

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	Joannie O'Connell
Your role	Head of Paediatric Audiology
Your email address	Joannie.o'connell@uhbw.nhs.uk
Your telephone number	0117 342 1611
Name of your audiology service	Children's Hearing Centre (University Hospitals Bristol and Weston)

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.**

Royal United Hospitals Bath (ABR service only)
North Bristol NHS Trust

If you provide services for another Trust/s, do these include **diagnostic hearing assessments** and hearing aid provision for children? Yes

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:	Section 2: Your caseload 1. How many deaf children are there within your case load?
University Hospitals Bristol and Weston NHS Foundation Trust	Children's Hearing Centre, St Michael's Hospital	Southwell Street, Bristol	BS2 8EG	Bristol, North Somerset South Gloucester	No	
University Hospitals Bristol and Weston NHS Foundation Trust	Carousel Outpatients, Bristol Children's Hospital	Upper Maudlin Street, Bristol	BS2 8BJ	Bristol, North Somerset South Gloucester	No	
Royal United Hospitals Bath	Outpatients	Combe Park, Bath	BA1 3NG	Bath and North East Somerset, Swindon and Wiltshire	No	

		On 30 September 2023
Number of births per annum your service covers		Approx 10,000
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 – see definition below *		356 aided PCHI (PCHI/PCHI Mild/Permanent conductive but not ANSD).

- 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	20
- 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	10
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?	221 children currently fitted with hearing aids for temporary deafness (AB parameters)
Give the number of children you have referred to ENT between 1 October 2022 and 30 September 2023 with glue ear	190
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSD) on caseload	25

* **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	
0 – 25	X

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	T/TT/Baby special clinic guidelines
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	No	
Sedated ABR	No	
ABR under anaesthetic	Yes	ABR under GA departmental SOP

		BSA guidelines – ABR testing in non-newborns
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	N/A
Bone conduction hearing aids	Yes	N/A
‘Watch and wait’	Yes (now called monitoring and support)	N/A
Grommets	Yes	Hearing aids
Otovent	Information	N/A
Other, please specify		

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	All PCHI incl permanent conductive hearing loss	

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	No	Yes	Paediatric ENT UHBW
Tinnitus assessment/management	No	Yes	Adult Audiology UHBW
Hyperacusis assessment/management	No	Yes	Adult Audiology UHBW

Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)	No	Yes	West of England Hearing Implant Programme (WEHIP)
Paediatric vestibular service	No	Yes	Paediatric medicine and Adult Audiology UHBW
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	No	Yes	GOSH (via GP)
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	Yes		
We offer extended opening times (before 9am and/or after 5pm)	No	Maybe for older children	Staffing

We offer Saturday appointments	No	Potential if waiting lists increase	Staffing
We deliver some services in schools	No	No	Adequate equipment and testing conditions
We deliver some services in other community venues	NHSP & Home fittings	Yes	Budget and suitable testing environments/facilities
We offer telephone or video appointments	No	No	
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	2 days	≤ 2 days	N/A
Text message	No	N/A	N/A	N/A
Web form	No	N/A	N/A	N/A
Online diary/booking system	No	N/A	N/A	N/A

Telephone	Yes	On the day	On the day	N/A
British Sign Language (BSL)	Yes via interpreting services			
Other, please specify				

9. What deaf awareness training does your staff have?

	One-off training	Regular updates
Audiologists	Planned for January	Planned yearly
Reception/administrative staff	Planned for January	Planned yearly

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)	< 4weeks 98.4%

Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		< 4weeks 100% 86
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	<6 weeks 97.8% 3131 >6 weeks 2.1% 67
	Virtual if offered first	N/A
Decision to fit hearing aids to time fitted for PCHI		≤ 4 weeks
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)		1.7% over their planned follow up date
New earmoulds (working days from time notified of need) *		2 weeks
Hearing aid repairs (working days from time notified of need *)		≤ 2 days
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.)		1.7% over their planned fu date 282 all patients.
For referrals from your service to be seen <i>initially</i> by ENT**		Approx 6 months
For grommet surgery for glue ear ** (RTT pathway)		Approx 18 month wait

* 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.

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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		Funding and time

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	Yes
Internal peer review (ABR)	Yes
Internal peer review (behavioural testing)	No
Internal peer review (HA fitting)	Yes
External peer review (other than ABR – this will be asked below)	No
Case studies/journal clubs	Yes

Regional network to share best practice	Yes
Reporting all PCHIs on SMART 4 Hearing	Yes
Audit cycle	Yes
Peer competency checks	Yes
Patient/service user surveys/focus groups	Yes
Other, please specify	

15. Do you participate actively in external regional peer review for ABR? **Yes**

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?
We submit all traces for every bilateral referral (at least 2 per tester per month)	Discuss at team meetings.	5	5

Section 7: Staffing and training

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	0	0
Band 3	1.4	0
Band 4	0	0
Band 5	0	0
Band 6	5.24	0
Band 7	4.39	0
Band 8a	1.0	0
Band 8b	0.85	0
Band 8c	0	0
Band 8d	0	0
Band 9	0	0

Doctor (e.g. paediatrician, AVP)	0	0
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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.

N/A

20. What can you tell us about your staff's CPD requirements last year?

What CPD is required to meet development needs and stay competent?	What CPD have staff accessed?	What CPD is lacking/difficult to access?	Are there any CPD needs which aren't provided for?
<p>Carry out regular CPD activities and keep an up-to-date record. These must be a mixture of different types of learning</p> <p>For example, this can include:</p> <ul style="list-style-type: none"> ☐ Reflective practice, discussions with colleagues, work shadowing, supervising, expanding role ☐ Lecturing or teaching, involvement in professional body, journal clubs ☐ Courses, research, attending seminars ☐ Reading journals/articles, updating knowledge through internet or tv 	<p>Lunch n learn</p> <p>HTS paediatric assessment</p> <p>Anne Davies courses (steering a true course, HA inside track)</p> <p>BAA and BSA conferences</p> <p>ABR course (Harrogate)</p> <p>ABR refreshers</p> <p>Eclipse user group days</p> <p>Complex paediatric day (Nottingham)</p> <p>M- level unit (paediatric audiology) Cardiff Met</p>	<p>Audiology appropriate deaf awareness training</p>	
<p>If you have found any barriers to accessing CPD for staff, please tell us why? Funding for access to courses and conferences.</p>			

[illegible]

21. Please indicate what roles the different members of the team can have at each grade in paediatrics. Select all that apply.

[illegible]

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 your service for this band?	How many staff working in your paediatric service on this AfC band already have this qualification?	How many staff on this AfC band are working towards this qualification?
Band 2	N/A		
Band 3	GCSE	2	0
Band 4	N/A		
Band 5	N/A		
Band 6	BSc	6	0
Band 7	MSc	6	0

Band 8a	MSc	1	0
Band 8b	MSc	1	0
Band 8c	N/A		
Band 9	N/A		
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	Yes
Children with a moderate sensorineural hearing loss	Yes	Yes
Children with a mild sensorineural hearing loss	Yes	Yes
Children with permanent or long-term conductive hearing loss	Yes	If requested

Children with temporary/fluctuating conductive hearing loss	Yes if preschool or school aged with additional needs	
Children with a hearing loss but who are unaided	n/a	If requested
Unilateral hearing loss	yes	If requested
ANSD	yes	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	No	
ENT	Yes	With otological concerns requiring investigation

Family support/MAST/social services	Yes	Any professional concerns
Safeguarding	Yes	Any professional concerns
Clinical psychology/CAMHS	No	
Deaf CAMHS	No	
Paediatrician/developmental assessment service	No	
Other third sector/community organisations	No	

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
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Children with a severe/profound hearing loss	Yes	Yes
Children with a moderate sensorineural hearing loss	Yes	Yes
Children with a mild sensorineural hearing loss	Yes	Yes
Children with permanent or long-term conductive hearing loss	Yes	Yes
Children with temporary/fluctuating conductive hearing loss	Yes	Yes
Children with a hearing loss but who are unaided	Yes	Yes
Unilateral hearing loss	Yes	Yes
ANSD	Yes	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	Yes
Whenever a family has an issue that the National Deaf Children's Society may be able to support	Yes
At every appointment	No

Other	Via leaflets
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27. Do you have a Children's Hearing Services Working Group (CHSWG) in your area? Yes/no

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	No
Speech and language therapy	Yes
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
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Complete a trust transition assessment/process	Yes
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)	No
Offer an appointment with the adult service before being discharged from the children's service	Yes
Offer young person the opportunity to come into the clinic without parent/carer if appropriate	Yes
Hold transition event or clinic for young people	No
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	No
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
6847	2.7%

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

Partial booking	x
Text reminders	x

Phone reminders	
Other – please specify	Appointment letters
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	No	No		
Routine school aged assessments	11% increase	No	An increase of children moving into the area. ? Delays in accessing care due to covid	
Children requiring complex assessment techniques/multiple appointments	No	No		
Children requiring sedated ABR/ABR under GA	No	No		
Children with listening difficulties in the presence of normal hearing	No	No		
Self-referrals	No	No		

Referrals from school screen	N/A	N/A		
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?

Direct listing for grommets
Fitting hearing aids whilst waiting for grommets (due to current long waiting lists)

33. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
Suitable testing facilities in the community (Weston-Super-Mare)	

Section 11: Funding and commissioning

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

As a block contract within ENT services?	x
As a block contract within wider children's services?	x
As a block contract for children's audiology services?	x
As a block contract for both child and adult audiology services?	x

As an individual tariff per child/young person?	
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Other, please specify.

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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.

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