against the Standards. Each set of coloured bars represents an Audiology Service within Wales. Each colour represents a different year

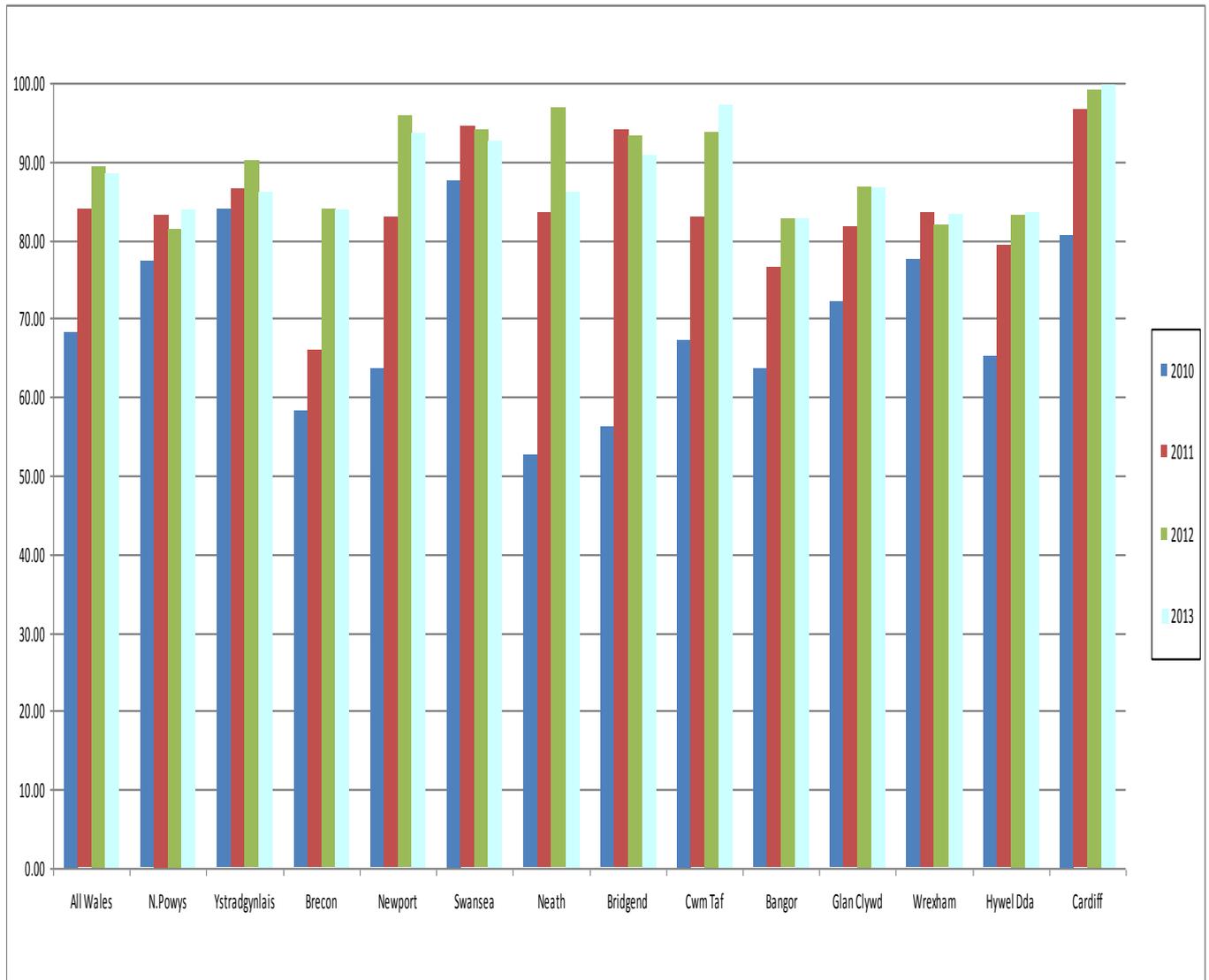


Chart 1. The Overall Compliance Scores for Adult Audiology Services 2010, 11, 12 & 13

The graph below looks at the average scores for Services across Wales for each of the nine Standards (listed previously). The numbers on the left show the all Wales average percentage compliance. Each set of coloured bars represents one of the nine Standards and each colour represents a different year

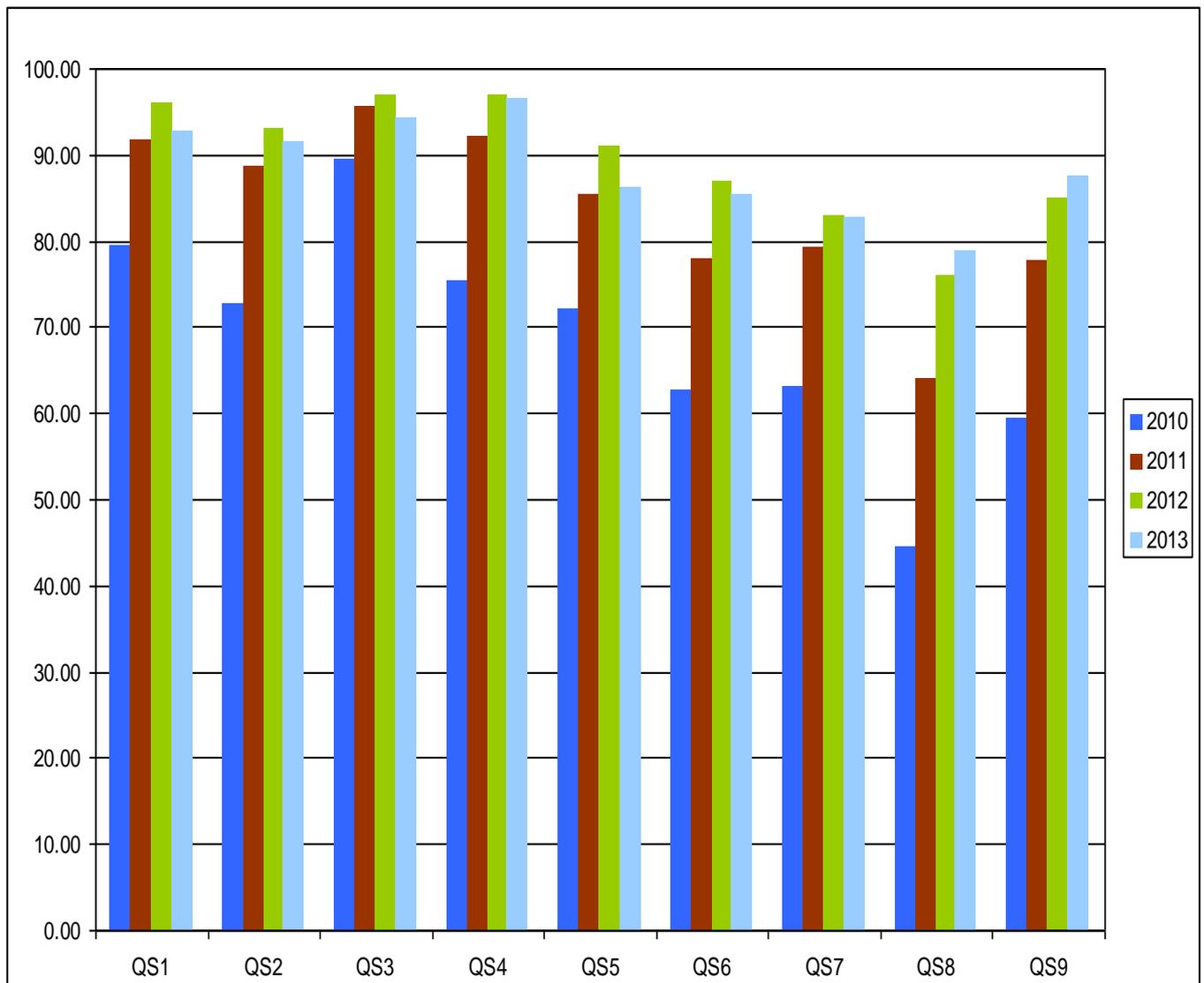


Chart 2. Represents the All Wales Overall Mean Scores for the 9 Standards in 2010, 11, 12 & 13.

Quality Standards for Paediatric Audiology (Wales) – Service User Summary

Background to the Paediatric Quality Standards

In 2010 a set of quality standards about paediatric audiology services were published. They were developed by a team of people including professionals, service users and service user representatives.

All* Paediatric Audiology services in Wales have been measuring the services they provide against these standards in October 2011, October 2012 and March 2014. This information has been used to improve Audiology services across Wales.

NB - In order to fall in line with Adult Service Audits, no Paediatric Audiology Service audit was performed in 2013.

*South Powys Paediatric Audiology Service was established in 2012 and was audited informally in a scoping exercise for the first time in 2014.

What's in the Standards?

There are 9 different standards covering different areas of the Paediatric Audiology Service. These are:

STANDARD 1 ACCESSING THE SERVICE

This standard covers how referrers can access the service, how long your child has to wait to access the service and an annual service review.

STANDARD 2 ASSESSMENT

This standard covers all the things that are required to make sure your child has a good quality assessment. For example how his/her hearing test should be performed, the equipment used and the quality of rooms used for hearing assessment.

STANDARD 3 DEVELOPING AN INDIVIDUAL MANAGEMENT PLAN

This standard covers how you should be involved in the planning of your child's care and how that care should be individual to your child, taking account of any medical conditions and his/her developmental stage.

STANDARD 4 IMPLEMENTING AN INDIVIDUAL MANAGEMENT PLAN

This standard covers the type of care and support you might receive and how that is delivered. This includes how hearing aids should be fitted.

STANDARD 5 OUTCOMES

This standard covers how Audiology services should be checking that the care they have provided has made a difference to your child. It also includes how any investigations into the reasons why your child has a hearing loss should be carried out.

STANDARD 6 PROFESSIONAL COMPETENCE

This standard ensures that the people who assess and support your child within the Paediatric Audiology service have the right skills, and that these skills are maintained.

STANDARD 7 INFORMATION PROVISION AND COMMUNICATION WITH CHILDREN, YOUNG PEOPLE AND FAMILIES

This standard covers when information should be provided, the format of that information (written, verbal, electronic etc) and what that information should include. It also covers how people communicate with you and your child before, during and after your child's appointments.

STANDARD 8 MULTI-AGENCY WORKING

This standard covers how different agencies, should work together to offer the best quality services for children with hearing loss and how they work as a wider team with social services, charities and service users. It also includes how a Multi-Agency Support Plan should be developed and reviewed, and how Transition Services from Paediatric to Adult Audiology Services should run.

STANDARD 9 SERVICE EFFECTIVENESS AND IMPROVEMENT

This standard covers how Audiology services should gather information about their service and use that information to improve things for service users, including regular meetings of a Children's Hearing Services Working Group.

Assessment of Paediatric Services against the Quality Standards

The graph below shows how Services performed against the Standards in 2011 and 2012. The report for 2013-14 is pending. The numbers on the left show percentage compliance against the Standards. Each set of coloured bars represents an Audiology Service within Wales. Each colour represents a different year

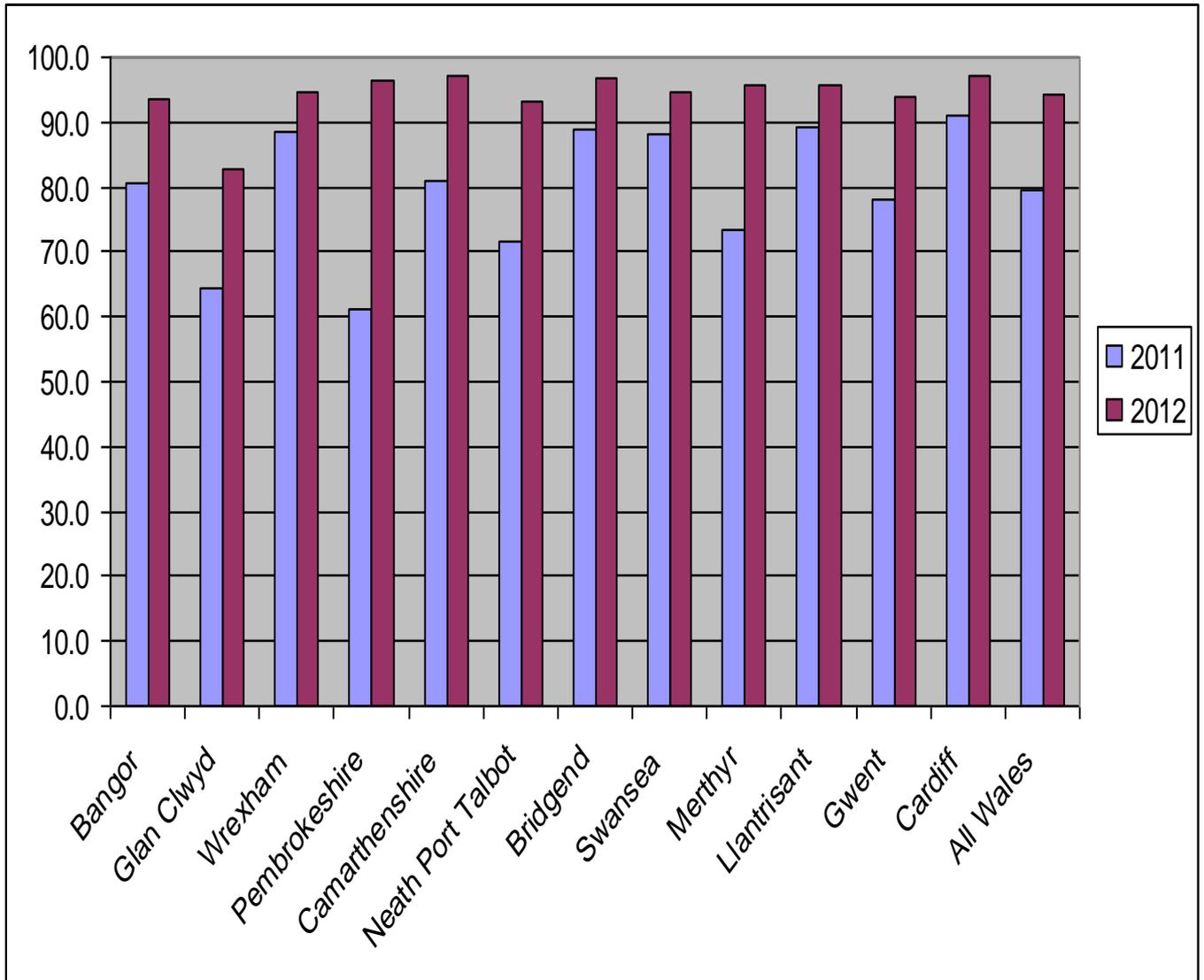


Chart 1. The Overall Compliance Scores for Paediatric Audiology Services 2011 & 2012

The graph below looks at the average scores for Services across Wales for each of the nine Standards (listed previously). The numbers on the left show the all Wales average percentage compliance. Each set of coloured bars represents one of the nine Standards and each colour represents a different year

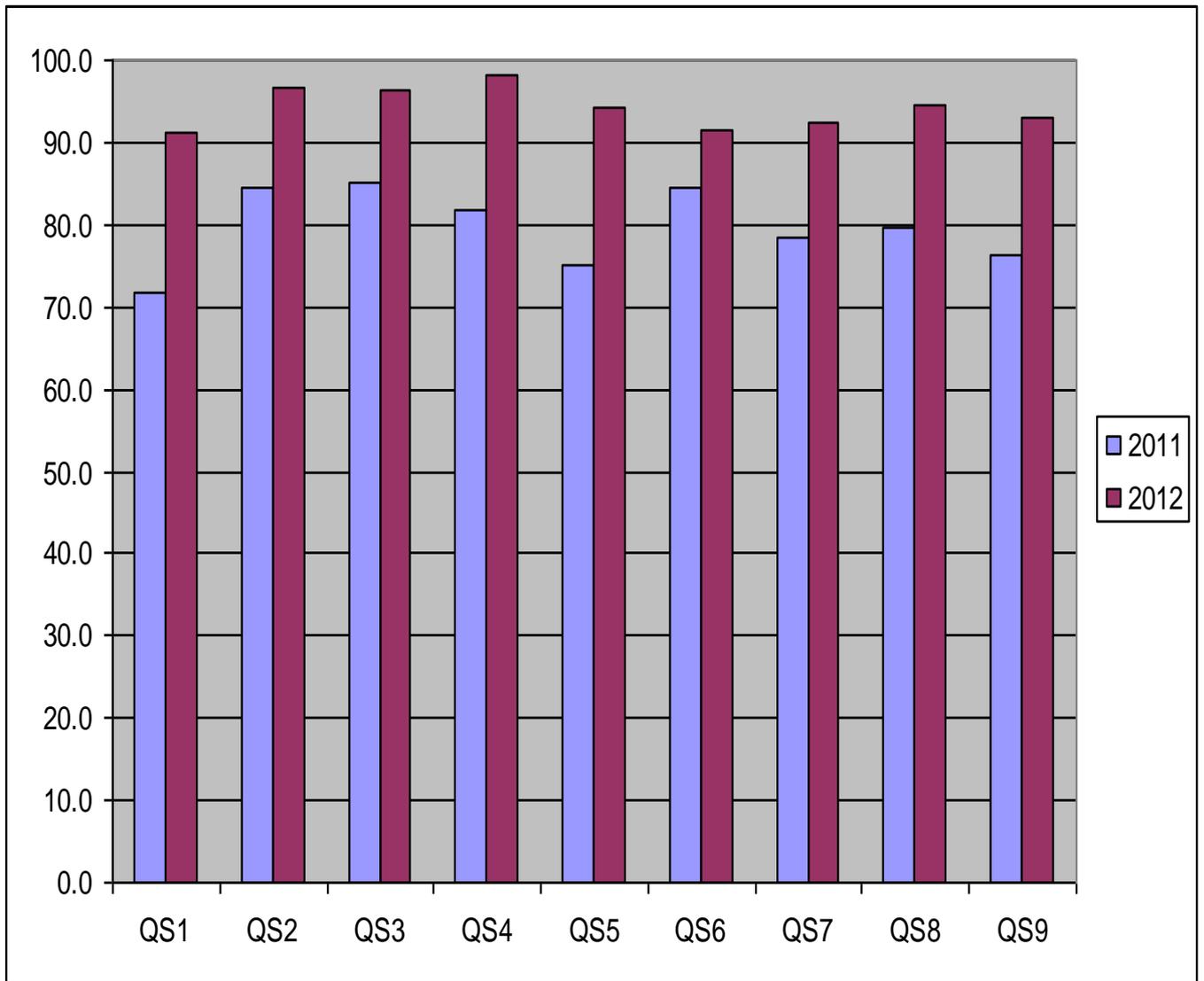


Chart 2. Represents the All Wales Overall Mean Scores for the 9 Standards in 2011 & 2012

The Audit Process

1.1. Background: The Minister of Health and Social Services has endorsed the Scottish Adult Service Quality Standards for implementation in Wales (Letter EH/ML/027/09, 5 Aug 2009). Chairs of Health Boards have been instructed to introduce local development plans to ensure Audiology services improve and meet progressive targets relating to these standards. Additionally, the minister has asked ASSAG to devise and oversee a peer review mechanism for monitoring progress in implementation of these standards across Wales. Specific features of the minister's instructions regarding audit are:

- There will be a programme of external audit visits by Senior Audiologists and Action on Hearing Loss representatives on behalf of patients.
- Following visits to a centre the audit team will produce a report on performance based on the quality rating tool (QRT) scores. The report will be submitted to the Chief Executive of the respective Health Board and copied to Assembly Government officials.
- The minister will receive annual reports from ASSAG.
- Health Boards are expected to support their own audiology staff in participating in external audit of other Health Boards.

1.2 Purpose of this Document: To describe the principles, processes and outcomes that will define arrangements for audit of services. Such information is intended to ensure that both professional managers/leaders of NHS Audiology services and external auditors have a clear understanding of the process surrounding the quality improvement audit and the roles and responsibilities of all parties. Additionally, this document will demonstrate to ASSAG and others that the audit process is robust and fit for purpose to satisfy the Minister's instructions.

1.3 Origin of Document: prepared for ASSAG (Audiology) with input and agreement of the Heads of Audiology Services Group and Action on Hearing Loss Cymru.

1.4 Principles and Key Features:

- The objective of the audit process is to externally verify self-assessment scores (and evidence) limited to the standards (and quality rating/scoring tool). The objective is not to perform a comprehensive (and lengthy) appraisal of service management and/or make extensive recommendations for improvement.
- The audit process should be robust, relevant, efficient, fair and consistent.
- It is assumed that a full self-assessment will have been completed (within the 6 weeks preceding submission) and evidential materials compiled for ready (and rapid) reference at the time of the visit of the external auditors.
- Visits will be conducted jointly by an external audit team; one Senior Audiologist, one representative from Action on Hearing Loss and one service user or volunteer. The Audiologist will be experienced in adult rehabilitative Audiology and to avoid conflict of interest they would not perform any role (formally employed or

otherwise) with or within that Health Board. The Action on Hearing Loss representative will take a particular responsibility for the patient's perspective. Auditors will attend a briefing session describing the standards and audit process before commencing their audit role.

- All Health Boards will be visited every two years for an external audit. Self-audit only will be carried out in the intervening years except for two Health Boards which will be randomly selected for an additional external audit. A more detailed description of the process for the years in which self-audit is carried out is shown in Appendix 5.
- The Head of Audiology at each Health Board will select whether to submit one self assessment score for the whole Health Board or whether to submit separate self assessment scores for each 'service' within the Health Board. Services are defined as substantive permanently manned departments (and their peripheral sites) – reflecting those that participated in previous self-assessment. Special provision will be made for Powys LHB whereby individual assessment will be performed on the three distinct services delivered by different providers. However, there will be one site visit, to the only permanently manned site (to Brecon).
- The visit of the external auditors will be completed over a day (nominally 6-7hrs), with additional time required for travel. Only the base centre would be visited rather than peripheral sites. Where a Head of Audiology has selected to submit one self assessment for the Health Board the audit coordinator will select which Service department to visit to undertake the external audit visit.
- Externally assessed scores must be presented to the Chief Executives and Heads of Audiology for each respective service, prior to being made available to ASSAG and put in the public domain (eg on WSAC website).
- Contribution of Audiologist time will be on a quid pro quo basis – with time and travelling expenses met by their home services. For this principle to be fair and effective all services would need to contribute equally to providing assessors. On self assessment years the Health Boards required to provide external auditors will also be selected at random, more details of this process are included in Appendix 5.
- A coordinator will be appointed by ASSAG to administer the scheme, collate results and report to ASSAG on an annual basis.
- An appeals mechanism will exist where external scoring or the audit process are challenged.

Procedures for the Audiology External Audit Process

2.1 Self Assessment and External Audit

Audiology Services within all seven Health Boards will be required to carry out an annual self-assessment - using the Adult Quality Standards and Quality Rating Tool - and to submit the results to the audit coordinator within 5 weeks of notice. When notifying the Head of Audiology of requirements to submit self assessment scores the audit coordinator will ask whether the self assessment will be for Health Board or for Services within that Health Board (see previous definition). The self-assessment will be performed in the period following notification, or be comprehensively updated in that period. This is to ensure that recent performance is the subject of audit. The self assessment will involve methodical completion of the prescribed summary scoring spreadsheet incorporating the QRT. This spreadsheet must be submitted in electronic form to aid dissemination. NB. A brief justification of self-assessment scores and a list of evidence should be provided against each criterion (in the designated separate column). Such evidence will be inspected at the audit visit.

External audit will take place within 2 months of submission of self-assessment, at a time mutually convenient to all.

2.2 Establishing the External Audit Team

A team of External Auditors (EAs) will carry out each audit visit. The audit team will be made up of an Action on Hearing Loss representative (the Lead EA), a Senior Audiologist (to provide professional input and scrutiny) and when appropriate a service user or volunteer¹.

EAs must declare (to the Coordinator) any conflicts of interest preventing them from participating in visits to specific departments. Should any new circumstance arise preventing an EA from taking part in a particular visit, this should be declared and another EA will be selected from the pool by the Audit Coordinator.

The Coordinator will establish the EA team for each service to be visited and request that self-assessment results are provided by the Head of Service to be visited to the EA Team (copied to the Coordinator and CE of the HB). This step will initiate communication between the service and the EA team.

There will be an option for prospective/'trainee' Auditors to attend audit visits. Initially any such requests should be made through the Coordinator and require the consent of the Head of Service.

¹ During the 2012/13 audit the inclusion of volunteers or service users within the audit teams will be piloted. Three services have volunteered to nominate people to fulfil this role.

2.3 Responsibilities of the External Auditors

A key responsibility of the Lead EA is to ensure that there is effective communication and liaison both within the audit team and between the external audit team and the Head of Service at the Audiology Service to be visited, prior to the visit through to production of a visit report. However, the production of the external audit report is a shared responsibility and should include contributions from all members of the external audit team. If the Lead EA is unable to complete the report the responsibility will pass to another member of the audit team.

It is imperative that the auditors are objective and impartial in their conduct and approach to the audit. **Their obligation in participation lies with ASSAG and they should not be influenced by the efforts or circumstances of local staff.**

The external audit team will jointly consider the results of the Service's self-assessment and will all contribute by suggesting preliminary revisions to scores based on evidence indicated. This will allow for identification of areas of particular interest that they wish to explore during the visit. The **Lead EA** will then contact the relevant Head of Service to arrange a suitable date for the external audit visit to take place. At least 4 weeks prior to the visit, the **Lead EA** will send an introductory letter to the Head of Service confirming the date of the visit and including: the proposed visit agenda; a copy of these guidelines; an indication of any particular areas of interest or concern to the peer review team; and a list of any specific additional pieces of evidence required to be made available to the external audit team during the visit (ie, over and above that already listed by the Head of Service in the self-assessment return).

At the visit the **Audiologist EA** will have responsibility for leading the questioning of the Head of Service and examining evidence. The **Lead EA** will record outcomes directly to the external audit spreadsheet and provide supplementary questions. If there is any disagreement over scores between the auditors the Lead Auditor will have the final call.

Following the completion of an external audit visit, it is the responsibility of the **Lead EA** to prepare the first draft of the External Audit Report (see section 3 below) and to circulate to the other members of the external audit team for their comments and input. If the Lead EA is unable to complete the report due to unforeseen circumstances (such as sickness) the responsibility passes to the Audiologist EA.

NB. In order to share the effort of audit it would be in order for the **Audiologist EA** to be delegated additional tasks (eg arranging the visit date) although the **Lead EA** should always lead introductions/briefings at visits and submit the final report.

2.4 The External Audit Visit

The peer review team will use the Quality Standards and QRT to complete their own evaluation of the service, considering carefully any discrepancies between their own ratings and the self-assessment already completed by the Service.

It is expected that each visit will commence with a meeting between the external audit team and the Head of Service. Performance will be considered against successive criteria with opportunity for the Head of Service to indicate any developments that have occurred since the QRT self-assessment was originally submitted. Additionally, during the day the external audit team will also take time to talk to as many members of staff as possible and to examine all of the evidence that has been provided for them (see model agenda Appendix 2). The approach of the external audit team is expected to be open-minded, honest and positive, with an emphasis on encouraging and supporting the department in its own efforts to improve Audiology Services.

Although the primary purpose of the audit exercise is to judge compliance with the service quality standards it is hoped that members of the department being visited will also regard this as a positive exercise. There is opportunity to guide service improvement through local staff identifying measures that would improve compliance scores at future audits.

Where the service has awarded itself a higher rating than the external audit team on a particular QRT item, the staff and/or Head of Service will be given the opportunity to discuss their own rating and immediately provide any additional evidence to support this.

If the Service has awarded itself a lower rating than the external audit team on a particular item, then a discussion should take place to determine why this has occurred: for example, a multi-site service may award itself a low score to highlight issues in a particular location, while the peer review team may decide a higher score better reflects the overall service and note the issues raised. The Head of Service or staff may also have overlooked areas of good practice when completing their self-assessment.

Where there are criteria with lower scores, it is appropriate for auditors to *respond to enquiries by HOS as to the impact of potential actions* (eg will a particular action result in an improved score?).

The external audit team is not required or expected to make recommendations for service improvements either during the visit or in the final report. Similarly, they are not expected to provide comment on the management or resourcing of the service.

NB. To improve overall consistency, there should be rotation of external auditors. **Auditors will make independent judgments rather than take into account scoring at previous audits.**

The external auditors may indicate the need to confer prior to disclosing their judgements (scoring) to the Head of Service but the scores have to be finalised on the day and Head of Service informed of the score on the day."

2.5 Evidence required by the External Audit Team

The Head of Service must ensure that supporting evidence is collected/collated ready for examination at the time of the audit visit. The introduction to the QRT states that “an inability to provide evidence of performance against a standard (sufficient for external scrutiny) cannot be regarded as compliant with good practice”.

During their visit the external audit team may request access to any of the evidence used by the department to support their self-assessment scores. This evidence might include: written policies and protocols; letters; examples of written information provided for patients; minutes of meetings; calendars of events; results of patient satisfaction surveys; results of electronic or case audits.

The QRT includes, under each quality statement, suggestions of the kinds of evidence that may be necessary “to assist users of the tool in their rating assessment and direct discussion for any external quality assurance visit”.

Issues of confidentiality and data protection mean that it is not appropriate for members of the external audit team to be given unsupervised access to a department’s patient management system. However, the team will ask for information from the patient management system to be made available to them during their visit eg examining random samples of patient records to judge compliance with the standards. This will involve a local audiologist being asked to navigate through auditbase (and NOAH software modules) under the direction of the Audiologist EA in order to verify compliance with standards/criteria (eg completion of IMPs and REMs).

3.1 Preparing/disseminating the External Audit Report

Following the peer review visit, the Lead EA is responsible for submitting the draft of a report detailing the findings of the visit: he/she may delegate the writing of sections of the report to other members of the audit team. The completed draft should be sent to all members of the EA team for their input prior to submission. The report will include: QRT scores; details of any areas of exemplary practice (eg worthy of sharing with other departments); details of discussions between the peer review team and the staff and/or Head of Service regarding problematic areas relating to the process or interpretation of standards (see Part E of report).

The following report preparation stages and timescales will be adhered to:

Action	Timescale
Draft report developed by Lead EA and sent to EA team for their input	Within 10 days of the visit
Initial report with input from all EA team is sent from the Lead EA to the EA Coordinator and HOS.	Within 2 weeks of the visit.
HOS responds to/comment on draft report to EA’s and Coordinator.	Within 2 weeks of receipt of the initial report.
The report is finalised by the Lead EA and sent to the Coordinator.	Within 1 week of response/comment deadline.
The Coordinator sends to Heads of Service and relevant Health Board Chief Executive	Within 1 week of final collation of all-Wales audit results.

with covering letter.	
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N.B. This report will only be circulated to relevant Health Boards and Heads of Service.

3.2 The Right to Reply

Once the Head of Service has received the draft of the EA report he/she should add actions planned to address any shortfalls (Part B), mindful that the report will be sent to the CE of the LHB. He/she may also wish to request amendments or add comments. A section of the report (see Appendix 4) is also assigned for any comments from the HOS. With reference 2.4 above, note that scoring of criteria should not be challenged on the basis of previous audit scores. Responses should be sent to the EA Coordinator within 2 weeks of receipt of the draft report.

3.3 Communication with Health Board Chief Executives

3.3.1. During full External Audit years the Chief Executives will be sent reports for each Health Board or service assessed within their Health Board. This will be copied to the respective Heads of Service. The performance of the audiology services within each HB, will be compared to the progressive performance targets relating to overall scores. Results for previous years will be provided for comparison. A separate covering letter (Appendix 6) will also provide comparative performance for the Health Board (eg there may be more than one Audiology department in a Health Board). The format of the report will be such that it could be presented on open display in waiting areas, thereby helping to satisfying the requirements of Standard 9 (Service Effectiveness).

3.3.2 During self assessment only years the self assessment scores will be reported to the Chief Executives within a letter (Appendix 7). The letter will also be copied to the respective Heads of Service and will include a comparison of the performance of the Audiology Service within that Health Board to progressive targets and that Health Board's results for previous years. For those Health Boards externally audited during these years the process will be as defined in 3.3.1.

3.4 Dissemination and Publication of Scores

Self-assessment and peer review scores for across Wales will be contained within the annual report prepared by the Audit Coordinator on behalf of ASSAG and presented to the Minister. Once the Minister has released the report into the public domain the Audit Coordinator will send a copy to the Director of Action on Hearing Loss Cymru and all Health Board Chief Executives. The report will be put in the public domain by ASSAG (Audiology), eg through the website of an appropriate body. Services will be given advance notice of publication dates.

Transparency of data will allow trending of improvement over time, comparison between local services/Boards, identification of trends and national issues.

3.5 The Escalation Process

If the Head of Service has concerns with the decisions or actions of the External Auditors they can raise the matter with the Audit Coordinator in order that he/she may adjudicate on the matter. Normally this should occur within one week of the final draft report being sent to the Coordinator.

If the Head of Service of EAs have concerns with the decisions or actions of the EA Coordinator they can raise the matter with the Chair ASSAG.

If the Coordinator has concerns over the cooperation/participation of a service in the process they can raise the matter with the chair of ASSAG.

ASSAG has ultimate responsibility for monitoring the self-assessment and external audit scores submitted annually.

The coordinator will submit an annual report to ASSAG for consideration, highlighting trends in the scoring and any specific local and/or national issues (see Appendix 5).

If ASSAG feels an issue is sufficiently serious (eg poor compliance or participation in the process), it has the option to alert the officers of WAG of its concerns

3.6 Development of Standards and Audit Process

A log will be maintained of items of dispute, error or ambiguity in the standards materials or audit process. This 'improvement' log will be used to guide future development of the standards and audit process. The log will be informed from a range of sources including a feedback section of individual audit reports.

3.7 Avoidance of Conflict of Interest

ASSAG will identify an Associate Coordinator to address and respond to any matters where a conflict of interest exists eg appeals relating to the EA of the home centre of the EA Coordinator. The Associate Coordinator will also deputise for the Coordinator with respect to processing reports relating to the Coordinators employing LHB.

3.8 Measures to Further Enhance Consistency and Fairness of Approach

- The Audit Coordinator will have a maximum term of two years.
- EAs will rotate to ensure that audits are not conducted by the same auditors for the same service for successive external audits. Similarly Lead EAs will partner different EAs.
- Review and retraining of Auditors should occur approximately every two years.
- Feedback on the audit process and the standards will be formally requested from Heads of Service and External Auditors eg, through return of individual audit report forms (Part E, F and G) or through a separate questionnaire on self assessment only years. Outcomes will be considered by the audit team (Coordinator, Associate

Coordinator, Action on Hearing Loss Auditor Lead) and thereafter be used to inform amendments described at audit review meetings.

APPENDIX 1: Introductory Letter (Template) sent by Lead EA to HOS

Dear **NAME**

As you will be aware The Minister of Health and Social Services has endorsed the Scottish Adult Service Quality Standards for implementation in Wales (Letter EH/ML/027/09, 5 Aug 2009). This letter instructs Chairs of Health Boards to introduce local development plans to ensure Audiology services improve and meet progressive targets relating to these standards. Additionally, the minister has asked the WAG Audiology Advisory Group to devise and oversee a mechanism for monitoring progress in implementation of these standards across Wales. Thank you for submitting your self-assessment return in **MONTH**.

The next step is the External Audit Visit, and following our previous communication on this matter I can confirm that your visit will take place on **DATE** from **TIME** onwards.

The team of External Auditors will consist of the following people:

NAME – ORGANISATION (LHB)

NAME – Action on Hearing Loss

Please allow **the whole day** for the visit: a model agenda is attached at Appendix 2.

It would be very helpful if you could make a private/dedicated room available for the day(s) and advise of lunch facilities.

Following the visit, a report will be produced by the External Auditors and you will have the opportunity to respond to it (eg, adding planned actions to address any identified shortfalls) before it is finalised. The process for agreeing the report is included within the attached Guidelines and Procedures for audit visits. These also contain general information on the quality improvement process and should, hopefully, answer any questions you have.

Please ensure that all evidence listed in your self-assessment return is to hand for examination on the day. Having reviewed your self-assessment return in preparation for the audit visit I request that additional specific evidence is made available on the day/beforehand - See attached request list.

If you have any questions, please contact ***** (Coordinator for national Audit)

Yours sincerely

Lead External Auditor

**Cc Audit Coordinator
 HB Chief Executive**

APPENDIX 2: Model Agenda – External Audit Visit

1.Preliminaries: introductions, clarify purpose of visit, finalise timetable for day.

2. Review of self-assessment return; clarification of any items and identification of further evidence material required for later deliberations.

4. Tour of the department and facilities.

5. Decision on who external auditors can meet with etc.

6. Methodical review of the self-assessment assessment return (with reference to individual criteria) as informed by discussions with staff , observation of the service and consideration of material evidence. Identification of shortfalls and preliminary discussion of planned local actions that would improve future compliance scores. NB This will be the most substantive and time-consuming element of the visit. It will be performed with the HOS and EAs.

7. External Auditors to have access to all levels of staff (including Admin & Clerical) for a maximum of 15 minutes each.

8. De-brief of HOS and clarification of next steps in process.

9. End of visit

N.B. it is important that all of the above items are covered during the course of the day.

APPENDIX 3: External Audit Report (Template)

Adult Audiology Rehabilitation Services External Audit Report

Service visited: Name of department

Head of Service: Name

Date of Visit: Date

External Audit Assessors: Names of audit team members

PART A

Overview:

The target set by the Welsh Government for 20**/** is **% overall compliance with the national standards. The national overall mean compliance score for 2010/11 is {xx}%

The outcome of this external audit of this service at the time of the audit visit is as follows:

The overall compliance score for 20**/** for this service is {xx}%

The overall compliance score for the previous year (2009/10) for this service is {xx%} showing a change over the year of +/- {xx}%

PART B

<u>Standard</u>	<u>Scores for all criteria (1-5)</u>	<u>Actions planned by local staff to address shortfall (optionally completed by Head of Service)</u>
<u>1 Accessing the service</u>	<u>Eg 2,3,5,5,1,1</u>	
<u>2 Information Provision & Communication with Individual Patients</u>		
<u>3 Assessment</u>		
<u>4 Developing an Individual Management Plan</u>		
<u>5 Implementing an Individual Management Plan</u>		
<u>6 Outcome</u>		
<u>7 Professional Competence</u>		
<u>8 Multi-Agency Working</u>		
<u>9 Service Effectiveness and Improvement</u>		

Concluding remarks:

Any additional comments from members of the external audit team. The external audit team is not expected to make comments on the management or resourcing of the department.

Report any areas of exceptional quality in the box below, highlighting good practice that could be shared with other Audiology services.

<u>Criterion</u>	<u>Example of Good Practice</u>

Lead External Auditor Signature

Date: Date

PART C: Response from Head of Service

Remarks from the Head of Service in response to the peer review visit and the audit team’s report. This response must be submitted to the lead auditor within 2 weeks of receipt of the audit team’s report and will be included in the final report sent to the Chief Executive of the Health Board.

The Head of Service should enter their name and date to confirm that they have had the opportunity to respond to the draft report, including the listing of actions planned to address any shortfalls.

Head of Service: NAME

Date: DATE

PART D: Completed spreadsheet, self assessment vs external audit scores (for all standards and criteria) – attached to this report.

PART E: To be completed by Head of Service. For Feedback to Audit Coordinator (not to be included in circulated report):

1. Comments on audit process:

2. Comments on Standards (eg were there any ambiguities?)

PART F: To be completed by Lead External Auditor. For Feedback to Audit Coordinator (not to be included in circulated report):

1. Comments on audit process:

2. Comments on Standards (eg were there any ambiguities?)

PART G: To be completed by Audiologist EA. For Feedback to Audit Coordinator (not to be included in circulated report):

1. Comments on audit process:

2. Comments on Standards (eg were there any ambiguities?)

APPENDIX 4: Summary of External Audit Process and Actions/Responsibilities

<u>Responsibility</u>	<u>Actions/Responsibilities</u>
<u>Audit Coordinator</u>	<u>Provides centres with electronic version of QRT templates and scoring spreadsheets.</u>
<u>Audit Coordinator</u>	<u>Allocation of auditors to perform external audit – advises centres of allocated auditors.</u>
<u>Lead External Auditor</u>	<u>Contact centre to arrange date for audit visit (liaising with other auditor) – send letter confirming visit (see Appendix 1)</u>
<u>HOS</u>	<u>Conduct self assessment audit and forward results to auditors and audit coordinator. NB using electronic version of QRT and spreadsheet.</u>
<u>HOS</u>	<u>Centre collates evidence (requested and otherwise) in preparation for visit, briefs local colleagues on visit.</u>
<u>HOS/Auditors</u>	<u>Audit visit (Audiologist Auditor and Lead Auditor have specific roles)</u>
<u>Lead External Auditor and External Auditor</u>	<u>Completion of draft report</u>
<u>Lead External Auditor</u>	<u>Submission of draft report to HOS and audit coordinator</u>
<u>HOS</u>	<u>Considers draft report and adds actions planned to address any shortfalls. Returns report to Lead Auditor.</u>
<u>HOS/Auditor/Coordinator</u>	<u>Any challenges (un-resolved scores) directed to audit Coordinator and resolved in association with external auditors.</u>
<u>Lead External Auditor</u>	<u>Submission of final report to HOS and Audit Coordinator</u>
<u>Coordinator</u>	<u>Develops covering letter to CE comparing services within HB and previous year's scores. Sends this along with individual final reports to CE Health Board and HOS.</u>
<u>Coordinator</u>	<u>Collated scores (charts and figures) presented to Chair ASSAG</u>
<u>Chair ASSAG</u>	<u>Annual report provided to Minister</u>
<u>Coordinator</u>	<u>In years where full external audit does not take place,, the coordinator randomly selects two services to have external verification of self-audit</u>

APPENDIX 5: Process for years in which Self-Audits only are completed

Summary

In the 2011 audit there was minimal variability found between the external and self-audit scores. Therefore, as a means of increasing the efficiency of the process, starting in 2012 and subsequently in each even numbered year (2014, 2016 etc) external verification of self-audit scores will be required from only two randomly selected services.

Process

Each service will conduct a full self-audit in February to March, as would be the case prior to an external audit. Spreadsheets are to be completed and sent electronically to the Audit Coordinator. The audit coordinator will process the audit data and compile individual and national reports as usual. Where appropriate, reports will clearly state that audit results are based on self-assessed results.

Verification

Although full external audit will continue to take place every two years, it is important to maintain the credibility of the audit process in the intervening years. Therefore following the submission of the self-audit scores, two randomly selected services will be contacted and arrangements made for their self-audit scores to be verified by external audit. The selection of two services to be externally audited must be carried out in a fair randomised process and must not be known to any services prior to the submission of the self-audit scores.

Addition to Appendix 5 - Process for selecting two services for external audit and services to provide auditors on alternate years where full audit is not taking place.

Introduction

Following submission of self assessment the audit coordinator and associate coordinate will fairly and randomly identify services and auditors for external verification of self assessment scores. The process for selection of services for external audit will be completed once all self assessments have been received by the audit coordinator.

Selection Process

- Step 1. All Health Boards and Services in Wales will be allocated a random number between 1 and 150 by the audit coordinator.
- Step 2. The numbers allocated to the 7 Health Boards in Wales will be emailed to the associate coordinator who will select two numbers. The associate coordinator will be unaware as to which number represents which Health Board.
- Step 3. Where a Health Board has selected to submit self assessments for each Service within that Health Board, the numbers allocated to the services within the two Health Boards selected will then be emailed to the associate coordinator who will select one number from each set. Where the Health Board selected only contains one service or was submitted as one Health Board step 3 will not be necessary for this Health Board. The associate coordinator will not be aware of the Health Boards selected following step 2.

Step 4

The numbers representing the remaining Health Boards will then be emailed to the associate coordinator who will select two numbers. These Health Boards will each be asked to provide one audiologist auditor.

APPENDIX 6: Covering Letter to Chief Executive following External Audit

Name
Title
Address
Direct Tel
Email

Audit Coordinator or Associate Coordinator

Date

Name

Chief Executive X Health Board

Address

Dear X

National External Audit of Adult Audiology Services 2011/12

In August 2009 The Minister of Health and Social Services endorsed the Scottish Adult Service Quality Standards for implementation in Wales (Letter EH/ML/027/09). Chairs of Health Boards were asked to introduce local development plans to ensure that Audiology services improve and meet progressive targets relating to these standards. Additionally, the minister asked the WAG Audiology Advisory Group to devise and oversee a mechanism for annual monitoring of progress in implementation of these standards across Wales. An external audit process was then devised and endorsed for national implementation by the advisory group.

In 2010 and 2011 Audiology departments across Wales were visited by teams of auditors. Each audit team consisted of a lead auditor nominated by RNID Cymru and an audiologist. The external audit team reviewed self-assessment scores and material evidence of compliance prepared by local staff.

This year following submission of self assessments to the audit coordinator, two services were selected at random to be externally audited.

The Audiology Service at X within your Health Board was one of the services that were chosen for external audit.

The scores relating to the Audiology departments within your own Health Board are enclosed.

The overall scores (% compliance against the quality standards) are as follows:

Year	2010	2011	2012
Service A	%	%	% (self assessment)

Service B	%	%	%
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The national mean compliance score in 20010/11 was 84% (range 66-97%). In 2011/12 the national mean compliance score has increased to 89% (range 80-99%). The target milestones for compliance (minimum overall) scores are:

End of 2009/10	75%
2010/11	85%
2011/12	90%
2012/13	95%

A full report including scores for across Wales will be presented to the WAG Audiology Advisory Group, following which scores and a detailed analysis of data will be widely disseminated. A review of the audit process and identification of examples of good practice will be discussed at a national meeting with representatives from all Audiology Services later this year.

Yours sincerely

Name

*External Audit Coordinator or Associate External Audit Coordinator, Adult Audiology Service
Quality Standards*

Title

APPENDIX 7: Covering Letter to Chief Executive following Self Assessment Only

Name
Title
Address
Direct Tel
Email

Audit Coordinator or Associate Coordinator

Date

Name

Chief Executive X Health Board

Address

Dear X

National External Audit of Adult Audiology Services 2011/12

In August 2009 The Minister of Health and Social Services endorsed the Scottish Adult Service Quality Standards for implementation in Wales (Letter EH/ML/027/09). Chairs of Health Boards were asked to introduce local development plans to ensure that Audiology services improve and meet progressive targets relating to these standards. Additionally, the minister asked the WAG Audiology Advisory Group to devise and oversee a mechanism for annual monitoring of progress in implementation of these standards across Wales. An external audit process was then devised and endorsed for national implementation by the advisory group.

In 2010 and 2011 Audiology departments across Wales were visited by teams of auditors. Each audit team consisted of a lead auditor nominated by RNID Cymru and an audiologist. The external audit team reviewed self-assessment scores and material evidence of compliance prepared by local staff.

This year following submission of self assessments to the audit coordinator, two services were selected at random to be externally audited.

The self assessment scores relating to the Audiology departments within your own Health Board are enclosed. **These have been submitted by each Head of Audiology and have not been externally audited on this occasion.**

The overall scores (% compliance against the quality standards) are as follows:

Year	2010	2011	2012 (self assessment)
Service A	%	%	%

Service B	%	%	%
Service C		%	%

The national mean compliance score in 20010/11 was 84% (range 66-97%). In 2011/12 the national mean compliance score has increased to 89% (range 80-99%). The target milestones for compliance (minimum overall) scores are:

End of 2009/10	75%
2010/11	85%
2011/12	90%
2012/13	95%

A full report including scores for across Wales will be presented to the WAG Audiology Advisory Group, following which scores and a detailed analysis of data will be widely disseminated. A review of the audit process and identification of examples of good practice will be discussed at a national meeting with representatives from all Audiology Services later this year.

Yours sincerely

Name

External Audit Coordinator or Associate External Audit Coordinator, Adult Audiology Service Quality Standards

Title

Attachments:

Standards document Adult Rehabilitative Audiology
Standards document Paediatric Audiology

National Audit Process Document Adult Rehabilitative Audiology
National Audit Process Document Paediatric Audiology

Summary charts showing performance by year for Adult Rehabilitative Audiology
Summary charts showing performance by year for Paediatric Audiology