

Questions for paediatric audiology services: 2018/19

Please complete this survey if your audiology service provides diagnostic hearing assessments and hearing aid provision for children. This may be hospital or community based. It is not necessary to complete this survey if your audiology service only provides hearing screening or assessments (such as primary tier, second tier or community services) and refers children on to other services for hearing aid provision when necessary.

Please base your answers on the support available as of 31 March 2018.

Section 1: Your service

Please answer the questions below based on the situation as of 31 March 2018.

1. Please provide the following information:

Your name:	
Your role:	Head, Children's Audiology
Your email address:	
Your telephone number:	

Please give the name of your audiology service/s. If you provide services on behalf of another Trust/s please provide details of all the Trusts that you provide services for below. **Please write names in full and expand acronyms:**

Paediatric Audiology, UHB – University Hospital Bristol, NBT – North Bristol Trust & WAHT – Weston Area Health Trust

If you provide the services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children in any of these locations? Please put a cross next to the relevant answer.

X Yes

If you selected Yes, we understand that your responses to the questions below may differ for each Trust.

2. We have included below, the locations where previously you, or a CCG for your area, have told us that paediatric audiology services are provided. Please complete the table by:

- Putting a tick (✓) or cross (×) in the final column to let us know if the information is correct;
- Please strike through information that is incorrect and add in any corrections in the relevant boxes;
- Please add missing location details at the end of the table adding extra rows if necessary.

Name of NHS Trust or Provider	Hospital or Clinic or site name	Address	Postcode	Funding CCGs	Is your service jointly delivered with an adult service? (for example does the service share clinical staff/a reception or waiting area/share a budget?) Y/N	Is this information correct? Please (✓) or cross (×).
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Hospital for Children	Upper Maudlin Street Bristol Avon	BS2 8BJ	Bristol, S Glos and N Somerset. Sometimes known as BNSSG (can't write in boxes below)	Clinical staff only	✓
University Hospitals Bristol NHS Foundation Trust	Children's Hearing Centre - St Michaels Hospital	Southwell St, Bristol	BS2 8EG		Clinical staff Add in clerical staff too This is our base	×

Section 2: Waiting times

3. On average, in the last quarter, (1 January – 31 March 2018) how many days did patients wait for the following?
If you are not sure please estimate.

	Referral to first assessment (newborn hearing screening pathway)	Referral to first assessment (older children post-newborn hearing screening)	Routine follow-up hearing tests for existing PCHI not including glue ear (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 days)	New earmoulds (from time notified of need)	Hearing aid repairs (from time notified of need)	Routine follow-up hearing tests for children with glue ear (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 days)	Grommet surgery for glue ear (RTT pathway)
Number of days	All were seen within the four week target as per KPI	98.3 % within 0-5 weeks	New baby PCHI are given “linked “ appointments every three months for a year following hearing aid fitting. They therefore occur on time unless the parents change the appointment.	1 week	There is no waiting time for repairs, we have stock so that a working hearing aid can be swapped for a broken one – either directly swapping or by	Review appts are about 2 months behind	Varies but approx. 3 months

			Other hearing aid review appts are approx 3 months behind but pre-school children are given priority		sending the broken one in first.		
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Section 3: Your policies

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

4. What options are included in your current management pathway for temporary conductive hearing loss? Select all that apply:

Air conduction hearing aids	X
Bone conduction hearing aids	X
'Watch and wait'	X
Grommets	X
Otovent	x

Other, please specify:

5. Are there any groups of children that you don't currently provide hearing instruments for? Select all that apply:

Temporary conductive loss	
Unilateral loss	
Mild loss	
Moderate loss	
Auditory Neuropathy Spectrum Disorder (ANSD)	
Not applicable – we provide hearing instruments for all children	x

Other, please specify:

If you have selected any groups of children above, please explain why you don't provide hearing instruments for those groups.

6. Do you currently provide free batteries for children's hearing aids? Please select one answer:

- ☐
☐ **Yes, always**
☐ Yes, with limitations – please specify:

7. Do you currently provide a choice of coloured moulds to children at no extra charge? Please select one answer:

- ☐
☐ **Yes, always**
☐ Yes, with limitations – please specify:

8. What appointment times do you offer? Please select all that apply:

We offer extra appointments in school holidays	
We offer extended opening times (before 9 am and/or after 5pm)	By arrangement
We offer Saturday appointments	
We deliver some services in schools	

Section 4: Your caseload

9. How many deaf children were on your case load?

The answer below should include:

- All children who have a unilateral or bilateral sensori-neural or permanent conductive deafness, at all levels from mild to profound, using BSA/BATOD descriptors.
- We use the term permanent conductive deafness to include those children with a syndrome known to include permanent conductive deafness, microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy. It also includes 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. Under temporary conductive deafness, we include those 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.

	On 31 March 2018	On 31 March 2017
Total service population	Please define what you mean by this. Paediatric population? Under 16? Under 18?	
Total number of children with PCHI	357 (figure obtained from eSP/S4H which starts in 2003/4 so will miss some children born before then)	335 (figure obtained from eSP/S4H which starts in 2003/4 so will miss some children born before then)

Total number of children with temporary deafness (and fitted with hearing aids)	Not known. 109 children fitted in 2017/18	Not known. 90 children fitted in 2016/17
Total number of children with ANSD	21	21

10. How many of the children on your caseload were referred to your service from the Newborn Hearing Screen?

Not known Probably about 40%

Section 5: Quality improvement

Please put a cross next to the relevant answer/s.

11. Have you ever registered for (Improving Quality in Physiological Services) IQIPS? Please select one answer:

- ☐ Yes

If yes, which year did you register for the IQIPS process? (*go to question 12*)

YYYY

12. Which of the below best describes your current status with regard to IQIPS? Please select one answer:

Registered for the IQIPS process but dropped out before March 2017 (<i>go to question 13</i>)	
Registered for the IQIPS process but dropped out after March 2017 (<i>go to question 13</i>)	
Registered for the IQIPS process but have not had an onsite assessment (<i>go to question 14</i>)	✓
Registered for the IQIPS process, had an onsite assessment but did not reach the required standard (<i>go to question 16</i>)	
Gained accreditation with IQIPS (<i>go to next section 6: Staffing and training</i>)	

13. If you are not registered with IQIPS, what is the main reason? Please select one answer:

Lack of capacity (staffing)	
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	

It is not mandatory	
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Other (please specify)

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Please move to section 6: Staffing and training.

14. If you are registered with IQIPS but have not progressed in the last year, what is the main reason? Please select one answer:

Lack of capacity (staffing)	
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	
It is not mandatory	
Not applicable – we have made progress with accreditation in the last year	

Other (please specify)

Still working towards all the standards whilst maintaining our clinical service

15. Has your service booked its onsite assessment with UKAS? Please select one answer:

- No (*go to question 16*)

If yes, what is the date of your onsite assessment:

MM/YYYY

Please move to section 6: Staffing and training.

16. What colour are you currently at on the UKAS traffic light system?

Please put a cross next to the relevant answer.

Red	
Amber	
Green	
Not using it	

Section 6: Staffing and training

17. How many full time equivalent staff does your **children's** audiology service have at the following levels as on 31 March 2018 and how many did it have on 31 March 2017?

Please express part-time roles as a fraction of a full time role eg. 1 full time role and a part time role of 3 days would be 1.6 FTE.

	31 March 2017					31 March 2018				
Level	Permanent posts	Locum/ temporary posts	Vacant posts	Frozen posts	Apprentices	Permanent posts	Locum/ temporary posts	Vacant posts	Frozen posts	Apprentices
Band 1										
Band 2										
Band 3	6.72 sec/cler 1.72 clin					5.72 sec/cler 1.72 clin				
Band 4	0.54 sec/cler					1.54 sec/cler				
Band 5	1.0 sec/cler 1.0 clinical					1.0 sec/cler 1.0 clinical				

Band 6	3.4 clin		0.2			2.03 clin		1.57		
Band 7	3.9 clin		1.77			4.36 clin		1.24		
Band 8 a								1.0		
Band 8b	1.0 clin					1.0 clin				
Band 8 c										
Band 8 d										
Band 9										
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)	1.0					0.07				
Other staff eg. Volunteers and students										

Please put a cross next to the relevant answer/s.

18. If there has been a reduction in the number or skill level of staff in the table above, what are the reasons for this?
Please select all that apply.

We have been unable to recruit staff at higher bands – level 6 and above	
We have been unable to recruit staff at lower bands – level 5 and below	
Posts have been frozen	
Posts have been deleted	
Staff hours have been reduced – voluntarily or otherwise	

Other, please detail:

Couldn't recruit an associate specialist so changed the post to consultant paediatrician and 8a audiologist

19. Are you aware of any planned changes to staffing in 2018/19?

☐

☐ Yes, please detail:

Associate specialist post has funded 8a and the 8a will start in Sept

20. Thinking about permanent posts in the service as of 31 March 2018, what was the split of clinical and non-clinical sessions for audiology staff?

Level	Number of clinical sessions per week	Number of non-clinical sessions per week
Band 5	For all staff varies as needed	For all staff varies as needed
Band 6		
Band 7		
Band 8 a		
Band 8 b		
Band 8 c		
Band 8 d		
Band 9		
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)		

21. Are all staff able to access the CPD necessary for their roles? Select all that apply:

Yes	✓
No – because of financial constraints	
No – because training expenses are not covered eg. travel to training	
No – because there isn't cover for clinical duties	

No – other [please detail]

Section 7: Children's Hearing Services Working Groups

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

22. Does the Children's Hearing Services Working Group (CHSWG) in your area include at least one parent representative? Please select one answer:

Yes	<input checked="" type="checkbox"/>
No (<i>go to question 24</i>)	<input type="checkbox"/>
Not sure (<i>go to question 24</i>)	<input type="checkbox"/>
We don't have a CHSWG (<i>go to question 24</i>)	<input type="checkbox"/>

23. Do you use the Children's Hearing Services Working Group Guidance (2010)? Please select one answer:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>
Not sure	<input type="checkbox"/>

Section 8: Technology

24. As of 31 March 2018 which organisation provides the following technology:

Please put a cross in the relevant boxes to select your answers.

	The local authority	Your service	Jointly - the local authority and your service
Radio aids	√		
Remote microphones	√		
Streamers		√ provided free by the company	

25. As of 31 March 2018 do you balance or pair streamers purchased by (please tick the relevant box):

Please put a cross in the relevant boxes to select your answers.

	The local authority	Parents of the deaf child	We don't balance or pair devices unless we've provided them
FM systems	No	No	
Streamers		Yes if applicable	

26. Are there any plans to stop the provision of hearing equipment or accessories for hearing equipment in 2018/19? Please select one answer:

☐ No

☐

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

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

Provide information on the adult service for young people	<input checked="" type="checkbox"/>
Offer an appointment with the adult service before being discharged from the children's service	<input checked="" type="checkbox"/>
Hold joint appointments with both paediatric and adult audiologist present	<input type="checkbox"/>
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

Other please state:

We tried holding joint appts with two audiologists present one from adults and one from paediatrics but this was a waste of resource when the patient didn't attend

28. What was your service's most recent score in the family and friends test?

We've checked within our Trust and the information isn't available at a departmental level

Date the score was recorded: MM/YYYY

29. What was your average 'Did Not Attend (DNA)' for the 2017/18 financial year in percent?

4.8%. Partial booking system used

Section 10: Funding and commissioning

30. What was the annual budget for your paediatric hearing aid service for the 2017/18 financial year, from the organisations below?

Complete all that apply:

- ☐ NHS England

- ☐ The CCG(s)

- ☐ Other

Not possible to answer.
Included in the whole
departmental budget

Please put a cross next to the relevant answer/s.

31. How is your funding provided? Please select all that apply.

As a block contract within ENT services? (<i>go to question 33</i>)	
As a block contract within wider children's services? (<i>go to question 33</i>)	
As a block contract for all children's audiology services? (<i>go to question 33</i>)	x
As a block contract for both child and adult audiology services? (<i>go to question 33</i>)	
As an individual tariff per child? (<i>go to question 32</i>)	

Other, please specify:

32. If you selected tariff per child, how much money do you receive for each service below?

Complete all that apply:

- ☐ Initial hearing assessment/diagnosis

- ☐ Follow up assessment

- ☐ Hearing aid fitting

- ☐ After care

33. If you run a joint paediatric and adult service, are your budgets shared? Please select one answer:

Our service is joint and budgets are shared	
Our service is joint and budgets are not shared	
Our service is paediatric only	x

34. Was your audiology service for deaf children commissioned differently in the 2017/18 financial year when compared to the 2016/17 financial year? (e.g. competitive tendering, any qualified provider, etc.)

- ☐ No

☐

35. Is your audiology service being commissioned differently or reviewed in 2018/19? (e.g. competitive tendering, any qualified provider, etc.)

☐ No

☐ :

Section 12: Anything else

36. Is there anything else you would like to tell us about your audiology service and any future plans? This question is optional.

Please note the above staffing levels include the clerical and secretarial for children's audiology and children's ENT. Also the clerical and clinical (just audiology) for paediatric cochlear implant

37. Is there anything you'd like to tell us about the National Deaf Children's Society? This question is optional.

This questionnaire was very time consuming to complete and asks for information we don't necessarily collect routinely. If this is going to be a regular request please inform us so we can think about how to collect this information routinely.