

Hearing Impairment Network for Children & Young People (HINCYP)

Annual Report 2020-2021



HINCYP

HEARING IMPAIRMENT NETWORK FOR CHILDREN & YOUNG PEOPLE

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Contents

1. Current Position	- 3 -
2. Effective Network Structure and Governance	- 3 -
3. Service Development and Delivery	- 3 -
3.1 <i>Service Mapping</i>	- 3 -
3.1.1 Workforce and Paediatric Audiology Services	- 3 -
3.1.2 Local Record of Deaf Children (LRDC)	- 4 -
3.1.3 Newborn Hearing Screening Data	- 4 -
4. Stakeholder Communication and Engagement	- 5 -
4.1 <i>Communication and Engagement Strategy</i>	- 5 -
4.2 <i>Service User Engagement</i>	- 5 -
4.3 <i>Newsletters</i>	- 5 -
4.4 <i>HINCYP Website</i>	- 5 -
5. Education	- 6 -
6. Audit and Continuous Quality Improvement	- 6 -
7. Value	- 6 -
8. Issues	- 7 -
9. Risks	- 7 -
10. Finance	- 7 -
11. Horizon Scanning	- 8 -
12. Appendix 1 – Detailed 2020/21 Annual Workplan	- 9 -
13. Appendix 2 – 2021/22 Business Plan	- 14 -
14. Appendix 3 – Service Mapping- Workforce and Paediatric Audiology Services	- 16 -

1. Current Position

This report provides an analysis on how the HINCYP network has progressed against its objectives. HINCYP delivered 10 of the 13 targets in the 2020-21 workplan (77%).

Three items (23%) did not achieve their planned objectives within the agreed timescales, however progress has been made. Consequently, the network undertook quarterly reviews of its programme of work and took the necessary steps to remobilise work that had been paused. Work has now commenced on all areas of the workplan, although some timescales had to be extended.

Progress against the specific 2020-21 targets is set out against the six core objectives of the network, as detailed below.

2. Effective Network Structure and Governance

During 2019-2020 the network was in the early stages of development and it was considering a more flexible and agile approach to sub-group membership. Accordingly, during the 2020-2021 reporting period, the network successfully designed and implemented an effective network structure that was organised, resourced and governed to meet national requirements. HINCYP successfully established six Task and Finish Groups (TFGs), that had the purpose of delivering specified objectives. Each of these TFGs were also supported with detailed project plans.

In 2020-21 all National Managed Clinical Network (NMCN) meetings were conducted online due to the COVID crisis. This included four HINCYP SG and 16 TFG meetings. Through this structure 10 of the 13 objectives (77%) in the 2020-21 workplan were delivered in full.

The HINCYP Lead Clinician, Dr Ann Mackinnon retired on 31st March 2021. The Lead Clinician post remains vacant. Whilst the position is unfilled, Angela Bonomy, Executive Director, Executive Director, Sense Scotland, is interim chair of the steering group and members who are clinicians, provide clinical leadership and expertise to enable the HINCYP program of work to be delivered.

Furthermore, HINCYP successfully collaborated with approximately 32 key stakeholders from across the hearing impairment sector who work with children, young people and their families. These stakeholders have also enabled the network to make progress against the objectives detailed in this report.

3. Service Development and Delivery

3.1 Service Mapping

3.1.1 Workforce and Paediatric Audiology Services

Paediatric Audiology services are delivered in 11 of the 14 territorial NHS Boards. Service delivery varies according to availability of multidisciplinary expertise and each Health Board area has its own care pathways for individuals diagnosed with bilateral moderate, severe or profound hearing loss at birth or at a later stage in life.

These pathways are not standardised across services: in some areas there is a multi-disciplinary team involved right from the beginning, whilst in other boards the support offered is less co-ordinated.

To address this, the network planned to build on the service mapping activities that were undertaken in 2019/2020 and sent out an in depth survey to all 14 NHS Health Boards to ascertain the up to date position on service provision, including professionals working in health, education and social work.

The network received responses from all 14 NHS Boards. However, some were incomplete and in order to ensure a comprehensive data set, the network needs to follow up with Health Boards and cleanse the data. This activity has now been planned into the 2021-22 work plan, with adjusted timescales (which can be found in Appendix 2).

Finally, further detailed results from the in depth survey can be found in Appendix 3.

3.1.2 Local Record of Deaf Children (LRDC)

As part of the broader service mapping activities, it is important to understand the number of deaf children who come into contact with NHS Audiology services. In 2018, the Scottish Government announced the national roll out of the Local Record of Deaf Children (LRDC). The LRDC gathers prevalence data on the number of hearing impaired children in contact with NHS Audiology services. The data is recorded using established audiology data collection systems. This information assists services such as speech and language therapy, education and social work to support hearing impaired children, young people and their families.

However, key challenges existed with current LRDC processes and data collection methods, specifically:

- There are limited processes in place to collect and aggregate prevalence data from all NHS Health Boards.
- Prevalence data is recorded in two different audiology data collection systems.

To address these issues, the network provided a robust process whereby data from the two existing systems is extracted and submitted to the network (via the NHS Health Boards), on a quarterly basis. By providing this process the network:

- Supported the continued roll out of the LRDC across NHS Health Boards.
- Delivered a national picture of the number of hearing impaired children who come into contact with NHS Audiology services.
- Supported Health Boards to use this data for local audit and planning purposes.

A key stakeholder commented:

“After something like 10+yrs of work to produce it, we finally got there in terms of a first complete national data set”.

3.1.3 Newborn Hearing Screening Data

The former HINCYP Lead Clinician was also the Clinical Lead for the Universal Newborn Hearing Screening (UNHS) Programme. Her role involved collecting and reporting information on the performance of the UNHS Programme.

The UNHS Programme aims to identify all children born with moderate to profound deafness. The programme supports appropriate assessment and help for children and their families and there are clear synergies with the network aims.

With the retirement of the HINCYP Lead Clinician imminent, there was a risk that access to UNHS screening data would be interrupted. Therefore, the network and Information Management Services (IMS) agreed to collate and analyse the latest submitted data set. It is anticipated the arrangement will be reviewed in collaboration with UNHSP during 2021-2022.

4. Stakeholder Communication and Engagement

4.1 Communication and Engagement Strategy

During 2020-2021 the network wrote a comprehensive communication and engagement strategy. This process involved stakeholders from health, social care, education, the third sector and service users to inform the design and delivery of service models and improvements.

4.2 Service User Engagement

During the reporting period the network maintained its engagement with service users across Scotland through local groups. HINCYP outlined its work and aspirations for the network going forward. As a result of this work, HINCYP established good working relationships with third sector organisations, such as National Deaf Children's Society (NDCS) and Children's Hearing Services Working Group (CHSWG).

4.3 Newsletters

The network was scheduled to issue four [newsletters](#) to its members and stakeholders. The first issue produced on Microsoft Publisher; however, the follow-up issue was developed on Microsoft Sway – an easy-to-use, interactive digital platform that looks more professional and provides more flow to the newsletters. Sway can also incorporate videos and other multimedia.

Transferring the HINCYP newsletter to Microsoft Sway provides the network with analytics on the number of views, average time spent reading and the number of those reading to the end.

However, the remaining two newsletters were postponed due to COVID-19 capacity planning arrangements within NSD.

4.4 HINCYP Website

To help raise the profile of the network, HINCYP developed a NMCN website which has been populated according to professional and service user feedback. This website is a central point for information, guidance and resources for Paediatric Audiology in Scotland and is used to signpost service users and professionals to important information, news and events.

5. Education

Within Paediatric Audiology there are gaps in education and training amongst healthcare professionals involved in the care of hearing impaired children. Furthermore, there are limited recognised paediatric specific audiology training and development opportunities in Scotland.

To address this, HINCYP issued a Learning Needs Analysis (LNA) survey, which was designed to obtain feedback on the collective learning needs of healthcare professionals working in the field of childhood hearing impairment across Scotland. However, due to limited responses, the survey response period was extended from 14th December 2020 until 15th January 2021. Moreover, the network had received a considerable amount of qualitative information that needed to be summarised into broader categories and still requires validation by TFG members.

As a result, the network was not able to complete a full analysis of results to inform the design and delivery of an Education Strategy. Although progress has been made, the network has planned further activity into the 2021-22 work plan, with adjusted timescales (which can be found in Appendix 2).

It is anticipated that actions undertaken in response to the findings, will improve specific audiology training and development opportunities.

6. Audit and Continuous Quality Improvement

In 2009, the Quality Standards for Paediatric Audiology were published and a quality rating tool launched. However, use of the standards were not mandated and with ineffective systems in place to support access and reporting there was little subsequent benchmarking or sharing of good practice.

In response, during 2020-21 the network successfully reviewed the existing nine Paediatric Audiology Quality Standards that set out the standards expected by service users and stakeholders. The next step in 2021-22 will be to support the implementation of these quality standards across all Health Boards, ensuring compliance is adhered to.

7. Value

Opportunities to generate added value have been incorporated into the HINCYP strategies and will be evaluated on an annual basis. However, examples from this reporting period are:

- Supporting the collation and analysis of Scotland wide newborn hearing screening data, thus reducing the risk of children being missed in screening and referral to audiology services.
- Gathering evidence via service mapping activities, that aim to ensure services are designed to be efficient, effective and equitable across Scotland.
- Bringing together stakeholders who provide services for children and young people with bilateral severe or profound hearing loss. These stakeholders enabled the network to make progress against the objectives detailed in this report.
- Initiating the production of an animated video to raise the profile of HINCYP.

8. Issues

With efforts to recruit a successor for Dr MacKinnon who retired on 31st March 2021, unsuccessful, the steering group is without a dedicated lead clinician.

To address this issue, the network is exploring the possibility of a joint leadership appointment with the UNHS Programme.

9. Risks

Looking at the year ahead, there are risks that remain around the impact of the pandemic as well as the resources that may be required during the remobilisation period. The network will continue to adapt, innovate and evolve as it has done over the past year.

10. Finance

- Income of £10,000 is an agreed allocation from The National Deaf Children's Society towards the implementation stage of the project.
- £350.01 is a credit for the hire of rooms for meetings. The transaction occurred in 2019-2020.
- £5,750 relates to professional fees paid for the HINCYP animated video to raise the profile of the network.
- Of the £5000 budget, the network spent £4,600.01, meaning there was an underspend of £399.99.

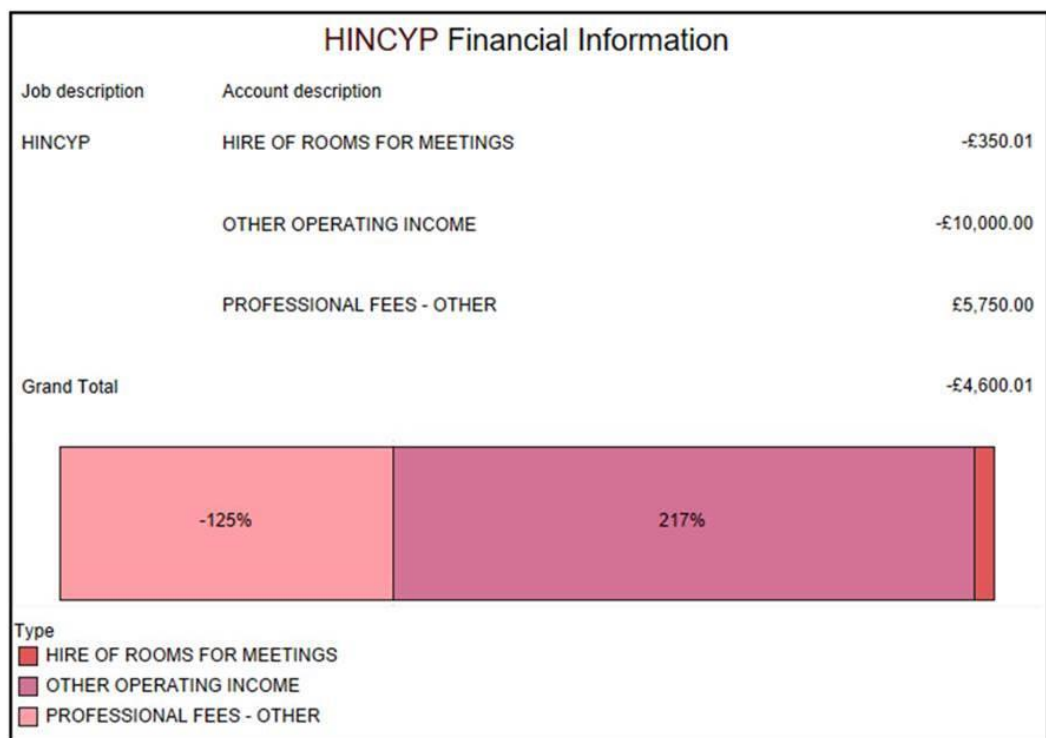


Figure 1: HINCYP Financial Information

11. Horizon Scanning

In order to understand future developments, HINCYP asked the steering group to consider the following topic: what does the future look like for services going forward, and what is the network's role in supporting the remobilisation?

Findings were:

- NHS Boards require support in the management of rapidly rising waiting lists caused by COVID-19.
- Investigating and reviewing the excessive increase in referral pathways, which is resulting in unwarranted variation in care implementation around the country.
- Recognising that in bringing forward these plans we need to align our service ambitions with our available workforce, the quality of care and best value. Specific workforce issues which are resulting in sub-standard service delivery nationally in Scotland include:
 - The risk that retirement levels from the NHS in coming years may lead to increased vacancies.
 - A limited number of trainees, which is leading to a shortage of trained professionals.
 - Those currently in training may face challenges in applying for advertised roles.

The network's role in supporting NHS remobilisation could include:

- Examining ways in which it can support local mobilisation plans and supporting system recovery, especially the rapidly rising waiting lists caused by COVID-19.
- Acting as a vehicle that highlights workforce issues and concerns.
- Working closely with health, social care and third sector colleagues involved in hearing impairment by promoting and sharing best practice across Scotland.

12. Appendix 1 – Detailed 2020/21 Annual Workplan

HINCYP Annual Workplan for 2020/2021 (as of 31st March 2021)

RAG status key

RAG status	Description
RED (R)	The network is unlikely to achieve the objective/standard within the agreed timescale
AMBER (A)	There is a risk that the network will not achieve the objective/standard within the agreed timescale, however progress has been made
GREEN (G)	The network is on track to achieve the objective/standard within the agreed timescale
BLUE (B)	The network has been successful in achieving the network objective/standard to plan

The Institute of Medicine's six dimensions of quality are central to NHS Scotland's approach to systems-based healthcare quality improvement; therefore, objectives should be linked to these dimensions:

1. **Person-centred:** providing care that is responsive to individual personal preferences, needs and values and assuring that patient values guide all clinical decisions;
2. **Safe:** avoiding injuries to patients from healthcare that is intended to help them;
3. **Effective:** providing services based on scientific knowledge;
4. **Efficient:** avoiding waste, including waste of equipment, supplies, ideas, and energy;
5. **Equitable:** providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status; and
6. **Timely:** reducing waits and sometimes harmful delays for both those who receive care and those who give care.

Objective Number	Smart Objective	Planned start/ end dates	Detailed Plan Available / Owner	Description of progress towards meeting objective as at 31.03.2021	Anticipated Outcome	RAGB status
1. Effective Network Structure and Governance [linked to Quality Dimensions 3,4,5,6]						
2020-01	The network will organise up to 4 Steering Group meeting and 3 (of each) sub-group meetings by 2021 to ensure effective delivery of the 2020-21 workplan.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<ul style="list-style-type: none"> - Implement effective design governance structure - Effective delivery of the HINCYP workplan to ensure continuation of progress - Establish Steering Group 	B
2020-02	By March 2021, establish, define, approve and implement the structure and membership of the Network Steering Group and of the Network sub-groups- which report directly to the Network Steering Group.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<ul style="list-style-type: none"> - Fully implemented and effective design governance structure - Effective delivery of the HINCYP workplan to ensure continuation of progress - Identify existing resources which can be used by the MCN in a more formalised way - Work-stream groups or focused task groups - Identify stakeholders - ToR for Steering Group and sub-groups 	B
2020-03	By March 2021, fulfil requirements in relation to national commissioning performance management arrangements, demonstrating satisfactory progress towards achieving annual objectives within 3-5 year strategic workplan.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<p>The workplans reflect relevant national policy aims, including in relation to healthcare quality and realistic medicine, specifically:</p> <ul style="list-style-type: none"> - Amendment and approval of the draft HINCYP NMCN overarching 3-5-year strategic work plan - Creation and approval of the draft HINCYP annual work plan (2020-21) - Completion of the half-year and annual report <p>Other anticipated outcomes:</p> <ul style="list-style-type: none"> - Create and agree up to date Terms of Reference - Approval of Service Level Agreement - Comms, Stakeholder and Engagement Plan - Quality Improvement Plan including Data Plan - Education & Training report (Education Strategy) 	B

2. Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]

2020-04	By March 2021, complete a detailed Service Mapping exercise, which will identify key stakeholders to involve and complete an exercise to map paediatric audiology services across Scotland's 14 regional NHS boards.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network did not achieve the objective/standard within the agreed timescale, however progress has been made.	<ul style="list-style-type: none"> - Identify the gaps in service - This will inform NHS Board and regional service planning. - Service Mapping report - Promotion of national audit and research to build the evidence base to better inform knowledge and assist local, regional and national planning of services for deaf children and their families - Facilitate local areas to support, address standards and services gaps or concerns - Build a baseline of data for the network- where are the patients, where are the services, what are the categorisation of the services. This would allow us to start to develop an 'atlas of variation' in order to identify the improvements and changes the network can build on. 	A
2020-05	By March 2021, plan and define what mechanisms are used to extract data from existing systems.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<ul style="list-style-type: none"> - Build a baseline of data for the network 	B

3. Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]

2020-06	By March 2021, identify and engage with stakeholders and analyse their needs to produce a comprehensive communication and engagement strategy and action plan.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	Produce a comprehensive communication and engagement strategy and action plan	B
2020-07	By March 2021, establish mechanisms for engaging with service users.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	<p>The network has been successful in achieving the network objective/standard to plan.</p> <p>Key events that HINCYP members had presented at were:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The National Deaf Children's Society- 'Staying Connected' meeting on 27/10/2020. <input type="checkbox"/> The NHS Lothian CHSWG meeting on 03/11/2020. <input type="checkbox"/> The NHS Greater Glasgow & Clyde CHSWG meeting on 27/11/2020. <input type="checkbox"/> On 29/01/2021, Ann MacKinnon, Lead Clinician for HINCYP, had wrote a short report and presented at the national annual meeting for the British Association of Paediatricians in Audiology (BAPA), in which she explained how Managed Clinical Networks function in Scotland and why it was felt that such a network was 	<ul style="list-style-type: none"> - Providing consistent, high quality information and support for deaf children and their families and working with them to define quality and drive improvements - Raising the profile of Paediatric Audiology and the impact of deafness on children and families - Ensure HINCYP will continue to be visible and integrated into the Hearing Impairment community and its stakeholders - Facilitate local areas to support, 	B

				required for Paediatric Audiology. She discussed the challenges experienced while making the case for, and establishing the network, and gave an overview of the early work of the network and the plans and hopes for the network going forward. She was awarded the BAPA Prize for this report.	address standards and services gaps or concerns	
2020-08	By March 2021, begin development of HINCYP NMCN website.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<ul style="list-style-type: none"> - Paediatric Audiology NMCN website - Raising the profile of Paediatric Audiology - Ensure HINCYP is integrated into the Hearing Impairment community and its stakeholders 	B
2020-09	By March 2021, raise the profile of Paediatric Audiology and the impact of deafness on children, young people and families.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	<p>The network continues to raise the profile of HINCYP and the impact of deafness on children and families. It has successfully sent out two newsletters on 21/05/2020 & 17/08/2020.</p> <p>Unfortunately, the remaining two newsletters have been delayed due to the COVID crisis. The outputs of this activity had to be extended and is planned to be delivered in 2021-22.</p>	<ul style="list-style-type: none"> - Introduce a HINCYP Newsletter that is delivered up to 4 times a year by March 2021 - Enhance Number of #HINCYP Tweets by up to 75% (during 2019/2020- the number of #HINCYP Tweets was 18) - Raising the profile of HINCYP and the impact of deafness on children and families - Ensure HINCYP will continue to be visible and integrated into the Hearing Impairment community and its stakeholders 	A
4. Education <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2020-10	By March 2021, complete a Learning Needs Analysis (LNA) that will inform the design and delivery of an Education Strategy.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network did not achieve the objective/standard within the agreed timescale, however progress has been made.	<ul style="list-style-type: none"> - Identify learning needs - Identify existing training resources - Education & training report (Education Strategy) - Providing information and training to Paediatric Audiology professionals and multi-disciplinary staff involved in the care of deaf children - An MCN would work with Higher Education providers to improve access to appropriate formal training and create a framework for Audiologists to learn from each other 	A
5. Audit and Continuous Quality Improvement <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						

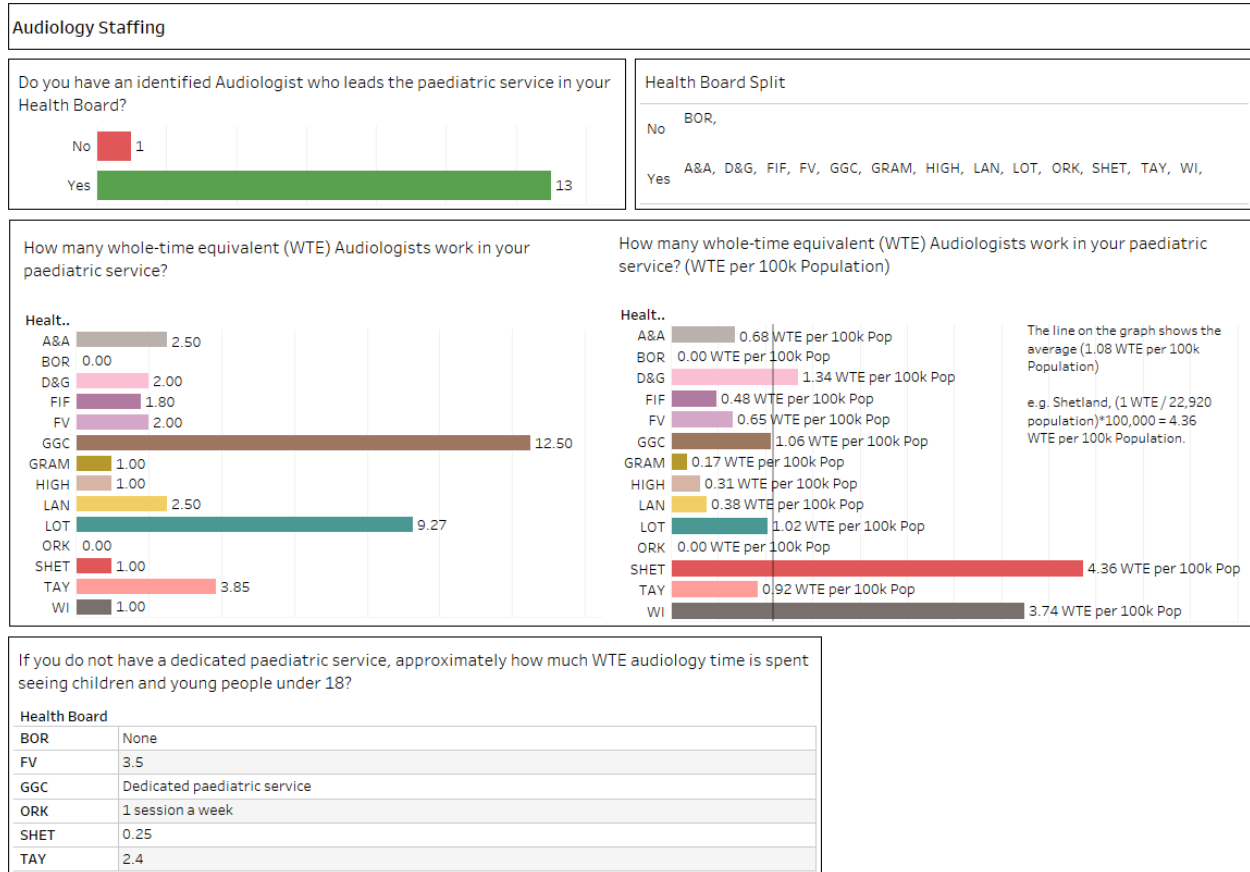
2020-11	By March 2021, the MCN will provide the framework to support the continued roll out of the Local Record of Deaf Children and the aggregation of local information to provide a national picture.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has been successful in achieving the network objective/standard to plan.	<ul style="list-style-type: none"> - A robust national data collection system - Data on the number of deaf children in contact with NHS Audiology services- which will aid assist support services with enhanced service planning - Improve data collection for audit and service planning - Start to develop a system of robust data collection - Facilitate local areas to support, address standards and services gaps or concerns 	B
2020-12	By March 2021, HINCYP will review the existing Paediatric Audiology Quality Standards to ensure currency and appropriateness.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	The network has reviewed the existing Paediatric Audiology Quality Standards to ensure currency and appropriateness. .	<ul style="list-style-type: none"> - Effective systems and processes to facilitate and provide evidence of continuous improvement in the quality of care - Produce revised quality standards - Facilitate local areas to support, address standards and services gaps or concerns 	B
6. Value <small>[linked to Quality Dimensions 1,2,3,4,5,6]</small>						
2020-13	Opportunities to generate better value for money will be considered and incorporated into the various strategies and evaluated at the end of year 3.	01/04/2020-31/03/2021	Steering Group and Sub-Group membership	Opportunities to generate better value for money will be considered and incorporated into the various strategies and evaluated at the end of year 3.	Generate better value for money and potential efficiency savings	B

13. Appendix 2 – 2021/22 Business Plan

Core Objectives	Description of Work	Deliverable	Owner
Effective Network Structure and Governance [linked to Quality Dimensions 3,4,5,6]	In collaboration with Universal Newborn Hearing Screening (UNHS), the Hearing Impairment Network for Children & Young People (HINCYP) will seek to recruit a Lead Clinician by the 29 th October 2021.	Appoint a motivated Lead Clinician for the Hearing Impairment Network for Children & Young People (HINCYP).	PM
Service Development and Delivery [linked to Quality Dimensions 1,2,3,4,5,6]	By 31 st March 2022, the NMCN will facilitate the development of national care pathways, using the existing Paediatric Audiology Quality Standards as the basis.	Agreed national care pathways, using the existing Paediatric Audiology Quality Standards	Paediatric Audiology Quality Standards TFG
Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]	By 31 st March 2022, the National Managed Clinical Network (NMCN) will continue to explore engagement mechanisms with 3rd sector organisations, with the aim to increase engagement with service users.	Develop collaborative working relationships with service users that enable the network drive improvements when the time arises. Maintain key 3rd sector stakeholder contacts and work collaboratively with them.	Communication and Engagement TFG
Stakeholder Communication and Engagement [linked to Quality Dimensions 1,3,4,5,6]	By 30 th July 2021, the NMCN will have produced an animated video that provides patients and stakeholders with relevant information on the network.	Animated video	Communication and Engagement TFG/HeeHaw
Education [linked to Quality Dimensions 1,2,3,4,5,6]	By 30 th July 2021, the NMCN will have completed the analysis of the data capture from the Learning Needs Analysis (LNA) survey.	Complete and detailed analysis associated to the Learning Needs Analysis survey.	LNA TFG
Education [linked to Quality Dimensions 1,2,3,4,5,6]	By 30 th September 2021, the NMCN will have developed its education strategy.	Improved capability and capacity in Paediatric Audiology care through design and delivery of a written education strategy that reflects and meets stakeholder needs	LNA TFG
Education [linked to Quality Dimensions 1,2,3,4,5,6]	From the 1 st October 2021, the NMCN will start to plan the delivery of an educational and/or networking event for professionals. This will be delivered by 31 st March 2022.	Strengthen stakeholder connections Valuable support/resource which will be used to improve outcomes for deaf children, young people and their families.	LNA TFG
Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]	By 30 th July 2021, the NMCN Service Mapping Task & Finish Group (TFG) will address the incomplete data, related to audiology services across Scotland- including current workforce and associated agencies and ensure an accurate complete data set is finalised.	Complete data set which maps paediatric audiology services across Scotland (including current workforce and associated agencies).	Service Mapping TFG
Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]	From 30 th July 2021, the NMCN will produce a Scotland wide data report that looks at paediatric audiology services across Scotland -including current workforce and associated agencies.	Data report that looks at paediatric audiology services across Scotland (including current workforce and associated agencies).	Service Mapping TFG

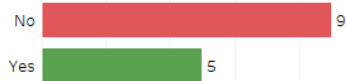
		The data report can be used and shared with stakeholders to drive improvements in audiology services.	
Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]	By 31 st March 2022, the NMCN will continue to provide a quarterly process for gathering, and collating Local Record of Deaf Children (LRDC) information; which will improve national data sets and facilitate clinical audit and service planning.	LRDC process for gathering, and collating information; which will improve national data sets and facilitate clinical audit and service planning.	LRDC TFG
Audit and Continuous Quality Improvement [linked to Quality Dimensions 1,2,3,4,5,6]	There are nine Paediatric Audiology Quality Standards. During the reporting period (1 st April 2021- 31 st March 2022), the network will have an agreed way forward of implementing Paediatric Audiology Quality Standards through the 14 NHS Health Boards.	Implement the existing Paediatric Audiology Quality Standards.	Paediatric Audiology Quality Standards TFG
Value [linked to Quality Dimensions 1,2,3,4,5,6]	During the reporting period (1 st April 2021- 31 st March 2022), the NMCN will incorporate and generate better by integration into the various objectives and strategies. These will then be evaluated at the end of each year.	-	-

14. Appendix 3 – Service Mapping- Workforce and Paediatric Audiology Services



Medical Staffing

Do you have a paediatrician(s) with an identified role for investigating, ongoing monitoring and support of children and young people with confirmed moderate or greater permanent hearing impairment?



Health Board Split

No A&A, BOR, D&G, FIF, GGC, HIGH, LAN, ORK, SHET,

Yes FV, GRAM, LOT, TAY, WI,

If yes, how many sessions a week are allocated for this?

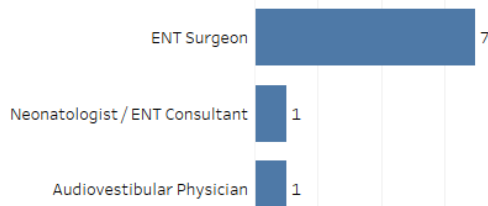
Health Boa..



GRAM We send a referral letter to the named paediatrician

WI The sessions are booked on patient demand, it varies as this is a small population of children

If no, who (what specialty) is responsible for the investigation, monitoring and ongoing support of children and young people with confirmed moderate or greater permanent hearing impairment?



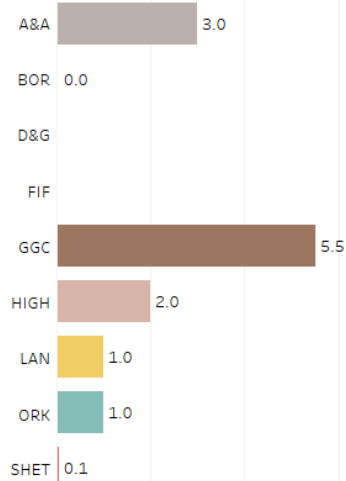
ENT Surgeon A&A BOR D&G HIGH LAN ORK SHET

Neonatologist / ENT Consultant FIF

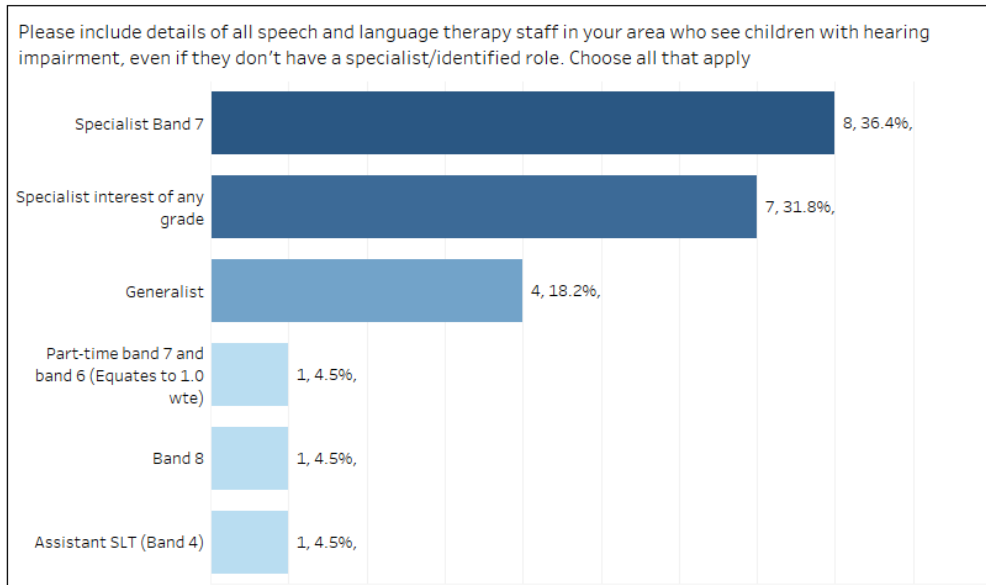
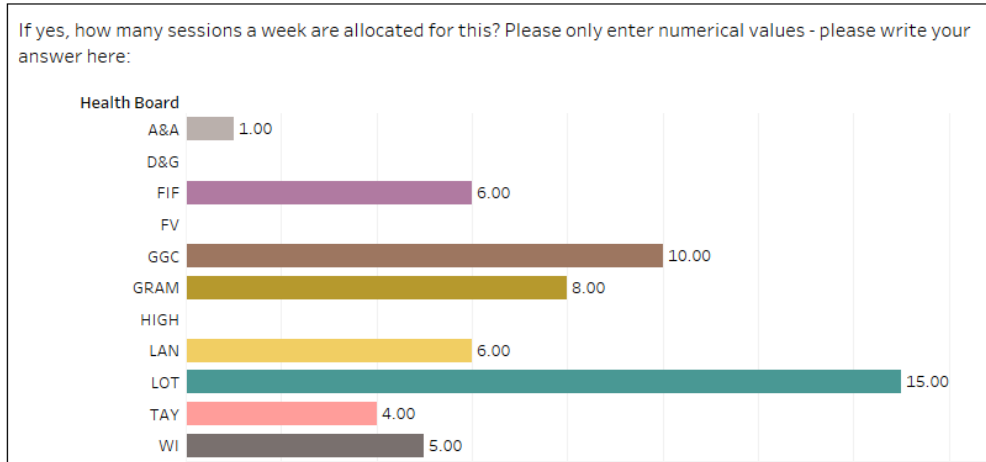
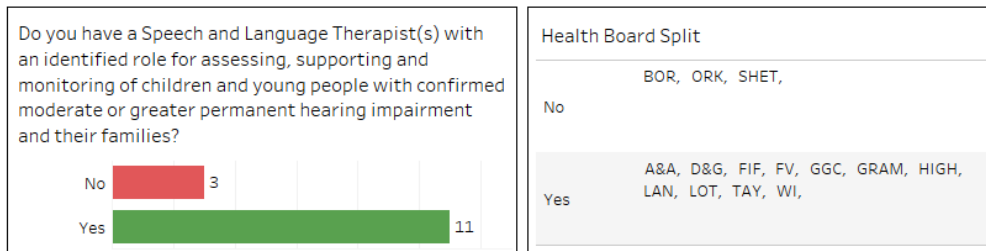
Audiovestibular Physician GGC

If no, how many sessions a week are allocated for this?

Health Board





Speech and Language Therapy Staffing



Note: Respondents were asked to select all that apply, hence multiple answers

Social Work Services Staffing

<p>Do you have access to any specialist social work services for deaf people?</p> <p>No  7</p> <p>Yes  7</p>	<p>Health Board Split</p> <p>No BOR, GGC, LAN, LOT, ORK, SHET, WI,</p> <p>Yes A&A, D&G, FIF, FV, GRAM, HIGH, TAY,</p>
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If yes, please give details of services provided (for each local authority you work with).

Health Board	
A&A	Each of the 3 Local Authorities in Ayrshire have their own Team that supports deaf people.
D&G	Sensory support provide environmental devices
FIF	Deaf Communications, Fife Council
FV	Sensory impairment support service via Forth Valley Sensory Centre. Different arrangements for Clackmannanshire Council
GRAM	NESS - City Aberdeenshire Council
HIGH	Voluntary services providing batteries, tubes, basic repairs, assistive device support and provision, and referrals to audiology.
TAY	P&K Vision and NESS

If you have any additional comments, please detail them below:

Health Bo..	
GGC	Referring to SWD Hearing Impairment services tends to be passed to 'children and families' sections. NDCS and voluntary sector provide many of the services that SWD do or should.

Educational Audiology

Do you have access to an Educational Audiologist?		Health Board Split	
No	 7	No	A&A, BOR, D&G, GRAM, HIGH, LOT, WI,
Yes	 7	Yes	FIF, FV, GGC, LAN, ORK, SHET, TAY,

If yes, please give details of services provided (for each local authority you work with)	
Health Bo..	
FIF	Joint clinic session / Early Diagnosis with Audiology Assistive listening equipment & FM equipment Referrals for aided / unaided children Manage TOD's Liaise with contractors for new build schools Supporting children with hearing loss at home, in nursery, in class
FV	Falkirk Council have an Educational Audiologist employed as Headteacher of local Hearing Impairment service. Other areas may choose to buy in services as appropriate
GGC	My department provides service to 9 local authority areas. Only 2 have a shared dedicated Educational Audiologist. A few of the others sub-contract a 'free lance' Educational Audiologist as required.
LAN	Children are referred when diagnosed and followed up until school age by the Educational Audiologist
ORK	part time hearing support teacher
SHET	Shetland Island Council, One full time ASN/Communications Teacher who works with all of the hearing impaired children across the Islands
TAY	Only Dundee City and any North East Fife patients have access to an Educational Audiologist.

Educational Audiology

If you have any additional comments, please detail them below:

Health Board	
A&A	We have a Team of Teachers with specialist skills in sensory impairment who are led by a senior teaching colleague who is the local co-ordinator.
BOR	I am aware TOD work in Borders Schools and reports are sent onto them
D&G	We have Teachers of the hearing impaired who provide a service for Education
GGC	Throughout my years as Head of Paediatric Audiology many local authorities have had Educational Audiologists who's posts have been removed. One authority had 3 wte and now have none. The impact of this has seen Paediatric Audiology being burdened with additional work. No discussion is ever had regarding these decisions.
GRAM	While we don't have an educational audiologist, we work closely with the hearing support service
WI	we have a semi retired qualified teacher of the deaf who works one day a week