

## **National Deaf Children's Society briefing for CHSWGs (England): National Paediatric Hearing Services Improvement Programme**

Last updated: 14<sup>th</sup> November 2023

### **Summary**

Following an NHS England audit of children's audiology services which revealed significant quality and safety problems in some trusts, NHS England has developed an improvement programme, which all Integrated Care Boards (ICBs) have been asked to implement immediately. ICBs have been asked to work with their providers of children's audiology services to collect evidence about the quality of their services and to produce an overview report, including areas where there are risks of poor quality. ICBs are required to report to Regional Quality Groups and regularly update on their progress with recommended actions, risks and updated action plans.

**If they haven't already, Children's Hearing Services Working Groups (CHSWGs) are encouraged to engage with ICBs to provide constructive support and challenge to them as they work through the recommended actions.** More information about ICBs is included later in this briefing.

At the time of writing, there are specific concerns about audiology provision in at least seven NHS trusts. Our expectation is that, as the work of the improvement programme continues, concerns will emerge in several other areas.

Where concerns have been identified, trusts will be contacting families who may have been affected by this issue. Babies and children may be recalled for additional testing and new referrals may be temporarily signposted to alternative services until improvements have been made.

### **Why is this important?**

A failure to identify deafness as early as possible can have a critical impact on deaf children's outcomes. For example, it can have a serious impact on their language skills and hence their ability to communicate, to learn and to socialise.

These failings can also mean that some deaf babies and children are missing out on the crucial, high-quality support they need so that they and their families can be supported to develop language and communication skills, whether with hearing aids, cochlear implants, or through sign language. To ensure that deaf children get the most benefit from these interventions, they must be delivered as early as possible.

Where there has been a significant delay to the identification of deafness, this is likely to lead to greater demands on specialist education services for deaf children, to make sure that intensive support is provided.

It is also important to note that delayed identification can also have a significant impact on the mental health and wellbeing of families, in some cases, leading to strong feelings of guilt and anger.

Parents will need reassurance that hearing tests are being carried out accurately and to a high standard in their local areas, particularly where failings have been noted.

## **What are Integrated Care Boards (ICBs)?**

ICBs are legal (“statutory”) public NHS organisations. They are responsible for commissioning health services in the area that they cover. They are also responsible for developing plans for meeting the health needs of the population and managing the NHS budget. They work within Integrated Care Systems (ICS) which plan public services for the local population and coordinate these across health, education, social care and other provision.

There are 42 ICBs across England. They are relatively new and were created in July 2022 following the Health and Care Act (2022). They have essentially replaced Clinical Commissioning Groups (CCGs) that previously organised local NHS services.

You can find a list of ICBs and a map of the areas they cover at the NHS England website at: [www.england.nhs.uk/publication/integrated-care-boards-in-england/#list](https://www.england.nhs.uk/publication/integrated-care-boards-in-england/#list).

The Kings Fund have a helpful explainer on ICSs and ICBs on their website at: [www.kingsfund.org.uk/publications/integrated-care-systems-explained](https://www.kingsfund.org.uk/publications/integrated-care-systems-explained).

## **What have ICBs been asked to do?**

### **Urgent audit/risk assessment**

ICBs have been asked to do an urgent risk assessment of paediatric audiology services – they have been given a toolkit of questions to ask services, and those that are rated as “red” or most concerning will be those that the ICB should be prioritised for support. This rapid risk assessment is not a replacement for a full quality assurance review of all services. It is a short-term urgent action.

## Short to medium term

NHS England have asked all 42 ICBs to carry out a number of recommended actions to assure the quality of the paediatric audiology services that they commission. These are set out in an NHS England paper. It includes actions on, for example:

- leadership and quality governance
- accreditation of services and use of quality standards
- peer review of auditory brainstem response assessments
- duty of candour where risk of harm is identified
- data, records and documentation management
- workforce quality.

ICBs have been provided with a table that sets out the key information they should obtain from Trusts and Hearing services, which the ICB will then have to provide to Regional Quality Groups to show that they are meeting the recommended actions. They are expected to update this over time.

Links to both the letter and accompanying recommended actions can be found on the NHS England website at:

[www.england.nhs.uk/publication/paediatric-hearing-services-improvement-programme-system-recommendations-for-immediate-action/](http://www.england.nhs.uk/publication/paediatric-hearing-services-improvement-programme-system-recommendations-for-immediate-action/).

Whilst we know many paediatric audiology services are delivering a high-quality service, it is clear that this is not always happening consistently. This is why it's important all children's audiology services engage with the work being done by ICBs, so that they can show and demonstrate that they are doing a good job and so that any necessary improvements in processes or funding can be implemented urgently.

## Long term plan

In the long term, ICBs are expected to ensure that the paediatric audiology services that they are responsible for are accredited under the Improving Quality in Physiological Services (IQIPS) scheme (provided by UKAS – the UK Accreditation Service), or working towards this. ICBs are expected to ensure this is funded and supported.

## What has happened in the areas of concern?

Repeated failures at some sites have been identified, including ongoing failure to follow clinical guidelines (such as for Auditory Brainstem Response testing), inadequate training and supervision of staff, and incorrect interpretation of key tests. A lack of national oversight of training, staffing and quality has perpetuated a system where poor practice has continued unchecked. This has meant that some deaf

babies and children have missed out on the vital support they need to develop language and communication skills at an early age, with many more at risk of being overlooked.

Individual trusts are contacting affected families and NHS England have ensured that there are ICB-led incident groups to address these issues, including recalling deaf babies for additional testing where necessary. Some of these services have had a “gap assessment” by UKAS against IQIPs standards and will have a report with suggestions of what could be improved.

Where services at specific sites have been stopped, families will be given appointments at alternative sites, as close to their home as possible. Because many audiology services have limited capacity to offer appointments to large numbers of out of area children, this has been challenging to resolve.

### **What does this mean in practice for families?**

The numbers of children directly affected by this issue may be relatively low in some areas. Most of the children retested are likely to have normal hearing. However, given that the consequences of late identification and intervention can be so significant, it is important that the sites take the issue very seriously and ensure that all affected children are retested urgently.

Any families who are concerned about what this might mean for them can also visit the National Children's Deaf Society website at: [www.ndcs.org.uk](http://www.ndcs.org.uk) or contact our helpline. Our helpline is open Monday to Thursday 9am-5pm and Friday 9am-12.30pm. Families and professionals can call 0808 800 8880 or email [helpline@ndcs.org.uk](mailto:helpline@ndcs.org.uk). For Live Chat or BSL video relay visit [www.ndcs.org.uk/ourservices/services-for-families/helpline](http://www.ndcs.org.uk/ourservices/services-for-families/helpline)

Professionals can also refer families to us via [www.ndcs.org.uk/our-services/services-for-families/helpline/referral-form-for-professionals/](http://www.ndcs.org.uk/our-services/services-for-families/helpline/referral-form-for-professionals/).

### **What can CHSWGs do?**

CHSWGs have an important role to play in supporting local services for deaf children. They can, for example:

- ask ICBs to share information about how they are responding to the recommended actions. CHSWGs can also ask for a copy of the overview report that ICBs have been asked to return to NHS England
- act as a critical friend to the ICB if they feel that there is more that the ICB can do.

CHSWGs in any of the local areas of concern may want to consider other actions to support and constructively challenge the ICB. This might include, for example:

- asking for information on what the incident group in the area is doing to follow up concerns
- considering if the area is fulfilling its responsibilities to make sure that all children who should be retested are done so with sufficient urgency
- considering if the area is fulfilling its duty of candour properly and being sufficiently open and honest with families about what has happened
- identifying if there are other wider issues that should be acted on – for example, funding for workforce development and staffing and equipment
- confirming that specialist education services are prepared for the potential presentation of a number of late-identified deaf children with higher levels of need for support.

If the National Deaf Children's Society receives any information from ICBs on their response, we will share this with CHSWGs as soon as possible.

### **Suggested questions for CHSWGs to ask**

To support CHSWGs with the above, we have written below some suggested questions that may be helpful to raise, as appropriate, as a starting point for discussion and further exploration.

- Is there an appropriate senior clinical lead in place to provide the evidence required to the ICBs? If not, who will be responsible for this and are they being supported by the trust?
- Is there already a programme of audit and quality assurance or will they be starting from scratch? If starting from scratch, are they aware of the British Academy of Audiology's Quality Improvement Tool, which provides some templates and examples of what the basics of a quality assurance plan for a service should include.
- Has the audiology service already been contacted by the Trust quality lead or ICB to provide evidence of their service quality
- Have they had any serious incidents related to audiology in the last three years? Have they logged these and embedded the lessons learned?
- Has the Head of Audiology previously raised applying for IQIPs accreditation but this hasn't been supported by trust management?
- What are the implications for specialist education services for deaf children in terms of support to any children where identification has been delayed? What support or resourcing might the service need in order to support those children and their families effectively?

### **Contact:**

If you have any questions about anything in this briefing, please contact the National Deaf Children's Society representative who attends your CHSWG meeting, or Alison Lawson, Senior Engagement Lead ([alison.lawson@ndcs.org.uk](mailto:alison.lawson@ndcs.org.uk)).