

# Implementation of the Recommendations from the Review of Audiology Services in Scotland

**March 2025**

V1.0	30/01/2025	Version sent to Minister for Public Health and Women's Health
V2.0	08/04/2025	Updates following review from stakeholders



**Scottish Government**  
Riaghaltas na h-Alba

## TABLE OF CONTENTS

<b>1</b>	<b>Executive Summary .....</b>	<b>2</b>
<b>2</b>	<b>Introduction and Background .....</b>	<b>3</b>
2.1	Independent Review of Audiology Services in Scotland .....	4
2.2	Landscape for Audiology Review .....	5
<b>3</b>	<b>Implementation of the Recommendations – Structure and Approach .....</b>	<b>6</b>
3.1	Phase 1 – Scoping for Delivery .....	6
3.2	Phase 2a – Planning for Delivery .....	7
3.3	Phase 2b - Implementation of Actions .....	8
3.4	Next steps .....	9
<b>4</b>	<b>Breakdown of activity by Workstream .....</b>	<b>11</b>
4.1	Quality, Safety and Assurance .....	11
4.2	Education and Training .....	12
4.3	National Recommendations .....	13
4.4	Service Review .....	15
<b>5</b>	<b>Ongoing Responsibilities and Governance Arrangements .....</b>	<b>17</b>
<b>6</b>	<b>Appendices .....</b>	<b>18</b>
6.1	Appendix 1 – Outcome Driver Diagram and Benefits Map .....	19
6.2	Appendix 2 – Quality, Safety and Governance Recommendations .....	21
6.3	Appendix 3 – Education and Training Recommendations .....	24
6.4	Appendix 4 – National Recommendations .....	29
6.5	Appendix 5 – Service Review .....	31
6.6	Appendix 6 – Target Operating Model for Audiology Services .....	35
6.7	Appendix 7 – Local Board Assurance Template .....	36
6.8	Appendix 8 – Governance .....	37

## 1 EXECUTIVE SUMMARY

The Independent Review of Audiology Services in Scotland concluded in August 2023, outlining 55 recommendations on how audiology services could be improved for our population. All 55 recommendations were accepted in principle by the Scottish Government in December 2023.

Since then, Scottish Government has worked with key stakeholder groups to understand how the report recommendations could be implemented across Audiology services in Scotland to improve the quality, safety and efficiency of care. This work concluded on 31 December 2024, with confirmation that each of the recommendations had either been completed, re-aligned or transitioned into operational workplans to see through to completion, with timescales against any ongoing actions.

Implementing the recommendations is complex. Each recommendation is complex, and time has been taken to consider how they link together to provide effective and sustainable change in audiology. By 31 December 2024, all 55 of the recommendations have been addressed, and any ongoing actions have transitioned into business-as-usual workplans to see through to delivery.

We see this report as a checkpoint in the programme- and recognise that work has to continue beyond the closure of this first phase. While all 55 recommendations have been addressed and actions taken, we recognise that there are areas that need to continue beyond this phase to realise the improvements that audiology services desperately need. In addressing the recommendations in this way, we have ensured that these ongoing actions are now sitting with the correct teams and within the correct governance structures to carry these through to completion. Scottish Government remain committed to seeing improvements in audiology services, and believe that this approach is the best way to achieve this.

In this report we outline a number of successes during this work. However we do recognise that audiology services are still facing challenges in delivering care on a day to day basis. We outline some of the measures we have put in place to ensure this continues beyond the closure of this phase, and give commitment to this continuing to be a priority for this government.

This report marks the end of this phase of work. As we move onto the next phase, we will build upon these actions to create new ways of working that will improve the level of care for the people of Scotland. The Chief Operating Officer of NHS Scotland will continue to have oversight, ensuring that it remains a priority for those involved in delivering improvements. We will continue to build strong collaboration links between Scottish Government, Health Boards, and Third Sector to provide the guidance that is required to shape a future service that fits the needs of those who require to use it. In doing so, we will therefore provide sustainable changes in the way our audiology services are delivered that will persist as a legacy of the Independent Review and the important work it carried out.

## 2 INTRODUCTION AND BACKGROUND

Hearing loss has a significant impact on people at every stage of life, and early identification and management has been shown to improve outcomes for both the patient and their families. It is estimated that one in three adults in the UK are deaf, have hearing loss or tinnitus (RNID), and almost 3500 young people in Scotland currently living with a form of hearing impairment.

Following the publication of a British Audiology Association-commissioned review of audiology services in NHS Lothian and the Scottish Government-commissioned Independent Review of Audiology Services in Scotland there has been significant scrutiny of Audiology services across NHS Scotland.



Both reviews examined aspects of clinical service delivery, and outlined recommendations on how measures should be put in place to improve the quality and safety of Audiology services. The Independent Review of Audiology Services Report (subsequently referred to as the IRASS Report) outlined 55 recommendations, which were accepted in principle by the Scottish Government in December 2023.

Since then Scottish Government has worked with key stakeholder groups to understand how the report recommendations could be implemented across Audiology services. This work concluded on 31 December 2024, with confirmation that each of the recommendations had either been completed, re-aligned or transitioned into operational workplans to see through to completion, with timescales against any ongoing actions.

The views of those with lived experience is central to delivering quality, patient-centred care. Over the course of the Review and subsequent engagement, it is clear that audiology is not providing the level of care expected. Reports published by key third sector organisations in this area have a clear message – care must be delivered in a collaborative way, based on the needs of our population, with the patient at the heart of what we do. We will continue to engage with the citizens

access panel, as well as our third sector partners, to reflect this through our ongoing work.

## 2.1 INDEPENDENT REVIEW OF AUDIOLOGY SERVICES IN SCOTLAND

The IRASS Report focused on key areas critical to the delivery of quality audiology care and outcomes for people living with hearing-related conditions. These areas were:

- Structure, governance and leadership of services
- Education and training of audiology staff
- Quality assurance of services

The report identified a range of concerns in all the areas, highlighting:

- A lack of profile, national oversight, accountability and clarity around Health Board-level clinical and care governance arrangements.
- An absence of national leadership, strategic planning and workforce planning.
- No systematic quality assurance of services, despite the existence of national quality standards for paediatric and adult audiology services.
- Evidence of workforce shortages, limited access to undergraduate and postgraduate training programmes and few opportunities for continuing professional development (CPD) and skills maintenance and acquisition once in post.

In total 55 recommendations were outlined as part of the publication, the aims of these are outlined in Figure 2.



### **The overarching aims across the findings and recommendations are:**

- to reduce variation and ensure the delivery of safe, high-quality, patient-centred care across Scotland, with clear accountability;
- to build a sustainable pipeline of talent and ensure that patients are cared for by professionals with the right knowledge and specialist skills, within services with effective, skilled leadership;
- to ensure a culture of continuous improvement of quality and outcomes of care across the patient journey, with external assurance of patient safety, clinical effectiveness and patient experience;
- to ensure that national structures are in place to provide strategic oversight and assurance of audiology services.

**Figure 2 – Overarching Aims of the Recommendations from the Review,**  
[independent-review-audiology-services-scotland.pdf](#)

## 2.2 LANDSCAPE FOR AUDIOLOGY REVIEW

The landscape of audiology services within Scotland is complex. Previous attempts to review services have been limited, and it is clear from the IRASS Report, from engagement of those with lived experience, and from those involved in service delivery that challenges remain.

While Scotland was viewed as at the fore-front of the development of Quality Standards, these were not applied consistently in all areas which means differences in the pathways delivered across the country. This has resulted in a method of service delivery that is complex, and without elements of quality assurance in place.

As outlined in the Review, audiology has not been seen as a priority clinical area and has lacked leadership and oversight. Investment in service review has not been sustained over the past 20 years. As outlined in the developing Target Operating Model for Audiology there are:

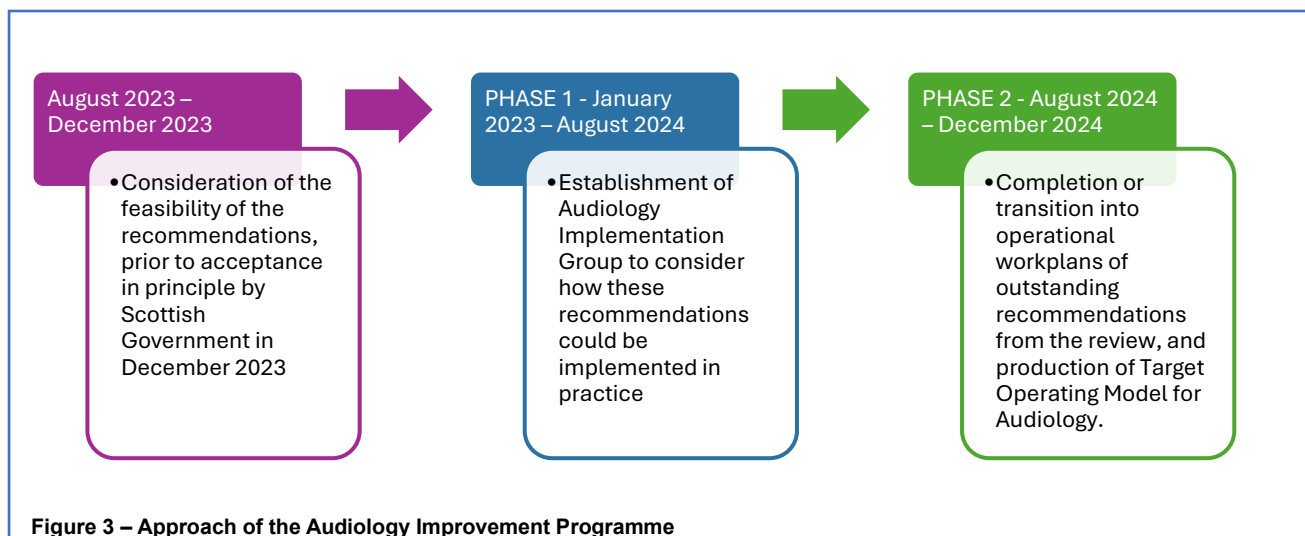
- Gaps in the workforce that cannot be addressed without development of an education pipeline to attract new colleagues into this clinical specialty, however this is not dissimilar to other Healthcare Science roles.
- Varying opportunities for CPD and training, resulting in fewer options to develop staff in post and recruitment to vacancies.
- Increasing demand for audiology appointments, resulting from a growing number of patients requiring return appointments and challenging backlogs for new patients; and crossover with other service areas.
- Lack of standardised ways of working between Health Boards, and varying formality of cross-board working arrangements.
- Absence of data to support reporting on activity and demand; leading to difficulties in documenting the issue or projecting the impact of change.
- Concerns around the welfare of staff working within audiology services

While a number of potential changes have been proposed in recent years (for example to develop a community service for audiology) these have not progressed due to quality, safety and financial constraints which need further exploration in the future. There is however enthusiasm and willingness to investigate these opportunities to deliver meaningful and sustainable change for our population.

Scotland does not sit alone with these issues. In fact, all four nations within the United Kingdom are establishing programmes of work to support and deliver audiology improvements. While much of the evidence on their effectiveness is still developing, these are introducing changes in how and where care is delivered, particularly using different care models from our current acute-based service. It is important that we continue to work collaboratively across the four nations monitor this and make changes based on experience and lessons from our colleagues elsewhere in the country.

### 3 IMPLEMENTATION OF THE RECOMMENDATIONS – STRUCTURE AND APPROACH

In recognition that the recommendations of the IRASS Report were complex and inter-dependent, the Audiology Improvement Programme is taking a phased approach to delivering the recommendations. This has involved scoping the opportunities for addressing the recommendations, before transitioning these into areas with responsibility for delivery. A copy of our outcomes approach, and benefits map, is given in appendix 1.



#### 3.1 PHASE 1 – SCOPING FOR DELIVERY

During this period the work was driven forward by the Audiology Implementation Delivery Group, comprising representatives from key stakeholder groups with an interest in audiology and was overseen by the Audiology Programme Board.

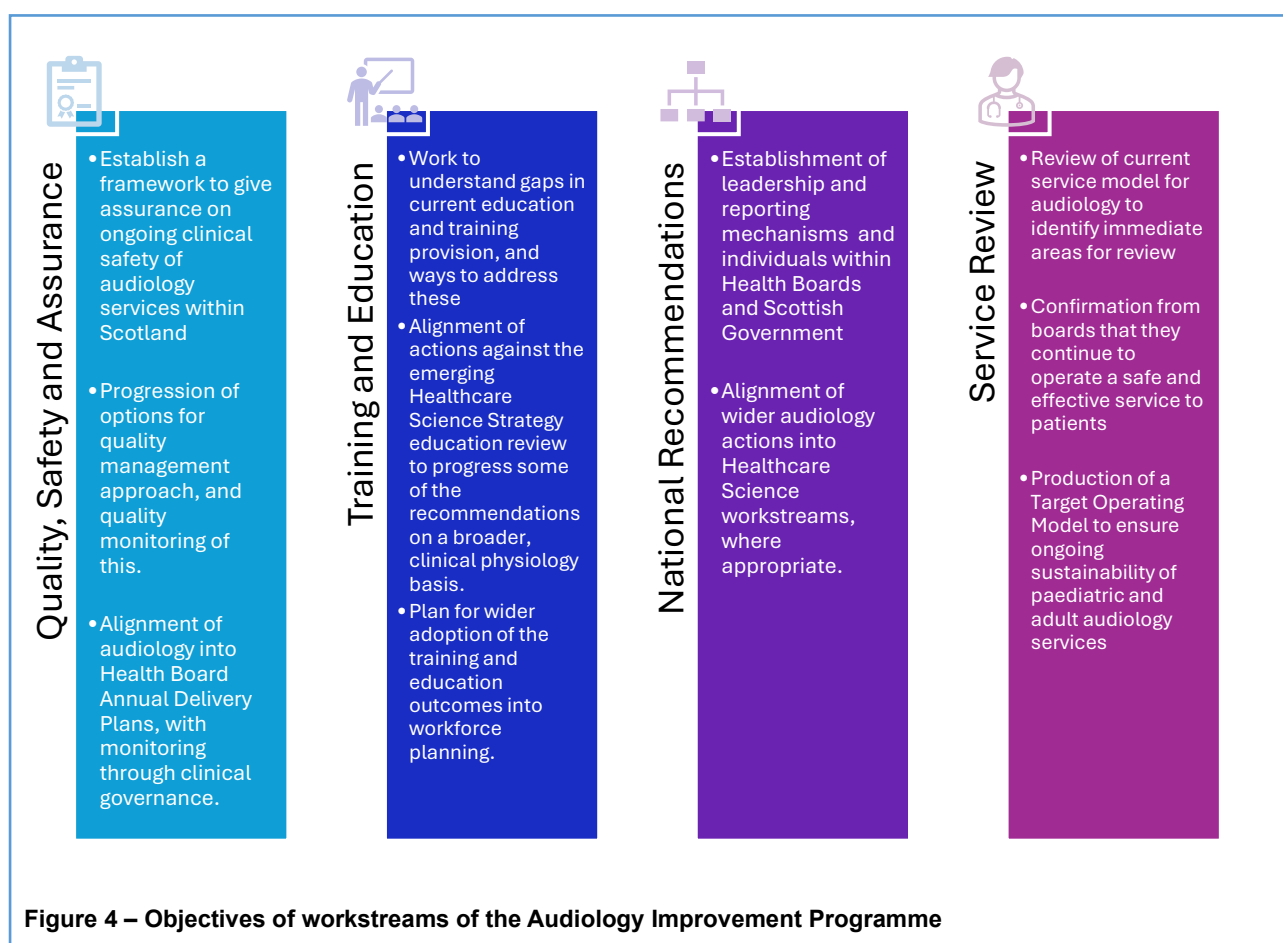
The focus of this phase was to analyse the recommendations, implement immediate actions to ensure safety of our services, and plan for delivery of the remaining activities.

In June agreement was made to transition this work into the structure of the newly established NHS Scotland Planning and Delivery Board which would provide an opportunity for leadership, direction, and momentum to drive forward the adoption of the recommendations.

## 3.2 PHASE 2A – PLANNING FOR DELIVERY

On 22 August 2024 the Programme formally transitioned into the NHS Scotland Planning and Delivery structure. This transition ensured delivery of the recommendations was taken forward as a priority, and under direct leadership from the NHS Scotland Planning and Delivery Board. A target date of 31 December 2024 was put in place for the Programme to have either re-aligned, completed or transitioned actions against each of the 55 recommendations.

Four workstreams were established, with leadership from senior NHS/Scottish Government representatives. The objectives of each of the workstreams are outlined in the table below:



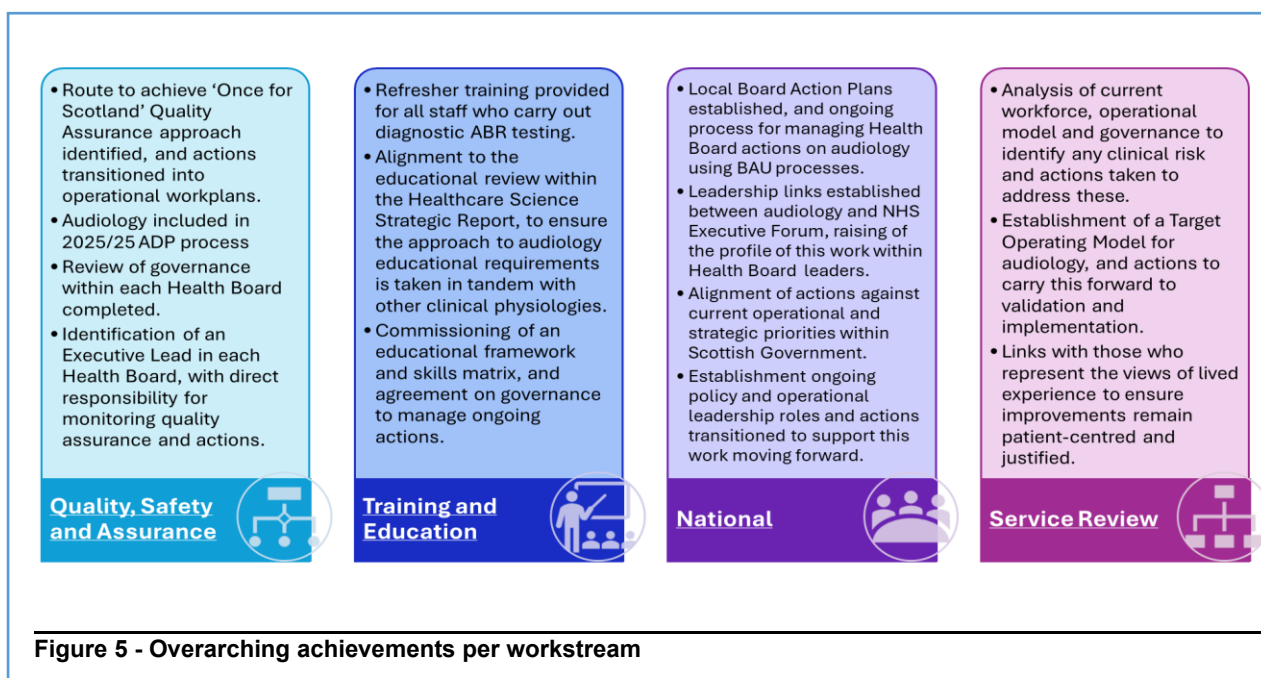
Workstream leads were responsible for leading tasks in their area to achieve the objectives, reporting to a Task and Finish Oversight Group. Each lead was asked to identify 'what complete looks like' and what actions were needed to achieve this. They were also asked to identify links to pre-existing work where there would be a greater benefit of aligning tasks to achieve a better outcome. Where a task would be an ongoing area of action then this would transition into an ongoing area monitored by the Planning and Delivery Board.



### 3.3 PHASE 2B - IMPLEMENTATION OF ACTIONS

Each recommendation was complex and time has been taken to consider how they align to provide effective and sustainable change in audiology. All four workstreams produced a response to their brief outlined in figure 4, as well as a robust assessment of the actions and responsibilities for each of the 55 recommendations.

By 31 December 2024, all 55 of the recommendations have been addressed. Section 4 of this report gives a detailed summary of the actions taken in each of the workstreams, which has been summarised in Figure 5 below.



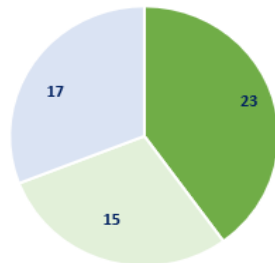
To achieve this, each recommendation has been assessed individually, and progress noted against this. The status's used are:

- **Completed** – actions have been taken to address the recommendation and it has been considered complete.
- **Transitioned** – actions are outstanding to achieve these recommendations, and they have transitioned into operational workplans and will be taken forward accordingly. Section 4 gives an overview of transitioned actions are; what the timescales against delivery are; and how these are being governed
- **Dependent on other work/re-aligned** – actions that have crossover or a dependency on some of the other recommendations of the review. In this instance these recommendations will be considered in the broader picture of improvements, building on the work that is being undertaken within the work to implement the Healthcare Science strategic approach. The rationale behind the decision taken for each recommendation, and the actions that will be taken to confirm that it will progress, have been provided in the Appendices.

By 31 December 2024, 23 recommendations were complete; 15 transitioned; and 17 re-aligned.

## Status of the Recommendations of the Independent Review of Audiology Services in Scotland

Overall Status at Closure



Status Breakdown at Closure, by Workstream

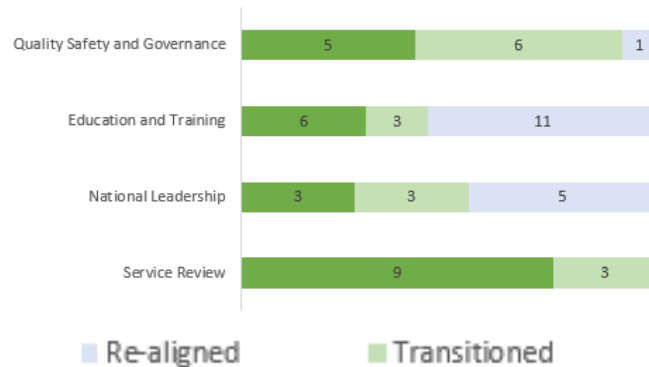


Figure 6 - Final status of recommendations at close

It is worth noting that by using the status of 'transitioned' or 're-aligned' Scottish Government are recognising the inter-dependencies between this and other pieces of work that may be underway elsewhere. This is a sensible approach to ensure work is sitting with the correct accountability and responsibilities to ensure completion and to provide maximum impact for the population. Scottish Government continue to be committed to delivering improvements in audiology, and the Chief Operating Officer will continue to monitor progress and achievements as this continues over the coming months.

### 3.4 NEXT STEPS

In this report we outline a number of successes during this work. However we do recognise that audiology services are still facing challenges in delivering care on a day to day basis. We outline some of the measures we have put in place to ensure this continues beyond the closure of this phase and reiterate our commitment to work with our clinical/professional teams, third sector and those with lived experience to carry on the legacy of this review.

We recognise that this is not the end of the work, more the end of this phase. As we move onto the next phase, we will build upon these actions to create new ways of working that will improve the level of care for the people of Scotland. The Chief Operating Officer of NHS Scotland will continue to have oversight of this work, ensuring that it remains a priority for those involved in delivering improvements, and that progress continues to be made against the ongoing actions.

Appendix 4 outlines the ongoing tasks associated with this work, and details the timelines and governance arrangements around these. Scottish Government commit to:

- Establishing a 'Once for Scotland' Quality Assurance approach, which will provide the external validation that our services are safe and effective throughout the country. We will pursue IQIPS benchmarking over the course of Summer 2025 which will be the first step to achieving this.
- Continuing to develop a Target Operating Model for audiology services in Scotland, building on the work already undertaken alongside Heads of Service. It is anticipated this will be a key deliverable of the Specialist Reference Group (referred to as the Specialist Advisory Group in recommendation 2), when their remit is confirmed in Spring 2025.
- Under the governance the Chief Healthcare Scientist, completing the educational review; and using the results of this to establish a career framework for our workforce. This will allow us to use this alongside the Target Operating Model to better inform where our workforce requirements will be.

We will continue to build strong collaboration links between Scottish Government, Health Boards, and Third Sector to provide the guidance that is required to shape a future service that fits the needs of those who require to use it. In doing so, we will therefore provide sustainable changes in the way our audiology services are delivered that will persist as a legacy of the Independent Review and the important work it carried out.

## 4 BREAKDOWN OF ACTIVITY BY WORKSTREAM

### 4.1 QUALITY, SAFETY AND ASSURANCE

In total, 12 of the 55 recommendations were identified to sit in this category, and formed the basis of a workstream lead by John Harden, National Clinical Lead for Quality and Safety, Scottish Government. Of these five were completed; one re-aligned, and the remaining six transitioned into the governance of the NHS Scotland Planning and Delivery Board to carry through outstanding actions.

The key objectives identified in this workstream were to:

- Confirm immediate safety and ongoing governance for audiology services within Health Boards; and have assurance that measures are in place within Health Boards to maintain this.
- Identify a mechanism to ensure safe and effective delivery of services within NHS Scotland, through the adoption of a quality management approach.
- Establish monitors and controls and external assurance to ensure that the quality management approach is adhered to effectively within NHS Boards.

When assessing whether the services delivered within each Health Board are safe, a two pronged approach has been taken:

- Boards have been asked to confirm INTERNAL quality assurance is in place, through confirmation of their governance and reporting structures, and management of risks and issues relating to service delivery. Over the course of the programme, all 14 territorial Health Boards have provided assurance on this, and that services provided in their area are safe. These responses have been approved by each Board Chief Executive, as Accountable Officer, who in doing so has taken ownership of managing any risks, issues or safety concerns which may arise in their local Health Board. A copy of the template distributed to Health Boards is included in appendix 7 of this report. Scottish Government is therefore content that Health Boards have taken appropriate steps to ensure that processes are in place and that risks are being monitored and escalated as required.
- It is vital that we put in place EXTERNAL quality assurance, which will validate that Health Boards are safe and effective. In the short term, steps have been taken by Scottish Government to confirm consistency and effectiveness in all boards. All 14 Health Boards established Local Improvement Plans for 2023-24 and were instructed by Scottish Government to outline their governance, reporting and management processes through a Local Assurance Framework in 2024. Audiology has been included in the 2025-26 Annual Delivery Plan process, emphasising its importance in existing operational processes. Longer term, we are looking to establish a formal external accreditation route through the adoption of the IQIPS quality management standard, with additional information given below.

Five Health Boards are also participating in a voluntary external peer review process, and this will continue to develop as the approach to quality assurance is embedded in service.

After consultation with professional bodies and the National Quality Lead for Clinical and Safety, the preferred approach for a sustainable Quality Management System within NHS Scotland is to support all 14 territorial Health Boards to achieve IQIPS (Improving Quality in Physiological Services) accreditation through UKAS (United Kingdom Accreditation Service). The IQIPS Standard is recognised to ensure that healthcare providers deliver physiological services that are accurate, effective, safe, efficient, responsive, accessible and sustainable, and will give confirmation on both the internal and external quality assurance required to have confidence in our ongoing safety of services. *(additional information here - [IQIPS-standard-2023.pdf](#)).* A proposal is in place to support all remaining 13 Health Boards (with recognition that NHS Tayside has already achieved IQIPS accreditation) through the IQIPS benchmarking accreditation over the coming 6 months, which will benchmark the current processes in all adult and paediatric services, supported by external technical assessment around the way the service is delivered. As a result of this we will then be in a position to identify the next steps to achieving a sustainable quality assurance model. This work will continue to be overseen by the Chief Operating Officer, NHS Scotland.

It was noted in the IRASS Report, Quality Standards for both paediatric and adult Audiology have been in place for a number of years in Scotland, and during the time of this Programme these are being updated on a four-nation basis. Once published, these will be available for every Health Board to adopt. As we work to establish our longer-term quality management approach, recognition will be given to the importance of adopting these locally.

Although marked as re-aligned, a watching brief has been placed on recommendation 54 – audit of ABR cases referred from Universal Newborn Hearing Screening Programme. An initial audit of ABR cases was completed during the review process and gave learning into the processes to support ABR monitoring. Since that audit, all staff have completed additional training on ABR service provision. Some staff have also participated in the peer review process around ABR testing, with this pilot running in five health board areas. Rather than complete another audit at this point, Scottish Government are working to establish our quality management processes for audiology. This will put measures in place to ensure the ongoing assurance of competencies through external review.

An overview of all 12 of the recommendations, along with actions taken against each one, is provided in Appendix 2.

## **4.2 EDUCATION AND TRAINING**

Evidence within the IRASS Report outlined challenges with the workforce pipeline supply of audiology professionals, making it difficult for Health Boards to sustain a workforce to meet their service needs. Many Health Boards are currently operating with unfilled vacancies, or with a reliance on regular locum activity. It was reported

that there is no clear understanding on what training and CPD offerings are available for those who wish to develop their skills, and the availability of funding and resource/backfill to allow them to do so was also problematic. These issues as highlighted in the IRASS Report, creates a risk that the audiology workforce will not be sustainable to provide the level of care required within Scotland.

Scottish Government published 'Healthcare Sciences in Scotland: Defining our Strategic Approach' paper in March 2024, and education was identified as one of the pillars which supports the development of a sustainable scientific workforce within NHS Scotland. As such many of actions taken to address the education and training recommendations of the IRASS report have been considered as part of the Scottish Government Healthcare Science Education Review.

Twenty of the 55 recommendations were identified within the education category, and formed a key consideration of the HCS Education Review . Of these six were completed; eleven re-aligned; and three transitioned into governance of other areas to take forward outstanding actions. A full breakdown of the recommendations and actions taken against each is provided in Appendix 3.

Through the governance of the Healthcare Science Strategic Governance Group, work is being undertaken to bring together activities that will provide a foundation for developing and strengthening the education of our workforce in Scotland.

As a first step, a commission to NHS Education Scotland (NES) has been agreed that will see the development of an education framework for the Healthcare Science workforce. This framework will outline the skills and competencies required for each of the professional groups within healthcare science - prioritising those required of the audiology workforce - and will identify the education programs available to meet them. This action specifically addresses Recommendation 22 of the Review. This commission is scheduled to complete by May 2025 and will be fed back to the Chief Scientific Officer to agree any additional work to be undertaken.

The education framework will also provide a basis for Health Boards to assess any skills gaps in their existing workforce, with routes outlined on how these could be addressed.

With recognition that the development of the education framework provides the foundation and basis to assess and identify where there are gaps in education provision to meet workforce education and development to meet service delivery requirements Scottish Government has taken the approach to re-align the recommendations within the IRASS Report referencing the need for specific training offerings to be provided (recommendations 27, 28, 28, 30, 31, 32, 33, 34, 35, 36, 38) on the assurance that future education requirements will be considered by the work of the SGG outlined above.

### **4.3 NATIONAL RECOMMENDATIONS**

In total 11 of the 55 recommendations were allocated to this workstream, covering areas of audiology that required a national approach to be taken by Scottish

Government. Of these recommendations, three have been completed; five have been re-aligned and three transitioned into other areas. A full breakdown of the recommendations and actions taken is provided in Appendix 3.

It has been recognised that leadership for audiology is central to providing assurance on the safety and quality of the service, as well as providing an environment that is open and adaptable to improvement. Not only was this theme central to the findings of the IRASS Report, but many of the recommendations specifically outlined actions that should be taken to put this in place. During this programme links – through the NHS Scotland Planning and Delivery Board – have been established with the NHS Executive Forum, and audiology has been considered a priority by this group, giving assurance that work to improve audiology services has direction from the highest level.

With recognition that a number of the recommendations are the direct responsibility for Health Boards, actions have been completed to ensure leadership and governance roles within each board are robust. A review of Health Board governance structures has concluded, with specific reference as to how Clinical and Care Governance Groups should be used in all territorial boards to monitor the safety of audiology services.

Through the Local Board Assurance Frameworks, we have identified an executive lead for audiology in all 14 territorial Health Boards. This lead is a member of Health Board Executive or senior management team, with links into the Clinical and Care Governance Group within their Health Board. This individual will be responsible for ensuring actions are taken to maintain the quality and safety of audiology services in Scotland; and will work directly with the local Audiology Head of Service to ensure that quality, safety and risks are managed appropriately within their local health board.

With the inclusion of audiology into the Health Boards Annual Delivery Plan processes for 2025/26 assurance is given that actions and risks against sustaining the recommendations will be monitored closely.

Within Scottish Government we have established a single policy home for audiology services within the Chief Operating Officer directorate. Given audiology straddles a number of differing policy areas this is an anchor point to collaborate with different policy leads. This anchor point will ensure clear lines of responsibility within Policy areas to ensure the needs are addressed adequately, and support given to Ministers accordingly.

Recommendation 2 references the establishment of a Specialist Advisory Group for Audiology, with oversight of paediatric and adult services. This group is pivotal in carrying the work forward into the next phase, and to ensure the ongoing sustainability of changes within audiology. As our work to assess the future of the NHS Scotland clinical networks concludes, we will align with this structure to provide an audiology Specialist Reference Group with a clear remit to deliver improvements to the way our service is delivered. This will include further development of the target operating model as well as the centralised oversight of other improvements.



We aim to have this in place by Spring 2025, with a clear workplan established shortly after.

The question of regulating audiology as a profession has arisen following the publication of the independent review. However, it has become apparent that these issues are not restricted to NHS Lothian or NHS Scotland. The Scottish Government is open to further discussion on strengthening regulation for audiology as a profession. Statutory regulation enables consistent standards for education, training and practice, and meaningful consequences when these standards are not met. Regulation is, however, most effective on a UK-wide basis, to maintain professional mobility, and prevent professionals relocating to another country in the United Kingdom to avoid disciplinary measures. Officials will continue to work closely with the other UK administrations in 2025, to develop recommendations for Ministers on future modernisation of professional regulation. Scottish Government officials also work closely with the Professional Standards Authority, which accredits the Academy for Healthcare Science, the body that maintains a voluntary register of audiologists. The Professional Standards Authority completed an accreditation renewal report for the Academy for Healthcare Science in June 2024, which can be read [here](#).

#### 4.4 SERVICE REVIEW

In total twelve of the 55 recommendations are allocated to this workstream, and this has been led by the Scottish Audiology Heads of Service group, alongside Scottish Government. Of these eight have been marked as complete, with four transitioning into other workplans for actioning.

There is recognition that many of the recommendations relating to Service Review are the direct responsibility of Health Boards however there is an important role in facilitating this to achieve equity of access and outcomes. While there is understanding that this may be challenging in the current service landscape, especially with the constraints on resource and staffing, there have been actions taken to baseline that processes are in place to support good practice. All 14 Health Boards have returned their Local Board Assurance Framework confirming that they have processes in place around the majority of the areas outlined in the IRASS Report, or outlining barriers to them achieving this. Most have also confirmed they have local action plans in place, and will be taking actions forward into the ADP for 2025/26. Ongoing assurance of each of these recommendations will be achieved through the IQIPS benchmarking exercise, which will include an in-depth analysis of the processes and procedures in place in each board, and will highlight any gaps or concerns in this.

A Target Operating Model (TOM) for Audiology Services is in development, outlining what the future state of audiology services across Scotland could be. A draft overview of this has been provided in Appendix 5. This action specifically references recommendations relating to care pathways and supports a 'Once for Scotland' standardised approach to how we deliver our service. This TOM will be based on the population based planning approach asset out in the National Clinical Strategy. Further information on this can be accessed here - [A Renewed Approach to Population Based Planning Across NHS Scotland](#).



Development of this Target Operating Model will require co-working with those involved in the delivery of our services, as well as third sector and those with lived experience. This will be led by the specialist reference group, which will build upon the collaborative relationships already in place between the NHS and external bodies to ensure it meets the needs of those who use our services. We give our commitment to supporting this, and to producing a first draft in Summer 2025.

The Scottish Audiology Heads of Service group have been central to progressing this work to date, and have established working groups to develop standardised ways of working using a 'Once for Scotland' approach. Led by representatives from the Heads of Service Group, five Health Boards are participating in a voluntary external peer review process, and the Heads of Service Group will continue to develop this as the approach to Quality Assurance develops.

Two of the recommendations (recommendations 50 and 51) relate directly to how audiology links with services referring patients into, and out from their area. Recommendation 50 relates to the Scottish Universal Newborn Hearing Screening Programme and this recommendation has been re-aligned based on the confirmation that this programme is supporting the NHS Boards to carry these forward outside of the recommendations.

Likewise, recommendation 52 has been marked as 'completed' on the confirmation that SCIP have taken measures to address this in full (Scottish Cochlear Implant Team Clinical Reference Group). This group has an independent chair, and representation from all clinical groups involved in the pathway. All 14 Health Boards are represented on this group, and 11 of the 14 have established a Cochlear Implant Champion to ensure collaboration, reporting and appropriate referrals between the services. A term of reference is in place outlining governance and reporting arrangements.

## 5 ONGOING RESPONSIBILITIES AND GOVERNANCE ARRANGEMENTS

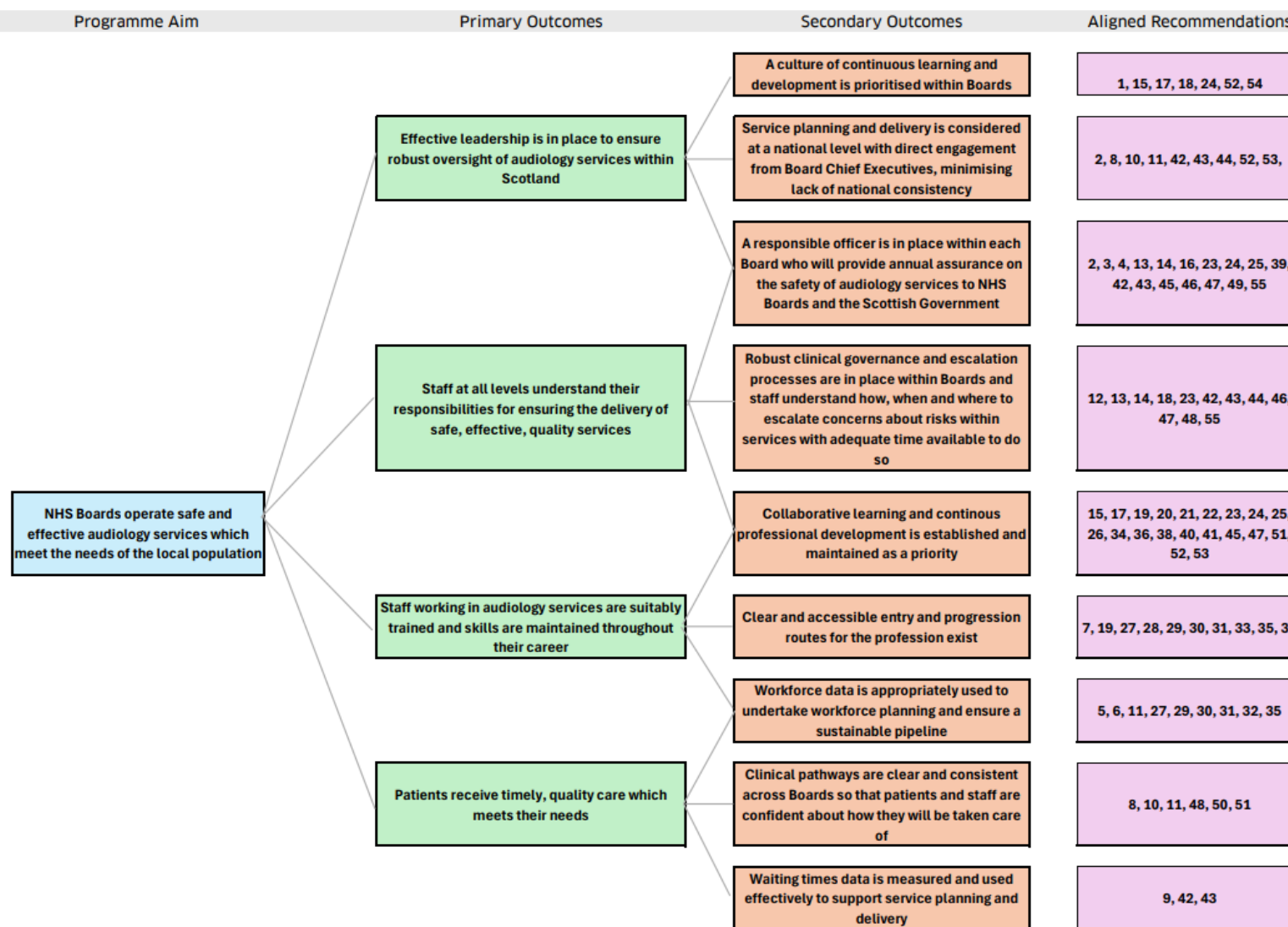
Owner	Responsibilities	Timeline for Completion
<b>NHS Scotland Chief Operating Officer, under direction of NHS Scotland Planning and Delivery Board</b>	Ongoing oversight and assurance on the delivery of the recommendations through ADP's and Performance Reviews	This will be an ongoing annual assurance process
	Continuing engagement through NHS Executive Forum to provide direction and prioritisation of audiology services	By 31 December 2025
	Establish a Specialist Reference Group within NHS structures to provide support improvements in ways of working, and agree a workplan to drive forward improvements in audiology service provision	By Spring 2025
	Agree and progress the 'Once for Scotland' approach to Quality Assurance, and plan subsequent actions to see this to completion A proposal to pursue IQIPS Baselineing and Accreditation will be presented to the NHS Scotland Planning and Delivery Board in March 2025.	Baseline IQIPS assessment by Summer 2025. Subsequent actions to be approved following this.
<b>NHS Scotland Territorial Health Boards</b>	Through completion of ADP's, give assurance that all aspects relating to audiology safety and governance are addressed at Health Board level, and monitor this through Performance Reviews	This will be an ongoing annual assurance process.
	Using educational framework, identify skills gaps in the current workforce, and address these	By 31 March 2026
	Continue to support 'Once for Scotland' ways of working, including engagement with bodies to support changes to clinical pathways	Development of TOM by Summer 2025, and ongoing collaborative working thereafter to implement this
<b>Scottish Government, Healthcare Science Strategic Governance Group</b>	Managing of commission to NES for educational framework, and planning actions relating to the output of this to confirm educational routes and a career pathway is in place to support workforce	Commission complete by May 2025 Ongoing actions to be determined alongside output of commission

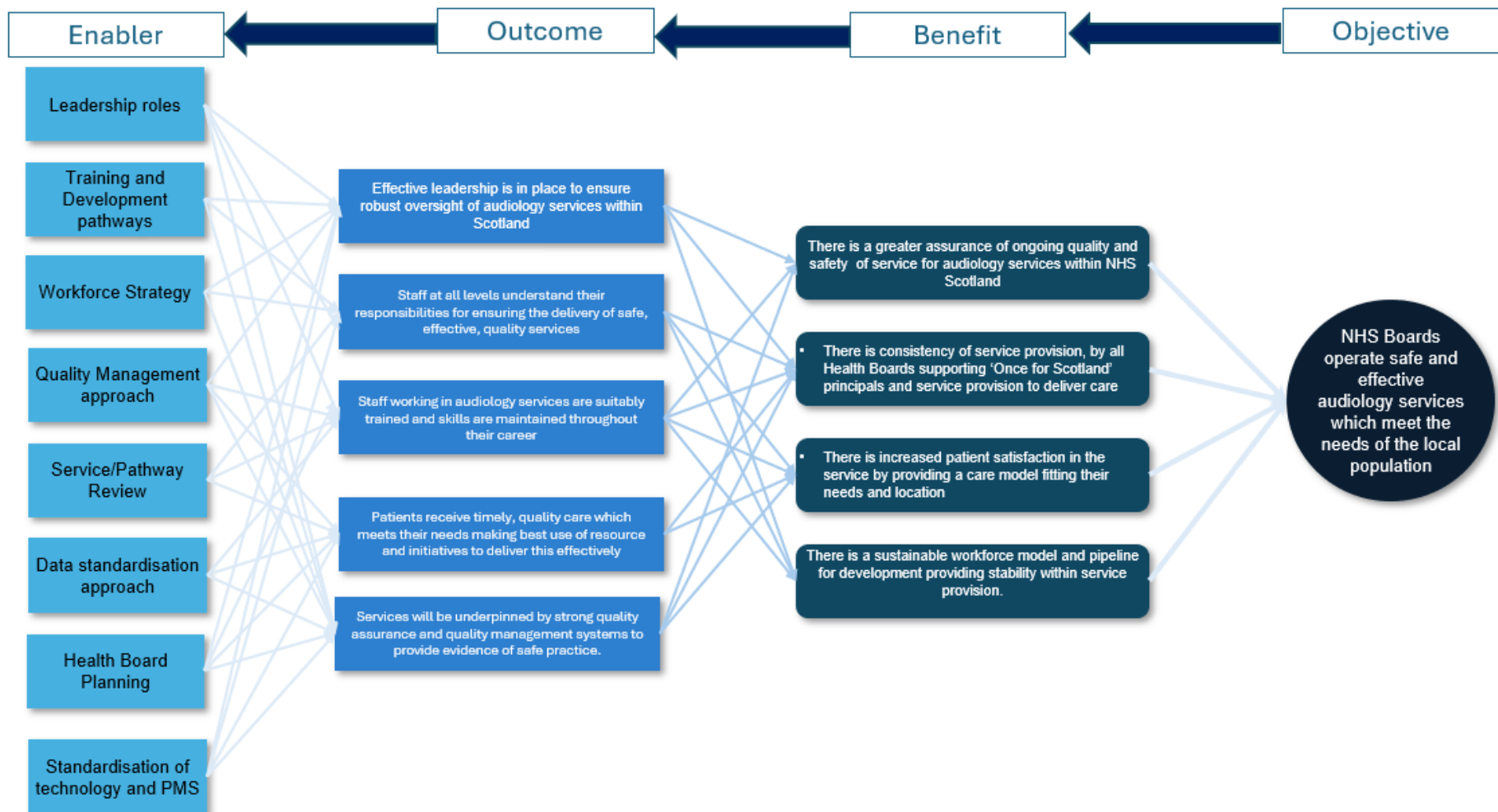
Figure 7 – Ongoing Governance Responsibilities and Actions

## 6 APPENDICES

<b>6</b>	<b>Appendices.....</b>	<b>18</b>
6.1	Appendix 1 – Outcome Driver Diagram and Benefits Map.....	19
6.2	Appendix 2 – Quality, Safety and Governance Recommendations.....	21
6.3	Appendix 3 – Education and Training Recommendations.....	24
6.4	Appendix 4 – National Recommendations .....	29
6.5	Appendix 5 – Service Review .....	31
6.6	Appendix 6 – Target Operating Model for Audiology Services .....	35
6.7	Appendix 7 – Local Board Assurance Template .....	36
6.8	Appendix 8 – Governance.....	37

## 6.1 APPENDIX 1 – OUTCOME DRIVER DIAGRAM AND BENEFITS MAP





## 6.2 APPENDIX 2 – QUALITY, SAFETY AND GOVERNANCE RECOMMENDATIONS

12	<b>Undertake a review of NHS Board internal governance arrangements to ensure strong accountability links for audiology reporting within NHS corporate and clinical and care governance structures.</b>	Completed	Each Health Board has confirmed that adequate governance is in place to assure quality and safety of services, and to raise accountable structures. An Executive Lead has been identified in every Health Board, with a directive to monitor governance arrangements, and take action to confirm ongoing clinical safety. This role will also escalate directly to senior Health Board representatives, who in turn link into the NHS Scotland Executive Forum.
24	<b>Establish a Continuing Professional Development Champion or Training Officer in every department offering audiology services. The individual must practise evidence-based training and include external training as well as internal. It is advised that this is reflected in the relevant job description.</b>	Completed	This is the responsibility of each health board to establish this. Through the Health Board assurance framework we understand that training and development is being monitored locally, with nominated champions in place.
42	<b>Develop, implement and report on a mandatory basis against an agreed set of robust national key performance indicators (KPIs) for annual audit, with suitable governance arrangements. These should be informed by the outcomes of the KPIs survey conducted as a part of this Review. (Additional information is given in the report around what this should involve)</b>	Transitioned	A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
43	<b>43. Establish KPIs for routine monthly, discrete (non-aggregated) referral to treatment waiting times performance reporting through Health Boards. This should include: (additional information given)</b>	Transitioned	A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
44	<b>Develop evidence-based national service quality standards for NHS audiology services in partnership with third-sector organisations, service users, professional counterparts in the other UK countries, professional bodies and Healthcare Improvement Scotland. Review and update them on a regular basis.</b>	Transitioned	A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
45	<b>Establish a local service-level quality assurance and improvement plan which describes roles and responsibilities, resourcing and reporting outputs. The plan should be updated regularly, reflecting outcomes of audit and performance against KPIs.</b>	Re-aligned	As part of the local board assurance framework, we have received information on Health Board improvement plans, and have an identified lead in each board to progress this. As the quality management approach evolves, there will be continued confirmation that these steps are being addressed appropriately.

46	<b>Introduce an accountable post-holder in the audiology service to oversee and drive local quality improvement initiatives and ensure senior staff develop quality systems thinking awareness for themselves and their teams.</b>	Completed	Through the Health Board assurance framework, each Health Board has identified a nominated executive lead for audiology.
47	<b>Define and adopt a robust external audit process for the service quality standards, in partnership with professional bodies, third sector partners, service users and professional counterparts in other UK countries. This should feature site visits and observation of clinical practice.</b>	Transitioned	A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
48	<b>Explore opportunities and identify the best approach to achieve external accreditation of NHS audiology services with external agencies such as the United Kingdom Accreditation Service and counterparts in other UK countries. Thereafter, Health Boards should pursue external national accreditation of audiology services as indicated and collectively agreed.</b>	Transitioned	Currently one Health Board has (independently from Scottish Government) achieved UKAS IQIPS accreditation. A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance which is in line with the approach taken by counterparts in other UK countries. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
49	<b>Develop and deliver an annual reporting and escalation process for audit against service quality standards, with agreed governance arrangements in place. Outcomes should be presented in the public domain. Annual publication should develop a better public understanding of local and national outcomes to encourage contribution to any national solutions where required. To deliver on this work, it is crucial all Boards have robust data and digital infrastructure.</b>	Transitioned	A process has been drafted that will ensure that all audiology services in Scotland are achieving a high (and consistent) level of quality assurance. This will include having measures in place to monitor clinical practice; and external audit. A proposal will be presented to the NHS Scotland Planning and Delivery Board in March 2025, which will then influence the next steps.
53	<b>Support the establishment of a national external peer review scheme for ABR assessments with mandated participation across NHS Scotland for all audiologists performing ABR assessments. It is recommended this could be taken forward as a mini project with consideration of best practice across the UK.</b>	Transitioned	NHS Scotland Heads of Service Group have already established pilot working with peer review. This will allow evidence of progress, requirements for time and resource, and next steps for scaling to be identified. As part of this, a proposal for support funding and resource has been produced, and will be considered by Scottish Government. Wider peer review will form part of the quality assurance process (referenced above) and will be taken forward accordingly.

54	<b>Conduct a wider audit of ABR cases referred from the Universal Newborn Hearing Screening Programme, with defined scope: i) review of cases to identify where management can and does need to be revised; ii) further identification of training needs at individual audiologist level; and iii) obtain information to guide changes to service delivery model for the ABR assessment.</b>	Completed	<p>An audit of ABR cases was completed during the review process, specifically in NHS Lothian, but also more broadly across Scotland. While this was high level, it gave learning into the processes to support ABR monitoring.</p> <p>Since that audit, all staff have completed additional training on ABR service provision. Some staff have also participated in the peer review process around ABR testing, with this pilot running in three health board areas.</p> <p>We have also had assurances from all Health Boards - most recently in September 2024 - that they have internal processes to assure on the clinical safety of their areas.</p> <p>Rather than complete another audit at this point, Scottish Government are working to establish our quality management processes for audiology. This will put measures in place to ensure the ongoing assurance of competencies through external review. While Scottish Government has no current plans to undertake a recall of patients who have been seen at this time, we do continue to be committed to working with professionals to ensure improved outcomes for all children affected by hearing loss.</p>
55	<b>Ensure implementation of local action plans to mitigate and minimise risk to patients against the KPIs surveyed as a part of the work of the Review. This will support readiness for formal external audit.</b>	Completed	<p>Through the Health Board assurance framework, each board has identified what steps they are taking in local action plans for this year.</p> <p>From 2025/26 this will form part of the ADP process, with monitoring in place through our quality management approach to assure on achievement</p>



## 6.3 APPENDIX 3 – EDUCATION AND TRAINING RECOMMENDATIONS

5	<b>Conduct a comprehensive workforce review with a particular focus on skill mix with reference to professional best practice guidance and linking in with professional bodies.</b>	Transitioned	<p>This recommendation is relevant to the wider Healthcare Science landscape, and not just audiology. Therefore these actions are being considered in conjunction with some of the findings of the Healthcare Science Education review.</p> <p>Short term, we have carried out a review of our workforce as part of the documenting of the current operating model.</p> <p>Longer term review has dependencies on:</p> <ul style="list-style-type: none"> <li>- the target operating model and changes to the way services are delivered</li> <li>- the education skills and career framework from the commission referenced in recommendation 22, which will identify career development options and gaps in provision.</li> </ul> <p>Once both these dependencies complete, a decision will be taken on how to progress any remaining actions.</p>
6	<b>Develop a robust workforce plan to ensure appropriate safe-staffing levels and equitable patient-staff ratios.</b>	Transitioned	<p>As part of the Target Operating Model for audiology, staffing levels across Health Boards and regions have been identified, and further work will be undertaken to assess options to assess these.</p> <p>Following the publication of the NES Commission, an analysis of the roles, skills and training needs of the workforce can be undertaken - in conjunction with the Target Operating Model - to ensure we have safe and effective staffing levels to meet the clinical model.</p>
7	<b>Develop a suite of national job descriptions to improve consistency across all job descriptions particularly of those at band 7–8, Head of Service and Deputy Head of Service level. This work should link with professional best practice guidance and be informed by the Academy for Healthcare Science (AHCS) Good Scientific Practice document (26) and for Heads of Service posts to the AHCS Standards of Proficiency for Higher Specialist Scientists document (27).</b>	Completed	<p>A suite of national Job Descriptions is in place, shared through the Heads of Service Group, giving consistency across Scotland. These Job Descriptions are then the responsibility of the HRD's to ensure these are applied appropriately within their local boards.</p> <p>Through the Health Board assurance framework we have confirmed that each health board has policies in place to consider this during recruitment.</p>
20	<b>Staff in post should gain a qualification or equivalent recognition to demonstrate clinical competence in a specialty area. For example, the BAA's HTS modules currently provide a scheme to develop competency and allow for competency assessment. It is recommended that the Scottish Government works with that professional body on capacity to throughput candidates and to develop local examiners in Scotland to assess competency.</b>	Re-aligned	<p>There is recognition that staff who have been in post for many years may not have the educational requirements that are identified as part of the NES commission referenced in recommendation 22. Therefore it is important that Health Boards use this skills matrix to complete a training needs analysis for staff members, which will identify if there are skills that need developed. This will then determine the requirements for individual training needs.</p> <p>As part of the Quality, Safety and Governance workstream, measures will be put in place to ensure clinical competencies are monitored, and skills maintained.</p>

21	<b>In readiness for promotion opportunities and to build workforce capability, the Scottish Government should encourage Health Boards to pursue equivalency to secure Clinical Scientist Registration and Higher Specialist Scientific Registration for consultant level leadership.</b>	Re-aligned	<p>There is recognition that staff who have been in post for many years may not have the educational requirements that are identified as part of the NES commission referenced in recommendation 22. Therefore it is important that Health Boards use this skills matrix to complete a training needs analysis for staff members, which will identify if there are skills that need developed. This will then determine the requirements for individual training needs.</p> <p>As part of the Quality, Safety and Governance workstream, measures will be put in place to ensure clinical competencies are monitored, and skills maintained.</p>
22	<b>Define minimum education and training needs and minimum ongoing continued professional development and reaccreditation arrangements to maintain competencies for those detailed in the recommendation</b>	Transitioned	<p>NES has been commissioned to undertake a piece of work to complete this action. Academic and professional skills and qualifications required to work at each level will be mapped across all healthcare science disciplines and priority will be given to mapping audiology, recognising this is a clinical priority area.</p> <p>Governance for this commission will be under the Healthcare Science, with the results from the NES commission being available by May 2025.</p>
27	<b>Current undergraduate BSc programmes should run annually, and previously run courses should be restarted. They should prioritise school-leaver/non-degree-holding entrants.</b>	Re-aligned	<p>We are aware that the current BSc courses are not running. This is due to a number of reasons, including demand and funding and is outwith the control of the Scottish Government. Prior to supporting work to develop specific courses for audiology, there is a requirement to understand what the audiology workforce in Scotland needs to look like, aligning this to work ongoing on developing target operating models. This, combined with work to map academic and professional skills and qualifications required to work at each level (through a commission to NES) will ensure that the best educational routes are in place to support the workforce and service provision at all levels. This action links directly to the commission referenced in recommendation 22.</p> <p>This recommendation is being re-aligned on the understanding that this forms part of wider ongoing policy work to support the development of healthcare science education in Scotland.</p>
28	<b>Urgent consideration should be given to the sustainable funding of programmes.</b>	Re-aligned	<p>In the current financial climate, it is imperative that any financial investment in training is providing value to the service. Until the career framework and skills matrix commission is complete, it is impossible to know where the funding gaps are to provide this.</p> <p>In the short term and to pursue workforce growth, NES has provided a proposal to develop a training programme, based on the physiotherapy funded scheme, and using an existing programme at Queen Margaret University's pre-registration Audiology Masters. This would support 20 trainees through the course, over two cohorts. While this proposal is still under consideration, it is important that any training provisions that are established or put in place are considered alongside the findings of the NES commission on academic and skills requirements. This recommendation is being re-aligned on the understanding that:</p> <ul style="list-style-type: none"> <li>- all subsequent training and development actions will be picked up following the skills and career framework referenced in recommendation 22, with adequate governance in place to see this to completion and</li> </ul>

			- the funding proposal will continue to be considered as this work progresses, with particular reference in the Target Operating Model for audiology services.
29	<b>Consideration should be given as to how programmes could be formalised, if desired by service, into degree apprenticeships, and how Boards could be assisted to embrace the model.</b>	Re-aligned	<p>In the current financial climate, it is imperative that any financial investment in training is providing value to the service. Until the career framework and skills matrix is complete, it is impossible to know where the funding gaps are to provide this.</p> <p>In the short term and to pursue workforce growth, NES has provided a proposal to develop a training programme, based on the physiotherapy funded scheme, and using an existing programme at Queen Margaret University's pre-registration Audiology Masters. This would support 20 trainees through the course, over two cohorts. While this proposal is still under consideration, it is important that any training provisions that are established or put in place are considered alongside the findings of the NES commission on academic and skills requirements. This recommendation is being re-aligned on the understanding that:</p> <ul style="list-style-type: none"> <li>- all subsequent training and development actions will be picked up following the skills and career framework with adequate governance in place to see this to completion and</li> <li>- the funding proposal will continue to be considered as this work progresses, with particular reference in the Target Operating Model for audiology services.</li> </ul>
30	<b>There should be direct sponsorship of selected students to undertake the pre-registration MSc as it stands. NHS Scotland placements should be prioritised for students who are directly sponsored</b>	Re-aligned	<p>In the current financial climate, it is imperative that any financial investment in training is providing value to the service. Until the career framework and skills matrix is complete, it is impossible to know where the funding gaps are to provide this.</p> <p>In the short-term NES have identified a part time remote delivery (with the requirement for 2 blocks of face to face) through Sunderland University. There is a possibility that funds could be used through the postgraduate bursary to support this, however - as costs per student are high - this would likely only provide funding for a maximum of 2 students over a three-year period. At this stage, until the publication of the NESS commission on academic requirements, it may not be the best model to develop the workforce.</p> <p>This recommendation is being re-aligned on the understanding that:</p> <ul style="list-style-type: none"> <li>- all subsequent training and development actions will be picked up following the skills and career framework with adequate governance in place to see this to completion and</li> <li>- the funding proposal will continue to be considered as this work progresses, with particular reference in the Target Operating Model for audiology services.</li> </ul>

31	<b>Consideration should be given as to how to recruit and retain such sponsored trainees.</b>	Re-aligned	<p>There is a challenge on how we recruit and retain staff into audiology services, and to date the interest for pursuing these opportunities has been low. . As part of the skills and career framework commissioned to NES, and alongside the Target Operating Model for audiology services, we will have an understanding of what training and development opportunities can be put in place to support staff through these.</p> <p>Through our engagement with senior leaders in NHS Health Boards, we have raised the profile of audiology services; and as such leaders are encouraged to support staff through opportunities such as this.</p> <p>This recommendation is being re-aligned on the assumption that ongoing workforce, training and development opportunities will be addressed following the completion of the skills and career framework and progression of the Target Operating Model.</p>
32	<b>A Dip HE in Hearing Aid Audiology is a two-year work-based diploma currently available in Scotland for staff employed in service. It provides education and training to support a role as Associate Audiologist (band 4), providing a foundation for further education and training. The existing programme should run an intake as planned in 2023.</b>	Re-aligned	<p>This course is running, and Health Boards have direct responsibility for supporting staff through this course should they wish.</p> <p>Through the Health Board assurance framework, we confirmed that each member of staff has a valid PDP in place, have relevant opportunities for CPD, and are supported through training programmes as per local policies.</p> <p>Longer term actions, as an output for the career framework and skills matrix, and use this in conjunction with the Target Operating Model for Audiology services to examine the gaps in educational provisions, and establish routes to achieving these.</p>
33	<b>Promote and support access to the Dip HE in Hearing Aid Audiology as an element within the NHS career pathway, also ensuring that the course offered reflects the evolving needs of the NHS.</b>	Re-aligned	<p>This course is running, and Health Boards have direct responsibility for supporting staff through this course should they wish.</p> <p>Through the Health Board assurance framework, we confirmed that each member of staff has a valid PDP in place, have relevant opportunities for CPD, and are supported through training programmes as per local policies.</p> <p>Longer term actions, as an output for the career framework and skills matrix, will examine the gaps in educational provisions, and establish routes to achieving these.</p>
34	<b>Consideration should be given as to how NHS departments can be incentivised to place staff on the Dip, HE in Hearing Aid Audiology course and retain them</b>	Re-aligned	<p>Boards have the responsibility for ensuring their staff have the adequate skills and training to provide services which best meet the needs of the local population. SG will take a national approach to mapping skills and competencies required at each level of practice through the commission with NES referenced in recommendation 22. This will support Boards to identify where there are opportunities to develop their staff, which may be required to help them ensure they are delivering the required services at the required standards and in line with the agreed TOM for NHS Scotland.</p>
35	<b>Articulation is required between the DipHE and BSc top-up modules to allow Boards to accelerate workforce supply, both in Scotland and beyond.</b>	Re-aligned	<p>This activity will follow on from the production of the NES commission referenced in recommendation 22.</p>

36	<b>All NHS trainees regardless of programme pathway should be mandated to acquire a National Training Number from NHS Education for Scotland which would ensure monitoring of training progress.</b>	Re-aligned	<p>This number is available to all trainees who undertake appropriate training in NHS Scotland. Through the local board assurance framework we confirmed that all boards are aware of this, and where appropriate staff are adhering to this.</p> <p>However, there is recognition that the training number does not cover all training available to staff, in particular training courses taken outside of NHS Scotland. Therefore we have asked that - where appropriate - all boards continue to record staff training records locally. Evidence of this should be reported internally within Health Boards to a senior group, for example the Clinical Care Committee.</p>
38	<b>All NHS training departments should be registered as a training centre with NHS Education for Scotland.</b>	Re-aligned	<p>This function is currently available and can be pursued if required. However, through Local Board assurance frameworks, there is recognition that much of the training delivered within boards is delivered through peer learning and other training opportunities, and not through formal training centres. It is therefore more appropriate to put in place - through quality management mechanisms - assurance that staff are competent and have their competencies monitored appropriately. This is addressed by the process that will be adopted to assure quality, safety and governance workstream.</p>

## 6.4 APPENDIX 4 – NATIONAL RECOMMENDATIONS

1	<b>Establish a time-limited National Implementation Group with a Project Lead to provide the necessary project management leadership to produce and monitor a plan to implement the Review's recommendations. It is advised Group membership is multidisciplinary including patients and third sector representatives, reporting directly to the Scottish Government.</b>	Completed	Implementation Delivery Group established in April 2024. As work moves into delivery, this has now evolved into the Audiology Oversight Task and Finish Group
2	<b>Establish an Audiology Specialist Advisory Group, a single body with oversight of paediatric and adult audiology services which reports to the Scottish Government.</b>	Transitioned	NHS Scotland Planning and Delivery Board have taken the action to align this into existing structures within NHS Scotland by March 2025. This group will have a structure that is inclusive of clinical representatives, including those services wider to audiology who interact with the service; lived experience and third sector. While this has not yet completed, the action is being monitored through that governance structure and marked as transitioned here. .
3	<b>Establish a single policy home for audiology within the Scottish Government.</b>	Completed	Within Scottish Government we have established a single policy home for audiology services within the Chief Operating Officer directorate. Given audiology straddles a number of differing policy areas this is an anchor point to collaborate with different policy leads. This anchor point will ensure clear lines of responsibility within Policy areas to ensure the needs are addressed adequately, and support given to Ministers accordingly
4	<b>Appoint a Healthcare Science (HCS) Lead in each Health Board. While we are specifically interested in Board-level oversight of audiology, director-level leadership, as currently applies to other major clinical groupings, would also benefit audiology and the wider HCS community. The absence of such HCS leadership has been a major feature of the Review's varied deliberations; left unresolved it is a potential future failure point in the governance of the wider HCS workforce.</b>	Transitioned	Strong professional and clinical leadership for healthcare science is identified as being essential to support delivery of high-quality services by our scientific workforce. The Scottish Government has published its 'Strategic Approach to Healthcare Science in Scotland' (March 2024) and work is underway to support developing the profession within Scotland. Unlike other UK nations, Scotland has not consistently had HCS leadership within Health Boards, but we recognise that in order to support the wider reform agenda and ensure that patients receive the best quality care and outcomes we must better utilise the scientific workforce in service planning and delivery. This is a priority for the Chief Scientific Officer, who is working with other senior colleagues across the Scottish Government and the NHS to raise the profile of the profession and articulate where adapted models of care, using this part of the workforce, can be embedded. In doing so, the need for professional scientific leadership within Boards is at the forefront of these conversations however, this must also be balanced carefully with an extremely challenging financial position across the public sector as a whole - recognising that leadership at this level will require significant financial outlay by Boards. It is also vital to consider what wrap around support is required for individuals who would take up these posts to support development and ensure effective operation - particularly given that these posts have not been commonplace across Scotland to date.

52	<b>Commission national-level training for ABR assessment of infants. This training should be mandated for all audiologists performing such work. The format should include one-to-one assessed sessions and face-to-face training sessions. Content for this training should be guided by the learning from the case sampling audit exercise.</b>	Completed	<p>Scottish Government has provided funding to Health Boards to support them on sending staff with responsibility for providing ABR testing on refresher training.</p> <p>Within the Health Board assurance framework all Health Boards have confirmed their ongoing responsibilities for maintaining training and CPD for staff.</p> <p>Through our quality management approach, we will put measures in place to ensure that competencies and fitness to practice are maintained, including external assurance of audiology services and their performance.</p>
37	<b>All trainees entering NHS Scotland employment must, on completion of their training, be eligible for registration either with Health and Care Professions Council or Registration Council for Clinical Physiologists – Academy for Healthcare Science (AHCS) registers.</b>	Re-aligned	<p>The Scottish Government is open to further discussion on strengthening regulation for audiology as a profession. However, that discussion needs to take place on a UK-wide basis, and with the Professional Standards Authority who has responsibility for accrediting the Academy for Health Care Science, with which many audiologists are registered.</p> <p>Work in this area continues to be monitored and progressed accordingly through existing teams.</p>
39	<b>Boards should ensure that all audiology staff eligible for registration are professionally registered either with the Health and Care Professions Council or Registration Council for Clinical Physiologists – Academy for Healthcare Science to demonstrate professionalism and public protection.</b>	Re-aligned	<p>The Scottish Government is open to further discussion on strengthening regulation for audiology as a profession. However, that discussion needs to take place on a UK-wide basis, and with the Professional Standards Authority who has responsibility for accrediting the Academy for Health Care Science, with which many audiologists are registered.</p> <p>Work in this area continues to be monitored and progressed accordingly through existing teams.</p>
14	<b>Review and define professional accountability for the audiology service within Scottish Government and NHS Board governance structures.</b>	Re-aligned	<p>Measures are being put in place to give assurance on the quality, safety and governance of audiology services within NHS Scotland. As part of this, a quality assurance process is being established, part of which will cover professional accountability within Health Boards.</p> <p>This work will continue to have oversight by senior leaders within NHS Scotland and Scottish Government, in order to confirm the actions are completed and re-aligned completely. Ongoing accountability routes will be confirmed prior to doing this.</p>

## 6.5 APPENDIX 5 – SERVICE REVIEW

8	Review and formalise collaborative arrangements with neighbouring Health Boards to ensure sustainable service delivery for specialist audiology services.	Completed	Through the Health Board assurance framework, we have evidence of which boards have formal and informal collaborative arrangements with Health Boards. This has helped guide the Target Operating Model for audiology, which will be considered by NHS Scotland Planning and Delivery Board for progression.
9	Use the most updated version of the Audiology Patient Management System to enable consistent data recording and reporting and ensure delivery of effective, high-quality patient care across all Boards.	Transitioned	<p>Health Boards have individual responsibility for defining and procuring their local IT systems. However, there is recognition that two of the 14 territorial Health Boards use a system that is out of support. These boards have been asked to outline their steps to address this.</p> <p>With wider recognition to service review, as part of the Target Operating Model the patient management systems used across service are considered.</p> <p>The risks of this have been assessed and mitigated at Health Board level, as processes are in place to ensure this does not affect patient care.</p>
10	Define and ensure adoption of a consistent patient pathway for adult and paediatric audiology, with reference to best practice guidance and national service quality standards, which is responsive to innovations over time. This will enable consistency of care, comparative audit and reporting of performance between Health Boards.	Transitioned	<p>A Target Operating Model for audiology services is being produced with the first iteration to be developed by Summer 2025.</p> <p>This will be a key deliverable for the Strategic Reference Group, as per recommendation 2.</p>
11	Design services based on demographics, geography and local needs ensuring that stakeholders are a key contributor to the process as per the Scottish Government's Scottish Approach to Service Design (28).	Transitioned	A Target Operating Model for audiology services is being produced with the first iteration to be developed by Summer 2025. This Target Operating Model will look at care based on population needs, and will be co-designed with co-operation from clinical colleagues, third sector, and other agencies.
13	Review the Audiology Heads of Service Group's terms of reference to ensure alignment with local and national guidance around NHS Scotland good governance (29).	Completed	Terms of reference received and reviewed and signed off.
15	Clearly specify the need for healthcare science leadership skills development in job descriptions for all posts, proportional to the level of seniority. If candidates are less developed formally on appointment, then an unequivocal commitment must be given to engage with a programme suitable for the role. Health Boards may offer such support through organisational development and learning.	Completed	<p>Confirmation from Local Board assurance frameworks that this is considered when recruiting into these posts, and that - if there are gaps in skills when appointed into a role - this is addressed accordingly.</p> <p>Leadership skills for those in post will be assessed against the educational framework, and actions will be taken at Health Board level to address these if required. Moreover the need for leadership skills will be included in the Target Operating Model and actioned accordingly.</p>

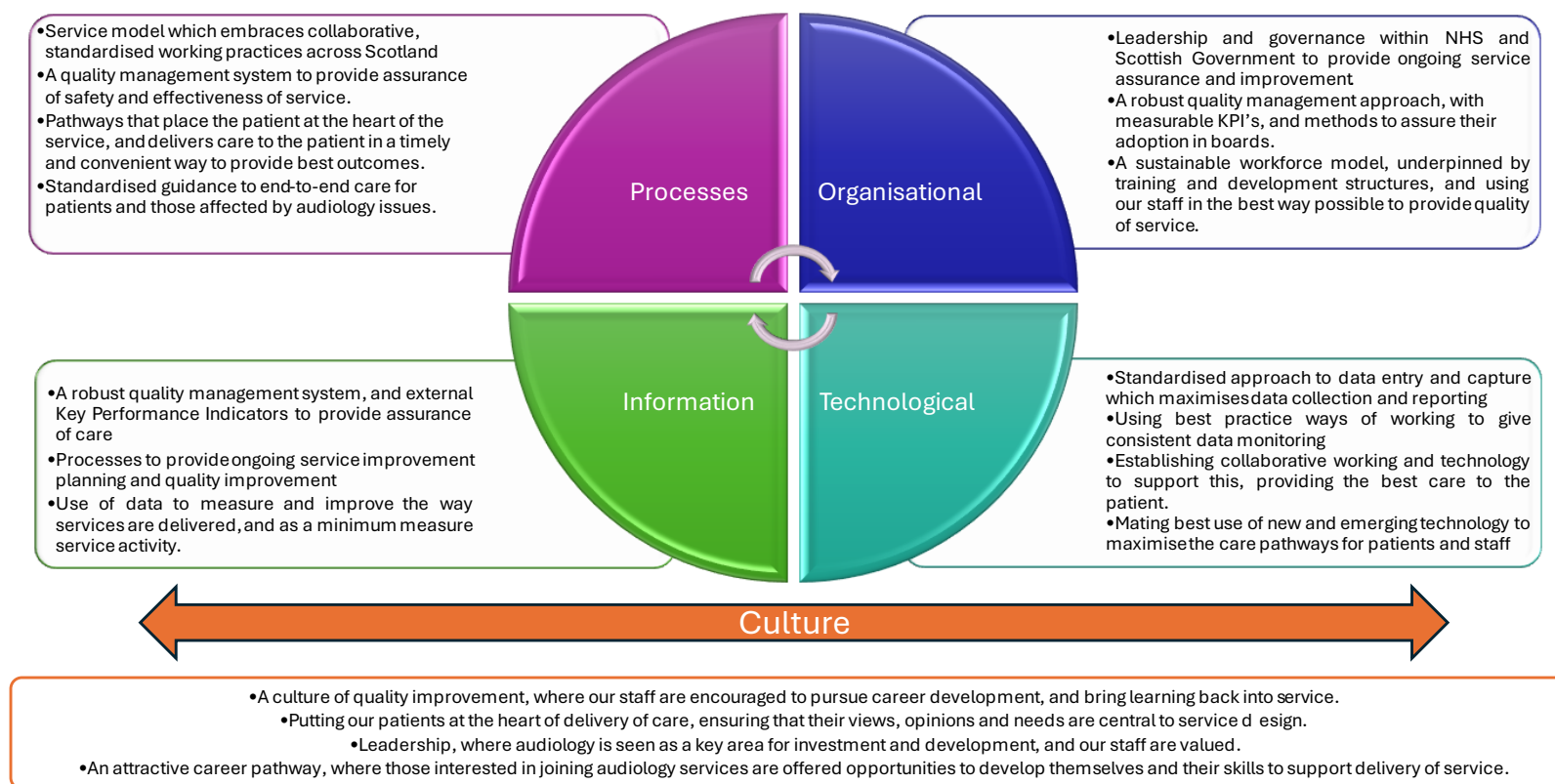


16	Ensure recruitment panels for NHS leadership posts for audiology, as a healthcare science service, include external senior audiology and local healthcare science professionals.	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area.</p> <p>Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>
17	Ensure that advanced and ongoing leadership development of those in senior positions (healthcare science band 7 and above) is understood to be the norm and recorded as part of an individual's ongoing personal development utilising national programmes such as Leading to Change with the option to develop bespoke leadership development programmes if required.	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area.</p> <p>Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p> <p>Leadership skills for those in post will be assessed against the educational framework, and actions will be taken at Health Board level to address these if required. Moreover the need for leadership skills will be included in the Target Operating Model and actioned accordingly.</p>
18	In line with the Health and Care (Staffing) (Scotland) Act 2019, ensure all individuals with lead clinical professional responsibility for a team of staff receive sufficient time and resources to discharge that responsibility, along with their other professional duties. They should have opportunity to engage and contribute with healthcare scientists in other disciplines to foster mutual support on matters related to the delivery of healthcare science services.	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025. Each Board should ensure Audiology Services are providing daily Real time staffing information as part of the National safe staff policy.</p>
19	Posts requiring specialist skills must only be open to candidates formally qualified to the agreed national standard. Examples of such include existing specific UK-level healthcare science routes available such as the Scientist Training Programme and Higher Scientist Training Scheme. The BAA's Higher Training Scheme (HTS) modules are an industry-standard that could be adopted in Scotland with eligible staff registering to do HTS within 18 months and complete three years thereafter.	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>

23	<b>Establish a Core Training Register for safety-critical diagnostic testing performed by the team.</b>	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>
25	<b>Ensure annual appraisals include regular review of an individual's competency and training record.</b>	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>
26	<b>Ensure all services are connected to a network of trainers and verifiers to ensure uniformity of high standards of specialist skills and to provide evidence of training assurance to external auditors, thereby cementing a quality culture.</b>	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p> <p>A Scottish Audiology Supervisors Network has also been established, and Health Boards have been encouraged to participate in this.</p>
40	<b>All audiology staff involved in delivery of training must be trained by the university provider, professional bodies and encouraged to engage with the wider healthcare science training community via NHS Education for Scotland trainer courses.</b>	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>
41	<b>Trainers should be formally trained and recognised to deliver and verify training across all levels. This should be harmonised across Scotland with training formally incorporated into job descriptions. Consideration should also be given to developing a cadre of key trainer-verifiers for specialist skills in Scotland who can cover multiple Health Boards. A collaborative approach to training should be encouraged to share training capacity across Health Boards through a training consortium approach.</b>	Completed	<p>This is the responsibility for Health Boards.</p> <p>Each health Board has confirmed that this is in place in their response to the Local Board Assurance Framework distributed in September 2024. This response was endorsed by a senior clinical representative and executive officer in each area. Further validation of this response will be collated as part of the external approach to quality assurance, and evidence gathered as part of the IQIPS benchmarking exercise during Summer 2025.</p>

50	<b>Ensure recommendations from the most recent review report around the Universal Newborn Hearing Screening Programme in Scotland are addressed at pace</b>	Completed	<p>The newborn hearing screening programme have noted and taken action on the review report around the Universal Newborn Hearing Screening Programme and are progressing accordingly, under their own governance structure.</p> <p>The two recommendations that are still in progress are to consider whether a single screening model should be adopted across NHS Scotland and also whether there should be a move to a single IT system to support the programme. Both are on the Programme Board workplan and progress continues to be coordinated in collaboration with the NHS Boards through 2025/26</p>
51	<b>As commissioners of the SCIP, National Services Scotland National Services Division and Health Boards should establish a collaborative working group, working to defined terms of reference and with appropriate governance arrangements.</b>	Completed	<p>This independent group has been established by SCIP reporting into NSD, with a terms of reference and appropriate governance in place. Cochlear Implant Champions are also in place in 11 of the 14 Health Boards to ensure collaboration, reporting and appropriate referrals between the services. The remaining three boards should have this in place by the end of February 2025. Currently these boards receive 1:1 support from the SCIP in the form of annual reports on referrals data as well as online teams meetings to discuss referrals where appropriate. These boards have strong links with mainland audiology services and are active members of the CI Champions scheme.</p>

# Aims of Target Operating Model



## 6.7 APPENDIX 7 – LOCAL BOARD ASSURANCE TEMPLATE

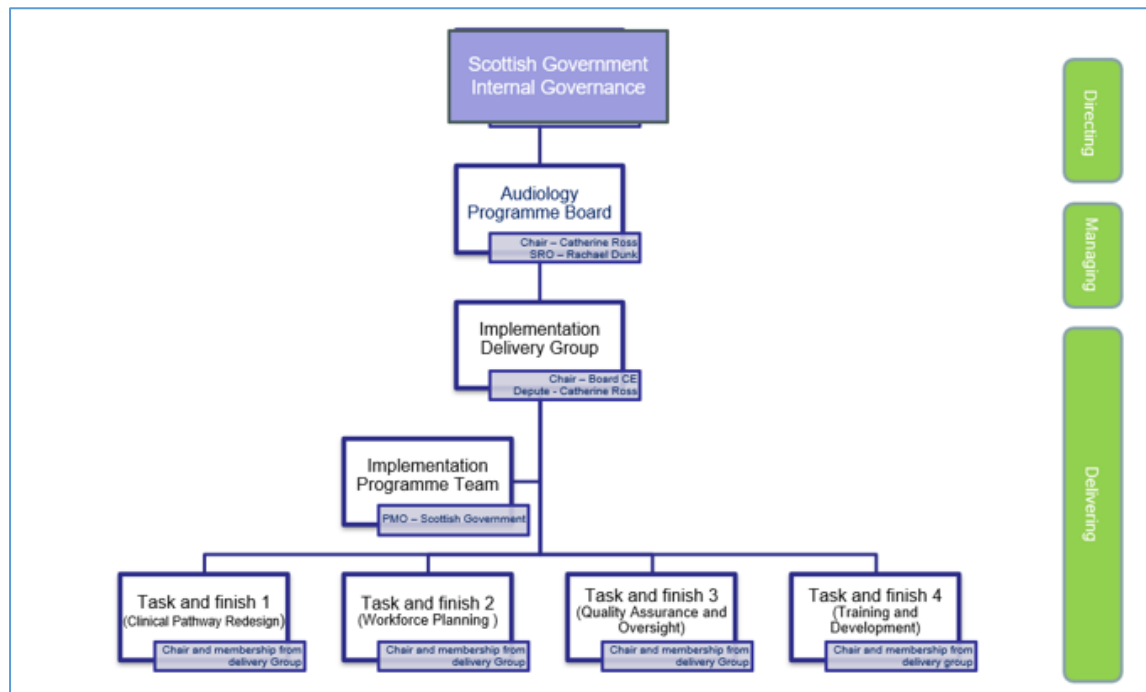
The following template was shared with each territorial Health Board in October 2024. All 14 territorial Health Boards provided a response, giving details on their process and achievements in each area. This response had sign off from their Chief Executive, and a senior clinical accountable officer, with responsibility for managing and risks and issues within their department

A small working group within Scottish Government reviewed each of these responses ensuring that the information was accurate, and provided adequate assurance on the safety of the service in each area, and the actions that were being taken locally to address this. If actions were outstanding, a risk assessment was undertaken to ensure this was not going to impact clinical safety.



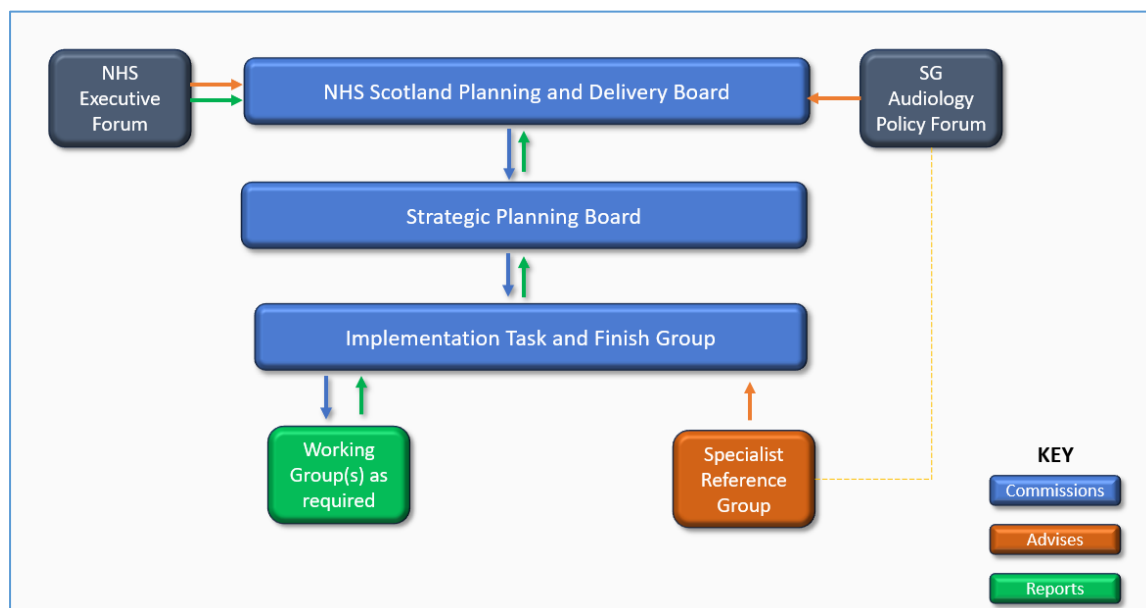
## 6.8 APPENDIX 8 – GOVERNANCE

Phase 1 of this programme operated within the governance structure of the Chief Nursing Officer Directorate, Scottish Government :



A Terms of Reference for the Audiology Programme Board and the Implementation Delivery Group are available by request to the Programme Team.

Phase 2 of the programme operated within the governance structure of the NHS Scotland Chief Operating Officer Directorate, Scottish Government:



A Terms of Reference for the Implementation Task and Finish Group are available by request to the Programme Team.