

Paediatric Audiology Service

Reference Number: RDF2031-23

Date of Response: 13/12/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1st April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

This is a request for information under the Freedom of Information Act,

Please use the box at the end of this survey to provide any context or background to any of your answers.

Answer: Please see table below noting that the response refers to Royal Devon's Northern Services only. Eastern Services are commissioned through Devon ICB.

In accordance with Section 40 (2) of the Freedom of Information Act 2000, we are unable to provide figures where the number of patients is less than or equal to five and could risk the identification of those patients and breach Caldicott principles. In these cases ≤5 is used to indicate that a figure between 1 and 5 is being suppressed.

This follows NHS Digital (formerly HSCIC) analysis guidance (2014) which states that small numbers within local authorities, wards, postcode districts, CCG's providers and Trusts may allow identification of patients/staff and should not be published.

The Trust does not release the names and contact details of staff below a Director under Section 40 (2) of the Freedom of Information Act 2000 Personal Information, where disclosure may contravene the Data Protection Act 2018 and therefore applies an exemption under Section 40 (2) - Personal Information of the Freedom of Information Act 2000 and Section 10 of the Data Protection Act 2018.

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	REDACTED
Your role	Paediatric Lead Audiologist
Your email address	REDACTED
Your telephone number	REDACTED
Name of your audiology service	RDUHT - North Devon

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

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:
Royal Devon University Healthcare NHS Foundation Trust	North Devon District Hospital	Raleigh Park Barnstaple Devon EX31 4JB	EX31 4JB		Yes – Everything shared

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	1500
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 – see definition below *	166
- 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	≤5
- 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	6

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?	60
Give the number of children you have referred to ENT between 1 October 2022 and 30 September 2023 with glue ear	34
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSO) on caseload	≤5

* **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	✓	
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	✓	In house training
Sedated ABR		
ABR under anaesthetic	✓	Harrogate training course and follow national protocols
Other, please specify ABR at home in natural sleep	✓	Harrogate training course and follow national protocols

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

We offer home visits for ABR or ASSR in natural sleep
We also offer to record an OAE in the car if the child sleeps on the way in to us

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	✓	X
'Watch and wait'	✓	X
Grommets	✓	We offer hearing aids or continue 'watch and wait' while they are waiting for grommets
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	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	No	No	
Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)	Yes		
Paediatric vestibular service	No	No	
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	No	No	
Other, please specify – Misophonia management	Yes		

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	What is stopping you from offering this option?

		to/do you see potential to?	
We offer extra appointments in school holidays	Yes		
We offer extended opening times (before 9am and/or after 5pm)	Yes		
We offer Saturday appointments	No		Staffing
We deliver some services in schools	Yes		
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	Same day	Same or next day	
Text message	No			
Web form	No			
Online diary/booking system	No			
Telephone	Yes	Same day	Same day	

British Sign Language (BSL)	No			
Other, please specify				

9. What deaf awareness training does your staff have?

	One-off training	Regular updates
Audiologists	✓	
Reception/administrative staff	✓	

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)		14
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	30

	Virtual if offered first	
Decision to fit hearing aids to time fitted for PCHI		14
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)		20
New earmoulds (working days from time notified of need) *		1-2
Hearing aid repairs (working days from time notified of need *		1-2
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.)		30
For referrals from your service to be seen <i>initially</i> by ENT**		210
For grommet surgery for glue ear ** (RTT pathway)		190

* 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.

ENT wait times are based on a collection of only a few patients so are only a rough estimate

Section 6: Quality assurance and improvement

11. Has your service gained Improving Quality in Physiological Services (IQIPS) accreditation this year? Yes

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?
Not applicable			

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)	X
Case studies/journal clubs	X
Regional network to share best practice	✓
Reporting all PCHIs on SMART 4 Hearing	✓
Audit cycle	✓
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?
Every trace is peer reviewed whether discharge or hearing loss	Each case is returned to the sender with the review, including any improvement indicators, all the data from the group is collated for a regular audit	3	3

Section 7: Staffing and training

16. How many substantive **full-time equivalent (FTE)** qualified audiologists are in your service in total? 12.5

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	x	
Band 3	x	
Band 4	x	
Band 5	x	
Band 6	2	
Band 7	2.8	
Band 8a	x	
Band 8b	x	
Band 8c	x	
Band 8d	x	
Band 9	x	
Doctor (e.g. paediatrician, AVP)	x	

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	
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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.

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?
A variety of essential learning – in person and online. Specialised courses on specific areas of Audiology.	In house training, product training, external courses, online seminars, Specialist interest group meetings	Paediatric courses are lacking	
<p>If you have found any barriers to accessing CPD for staff, please tell us why? Lack of funding for courses, staff being able to take time away from clinics</p>			

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

	Lead additional/ advanced clinics e.g. tinnitus, hyperacusis, APD	Lead school age hearing aid clinics	Lead pre-school and/or complex needs hearing aid clinics	Assist assessment of children with complex needs	Lead assessment of children with complex needs	Provide routine testing only (i.e. no history etc) for ENT	Lead routine assessments school age	Assist routine assessments <4 years	Lead routine assessments <4 years	Lead newborn diagnostic assessment and/or immediate follow up
AfC grade 1										
AfC grade 2										
AfC grade 3										
AfC grade 4										
AfC grade 5										
AfC grade 6		✓	✓	✓	✓	✓	✓	✓		
AfC grade 7	✓	✓	✓	✓	✓	✓	✓	✓		
AfC grade 8a										
AfC grade 8b										
AfC grade 8c										
AfC grade 8d										
AfC grade 9										
Doctor										

23. 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			
Band 4			
Band 5	BSc Audiology or equivalent	N/A – No band 5 Paediatric Audiologists	0
Band 6	BSc Audiology or equivalent	2	0
Band 7	BSc Audiology or equivalent	4	0
Band 8a			
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.

22. 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	✓	✓
Children with a moderate sensorineural hearing loss	✓	✓
Children with a mild sensorineural hearing loss	✓	✓
Children with permanent or long-term conductive hearing loss	✓	✓
Children with temporary/fluctuating conductive hearing loss	x	x
Unilateral hearing loss	✓	✓
ANSD	✓	✓
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.

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23. 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	Children with persistent glue ear after watchful wait period
Family support/MAST/social services	No	
Safeguarding	Yes	Any child that meets criteria for referral
Clinical psychology/CAMHS	No	
Deaf CAMHS	N/A	
Paediatrician/developmental assessment service	Yes	Children diagnosed with sensorineural hearing loss
Other third sector/community organisations		

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

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24. 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
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		Children's Society information
Children with a severe/profound hearing loss	✓	✓
Children with a moderate sensorineural hearing loss	✓	✓
Children with a mild sensorineural hearing loss	✓	✓
Children with permanent or long-term conductive hearing loss	✓	✓
Children with temporary/fluctuating conductive hearing loss		✓
Children with a hearing loss but who are unaided	✓	✓
Unilateral hearing loss	✓	✓
ANSD	✓	✓
Other		
Don't know		

25. 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	✓
At every appointment	

Other	
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26. 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)	✓
Deaf young person	
Adult audiology service/transition team	✓
Speech and language therapy	✓
Specialist education service	✓
ENT	
Social services	✓
Trust senior management team	
Commissioner	?
Other, please specify	

Section 9: Patient engagement

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

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

Start talking about the transition process from age 14	✓
Complete a trust transition assessment/process	✓
Provide information on the adult service for young people	✓
Hold joint appointments with both paediatric and adult audiologist present (virtual or face to face)	N/A
Offer an appointment with the adult service before being discharged from the children’s service	N/A

Offer young person the opportunity to come into the clinic without parent/carer if appropriate	✓
Hold transition event or clinic for young people	x
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	x
Other, please specify – Our Children and adult service is combined so some answers are N/A	

28. 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? 75 (from new appointments – follow ups not included)

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
1158 (New appts only)	6%

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

Partial booking	x
Text reminders	✓
Phone reminders	✓
Other – please specify	
None	

Section 10: Issues affecting service provision

30. 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			
Routine school aged assessments	No			
Children requiring complex assessment techniques/multiple appointments	Yes		Not known	Extra training and equipment
Children requiring sedated ABR/ABR under GA	No			
Children with listening difficulties in the presence of normal hearing	No			
Self-referrals	Not done here			
Referrals from school screen	No			
Other, please specify				

31. 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?

32. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
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Section 11: Funding and commissioning

33. 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?	✓
As an individual tariff per child/young person?	

Other, please specify.

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34. 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

35. 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.

The number of children with PCHI is lower this year, this may be due to a typing mistake on last years form, we also recently scrutinised our data so some may have been removed from our list as over 18 or moved away.
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