

**THE DUDLEY GROUP NHS FOUNDATION TRUST**  
**Freedom of Information request ref: 014159**

**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:	Ruth Delves/Tina Harris
Your role:	Audiology Team Leaders
Your email address:	<a href="mailto:Ruth.delves@nhs.net">Ruth.delves@nhs.net</a> / <a href="mailto:tina.harris10@nhs.net">tina.harris10@nhs.net</a>
Your telephone number:	01384 321266

**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:

Audiology Department  
Brierley Hill Health and Social Care Centre  
Venture Way  
Brierley Hill  
West Midlands  
DY5 1RU

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.

- Yes
- No
- Not applicable X

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;



	screening pathway)	hearing screening)	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)			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)	
<b>Number of days</b>	9 days	22 days	67 days	12 days (From time notified of need to fitting earmould)	1 day	23 days	Not known

### 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	<b>X</b>
Bone conduction hearing aids	<b>X</b>
'Watch and wait'	<b>In conjunction with ENT</b>
Grommets	<b>Under ENT</b>
Otovent	<b>Advice leaflet given</b>

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	<b>X</b>

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

✓ Yes, always

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

✓ Yes, always

7. 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)	<b>X</b>
We offer Saturday appointments	
We deliver some services in schools	<b>X</b>

**Section 4: Your caseload**

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8. How many deaf children were on your case load? - The answer below should include:

**Information is recorded in a patients notes, this information is not recorded electronically so a report cannot be run to obtain this information**

- 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
<b>Total service population</b>		
<b>Total number of children with PCHI</b>		
<b>Total number of children with temporary deafness (and fitted with hearing aids)</b>		
<b>Total number of children with ANSD</b>		

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

**This information is recorded in a patients notes and they are not accessible under the FOI Act**

### Section 5: Quality improvement

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

10. 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

**2017**

This is currently for our Adult Audiology Services only. Paediatric Audiology Services will be looked at, at a later date.

11. 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> )	X Adults only
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> )	

12. 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	

Other (please specify)

**Please move to section 6: Staffing and training.**

13. 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	X Adults only

Other (please specify)

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



<b>Band 8b</b>	0	0	0	0	0	0	0	0	0	0
<b>Band 8 c</b>	0	0	0	0	0	0	0	0	0	0
<b>Band 8 d</b>	0	0	0	0	0	0	0	0	0	0
<b>Band 9</b>	0	0	0	0	0	0	0	0	0	0
<b>Doctor specialising in audiology (paediatrician, audiovestibular physician etc)</b>	0	0	0	0	0	0	0	0	0	0
<b>Other staff eg. volunteers and students</b>	0	0	0	0	0	0	0	0	0	0

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

17. 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:

**Not applicable**

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

Yes, please detail:

**Taking on 2 x apprentices – 1 admin + 1 clinical**



19. 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	28	0
Band 6	7	0
Band 7	59	12
Band 8 a	N/A	N/A
Band 8 b	N/A	N/A
Band 8 c	N/A	N/A
Band 8 d	N/A	N/A
Band 9	N/A	N/A
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)	N/A	N/A

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

Yes	x
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]

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### 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.

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

Yes	X
No ( <i>go to question 24</i> )	
Not sure ( <i>go to question 24</i> )	
We don't have a CHSWG ( <i>go to question 24</i> )	

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

Yes	
No	
Not sure	x

### Section 8: Technology

23. 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	X		
Remote microphones	X		
Streamers			

24. 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	X	x	
Streamers	x	X	

25. 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.

26. 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	X
Offer an appointment with the adult service before being discharged from the children's service	X
Hold joint appointments with both paediatric and adult audiologist present	X
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	
None of the above	

Other please state:

**We are a joint Adult and Paediatric service so have a local Transitional policy.**

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

**97.2%**

Date the score was recorded: MM/YYYY

**04/2018**

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

**Data not readily available to answer**

### Section 10: Funding and commissioning

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29. 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)

**Not possible to provide as we are a joint Adult/Paediatric service with a joint budget**

- Other

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

30. 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>	
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>	X

Other, please specify:

**Individual tariff per patient contact regardless of appointment type for Adults and Paediatrics**

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

Complete all that apply:

- Initial hearing assessment/diagnosis

£49.71

- Follow up assessment

£49.71

- Hearing aid fitting

£49.71

- After care

£49.71

32. 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	X
Our service is joint and budgets are not shared	
Our service is paediatric only	

33. 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

34. 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**

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

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