

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	We are unable to release the names of staff that are NOT in a public facing role and are below AfC Band 8a.
Role	Clinical Lead
Your email address	The Trust does not routinely give out email addresses and direct telephone numbers of staff members as a large number of unsolicited emails/telephone calls could cause disruption to work by blocking email accounts/telephone lines and thereby preventing true work-related emails/calls from being delivered. However, any of the above staff can be contacted via main switchboard on 01942 244000.
Your telephone number	
Name of your audiology service	Children's Audiology Service

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.**

N/A

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

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:
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	Platt Bridge Health Centre	Rivington Avenue, Platt Bridge, Wigan	WN2 5NG	NHS Wigan Borough	N
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	Leigh Health Centre	The Avenue, Leigh, Greater Manchester	WN7 1HR	NHS Wigan Borough	N
Wrightington, Wigan and Leigh Teaching Hospitals NHS Foundation Trust	Wigan Health Centre	Frog Lane, Wigan, Greater Manchester	WN6 7LB	NHS Wigan Borough	N
Wrightington, Wigan and Leigh Teaching Hospitals	Worsley Mesnes Health Centre	Poolstock Lane, Wigan, Greater Manchester	WN3 5HL	NHS Wigan Borough	N

NHS Foundation Trust					
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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	3186
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 – see definition below *	186
- 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	6
- 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	<5
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?	23
Give the number of children you have referred to ENT between 1 October 2022 and 30 September 2023 with glue ear	53
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSD) on caseload	<5

Refusal Notice: Sec 40(2) Personal Information

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To disclose this information would:

a) Contravene the Data Protection Act principles in that it would amount to unfair and possibly unlawful processing, as there was a legitimate expectation by the third parties that this information would remain confidential, and

Disclosure may cause damage or distress to the individual(s) involved, and that damage or distress would be unwarranted (section 10 of the DPA).

* **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	

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	✓	Staff at band 6 level or above and experienced in paediatric Audiology. Departmental guidance documents.
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	✓	Staff at band 6 level or above and experienced in paediatric Audiology. Departmental guidance documents.
Sedated ABR	✓	Staff at band 6 or above. Minimum of 2 staff. Attended the ABR Newborn assessment course in Harrogate. Attend ABR refresher training every 2 years.
ABR under anaesthetic	✓	Staff at band 6 or above. Minimum of 2 staff. Attended the ABR Newborn assessment course in Harrogate. Attend ABR refresher training every 2 years.

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

Home visits, school visits

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	✓	X
Bone conduction hearing aids		Referral out of area for BC aids
'Watch and wait'	✓	X
Grommets	✓	What alternative do you offer if a child is on the waiting list?
Otovent	✓	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	✓	
Unilateral loss	✓	
Mild loss	✓	
Moderate loss	✓	
ANSD	✓	
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		✓	ENT
Tinnitus assessment/management		✓	Hearing Therapy, Adult Audiology
Hyperacusis assessment/management		✓	Hearing Therapy, adult audiology.
Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)		✓	Manchester implant team

Paediatric vestibular service	✓		Testing performed by our audiovestibular consultant, with onward referral to Alderhey if required
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD		✓	Sensory support service or Alder Hey or Fulwood Audiology Clinic
Other, please specify			We performed a wax removal pilot and are awaiting a business case to be developed to provide funding

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	What is stopping you from offering this option?

		potential to?	
We offer extra appointments in school holidays	✓		
We offer extended opening times (before 9am and/or after 5pm)		✓	Staff availability
We offer Saturday appointments		✓	Budget constraints.
We deliver some services in schools	✓		
We deliver some services in other community venues	✓		
We offer telephone or video appointments	✓		
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	✓	2 weeks	2 weeks	
Text message	N			

Web form	N			
Online diary/booking system	N			
Telephone	✓	2 weeks	2 weeks	
British Sign Language (BSL)	N			
Other, please specify				

9. What deaf awareness training does your staff have?

	One-off training	Regular updates
Audiologists		Y- this has only recently been set up
Reception/administrative staff		Y- this has only recently been set up

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
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Referral to first assessment (KPI NH2 newborn hearing screening pathway)		15
Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		7
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	17
	Virtual if offered first	N/A
Decision to fit hearing aids to time fitted for PCHI		26
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)		72
New earmoulds (working days from time notified of need) *		5
Hearing aid repairs (working days from time notified of need) *		<5
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.)		64
For referrals from your service to be seen <i>initially</i> by ENT**		182
For grommet surgery for glue ear ** (RTT pathway)		490

* 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.

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Disclosure may cause damage or distress to the individual(s) involved, and that damage or distress would be unwarranted (section 10 of the DPA).

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?
Y	N		Time, funding

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	
Internal peer review (ABR)	✓
Internal peer review (behavioural testing)	✓
Internal peer review (HA fitting)	✓
External peer review (other than ABR – this will be asked below)	N
Case studies/journal clubs	✓
Regional network to share best practice	✓
Reporting all PCHIs on SMART 4 Hearing	✓
Audit cycle	N
Peer competency checks	✓
Patient/service user surveys/focus groups	✓
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?
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Y	Action recommendations	<5	<5
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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?
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Band 2		
Band 3	0.6	0
Band 4	0.6	0
Band 5	1	0
Band 6	1.91	0
Band 7	1.5	0.2
Band 8a		
Band 8b		
Band 8c		
Band 8d		
Band 9		
Doctor (e.g. paediatrician, AVP)	0.6	0

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	N/A
Posts have been frozen or deleted	N/A

Staff leaving or reducing hours	N/A
Maternity leave or sick leave	N/A
Trust decision or cost improvement plan	N/A
No capacity to train new staff	N/A
Other, please specify	N/A

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?
ABR testers must attend refresher training	Staff have accessed a range of external and internal CPD training		no
If you have found any barriers to accessing CPD for staff, please tell us why?			

Doctor	n	y	y	y	n/a	y	y	n	y	y
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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			
Band 3	Assistant Practitioner course	<5	
Band 4	Assistant Practitioner course	0	<5
Band 5	BSc or equivalent	<5	0
Band 6	BSc or equivalent	<5	0
Band 7	BSc or equivalent plus standalone HTS/MSc modules plus leadership qualification	<5	<5

Band 8a			
Band 8b			
Band 8c			
Band 9			
Medic (e.g. paed, AVP)	BSc and MSc	<5	0

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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	Y	Y
Children with a moderate sensorineural hearing loss	y	y
Children with a mild sensorineural hearing loss	y	y
Children with permanent or long-term conductive hearing loss	y	y
Children with temporary/fluctuating conductive hearing loss	y	n
Children with a hearing loss but who are unaided	y	y
Unilateral hearing loss	y	y
ANSD	y	y
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.

Children with listening difficulties

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	y	Any who meet referral criteria
ENT	y	Any who meet referral criteria
Family support/MAST/social services	Y	Any who meet referral criteria
Safeguarding	Y	Any who meet referral criteria
Clinical psychology/CAMHS	N	
Deaf CAMHS	N	
Paediatrician/developmental assessment service	Y	Any who meet referral criteria
Other third sector/community organisations		

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

N/A

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	Y	Y
Children with a moderate sensorineural hearing loss	Y	Y
Children with a mild sensorineural hearing loss	Y	Y
Children with permanent or long-term conductive hearing loss	Y	Y
Children with temporary/fluctuating conductive hearing loss	Y	Y
Children with a hearing loss but who are unaided	Y	Y
Unilateral hearing loss	y	y
ANSD	y	y
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	y
Whenever a family has an issue that the National Deaf Children's Society may be able to support	y
At every appointment	
Other	

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

Yes

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)	y
Deaf young person	n
Adult audiology service/transition team	y
Speech and language therapy	On mailing list but does not attend meetings
Specialist education service	y
ENT	On mailing list but does not attend meetings
Social services	y

Trust senior management team	n
Commissioner	n
Other, please specify	Wigan and Leigh Deaf Children's society

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	y
Complete a trust transition assessment/process	y
Provide information on the adult service for young people	y
Hold joint appointments with both paediatric and adult audiologist present (virtual or face to face)	Not since covid
Offer an appointment with the adult service before being discharged from the children's service	n
Offer young person the opportunity to come into the clinic without parent/carer if appropriate	n
Hold transition event or clinic for young people	y
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	n
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
3267	<5

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

Partial booking	
Text reminders	y
Phone reminders	y
Other – please specify	Opt in system
None	Choice of clinic venue

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	y		Increased viral illness	
Routine school aged assessments	y		Increased viral illness	
Children requiring complex assessment techniques/multiple appointments	y		Limited social interaction during covid	
Children requiring sedated ABR/ABR under GA	y		Increased complex cases and increased NOHL	
Children with listening difficulties in the presence of normal hearing	n			
Self-referrals	n			
Referrals from school screen	y		Increased viral illness	

Other, please specify				
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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?

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33. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
Increased demand and more patients requiring sedated ABR or ASSR appointments which are very time consuming	IQIPS, clinical leads spending increasing amount of time on data submissions

Section 11: Funding and commissioning

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?	y
As a block contract for children's audiology services?	
As a block contract for both child and adult audiology services?	
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.

N/A