WHC/2016/46

CYLCHLYTYR IECHYD CYMRU

Dyddiad Cyhoeddi: 23 Tachwedd 2016

Llywodraeth Cymru
Welsh Government

STATWS: GWEITHREDIAD

CATEGORI: PERFFORMIAD

Teitl: Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw 2016

Dyddiad Dod i Ben:
Ddim yn berthnasol

Ar gyfer Gweithredu gan:
Byrddau Iechyd Lleol

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Wedi'i Amgáu:
1. Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw 2016
2. Pecyn Asesu ac Archwilio 2016.

Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran Clyw 2016

Cafodd y Safonau Ansawdd ar gyfer gwasanaethau Awdioleg Oedolion, a gyhoeddwyd yn 2009, eu hadolygu gan weithgor o weithwyr proffesiynol o wahanol feysydd. Cafodd argymhellion y grŵp eu cyflwyno i'r Grŵp Cynghori Sefydlog Arbenigol ar Wasanaethau Awdioleg ar ran Pwyllgor Cynghori Gwyddonol Cymru, a'u cymeradwyo i'w gweithredu ar unwaith yng Nghymru gan Vaughan Gething AC, Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon. Bydd y safonau diwygiedig yn sicrhau bod gwasanaethau awdioleg i oedolion yn gwella'n barhaus er lles dinasyddion ym mhob rhan o Gymru.

Mae'r Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran Clyw 2016, ac adnodd Asesu ac Archwilio 2016 sy'n cyd-fynd â nhw, yn disodli pob fersiwn flaenorol.

Dyma'r prif feysydd lle y cafwyd newidiadau:

- Ystyried pa mor berthnasol yw'r meini prawf presennol yng ngoleuni'r arferion diweddaraf sy'n seiliedig ar dystiolaeth ac ar ddatblygiadau mewn technoleg

- Ystyried a datblygu'r Safonau mewn meysydd nad ydynt yn ddigon manwl neu benodol

- Aralleirio'r meini prawf presennol er mwyn osgoi amwysedd neu'r posibilrwydd y gallent gael eu gamddehongli

- Ystyried beth yw lle priodol y meini prawf o fewn y Safonau

- Sgorio a phwysoli'r meini prawf, a datblygu canllawiau ar gyfer y dystiolaeth y mae ei hangen i gefnogi sgoriau hunanasesu

Bydd holl wasanaethau awdioleg oedolion y GIG yn parhau i gael eu harchwilio bob dwy flynedd. Dylai gwasanaethau ddefnyddio'r adnodd Asesu ac Archwilio i baratoi ar gyfer archwiliadau.

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw

Fersiwn 2 Gorffennaf 2016

 ISBN digidol 978-1-4734-8032-2 WG30218

Rhagair

Croeso i'r Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw (Cymru) 2016. Mae'n bleser gen i gadarnhau'r Safonau Ansawdd yn feincnodau i wasanaethau awdioleg y GIG i oedolion yng Nghymru.

Gan adeiladu ar lwyddiant y fersiwn ddiwethaf a gyhoeddwyd yn 2009, cafodd Safonau Ansawdd 2016 eu llunio gan brif awdiolegwyr Cymru ar y cyd â'u cydweithwyr yn yr Alban. Cafodd y gwaith gymorth cynrychiolwyr o Action on Hearing Loss a'r Grŵp Cynghori Sefydlog Arbenigol ar Awdioleg, sy'n rhan o Bwyllgor Cynghori Gwyddonol Cymru. Mae'n enghraifft glir o ofal iechyd darbodus wrth ddarparu gwasanaethau awdioleg. Mae'r Safonau Ansawdd yn annog cydgynhyrchu gyda mwy o bwyslais ar ddefnyddio tystiolaeth a chynlluniau rheoli unigol, ac maent yn sicrhau bod gan gleifion lais wrth wneud penderfyniadau yn fwy nag erioed o'r blaen.

Wrth ddatblygu'r Safonau Ansawdd hyn, mae awdiolegwyr Cymru wedi ymateb i syniadau newydd wrth ddarparu gwasanaethau'r GIG, a hynny er gwir fudd i bobl sy'n defnyddio gwasanaethau awdioleg yng Nghymru. Rwy'n annog pob bwrdd iechyd i roi hwb i'w gwasanaethau awdioleg drwy roi'r safonau hyn ar waith yn ddiymdroi, a chan barhau i gydymffurfio â hwy.

Hoffwn ddiolch i bawb a fu'n rhan o'r datblygiad pwysig hwn yn ein gwasanaethau awdioleg.

Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon
Cabinet Secretary for Health, Well-being and Sport

Cyflwyniad

Cefndir

Cyhoeddwyd y fersiwn gyntaf o'r Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion yn 2008. Ers 2009/10 mae holl wasanaethau awdioleg y GIG yng Nghymru wedi hunanasesu ac wedi cael archwiliad allanol ar sail y Safonau hyn.

Mae defnyddio'r Safonau yng Nghymru wedi rhoi modd o fesur datblygiadau arwyddocaol yn ansawdd y gwasanaeth ledled y wlad. Fodd bynnag, erbyn hyn, mae angen diwygio'r Safonau er mwyn iddynt barhau'n gyson â datblygiadau mewn technoleg ac arferion. Mae hyn yn rhoi cyfle hefyd i egluro a gwella deunyddiau sy'n cyd-fynd â'r safonau, gan sicrhau bod y broses archwilio yn parhau'n gadarn ac yn effeithiol.

Datblygu Ail Fersiwn y Safonau Ansawdd

Cafodd Gweithgor ei sefydlu ac arno uwch-glinigwyr, rheolwyr, cynrychiolydd o Action on Hearing Loss ar ran y trydydd sector, a chynrychiolaeth o blith rhanddeiliaid allanol. Cafodd academydd ei gyfethol gan y gweithgor hefyd er mwyn adolygu'r dystiolaeth a datblygu'r rhestrau cyfeirio.

Amcanion y Gweithgor

Prif amcan y gweithgor oedd datblygu, ar y cyd, Ail Fersiwn y Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw. Wrth wneud hyn, ystyriwyd pum prif maes lle gellid gwneud newidiadau:

1. ystyried pa mor berthnasol oedd y Meini Prawf presennol yn sgil y dystiolaeth ddiweddaraf am yr arferion a'r datblygiadau mewn technoleg
2. ystyried a datblygu'r Safonau mewn meysydd nad oeddent yn ddigon manwl na phenodol
3. aralleirio'r Meini Prawf presennol er mwyn osgoi amwysedd neu gamddehongli
4. ystyried lle yn y Safonau y mae angen Meini Prawf
5. sgorio a phwysoli'r Meini Prawf a datblygu canllawiau ynghylch y dystiolaeth y mae ei hangen i gyd-fynd â sgoriau hunanasesu

Ymgynghori

Ymgynghorwyd ddwywaith ar y fersiwn ddrafft o'r Safonau hyn. Yn gyntaf, ymgynghorwyd â'r rheini a chanddynt brofiad sylweddol o ddefnyddio fersiwn wreiddiol y Safonau. Roedd hyn yn cynnwys Penaethiaid Awdioleg a Gwasanaethau Adsefydlu i Oedolion yn y GIG, ynghyd ag Archwilwyr allanol o Wasanaethau Awdioleg y GIG ac Action on Hearing Loss.

Yr ail gam oedd ymgynghori â defnyddwyr y gwasanaeth, a chynhaliwyd pedwar o ddigwyddiadau grŵp ffocws wyneb yn wyneb, arolwg ansoddol ar-lein, a holiadur meintiol ar bapur.

Defnyddiwyd yr adborth o'r ddau gam ymgynghori er mwyn datblygu a diwygio'r Safonau Ansawdd ymhellach.

Y Cyd-destun a'r Dull o Ddisgrifio Ansawdd Gwasanaeth

Mae'r safonau yn dilyn trefn sy'n adlewyrchu llwybr y claf fel a ganlyn:

Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw

Safon 1 Defnyddio'r Gwasanaeth
Safon 2 Cyfathrebu â Chleifion
Safon 3 Asesu
Safon 4 Datblygu Cynllun Rheoli Unigol
Safon 5 Rhoi'r Cynllun Rheoli Unigol ar Waith
Safon 6. Effeithiolrwydd Clinigol
Safon 7 Sgiliau ac Arbenigedd
Safon 8 Cydweithio
Safon 9 Gwella'r Gwasanaeth

Mae'r cynnwys wedi'i gyfyngu'n fwriadol i eitemau sy'n berthnasol i Awdioleg yn unig neu sy'n haeddu sylw arbennig y tu hwnt i safonau iechyd a gofal arferol, gofynion deddfwriaethol a llywodraethol, neu arferion da cyffredinol. O ganlyniad dylai'r safonau hyn, sy'n benodol i'r gwasanaeth, gyd-fynd â'r gofynion eraill; maent yn fwy penodol ac wedi'u seilio'n fwy ar dystiolaeth er mwyn helpu i ddiffinio'r hyn sy'n gwneud ansawdd gwasanaeth yn dda ac i roi'r canlyniadau gorau i gleifion.

Mae'r safonau'n disgrifio arferion da a'r hyn y dylid ei ddefnyddio i gael tystiolaeth o ganlyniadau iechyd. Fodd bynnag, ni ddylid dibynnu ar gydymffurfio â'r safonau'n unig wrth bennu pa mor effeithiol yw gwasanaethau wrth roi canlyniadau a bodlonrwydd i gleifion.

Y Newidiadau yn yr Ail Fersiwn

Dyma'r prif newidiadau yn y fersiwn ddiwygiedig o'r Safonau:

- Datblygu rhesymeg a meini prawf ychwanegol ar gyfer ymyrryd heb ddefnyddio teclynnau
- Amrediad sgorio newydd gan symud o 1-5 yn yr hen fersiwn i 0-4 lle bydd methu â chydymffurfio bellach yn cael sgôr o 0
- Rhestr o dystiolaeth bosibl y gellir ei defnyddio i ddangos sut mae'r gwasanaeth yn cydymffurfio â'r meini prawf

Y Safonau

Ffurf

Mae'r Safonau yn cynnwys naw o *Ddatganiadau o Safonau* sy'n egluro lefel y perfformiad y mae angen ei gyrraedd. I gyd-fynd â'r rhain ceir y sail dystiolaeth sy'n rhoi'r *rhesymeg* dros bob Safon. Mae'r *Datganiadau o Safonau* yn ymestyn wedyn i gynnwys nifer o *Feini Prawf* sy'n nodi'r hyn y mae angen ei gyflawni er mwyn cwrdd â'r safon. Mae'r *Datganiadau o Safonau* wedi'u rhestru isod. Mae manylion am y sail dystiolaeth, y rhestr gyfeirio sy'n cyd-fynd â hi, a'r *Meini Prawf* i gyd wedi'u cynnwys yn y *Pecyn Asesu ac Archwilio* sy'n mynd law yn llaw â'r ddogfen hon.

Y Datganiadau o Safonau

Safon 1. Defnyddio'r Gwasanaeth

Bydd pob claf sydd â phroblemau clyw ac sydd angen defnyddio gwasanaeth Awdioleg, ynghyd â'u cymheiriaid agos:

- yn gallu defnyddio gwasanaeth Awdioleg sy'n ateb eu hanghenion,
- yn gallu cyrraedd y gwasanaethau y mae eu hangen arnynt yn gyfleus,
- yn gallu gweld gweithwyr Awdioleg neu weithwyr meddygol proffesiynol ar y pwynt cyswllt cyntaf, yn unol â'r meini prawf clinigol y cytunwyd arnynt yn lleol,
- yn aros dim mwy i ddefnyddio gwasanaethau Awdioleg drwy un llwybr cyfeirio na thrwy un arall, 1
- os byddant yn glaf presennol sy'n defnyddio'r gwasanaeth ar gyfer ailasesu, yn aros dim mwy na chlaf newydd sy'n defnyddio'r gwasanaeth am y tro cyntaf,
- yn gallu defnyddio'r gwasanaeth Awdioleg mor gyflym ag unrhyw wasanaethau meddygol cymharol eraill.

Caiff data am y galw am wasanaethau a data cyfeirio ei fonitro'n gywir, ei adolygu a'i gofnodi ochr yn ochr â'r dangosyddion sydd ar gael, a'i ddefnyddio wedyn i gynllunio'r gwasanaeth.

Bydd pawb sy'n defnyddio cymhorthion clyw yn gallu cael cymorth a chynhaliaeth effeithiol a pharhaol gydol eu hoes.

Safon 2. Cyfathrebu â Chleifion

Caiff gwybodaeth ei chyfnewid mewn ffordd amserol a pherthnasol ar mwyn ateb anghenion cleifion sydd â nam ar eu clyw, ynghyd â'u cymheiriaid agos, mewn dulliau sy'n gweddu i'w gallu i gyfathrebu.

1 Gellir cyfeirio person at wasanaethau Awdioleg am y tro cyntaf naill ai'n uniongyrchol trwy'r Meddyg Teulu neu o'r Meddyg Teulu at Feddygaeth Trwyn a Gwddf (ENT) neu Feddygaeth Awdiofestibwlar (AVM). Ni ddylai cleifion aros yn hirach i weld gweithwyr Awdioleg yn uniongyrchol nag a fyddent pe baent yn cael eu cyfeirio at y gwasanaeth Awdioleg drwy ENT neu AVM. Yn yr un modd, dylai cleifion sydd am ailddechrau defnyddio gwasanaethau Awdioleg er mwyn cael eu hailasesu allu gwneud hynny drwy gyfeirio'u hunain, ac ni ddylent aros yn hirach na phe baent yn cael eu cyfeirio am y tro cyntaf gan Feddyg Teulu.

Safon 3. Asesu

Bydd pob claf yn cael asesiad Awdiolegol sy'n gweddu i'r unigolyn, a hwnnw'n cael ei gynnal yn unol â'r safonau cenedlaethol cydnabyddedig, pan fydd rhai'n bodoli, ac yn cynnwys:

- mesur y nam ar eu clyw,
- asesu sut y mae'r nam ar eu clyw yn cyfyngu'r gweithgareddau y gallant eu gwneud,
- gwerthuso anghenion cyfathrebu a gwrando cymdeithasol ac amgylcheddol, a gwerthuso agweddau, disgwyliadau, cymhellion ac ymddygiad o ganlyniad i'r nam ar y clyw,
- edrych ar yr hanes meddygol perthnasol.

Safon 4. Datblygu Cynllun Rheoli Unigol

Dylai pob claf gael cynllun sydd wedi'i ddatblygu ar gyfer yr unigolyn i reoli eu hanghenion. Bydd y cynllun hwn:

- wedi'i seilio i ddechrau ar y wybodaeth a gaiff ei chasglu yn y cyfnod asesu,
- yn cael ei lunio ar y cyd â'r claf a/neu eu cymheiriaid agos,
- yn cael ei ddiweddaru ar sail barhaol,
- ar gael i'r tîm clinigol,
- yn cynnwys gwybodaeth am yr ymyriadau a argymhellir er mwyn ateb anghenion y claf yn y ffordd orau.

Safon 5. Rhoi'r Cynllun Rheoli Unigol ar Waith

Caiff y Cynllun Rheoli Unigol ei roi ar waith dros gyfres o apwyntiadau, gyda chyfle i ddiwygio'r anghenion, y camau gweithredu a'r canlyniadau bob tro. Bydd y gyfres o apwyntiadau yn amserol ac efallai y byddant yn cynnwys sawl disgyblaeth.

Pan fydd y Cynllun yn nodi bod angen rhoi cymhorthion clyw, bydd y gwasanaeth yn sicrhau:

- bod gweithdrefnau a phrotocolau y cytunwyd arnynt yn genedlaethol ar gyfer eu ffitio a'u gwirio yn cael eu dilyn ar y lefel leol,
- bod y cymhorthion clyw yn gweithio'n iawn,
- bod cleifion yn cael cynnig cymhorthydd clyw ar gyfer pob clust pan fydd gofyn am hynny'n glinigol, a bod cleifion yn cael cefnogaeth i wneud penderfyniad ar sail gwybodaeth dda,
- bod perfformiad y cymhorthion clyw yn addas ar gyfer anghenion yr unigolyn, a bod y gosodiadau yn cael eu cofnodi.
- Pan fydd y Cynllun yn nodi bod angen technoleg gynorthwyol ar gyfer y clyw, bydd y gwasanaeth yn sicrhau:
- bod cleifion yn cael cefnogaeth i ddewis pa mor addas ydynt
- bod cleifion yn cael eu cyfeirio'n effeithiol at ddarparwyr technoleg o'r fath

Gellir rheoli'r broblem clyw heb ddefnyddio technoleg fel yr unig fodd o'i rheoli, neu i gyd-fynd â defnyddio cymhorthion clyw.

- Lle bydd angen ymyrryd heb ddefnyddio technoleg, bydd y gwasanaeth yn

sicrhau:

- Bod cleifion a'u cymheiriaid agos yn gallu defnyddio'r dull neu'r dulliau ymyrryd mewn ffordd amserol a chyfleus
- Bod yr ymyriadau heb dechnoleg sy'n cael eu cynnig yn ateb anghenion y cleifion a'u cymheiriaid agos

Ar ôl rhoi'r Cynllun Rheoli Unigol ar waith, bydd proses o gefnogaeth a chynhaliaeth gyson yn parhau.

Safon 6. Effeithiolrwydd Clinigol

Caiff canlyniadau ac effeithiolrwydd y Cynllun Rheoli Unigol eu gwerthuso a'u cofnodi.

Caiff canlyniadau ac effeithiolrwydd y gwasanaeth drwyddo draw eu gwerthuso a'u cofnodi er mwyn canfod tueddiadau a phatrymau a all fod yn sail i ddatblygu a chynllunio'r gwasanaeth.

Safon 7. Sgiliau ac Arbenigedd Glinigol

Bydd gan bob gwasanaeth, gan ddefnyddio dull llywodraethu tîm, y gallu clinigol angenrheidiol i asesu ac ymyrryd mewn ffordd ddiogel ac effeithiol. Caiff pob tasg ei gwneud o fewn fframwaith sefydledig sydd wedi'i seilio ar gymwyseddau ac wedi'i chytuno'n genedlaethol.

Safon 8. Cydweithio

Bydd gan bob gwasanaeth Awdioleg brosesau a strwythurau i sicrhau ei fod yn gallu cydweithio'n effeithiol.

Dylid canfod a sefydlu patrymau cydweithio sy'n addas i anghenion cleifion a'r gwasanaeth, a gall hyn fod gydag asiantaethau a gwasanaethau mewnol ac allanol.

Safon 9. Gwella'r Gwasanaeth

Bydd gan bob gwasanaeth brosesau er mwyn mesur ansawdd y gwasanaeth. Bydd yr ansawdd yn cael ei fesur er mwyn cynllunio gwelliannau i'r gwasanaeth a'u rhoi ar waith.

Bydd gan bob gwasanaeth brosesau er mwyn ymgynghori'n rheolaidd â chleifion a rhanddeiliaid.

Bydd gan bob gwasanaeth brosesau er mwyn bod yn ymwybodol o'r arloesi diweddaraf sy'n berthnasol i Awdioleg, ac er mwyn defnyddio'r datblygiadau hynny.

Y Cynllun Rheoli Unigol

Mae'r Cynllun Rheoli Unigol yn ganolog i'r Safonau Ansawdd ar gyfer Gwasanaethau Adsefydlu i Oedolion o ran y Clyw. Mae'n syniad sydd wedi'i seilio'n gadarn ar arferion da. Mae'n golygu cofnodi'r sgwrs rhwng yr awdiolegydd a'r claf am yr hyn y mae'r claf yn ei deimlo, ei angen neu'n ei ddisgwyl; yr hyn y mae'r awdiolegydd yn gallu'i gynnig; a sut y mae'r awdiolegydd a'r claf yn cytuno i symud ymlaen.

Nid oes ffurf na thempled penodol ar gyfer y Cynllun. Rhagdybir y bydd gan wasanaethau nodiadau manwl am y sgyrsiau hyn yng nghofnodion eu cleifion. Nid yw'r Cynllun yn ffurflen sy'n olrhain hanes y claf nac yn gofnod o ganlyniadau'r asesiad, er y bydd hanes y claf a statws y clyw yn bendant yn help i fod yn sail i'r Cynllun ac felly'n debygol o gael eu crynhoi ynddo. Yr hyn sy'n bwysig yw y gall gwasanaeth awdioleg ddangos ar gyfer pob claf fod unrhyw asesiadau sydd i'w cynnal ac unrhyw ymyriadau neu benderfyniadau i gyfeirio ymlaen wedi cael eu trafod yn drylwyr a'u cytuno â'r claf. Dylai pawb sy'n rhan o'r sgwrs sy'n sail i'r cynllun rheoli gael cyfle i gytuno ar gynnwys y sgwrs honno. Mewn geiriau eraill, dylent wybod yn union pa benderfyniadau a wnaed a pham, a dylai fod ganddynt ddealltwriaeth glir sut a pha bryd y bydd triniaeth y claf neu'r asesiad pellach yn digwydd.

Gallai awdiolegydd restru anghenion claf newydd fel hyn: asesu'r clyw; ffitio cymhorthydd clyw; rhoi cyngor a gwybodaeth am dactegau cyfathrebu; rhoi cyngor am ddyfeisiau gwrando cynorthwyol; rhoi taflenni am dinitws. Gallai'r un claf restru ei anghenion yn dra gwahanol: mae angen i'm cymar roi'r gorau i gecru â mi am fy nghlyw; mae angen sicrwydd arnaf nad oes gen i salwch difrifol; pa mor debygol yw hi y bydd y broblem glywed yn gwaethygu; sut mae cael gwared ar y tinitws; nid wyf am gael cymhorthydd clyw o dan unrhyw amgylchiadau. Mae'n hynod o annhebygol y bydd y naill restr na'r llall yn ymddangos yn y diwedd yng Nghynllun Rheoli Unigol y claf. Drwy gael sgwrs a chyfnewid gwybodaeth yn yr apwyntiad hwn a rhai dilynol, bydd yr awdiolegydd a'r claf yn edrych ar yr hyn y gellir ei wneud a'r hyn na ellir ei wneud, a chaiff yr anghenion a'r camau gweithredu y cytunir arnynt ar gyfer y claf eu hadolygu a'u diweddaru dros amser.

Y Sail Dystiolaeth

"Evidence-based medicine is the integration of best research evidence with clinical expertise and
patient values," (Sackett et al., 2000 t. 1).

Mae'r sail dystiolaeth bresennol wedi cael ei hadolygu yn drylwyr. Lle'r oedd hynny'n bosibl, ymchwil cyhoeddedig, wedi'i hadolygu gan gydweithwyr, oedd sylfaen y sail dystiolaeth. Mae erthyglau o ddarnau eraill o lenyddiaeth wedi'u cynnwys os oedd y gweithgor yn credu bod hynny'n briodol. Er mwyn galluogi'r darllenydd i weld y lenyddiaeth berthnasol sy'n cyd-fynd â phob safon unigol, mae'r golofn rhesymeg bellach yn cynnwys cyfeiriadau wedi'u rhifo.Mae'r pecyn asesu sy'n cyd-fynd â'r Safonau yn rhoi manylion llawn y rhestr gyfeirio ar gyfer pob safon. Ceir hefyd nifer o ddogfennau cyffredinol sydd wedi bod yn sail i ddatblygu'r ail fersiwn, ac mae'r rhain wedi'u rhestru isod.

Deddf Gwahaniaethu ar Sail Anabledd 1995

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Archwiliadau Allanol i Fesur Sut y Cyflawnir y Safonau

Mae'r broses ar gyfer hunanasesu ac archwiliadau allanol i fesur sut y cyflawnir y Safonau wedi'i nodi mewn manylder yn y ddogfen, *Arrangements for the External Audit of Adult Audiology Services Against the Quality Standards for Adult Hearing Rehabilitation Services* sy'n cyd-fynd â'r ddogfen hon.

Egwyddorion a Phrif Nodweddion y Broses Archwilio Allanol

- Amcan y broses archwilio yw cadarnhau'n allanol y sgoriau hunanasesu (a'r dystiolaeth) sy'n ymwneud â'r safonau'n unig. Nid y nod yw gwerthuso sut mae'r gwasanaeth yn cael ei reoli na gwneud argymhellion helaeth ar gyfer gwella.

- Dylai'r broses archwilio fod yn gadarn, yn berthnasol, yn effeithiol, yn deg ac yn gyson.

- Rhagdybir y bydd hunanasesiad llawn wedi'i gwblhau cyn yr ymweliad allanol ac y bydd deunydd sy'n rhoi tystiolaeth ar gael yn barod pan fydd yr archwilwyr allanol yn ymweld.

- Bydd yr ymweliadau'n cael eu cynnal ar y cyd gan dîm archwilio allanol, a hwnnw'n cynnwys Prif Archwilydd Annibynnol, Uwch Awdiolegydd o wasanaeth arall, ac un Defnyddiwr Gwasanaeth.

- Bydd archwilwyr allanol yn ymweld â phob Bwrdd Iechyd bob dwy flynedd.

- Bydd Pennaeth Awdioleg pob Bwrdd Iechyd yn dewis cyflwyno un sgôr hunanasesu ar gyfer y Bwrdd Iechyd cyfan, neu gyflwyno sgoriau hunanasesu ar wahân ar gyfer pob

'gwasanaeth' o fewn y Bwrdd Iechyd. Diffinnir gwasanaethau fel adrannau parhaol sydd â staff parhaol (ynghyd â'u safleoedd lleol) – gan adlewyrchu'r rheini sydd wedi cynnal hunanasesiadau blaenorol. Gwneir darpariaeth arbennig ar gyfer Bwrdd Iechyd Lleol Powys, lle bydd asesiadau unigol yn cael eu cynnal o dri gwasanaeth y gwahanol ddarparwyr. Fodd bynnag, bydd un ymweliad safle, sef â'r unig safle lle mae staff parhaol (Aberhonddu).

- Bydd ymweliad yr archwilwyr allanol yn cael ei gwblhau dros ddiwrnod (fel arfer 6-7 awr), gan ganiatáu amser ychwanegol ar gyfer teithio. Dim ond y ganolfan ganolog fydd yn cael ymweliad, yn hytrach na'r safleoedd lleol. Pan fydd y Pennaeth Awdioleg wedi dewis cyflwyno un hunanasesiad ar gyfer yr holl Fwrdd Iechyd, bydd cydlynydd yr archwiliad yn dewis pa adran yn y gwasanaeth fydd yn cael ymweliad fel rhan o'r archwiliad allanol.

- Rhaid cyflwyno'r sgoriau a asesir yn allanol i'r Prif Weithredwyr a Phenaethiaid Awdioleg pob gwasanaeth perthnasol, a hynny cyn eu cyflwyno i ASSAG a'u gwneud yn gyhoeddus (er enghraifft ar wefan Pwyllgor Cynghori Gwyddonol Cymru).

- Bydd ASSAG yn penodi cydlynydd i weinyddu'r cynllun, i gasglu'r canlyniadau, ac i gyflwyno adroddiad i ASSAG ar ôl pob archwiliad.

- Bydd proses apelio ar gael ar gyfer herio'r sgôr allanol neu'r broses archwilio.

Llywodraeth Cymru
Welsh Government

GIG CYMRU NHS WALES

Quality Standards for Adult Hearing Rehabilitation Services

The Assessment and Audit Tool

version 2 July 2016

OGL Digital ISBN 978 1 4734 7146 7 WG29355

Quality Standards for Adult Hearing Rehabilitation Services Version 2 January 2016 The Assessment and Audit Tool

Standard 1. Accessing the Service

STANDARD STATEMENT	RATIONALE	CRITERIA	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
1a. All patients with hearing problems and their significant other(s) who require access to Audiology services are able to: (i) access the correct Audiology service to meet their needs, (ii) conveniently access the services they require, (iii) see Audiology or specialist medical professionals as first	Direct access to Audiology services is a more effective and efficient way of meeting patients' clinical needs where there is no robust evidence of otological pathology [1][2][3][4]. Allocation to the wrong referral pathways (or absence of alternative pathways) means additional inconvenience to the	**1a.1**. All adult patients have access to Audiology via direct access where this is clinically indicated.	• An agreed protocol for the direct access of new and existing patients directly to Audiology. • Clearly defined referral criteria for both new and existing patients. • An audit including details of the number of new and existing patients referred to Audiology via all routes.

points of contact, as determined by agreed local clinical criteria, (iv) wait no longer to access Audiology by one referral route than any other.[1] v) wait no longer if they are an existing patient accessing the service for reassessment than a new patient accessing the service for the first time. vi) gain access to the Audiology service as quickly as other comparable medical services.	patient and inefficient use of time and resources [5][6]. Correct information to an Audiology service results in more effective use of available resources [7][8][9]. Public Health principles promote delivery of services close to patients for their ultimate health care benefit [10][11]. Simple equity implies that no patient should wait longer for a direct referral to Audiology than they would for a referral via ENT or Audio-Vestibular Medicine [12][13]. Simple equity implies that patients who have previously accessed an Audiology service must be able to re-access it via self referral [13].	**1a.2.** Information about referral criteria and pathways, including any changes, is widely disseminated to all potential referrers on a regular basis.	• Copies of at least annual communication with GPs which includes details of referral criteria. • Examples of regular communication with patients detailing how to access Audiology directly e.g. written patient information, posters in waiting area. • Corroboration by staff.
		1a.3. The proximity of patients to centres delivering Audiology services is similar to other adult services in the Board/district.	• Maps of Audiology service locations and other service locations such as ophthalmology, podiatry and physiotherapy.
		1a.4. Waiting times for direct access (via GP referral or self referral) to Audiology are no longer than waiting times for patients who are referred to Audiology via ENT or Audio-Vestibular Medicine.	• Waiting time data for new patients at monthly points and covering last 12 months. • Will include patients seen by Audiology via GP referral and referral from ENT or AVM.

[1] Initial referral to Audiology services can be directly from General Practitioner (GP) or from GP via Ear Nose and Throat (ENT) or Audio Vestibular Medicine (AVM). Patients should not wait longer to see Audiology directly than they would if they were referred to Audiology via ENT or AVM. Similarly, patients who need to re-access Audiology for re-assessment should be able to do so by self-referral and should wait no longer than those initial referrals referred by GPs.

		1a.5. The maximum waiting time from referral to commencement of treatment meets the national target.	• Wait times compared to national targets.
1b. Service demand and referral data are accurately monitored, reviewed and reported against available indicators and used to guide service planning.	The number of incorrect referrals to the specialist medical route informs the effectiveness/clarity of the criteria and compliance of referrers to those criteria. Improvements can then be made to ensure that patients are not incorrectly referred to certain services [13]. Effective allocation of health resources is reliant upon accurate information on the balance between demand for services and available resources. It is important that waiting times for all stages of the patient pathway from referral through to treatment (e.g. hearing aid fitting) for new and existing patients are collected and monitored in an effective manner. The use of IT systems to compute information such as demographic data and waiting times will inform allocation of	**1b.1.** The appropriateness of referrals is monitored.	**A report detailing:** • The number of direct referrals to Audiology that fulfil referral criteria, including the number with problematic wax. • The number of patients coming to Audiology via ENT or AVM who could have come directly to Audiology. • The number of referrals to Audiology that require onward referral to ENT. • The number of self-referrals that fulfil re-assessment criteria.
		1b.2. The outcome of referral monitoring is analysed and appropriate action taken.	• An action plan which will include actions related to non-compliance to referral criteria or waiting times. • Evidence of completed actions from previous action plans.

	services and help prevent an overload of patients accessing the same service and resources being strained [12][13][14][15]. Effective allocation of resources relies upon information on actual demand and potential/projected demand for specific services [12][13][14][15].	**1b.3.** Waiting times are monitored within the department based upon robust data collection.	• Detail of the source of waiting times data.
		1b.4. Key data are identified, collected, reviewed and used in annual service review.	**A report detailing:** • the number and type of referrals to Audiology services, • the uptake and types of intervention in the local population compared with the predictive need for services, • demographics of locally served populations with relevance to hearing impairment. • Action plans to address any gaps that may have been identified
1c. All hearing aid users have access to effective, ongoing lifetime maintenance and support.	To ensure effective Audiology care, agreed multidisciplinary local ear care / wax management procedures should be in place [16][17][18][19]. Prompt access for existing hearing aid patients to a basic repair service, replacement batteries, and onward referral as necessary is required to help maintain long term use and	**1c.1.** All patients have access to ear care / wax management services with established protocols agreed between Primary Care, Audiology and ENT services and patients	• Clear protocol that is applicable to all patients. - • Evidence of collaborative working to produce the protocol e.g. early drafts, stakeholder comments, meeting minutes. • Details of how patients are made aware of the protocol e.g. written patient information, posters. – • Evidence of the successful implementation of the

	benefit [20][21].		protocol e.g. patient satisfaction, numbers of patients seen for wax management under protocol.
		1c.2. All hearing aid repairs are carried out within 2 working days of the repair request being received unless patient requests appointment further in the future for their own convenience. This repair can be a postal repair or a face to face/telephone request. **1c.3.** There should be direct open access (no appointment needed) for same day repairs and battery provision in at least one location within the area covered by the service. This should be accessible throughout the core working hours of the Service.	• *Audit* of postal repair turnaround time. • *Audit* of waiting times for repair appointments. • Timetable showing daily open access clinic • Patient feedback
		1c.4. Where Audiology services are delivered away from the main Audiology base, patients can access the repair service within a month at each location and a postal service should be available.	• *Audit* of waiting times data for repair appointments at all local clinics.

		1c.5. Audiology departments fulfil requests for replacement batteries within 2 working days of the request being received.	• *Audit* of battery request turnaround time.
		1c.6. Patients have access peer support from trained volunteers.	• Evidence of availability of volunteer support. • Data relating to the number of patients referred to and receiving volunteer support.

Standard 2. Communicating with Patients

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
2a. Timely and relevant two-way information is possible to meet the needs of hearing impaired patients and their significant other(s), in formats that accommodate their communicative abilities.	Uptake of further care will benefit from promotion of the service to patients [22][23]. Good communication before, during and after intervention benefits patients and their significant others, through reduction in anxieties/concerns and encouraging appropriate uptake of further care and self management [24][25][26][27][28][29][30][31][32][33][34]. Written information that is clear, up to date and in a format that is accessible to the individual facilitates understanding of the service and self management options	**2a.1.** Individual communication needs and preferences are identified, recorded and actioned	Patient information screens identifying individual communication needs and preferences.
		2a.2. Written information about the service, assessment procedures, types of assessment, possible interventions and clinicians involved is provided by the Audiology service for all new and existing patients at the time of notification of the appointment.	Written information leaflets and letters. *Audit* to check if appropriate information sent and received. Patient feedback

	[24][32][35][36][37]. To avoid discrimination, services should meet the specific communication and information needs of hearing impaired patients and their significant other(s) accessing the service [38][39]. Technology should be used to enable Audiology staff to communicate effectively with patients and to ensure that the information is given in a manner that the patient understands [32][40][41].	**2a.3.** Written information prior to appointment includes a request to contact the department in advance if communication support is required and encouragement to invite significant other(s).	Written information leaflets and letters. *Audit* to check if appropriate information sent and received. Patient feedback
		2a.4. During assessment, results are recorded and discussed with the patient. A written copy is offered to patients with an appropriate explanation of the results.	*Audit*, cross checking the date of the appointment with record of test results and journal entries.
		2a.5. Written information about self-management and maintenance of hearing aids is available and offered to patients.	For example, information about: Replacing batteries Maintaining and looking after hearing aids FAQs Hearing tactics and how to maximise the listening environment Support in the workplace
		2a.6. Information is offered, by Audiology, regarding external services offered by other agencies, including volunteers, ear care, repairs and maintenance and the facility to self-refer for re-assessment.	Written information leaflets or letters. Patient surveys. *Audit* whether the information provided enables access to these services.

		This is provided verbally and offered in written form	
		2a.7. Information is offered, by Audiology, regarding internal services provided Audiology including repair/replacement battery/wax management services. This will include information about locations and opening times. This is provided verbally and offered in written form	Written information leaflets or letters. Patient surveys/*audit.*
		2a.8. All written information provided to patients, including information on websites and noticeboards, is developed in collaboration with service user groups and local corporate communications teams, and is reviewed annually.	Minutes of meetings to review information. Plain English (or similar) on all information and letters.

		2a.9. An up-to-date copy of the Individual Management Plan is offered to the patient at each appointment.	*Audit* of patients' journal entries: External audit team to view random journal entry samples.
		2a.10. All staff with patient contact are deaf aware.	Staff training records. Written policies. Staff CPD records. Patient feedback
		2a.11. Prior to their appointment, up-to-date technology is used to support communication between patients and the Audiology service (e.g. email, text phones, sms messaging, and department websites). All staff responsible for using the technology are trained on how to use it. The application of such technology reflects the advice of local user groups and individual preference.	Technology in place. Patient survey.
		2a.12. At clinics, up-to-date technology is used to support communication with patients.	Technology in place, e.g message boards, loop systems. Log of staff who have received training on use of technology. Log of regular servicing to

			ensure that working effectively Minutes of meetings. Patient survey.
		2a.13. Up-to-date technology (e.g. video clips, website) is used following appointments to support the self management of technological interventions and communication needs	Examples of support information on website Examples of links to video clips
		2a.14. Written information is available that encourages patients and their significant others to engage and communicate with the service through patient forums to facilitate planning, satisfaction auditing and information development etc.	Written information leaflets/posters. Policies. Minutes of meetings.

Standard 3. Assessment

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
3a. All patients receive an individually-tailored Audiological assessment which is carried out to recognised national standards, where available, and includes: • measurement of hearing impairment, • assessment of activity limitations related to hearing impairment, • evaluation of social and environmental communication and listening needs and an evaluation of attitudes, expectation, motivation and behaviours as a result of hearing impairment, • a relevant medical history.	The need for, and content of, any Individual Management Plan (IMP) requires knowledge of a patient's hearing status [25][42][43]. The quality of assessment is more likely to be assured if undertaken in accordance with nationally recommended procedures [44][45]. Measures are compromised if not gathered using equipment calibrated to national and international standards in a quiet test environment [45][46][47]. A relevant medical history is	**3a.1.** Patients are encouraged to consider the impact of their communication difficulties prior to their assessment appointment	Appointment letters/information Pre-assessment questionnarie
		3a.2. The following are established for every patient, where clinically indicated: hearing thresholds by air and bone conduction, thresholds of uncomfortable loudness levels, additional/further diagnostic procedures as required, a relevant medical history, co-morbidities affecting condition or its management, Need for aetiological investigation.	Written protocols. Case *audit*. Summary of discussions about medical history, aetiology and further diagnostic assessment within journal entry that lead to development of IMP and onward referral Examples of onward referral letters

	required to develop an IMP [48][49]. Hearing status is a necessary prerequisite, but is not sufficient information alone to configure an IMP [25][50][51]. Understanding the patient's activity limitations, their social and environmental communication needs, their attitudes, expectations, motivation and behaviours as a result of hearing impairment will enable an appropriate Individual Management Plan to be developed [25][52][53][54][55][56]. Validated self-report questionnaires can support the assessment of activity limitations related to hearing impairment [25][57][58][59]. Situation-specific structured questionnaires (e.g. Glasgow Hearing Aid Benefit Profile) have been shown to offer significant advantages in clinical settings over more general disability and handicap inventories [25][60][61][62][63].	**3a.3.** There are written BAA/BSA recommended procedures or protocols being used by all staff in the department and these include air and bone conduction testing, thresholds of uncomfortable loudness levels, and tympanometry.	Written protocols.
		3a.4 Equipment is calibrated annually and documented to international standards, and daily checks are carried out and documented to international standards.	Calibration and equipment check logs/certificates. Clear protocols for calibration (daily and annually) including how and where to report faulty equipment
		3a.5. Hearing tests, with the exception of domiciliary visits, are always carried out in acoustical conditions conforming to national and international standards.[1]	Calibration and equipment check logs/certificates. Results of acoustic testing to demonstrate compliance with the above acoustic requirement must be available. Such ambient noise level measurements shall be made at a time when conditions are representative of those existing when audiometric tests are carried out, including operation of the air-conditioning/ heating system and lighting.
		3a.6. Information relating to social circumstances; psychological impacts; communication and listening needs; co-morbidites affecting condition or its management; expectations and	Completed questionnaires. Case *audit* showing the gathering and recording of information outlined in 3a.5. Random samples of cases selected by auditors.

		motivation is routinely gathered and reported at each assessment.	
		3a.7. Information is recorded within the clinical record in a standardised way and is used to develop the content of the IMP. Included in this information are details of why an assessment or intervention could not be carried out.	Relevant service policies and procedures regarding standardised gathering of information. Staff training

[1] 'For air-conduction audiometry the accommodation (in use) must satisfy ISO 8253-1:1989 (E) for max permissible ambient noise levels (Lmax), testing from 250Hz to 8KHz, down to 0dBHL, with a maximum uncertainty of +2dB due to ambient noise.'

Standard 4. Developing an Individual Management Plan

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
4a. All patients should have an individually developed plan for the management of their needs. This plan : • is initially based on information gathered at the assessment phase, • is determined in conjunction with the patient and/or their significant other(s), • is updated on an ongoing basis, • is accessible to the clinical team, • includes recommended	An Individual Management Plan approach is most effective if it takes into account a range of factors in addition to the type and level of hearing loss. An effective IMP relies on consultation between the Audiology professional, the hearing impaired person and his or her significant other(s). Only when all parties are committed to the joint goals is an optimal outcome achieved [25][56][64][65][66][67][68].	**4a.1**. Within the Audiology service there is an agreed approach to IMP development. **4a.2** The IMP includes agreed needs, actions and outcomes.	Service-wide guidelines on use, development and implementation of IMPs, including reference to agreed needs, actions and outcomes. *Audit* of clinicians' compliance with service guidelines on use, development and implementation of IMPs. *Audit* of clinical records to ensure inclusion of information on each individual's hearing status, expectations, social status, options for rehab, referral to other agencies and specific goals. Results from individual clinicians'

interventions to best meet needs of patients.	To be successful, IMPs need to be flexible. Flexibility within the structure of the IMP is beneficial because the content and the goals of the IMP may change over time, reflecting the positive outcomes of interventions [56][69][70][71]. An effective IMP will detail specific actions associated with agreed goals that take into account a listener's social, communication and listening needs, in addition to their hearing impairment and related activity limitations, e.g. living alone vs family setting vs sheltered accommodation [25][56][72][73][74]. The IMP is flexible so that different goals can be set if the patient's circumstances/environment changes [56][71][75][76].	**4a.3.** The clinical record contains details of: auditory status, expectations, social circumstance health status – physical, vision or cognitive issues. recommended technological intervention, recommended non-technological intervention, referral to other agencies and/or services and specific goals associated with assessment information (the IMP).	peer review (7a.4.) demonstrating compliance with service approach to IMP use.
		4a.4. The IMP is agreed and updated with the patient and significant other(s) at each appointment as actions are completed, new actions are agreed and new needs are identified	Service procedures referring to development and provision of IMP. *Audit* of IMP provision. Feedback from patients and/or significant others within service satisfaction questionnaire relating to their participation in development of agreed needs and the provision of a copy.

		4a.5. The clinical record includes details of: • the decision making process leading to IMP development and • proposed timescales of IMP delivery.	Service procedures referring to clinical record keeping. Case study *Audit* of clinical record Results from individual clinicians' peer review (7a.4.) Decisions making tools

Standard 5. Implementing an Individual Management Plan

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
5a. The Individual Management Plan is implemented over a series of appointments with the opportunity for revision of needs, actions and outcomes at each stage. The series of appointments is timely and may be multi-disciplinary.	Planned and coordinated intervention leads to better outcomes. Such an approach requires recording of interventions and their effectiveness to guide on-going development of the IMP [42][77]. In order for agreed interventions to be effective, referral to another agency/service for interventions should be prompt so as to be based upon an up-to-date appraisal of need [43][78].	**5a.1**. The clinical record and IMP includes the details, justifications and effectiveness of interventions implemented be they technological or non-technological interventions. This includes referrals to other agencies.	Data relating to the numbers and proportions of people being provided with and referred for technological and non-technological interventions. Service procedures referring to clinical record keeping. Case study *Audit* Service procedures on referral to and feedback from agencies. Service user feedback

		5a.2. Where referral to another agency/service for technological or non technological intervention is indicated, referral is made from Audiology within 7 days of appointment in at least 95% of cases.	*Audit* of time from patient appointment to referral being sent.
5b. Where provision of hearing aid(s) is required by the IMP the service ensures that: • nationally agreed procedures and protocols for fitting and verification are followed at a local level, • hearing aids fitted are functioning correctly, • patients are offered a hearing aid for each ear where clinically indicated and patients are supported to make an informed choice • performance of hearing aid(s) is carefully matched to individual requirements and settings are recorded. Where provision of hearing related assistive technology is required by the IMP the service	Audiologists should be confident that the aid is working to specification before fitting it to a patient so that the aid does not cause harm [79][80][81][82]. Professional bodies and national guidelines should be followed to ensure provision meets the needs of the individual [74][77]. Evidence suggests that hearing aids are most effective when their performance is carefully matched to the requirements of the individual [83][84][85]. Hearing related assistive technology can be used along side or in some cases instead of hearing aids to support effective	**5b.1.** Hearing aids are offered to all patients who have been identified as potentially benefiting from one within their IMP. Patients are supported to make an informed choice. Criteria for eligibility for hearing aids are evidence-based.	Copies of local evidence based criteria and policies *Audit* against these criteria/policies Examples of journal entries within PMS Copies of information/decision aids shared with patients relating to informed choice about hearing aids Patient survey
		5b.2. Local protocols are in operation concerning selection, fitting and verification of hearing aids. These comply with the latest professional body and/or national guidance.	Service protocols for selection, fitting and verification of hearing aids compliant with latest national guidance. *Audit* of compliance of all staff to service protocols. Results from individual clinicians' peer review (7a.4.) demonstrating compliance with service guidelines on clinical record keeping.

ensures that: • patients are supported to make a choice about their suitability • patients are effectively signposted to providers of such technologies	communication and in meeting individual needs [70][73][75][76].	**5b.3.** Where identified and agreed in the IMP that bilateral aids will best meet the patient's need, 2 aids are offered and patients are supported to make an informed choice.	Service eligibility criteria for bilateral hearing aid fitting. *Audit* of compliance of all staff to eligibility criteria. *Audit* of IMP to include record of eligibility, individual need and patient choice. Results from individual clinicians' peer review (7a.4.) demonstrating compliance with service guidelines on clinical record keeping. Copies of information/decision aids shared with patients relating to informed choice about unilateral or bilateral hearing aids.
		5b.4. Real Ear Measurement (REM) or Real Ear to Coupler Difference Difference (RECD) measurements of hearing aid performance is used to verify all hearing aid fittings.	*Audit* to ensure use of REM to verify all hearing aid fittings.
		5b.5. Where REM is contraindicated at the time of fitting, it is completed at the earliest opportunity within the patient journey.	Service protocol that includes contraindications to REM at first fitting and guidance on management of these patients. *Audit* of above protocol.

		5b.6. REM/RECD is performed at earliest opportunity within patient pathway and adheres to BSA/BAA protocols.	*Audit* to ensure use of REM to verify all hearing aid fittings. *Audit* to ensure compliance to BSA/BAA protocols. Service protocol that includes contraindications to REM at first fitting and guidance on management of these patients. *Audit* of above protocol.
		5b.7. A subjective evaluation of the hearing aid will be performed at fitting. This will include: Sound quality, binaural balance and loudness discomfort.	Journal entry templates Examples of journal entries *Audit* to ensure use of subjective evaluation of hearing aids
		5b.8. Hearing related assistive technology options are discussed with individuals when identified within their IMP	Local procedures/policies related to assistive technologies Example journal entries on PMS identifying need for assistive technologies within the IMP
		5b.9 Patients are effectively signposted to external agencies for demonstration or provision of assistive technologies where identified within the IMP	Information about local agencies supporting/providing assistive technologies Template referral letters/forms to external agencies Examples for PMS showed referral for hearing related assistive technologies

5c The non-technological management of the hearing problem can be used as a sole management tool or to supplement the issuing of a hearing aid(s). Where provision of non-technological intervention is indicated, the service ensures: • Patients and their significant other(s) have timely and convenient access to appropriate intervention(s) • Non- technological interventions offered effectively meet the needs of patients and their significant other(s)	Evidence suggests a range of non instrumental aural rehabilitation interventions can improve outcomes for patients and their significant other(s). This can include improvements in function, activity, participation and quality of life through: • Increased use of aids [86][87] • Better speech perception in noise [88][89] • Lower perception of hearing handicap [87][90] • Improvement in psychosocial factors [75][87][90] Interventions shown to be effective are: • Group and/ or individual Aural Rehabilitation sessions for patients and their significant other(s) / communication partners, including information provision, clear speech training, communication tactics, counselling [86][90][91][92][93][94][95]	**5c.1** All patients reporting hearing problems have access to appropriate non- technological intervention(s), including patients unsuitable for aiding, but reporting difficulties.	Service eligibility criteria for non instrumental intervention *Audit* of provision or referral against above criteria
		5c.2 Local protocols are in operation concerning the selection and provision/referral of appropriate non-technological intervention(s). These are informed by the current evidence base, and available interventions should include: • Group and/ or individual Aural Rehabilitation sessions for patients and their significant other(s) • Auditory Training • Lipreading classes	Pathways for group or individual aural rehab sessions, auditory training and lip-reading training Evidence through *audit* of appropriate provision/referral for non instrumental interventions to aural rehab sessions, auditory training and lip reading training Results from individual clinicians' peer review (7a.4.) demonstrating appropriate identification and provision/referral for non-instrumental interventions

	• Auditory training [75][92] • Lipreading classes [93][96][97] Promotion of self efficacy and management will result in increased independence [73][90][98][99]	**5c.3** Where group and/or individual Aural Rehabilitation sessions are in use, these should include: • Encouraged participations of significant others / communication partners • Information provision • Clear speech training • Communication tactics • Counselling. • Self management support	Programme for group or individual aural rehabilitation sessions that include information provision, clear speech training, communication tactics and counselling
		5c.4 The service ensures that staff are aware of currently available non–technological interventions, any criteria for referral, and details of referral pathway(s).	Results from individual clinicians' peer review (7a.4.) demonstrating compliance with local protocols Discussions with staff during audit visit Agenda and minutes from Staff training sessions Rates of provision/referral
5d. Following implementation of the IMP, a process of ongoing support and maintenance continues.	On-going use of and benefit from a hearing aid is likely to be increased if the process of support and maintenance includes routine Audiological reviews and potential for updating	**5d.1.** Each patient is given a follow-up appointment following hearing aid fitting within a maximum time of 12 weeks and local protocols are used to determine the most appropriate method of follow-up.	Follow up waiting times Direct observation of wait times within Patient Management System (PMS) during external audit Where different methods of FU are used (e.g. face to face, telephone, group) a local protocol

	the IMP. Such provision is required to accommodate the changing rehabilitation needs of individuals [25][56][71][100]		outlining the process for determining appropriate method of FU. Audit against above protocol
		5d.2. Follow-up appointments are comprehensive.	Local protocols for follow-up that include: • Evaluation of individual outcomes directly related to individual needs within the IMP. • Identification of further actions required, eg onward referral to external agencies for volunteer support, communication training etc. • Comfort and appropriate handling of any devices is observed. • Provision of advice on long-term maintenance and care. • Provision of information on long-term access to the service for battery replacement, repair and re-assessment. • Evaluation of the reports of the significant other where possible and appropriate.

			Data relating to the number and proportions of patients that receive follow-ups. *Audit* of follow-up appointment to ensure compliance with all elements of comprehensive follow-up set out in local protocols.
		5d.3. .Following fulfilment of IMP needs, all hearing aid patients are contacted every 3 years, to offer a re-assessment appointment.	Copies of standard invitation letters sent to patients who haven't self-referred for reassessment in 3 years. Current timetable bookings of patients who have responded to invitation for 3 year review. Data related to uptake of invitation to attend and outcomes following 3 year reviews.

Standard 6. Clinical Effectiveness

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
6a. The outcome and effectiveness of the Individual Management Plan are evaluated and recorded. **6b.** Outcomes and effectiveness of the service as a whole are evaluated and recorded to identify trends and patterns which may inform service development and planning.	The management of hearing impairment, within a comprehensive management plan, involves more than a simple technical matter of hearing aid fitting. It involves the provision of a systematic approach, supported by evidence, which addresses not only the hearing impairment, but also other related activity limitations and consequent reductions in quality of life (QoL) [25][64][70][73][67][90][101]. Subjective outcome measures, in the form of disease-specific questionnaires, can assess the impact of a hearing impairment on	**6a.1**. Individual outcomes are evaluated and recorded for all patients. Outcomes are directly related to the needs within the IMP and are recorded within the IMP	*Audit* of IMP and related outcome measures Direct observation within PMS during external audit Local policies and procedures relating to recording individual outcomes Outcome statements for each need for each individual
		6a.2. The outcomes contain information on the *extent* to which the specified goals have been met and include a validated quantitative measure which is appropriate for all the interventions implemented.	Quantifiable outcome scores being used for all identified needs. *Audit* of outcome tools used to measure instrumental and non instrumental interventions

	the patient's communication, functioning and activity limitation. This can then be used in the evaluation process to measure how effective the IMP has been [57][62][63][102][103]. IMP's help to record multiple outcomes, such as functional benefit, satisfaction and QoL. Measurement of outcome is required to shape further progression of IMP's [25][53][67][74]. Measurement of outcome is required to obtain feedback (including a progressive evidence base) on the effectiveness and benefit associated with the service delivered to the patient group[21][87][104][105][106].	**6a.3.** Outcomes are used to monitor patient progress and to further develop the IMP which may result in the identification of further actions required.	*Audit* of the development of a patient's IMP based on their individual outcomes
		6b.1. Outcomes are analysed at service level to identify trends and patterns within the data and are compared against different factors.	Report of outcomes v factors Variables may include: • hearing loss • age • initial disability • postcode • expectations • clinic location • staff involved • use of volunteers • bilateral v monaural aids • other factors

Standard 7. Clinical Skills and Expertise

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
7a. Each service provides, within a governed team approach, the clinical competencies necessary to safely and effectively support the assessments and interventions undertaken. All tasks are undertaken within an established, nationally-agreed, competency-based framework.	To help ensure a safe and effective service, all people working with Audiology patients should work within their agreed Scopes of Practice and have the skills required for their contribution towards patient care [107][108][109][110]. Regulatory Bodies' 'Standards of Proficiency' statements detail requirements for registered practitioners to remain registered. These are produced for the safe and effective practice of the professions they regulate and are	**7a.1**. All eligible, clinical staff working in Audiology are registered with a registration body. [2]	List of all staff including temporary, part time and locum Registration numbers Reasons for not registering
		7a.2. Nationally-agreed Scopes of Practice are adhered to.	*Audit* of appointments Crystal report of people v tasks Discussions with staff during external audit visit Just check job descriptions
		7a.3. All volunteers are registered with a third sector organisation or managed within local Health Board volunteering policy.	List of volunteers and associated organisations HB volunteering policies Evidence of adherence to HB volunteering policies

[2] This includes Clinical Scientists, Audiologists, Associates and Assistants, plus locum staff.

	deemed to be the minimum standards which are necessary to protect members of the public [111][112][113][114]. Registration bodies and some employers require demonstration of regular CPD activity. Facilities to access CPD close to the point of work and in association with colleagues is advantageous [115][116][117]. Peer review provides a useful approach to help ensure clinical competencies are maintained [118][119]. To ensure safe and effective outcomes for patients it is important that there are safeguards in place governing the employment and deployment of volunteers [120][121][122][123].	**7a.4.** Local Scopes of Practice and competency based training are implemented for all volunteers	Volunteer scopes of practice Examples of volunteer referral form and feedback from volunteers following pateitns contact Volunteer training materials Volunteer competency assessment materials
		7a.5. All clinical staff and volunteers participate in CPD activity.	Local systems for ensuring staff attend and record CPD Discussions with staff during external audit visit
		7a.6. Competency is verified formally by peer review observation annually for some procedures ensuring all procedures are covered over a two year period for all clinical staff undertaking such procedures.	Local procedure/process for peer review Peer review checklist for all procedures and/or appointment types List of details/dates of completed peer reviews
		7a.7. There is a department process for dealing with the outputs of the peer review observations.	Local procedure/process for peer review includes dealing with findings Evaluation of peer review observations Action plans linked to peer review observations

Standard 8. Collaborative Working

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
8a. Each Audiology service has in place processes and structures to ensure effective collaborative working. Collaborations appropriate to patient and service needs should be identified and established and may be with internal and external agencies and services.	Understanding the collaborations required to deliver an effective, joined up service will improve service user experience and outcomes [123][124][125][126][127][128][129][130][131]. Having awareness of and appropriate links to specialist Audiological services, other health services, Social Services, peer and voluntary sector support is more likely to result in the hearing, communication and additional health needs of patients being met [30][90][132][133][134][135][136].	**8a.1**. Audiology services identify a comprehensive list of the collaborative partners it needs to work with in order to provide a joined up service for service users.	List of collaborative partners and reasons for collaborations.

	Planning and coordinating services in collaboration with other relevant partners (including service users and their significant others) is more likely to result in services that better address the needs of hearing impaired patients [137][138][139][140][141].	**8a.2.** Written protocols/processes are in place to support referral to other services/agencies:	Copies of referral protocols for the collaborative partners listed previously. Evidence through referral rates to collaborative partners
		8a.3. Evaluation of individual's outcomes specific to these referrals is undertaken.	Patient feedback/outcome reporting Evidence of actions and patient outcomes following outward referral recorded within the patient record.
		8a.4. Evaluation of service level outcomes specific to referrals to collaborative partners is undertaken and acted upon	Reports related to service level evaluation of outward referrals. Action plans linked to the above reports
		8a.5. Audiology works strategically with collaborative partners. Membership and shared group objectives for these collaborations should be clearly stated within group Terms of Reference. There may be a number of separate collaborations relevant to different aspects of the service being provided	Copies of Terms of Reference (ToR) for all collaborative partnerships identified in 8a.1. Reference to membership and shared group objectives of the collaborations should be clearly stated within the ToR.

		8a.6. Action plans to meet shared group objectives should be developed, implemented and monitored	Examples of action plans developed to deliver group objectives. Evidence of progress against action plans
		8a.7. Service users are included within membership of collaborative working groups	Service users listed as part of the membership within Terms of Reference

Standard 9. Service Improvement

STANDARD STATEMENT	RATIONALE	CRITERIA with consultation comments	Examples of EVIDENCE OF COMPLIANCE **This list contains examples that you may wish to include as evidence. This is not an exhaustive list and you may have different forms of evidence to support your self assessment score.**
9a. Each service has processes in place to measure service quality. Quality measures are used to plan and implement service improvements.	Measurement of qualitative and quantitative data helps to inform ongoing service improvement [106][142][143][144].	**9a.1** The Audiology service has a framework in place to ensure ongoing collection of qualitative and quantitative data relating to service performance and service user experience and the annual reporting of this data	Service review framework that outlines the what, when, where and how this data will be collected and reported
		9a.2. Patients and significant others are encouraged to complete anonymous surveys on at least an annual basis to determine satisfaction with different elements of the service received.	Evidence of coverage that ensures an acceptable proportion of patients has participated and a representative sample of the local population is covered (including gender,ethnicity, and all locations of service delivery). Annual self-assessment and/or external audit scores.

9b. Each service has processes in place to regularly consult with patients and stakeholders.	Audiology services that seek, consider and respond to the views of users will be more likely to meet the needs of their patients [141][145][146][147].	**9b.1.** The Audiology service has a mechanism in place to capture views of patients and stakeholders.	Local framework for consultation Agendas and minutes of consultation events
		9b.2. Results of satisfaction surveys and service QRT scores remain on public display in Audiology waiting rooms and are discussed with patients on an annual basis.	Direct observation during external audit visit Minutes of events in 9b.1. include discussion of SSQ and ARQS
9c. Each service has processes in place to keep up to date with and employ key innovations relevant to Audiology.	Use of up to date technology and models of service delivery is integral to effective service delivery and ongoing improvement [100][106][148][149][150][151].	**9c.1.** The Audiology service has a systematic approach to the coordination, identification and appraisal of Audiological innovations.	Local procedure/policies for appraisal of innovations Examples of use of the approach (identification to implementation)

9d. All relevant information is used to develop and implement a comprehensive service improvement plan.		**9d.1.** Using all of the information gathered above, information gathering within 6b1 and the outputs of the Quality Standards visit, an ongoing programme of service improvement is in place.	Service improvement Plan including reference to all elements within Std 9 Direct discussions with staff during external audit visit Timescales for implementation of service improvements Key Performance indicators for service improvements

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