BRITISH ACADEMY
OF AUDIOLOGY

# Review into

# NHS Lothian Paediatric Audiology

## Extended Cohorts

## Audit Report

## With thanks

The British Academy of Audiology (BAA) wishes to thank NHS Lothian for its candour throughout

The reviewers who took part in the process

## Method

Following the publication of the initial reports, the BAA was further commissioned to undertake an audit of the NHS Lothian paediatric audiology permanent childhood hearing loss case load and Auditory Brainstem Response (ABR) testing.

Cohort 1 – Any child on the permanent childhood hearing impairment register for NHS Lothian not previously reviewed in stage 1 (643 children)

Cohort 2 – Any child seen by NHS Lothian for ABR assessment in the period 2021-2017 not previously reviewed in stage 1 (864 children)

All records within these cohorts were examined.

9 practicing paediatric audiological professionals were appointed to undertake the review together with the Chair and the BAA Board Lead. All had taken part in the earlier review so understood the process and situation and the same experience applied.

Reviewers were asked to review each case on its individual merits and asked the following questions:

Cohort 1:

Did, in their opinion, the child require a further review of their audiological care?

Was there evidence from the record that the child had been late or misdiagnosed or late / mismanaged?

Cohort 2:

Did the ABR meet BSA specification at the time it was performed?

Does the child require recall for further testing? (and if so how urgently?)

Where a conclusion was reached that a cochlear implant had been delayed, the case was second reviewed by both the BAA board lead and Audit lead. A quality assurance process of random sampling by both leads was also employed to ensure consistency.

## Results

**Cohort 1:**

Of the 643 children reviewed, 162 (25%) were found to have delayed identification or management which has likely affected their spoken language acquisition through the same audiological issues

which were identified in the original reports. Of these 162, 16 were delayed in receiving a cochlear implant (the most serious harm).

54 children do, in the opinion of the auditors, still did not have best practice audiological care and management and required review at the time of audit.

**Cohort 2:**

Of the 828 children's ABR reviewed, 255 (31%) did not meet the BSA / NHSP specification at the time the test was performed. There were a further 41 children where the only testing which had taken place at the health board was a further attempt at AABR testing, which is against protocol (however we are not recommending recall of these children at this time due to very low clinical risk).

Through review of these 255 children's records is was possible to ascertain the hearing status with confidence of 104 children, however we are recommending the recall for behavioural testing of 151 children.

It is likely that a proportion of these children recalled will have a sensorineural hearing loss which has been misdiagnosed from birth and thus add further to the number of children late identified.

## Recommendations for NHS Lothian:

1) Recall the 151 children for behavioural testing from ABR in order of priority, supporting the families should a hearing loss be found
2) Arrange follow up and assessment of the current audiological management of the 53 children identified within cohort 1
3) Consider the need under duty of candour to communicate with the 162 childrens families identified within cohort 1.

## Conclusion

This report, together with the original reports, attempts to detail the extent of the failings in Paediatric Audiology at NHS Lothian. The issues are major and wide ranging and have resulted in a large number of children with effects to their life chances.

It is important that the audiological profession understands the issues that have affected children at NHS Lothian and builds the systems to ensure they cannot occur elsewhere.