

To: FOI officers via email

October 2023

Paediatric audiology services survey 2023

20231122 FOI ref 515-2324

This is a request for information under the Freedom of Information Act. Please confirm that you have received this request.

The National Deaf Children's Society works with public services to ensure deaf children get the support they need to thrive.

The information requested may relate to services which you commission from private companies or are held in more than one department e.g. ENT services. **As you remain legally accountable for these services, we still expect you to collate the information, rather than referring us on.**

This is part of a UK-wide request, using a standardised format to ensure consistency. Please use the box at the end of this survey to provide any context or background to any of your answers.

If the information cannot be provided in whole or in part, please justify all omissions by reference to the specific exemptions of the Act. We look forward to your response promptly but no later than 20 working days. Please email any enquiries _____

Questions for paediatric audiology services: 2023

Please only complete this survey if your service provides audiological services to children and young people. This may include diagnostic hearing assessments and monitoring of hearing, hearing aid provision and ongoing audiological management of deaf children (and may include assessment and management of other audiological conditions). This may be hospital or community based.

It is not necessary to complete this survey if your audiology service **only** provides hearing **screening**, e.g. newborn hearing screening or school screening and refers children on to other services for full assessment and hearing aid provision when necessary.

Section 1: About your service

Please answer the questions below based on the situation as of 30 September 2023.

Please provide the following information:

Name of person completing survey	Michaela Brogan
Your role	Head of Audiology
Your email address	Michaela.Brogan@uhnm.nhs.uk
Your telephone number	01782 674123
Name of your audiology service	Audiology, University Hospital of North Midlands

If you are commissioned to provide an audiology service for another Trust/s, please provide details of all the Trusts that you provide services for below. **Please write names in full and expand acronyms.**

If you provide services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children? Yes/no

If you would like to report separately for a service you deliver for another Trust, please contact us on Listenup@ndcs.org.uk for an additional link.

Please complete the table below showing the locations where your Trust provides paediatric audiology services:

Name of NHS Trust or Provider	Hospital or clinic or site name	Address	Postcode	Service commissioners	Is your service jointly delivered with an adult service? (For example, does the service share clinical staff/a reception/waiting area/share a budget/other?) Please state which:
University Hospital of North Midlands (UHNM)	Royal Stoke	Hearing and Balance Centre, Outpatients, Newcastle Road, Stoke-on-Trent, Staffordshire.	ST4 6QG	Staffordshire and Stoke-on-Trent Integrated Care Board	Yes. Shared staff, reception, waiting area, budget
UHNM	County Hospital	Audiology Weston Road Stafford	ST16 3SA	Staffordshire and Stoke-on-Trent Integrated Care Board	Yes. Shared staff, reception, waiting area, budget

Section 2: Your caseload

1. How many deaf children are there within your case load?

	On 30 September 2023
Number of births per annum your service covers	6,300
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 – see definition below *	10

- Of this total, how many of the children with PCHI were identified via referral from the Newborn Hearing Screen from 1 October 2022 to 30 September 2023	7
- Of this total, how many of the children with PCHI were identified via other referral routes e.g. referral from GP, HV, school screen etc. from 1 October 2022 to 30 September 2023	3
Do you record the number of children with temporary deafness (see definition below **) that are fitted with hearing aids (see definition below ***)? If yes, how many children on your caseload with temporary deafness are currently fitted with hearing aids?	240
Give the number of children you have referred to ENT between 1 October 2022 and 30 September 2023 with glue ear	Data not held
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSD) on caseload	8

* **PCHI** should include:

- All children who have a **permanent** sensorineural or permanent conductive deafness (unilateral or bilateral), at **all levels** from mild to profound.
- Those with permanent conductive deafness **to include** those children with a syndrome known to include permanent **conductive** deafness, such as microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy.
- **Please do not include children known to have ANSD here as PCHI, as we are asking for those numbers separately.**

** **Children with glue ear** likely to be persistent and require ongoing management should include:

- those children with glue ear who are not expected to 'grow out' of the condition before the age of 10 years, such as those born with a cleft palate, Down's syndrome, cystic fibrosis or primary ciliary dyskinesia.

*** **Temporary conductive deafness** should include:

- children with glue ear who may have been fitted with hearing aids as an alternative to grommet surgery but who are expected to 'grow out' of the condition before the age of 10 years.

2. What age group does your service cover? Select one.

Age	
0 – 16	
0 – 18	X
0 – 25	

Section 3: What services do you provide?

Please answer the questions in this section based on the situation as of 30 September 2023.

3. What options do you have for assessing the hearing of complex/difficult to test children?

	Do you offer this option?	If yes, what specific training and protocols do you have for this option?
Specific clinics e.g. with longer clinic times/more experienced staff	Yes	Testing children with complex needs protocol. Lead by specific paediatric audiologists
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	Yes	
Sedated ABR	Yes	
ABR under anaesthetic	Yes	

Other, please specify		
-----------------------	--	--

Comments – please use this space to provide any additional information.

--

4. What options are included in the current management pathway in your service for **temporary conductive** hearing loss?

	Do you offer this option?	What alternative do you offer if a child is on the waiting list?
Air conduction hearing aids	Yes	X
Bone conduction hearing aids	Yes	X
'Watch and wait'	Yes	X
Grommets	Yes	What alternative do you offer if a child is on the waiting list? Otovent
Otovent	Yes	X
Other, please specify		X

5. Do you provide hearing aids for the following groups of children? If you do not provide hearing aids for these groups, please explain why.

Group of children	Do you provide hearing aids for this group?	If no, please explain why hearing instruments are not provided to this group or are only provided in certain circumstances (for example, only moderate UHL or bilateral ANSD.)
Temporary conductive loss	Yes	
Unilateral loss	Yes	
Mild loss	Yes	
Moderate loss	Yes	
ANSD	Yes	
Other, please specify		

6. What additional/'non-standard' paediatric services do you offer?

Additional practice	Do you offer this service in-house?	If no, do you refer children elsewhere for this service?	Where are children referred to (i.e. type and name of service)?
Wax removal performed by audiologists	Yes		
Tinnitus assessment/management	Yes		
Hyperacusis assessment/management	Yes		
Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)	Yes		
Paediatric vestibular service	Yes		

Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	Over 12 years only		
Other, please specify			

Section 4: Accessibility

Please answer the questions in this section based on the situation as of 30 September 2023.

7. What flexibility for appointments do you offer?

	Do you offer this option?	If you do not offer this option, would you like to/do you see potential to?	What is stopping you from offering this option?
We offer extra appointments in school holidays	No		Most of the team have families and they need annual leave

			during school holidays
We offer extended opening times (before 9am and/or after 5pm)	Yes		
We offer Saturday appointments	No		As per school holidays
We deliver some services in schools	No		
We deliver some services in other community venues	Yes		
We offer telephone or video appointments	Yes		
Other, please specify			

8. Which of the following forms of communication are available to patients for making bookings and enquiries?

	Do you offer this option?	What is your target service response time?	What is your actual service response time?	Is anything preventing you from reaching your target?
Email	Yes	48 hours	Up to 2 weeks	Yes, administration

				team is short staffed
Text message	Yes	As above	As above	As above
Web form	No	No	No	No
Online diary/booking system	No	No	No	No
Telephone	No	No	No	No
British Sign Language (BSL)	No	No	No	No
Other, please specify				

9. What deaf awareness training does your staff have?

	One-off training	Regular updates
Audiologists	No	No
Reception/administrative staff	Yes	No

Section 5: Waiting times

10. In the last year (1 October 2022 to 30 September 2023) how many days **on average** did patients wait for the following?

We understand that waiting times are difficult in every area at the moment and services are working hard to clear backlogs. Data provided will be analysed with these considerations in mind and will help us to understand where services may be struggling.

		Number of days
Referral to first assessment (KPI NH2 newborn hearing screening pathway)		14
Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		Data not held
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	Data not held
	Virtual if offered first	N/A
Decision to fit hearing aids to time fitted for PCHI		Data not held
Routine follow-up hearing aid review (wait beyond expected date, i.e. a child seen for their 3/12 follow up at three months would be 0 days, a child seen at four months for a 3/12 follow up would be 30 calendar days)		Data not held (appointments are not split)
New earmoulds (working days from time notified of need) *		Data not held
Hearing aid repairs (working days from time notified of need) *		Data not held
Routine follow-up hearing tests for children who are <i>not</i> aided (including watchful waits for glue ear, and those who require regular review) (Wait beyond expected date, i.e. a child seen for their 3/12 follow up at three months would be 0 days, a child seen at four months for a 3/12 follow up would be 30 calendar days.)		51 15
For referrals from your service to be seen <i>initially</i> by ENT**		Data not held
For grommet surgery for glue ear ** (RTT pathway)		Data not held

* We acknowledge parents may not take the first appointment offered and that this will reflect patient choice as well as availability.

** **We recognise that ENT waits are outside the remit of audiology services**, but we are grateful for your help collecting this useful information.

If you would like to add any information about your service and the data provided on waiting times, please use the free text box below.

Section 6: Quality assurance and improvement

11. Has your service gained Improving Quality in Physiological Services (IQIPS) accreditation this year? no

12. If yes, go to question 14. If no, go to question 13.

13. If you are not accredited with IQIPS, please answer the following questions.

Does your service want to gain accreditation?	Have you previously been accredited?	If you have previously been accredited, why did you stop?	Are there any barriers preventing you from applying for accreditation?
Yes	No		Low levels of staff and financing additional staff

14. What methods do you use for quality assurance and improvement in addition to or as an alternative to IQIPS? Select all that apply.

A local programme of audit against national quality standards	x
Internal peer review (ABR)	x
Internal peer review (behavioural testing)	x

Internal peer review (HA fitting)	x
External peer review (other than ABR – this will be asked below)	
Case studies/journal clubs	x
Regional network to share best practice	x
Reporting all PCHIs on SMART 4 Hearing	x
Audit cycle	x
Peer competency checks	x
Patient/service user surveys/focus groups	
Other, please specify	

15. Do you participate actively in external regional peer review for ABR? no

If yes, complete the table below. If no, please explain why.

Do you regularly submit traces of all hearing losses and a sample of discharge?	How do you act on the evidence you receive?	How many ABR testers are in your service?	How many of the ABR testers in your service actively take part in peer review?

16. How many substantive **full-time equivalent (FTE)** qualified audiologists are in your service in total?

17. How many **FTE clinical** staff does your **children's** audiology service have at the following levels as of 30 September 2023?

Please express part-time roles as a fraction of a full-time role e.g. one full time role and a part time role of three days would be 1.6 FTE. If a role is split between children's and adult's audiology services, please **assign (or estimate)** an FTE figure to the time spent working with **children**.

(We understand that staff may cover paediatric ENT clinics as well as audiology's own clinics, but we are interested in changes in staffing levels year on year.)

Level	Total number of substantive posts (FTE)	Of the total number of posts (FTE), how many are vacant?
Band 2		
Band 3		
Band 4		
Band 5		
Band 6	1	0
Band 7	3	0
Band 8a		
Band 8b	0.4	0
Band 8c		
Band 8d		
Band 9		

Doctor (e.g. paediatrician, AVP)		
---	--	--

18. Has there been a reduction in the number or skill level of staff compared to last year? no

If decreased, what are the reasons for this? Select all that apply.

If no, please go to the next question.

Unable to recruit staff	
Posts have been frozen or deleted	
Staff leaving or reducing hours	
Maternity leave or sick leave	
Trust decision or cost improvement plan	
No capacity to train new staff	
Other, please specify	

Please use this space to provide more information about your responses above.

--

19. What steps have you taken to address any staffing issues? Please describe briefly.

AfC grade 2										
AfC grade 3										
AfC grade 4										
AfC grade 5			x		x					
AfC grade 6		x		x			x			
AfC grade 7						x		x	x	x
AfC grade 8a										
AfC grade 8b										
AfC grade 8c										
AfC grade 8d										
AfC grade 9										
Doctor										

22. How many staff working in your paediatric service have the minimum qualifications/training at the following levels as of 30 September 2023?

	What is the minimum qualification required in	How many staff working in your paediatric service on	How many staff on this AfC band are working
--	---	--	---

	your service for this band?	this AfC band already have this qualification?	towards this qualification?
Band 2			
Band 3			
Band 4			
Band 5			
Band 6	1		
Band 7	3		
Band 8a	0.4		
Band 8b			
Band 8c			
Band 9			
Medic (e.g. paed, AVP)			

Section 8: Collaboration section

Please answer the questions in this section based on the situation as of 30 September 2023.

23. Which children do you refer to the local specialist education service for deaf children in your area? Select all that apply.

	Aided children Yes, we refer these	Unaided children Yes, we refer these
Children with a severe/profound hearing loss	Yes	
Children with a moderate sensorineural hearing loss	Yes	
Children with a mild sensorineural hearing loss	Yes	
Children with permanent or long-term conductive hearing loss	Yes	
Children with temporary/fluctuating conductive hearing loss	Yes	
Children with a hearing loss but who are unaided	Yes	
Unilateral hearing loss	Yes	
ANSD	Yes	
Other		
Don't know		

We recognise that education referral criteria are outside the remit of audiology services, but we are grateful for your help collecting this useful information.

If other, please provide more details.

24. Are you able to routinely refer directly to the following non-audiology/ external professionals?

	Yes/no	Which children do you refer?
Speech and language therapy	Yes	
ENT	Yes	All who require clinical opinion
Family support/MAST/social services	No	
Safeguarding	Yes	
Clinical psychology/CAMHS	No	
Deaf CAMHS	No	
Paediatrician/developmental assessment service	No	
Other third sector/community organisations		

Are there any other services you refer to/struggle to refer to? Please comment.

25. Which families do you routinely signpost to the National Deaf Children's Society? Select all that apply.

	Yes, we signpost these families	Routinely provide National Deaf Children's Society information
Children with a severe/profound hearing loss	Yes	
Children with a moderate sensorineural hearing loss	Yes	
Children with a mild sensorineural hearing loss		
Children with permanent or long-term conductive hearing loss	Yes	
Children with temporary/fluctuating conductive hearing loss		
Children with a hearing loss but who are unaided	Yes	
Unilateral hearing loss	Yes	
ANSD	Yes	
Other		
Don't know		

26. When do you signpost families to the National Deaf Children's Society? Select all that apply.

	Yes, we signpost at these times
At diagnosis	
Whenever a family has an issue that the National Deaf Children's Society may be able to support	x
At every appointment	
Other	

27. Do you have a Children's Hearing Services Working Group (CHSWG) in your area? Ye

If no, go to next section

If yes, does your CHSWG include a representative from the following groups?

	Do you have this representative in your group?
Parent representative(s)	yes
Deaf young person	No
Adult audiology service/transition team	Yes
Speech and language therapy	No
Specialist education service	Yes
ENT	No
Social services	No
Trust senior management team	No

Commissioner	No
Other, please specify	

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 30 September 2023.

28. How do you prepare young people for transition to adult services? Select all that apply.

Start talking about the transition process from age 14	Yes
Complete a trust transition assessment/process	
Provide information on the adult service for young people	Yes
Hold joint appointments with both paediatric and adult audiologist present (virtual or face to face)	
Offer an appointment with the adult service before being discharged from the children's service	
Offer young person the opportunity to come into the clinic without parent/carer if appropriate	
Hold transition event or clinic for young people	Yes
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	
Other, please specify	

29. How many appointments were classed as Was not Brought (WNB) or Did Not Attend (DNA) in the period 1 October 2022 to 30 September 2023?

Please provide the total number of appointments offered in the period 1 October 2022 to 30 September 2023 (including all appointment types for children) **and** the WNB/DNA rate (%).

Total number of appointments offered in the period 1 October 2022 to 30 September 2023 (all appointment types for children)	Percentage WNB/DNA
378	21%

30. Please indicate which strategies are used to reduce missed appointments. Select all that apply.

Partial booking	
Text reminders	Yes
Phone reminders	
Other – please specify	Phone call on DNA appointment
None	

Section 10: Issues affecting service provision

31. Are there any areas where demand has changed significantly in the last year?

	Has demand increased in this area?	Has demand decreased in this area?	What do you think has caused this?	What support would help you?
Routine pre-school assessments				
Routine school aged assessments				

Children requiring complex assessment techniques/multiple appointments	Yes		Increase in population	National guidelines/protocols
Children requiring sedated ABR/ABR under GA	Yes		Management approach to diagnostics	
Children with listening difficulties in the presence of normal hearing	Yes			National guidelines/protocols
Self-referrals				
Referrals from school screen		Yes	Absence of school screen	
Other, please specify				

32. We are keen to promote and share good practice. Is there any good practice or an innovative solution in your service that you would like to share with us?

33. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
Ageing workforce	Ageing workforce and being able to recruit to posts

34. How is your funding provided? Select all that apply.

As a block contract within ENT services?	
As a block contract within wider children's services?	
As a block contract for children's audiology services?	
As a block contract for both child and adult audiology services?	x
As an individual tariff per child/young person?	

Other, please specify.

35. Following NHS England's recommendations to ICBs about assuring services they commission, have you been required to report and provide evidence to your ICB on quality assurance in your service? Yes

36. Please use the box below to provide any context or clarification to any of your answers in this survey. Please also use this box if there is anything else you'd like to add.

If you have concerns about anything happening in your service that you'd like to speak to us about in confidence, please email

Many thanks for returning this survey. We are very grateful for your time.