

Freedom of Information Act 2000 – Request Reference FoI/23/595

Listen Up! Survey

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	After considering your request, the Cardiff and Vale University Health Board (the UHB) believes that the data requested is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing with regard to Articles 5, 6, and 9 of the GDPR. We are therefore withholding this detail under section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.
Your role	Head of Service.
Your email address	The UHB believes the section 40(2) exemption applies here.

Your telephone number	The UHB believes the section 40(2) exemption applies here.
Name of your audiology service	Cardiff and Vale University Health Board Audiology Department.

If you are commissioned to provide an audiology service for another Board/s please provide details of all the Boards that you provide services for below.
Please write names in full and expand acronyms.

N/A

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

If you would like to report separately for a service you deliver for another Board please contact us on Listenup@ndcs.org.uk for an additional link.

Please complete the table below showing the locations where your Board provides paediatric audiology services:

Name of University Health Board	Hospital or Clinic or site name	Address	Postcode	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:

N/A	N/A	N/A	N/A	N/A
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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	4,748
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 (see definition below *)	We only have information on children who wear hearing aids. The total number wearing hearing aids for permanent hearing loss on our caseload is 471.
- 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	7
- 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	24
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?	87 (+51 who have worn a hearing aid in the last year and are being reviewed for fluctuating hearing loss but advised

	at last appointment not to wear currently)
Give the number of children you have referred to ENT between 1 October 2022 to 30 September 2023	97
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSD) on caseload	15 bilateral, 4 unilateral

* **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 or whilst they are waiting for 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
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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	No specific training or protocols
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	Currently developing this option	
Sedated ABR	Yes	Only carried out by staff qualified to do neonatal ABRs; all have completed Harrogate ABR course
ABR under anaesthetic	Yes	As above
Other, please specify		

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

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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	
Bone conduction hearing aids	Yes, only for specific reasons such as recurrent infections or anatomy	
'Watch and wait'	Yes	
Grommets	Yes	
Otovent	Yes, but not on prescription – parents have to purchase this themselves	
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		

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 for this? (i.e. type and name of service)?
Wax removal performed by audiologists	No	Yes	Paediatric ENT Service
Tinnitus assessment/management	Yes, for assessment, and seen by Audiovestibular Physician/Paediatrician for management		
Hyperacusis assessment/management	Yes, for assessment, and seen by Audiovestibular Physician/Paediatrician for management		
Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)	Yes		

Paediatric vestibular service	No	Yes	Audiovestibular Medicine & Department's Adult Vestibular Service
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	Yes, for assessment, and seen by Audiovestibular Physician for diagnosis; management not currently done		
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 9 am and/or after 5pm)	Yes		

We offer Saturday appointments	No		Staffing levels, staff working day preference, outpatients closed on weekends (barriers down)
We deliver some services in schools	Yes, only school entry hearing screening		
We deliver some services in other community venues	Yes		
We offer telephone or video appointments	No	No	Very few appointments could be completed virtually
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	24 hours	<24 hours	No
Text message	Yes	24 hours	<24 hours	No
Web form	No			
Online diary/booking system	No			

Telephone	Yes	Same day (phone calls placed in queue and answered in order)	Same day	No
British Sign Language (BSL)	No			
Other, please specify				

9. What deaf awareness training does your staff have?

	One off training	Regular updates
Audiologists	Deaf awareness training at induction	Triennial in-house deaf awareness training
Reception/administrative staff	Deaf awareness training at induction	Triennial in-house deaf awareness training

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 an issue 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

In completing a search for the information requested, Cardiff and Vale University Health Board (the UHB) has confirmed that this information is not centrally recorded or collated. To retrieve the information requested would require a manual search through individual records and the UHB considers that this would exceed the limit set within Regulations for responding to a request. The UHB has therefore relied upon the section 12 exemption of the Freedom of Information Act 2000 ('Exemption where cost of compliance exceeds appropriate limit') and is refusing your request.

The UHB has estimated that to complete the work needed to respond to this request would exceed the time limit as set within Regulations to respond to a Freedom of Information Act request. Under the Act there is an allowance of two and a half days, or 18 hours, to comply with a request and the cost limit set within the Fees Regulations for this amount of work (18 hours) is £450 for the UHB. The Fees Regulations specify that the cost of complying with a request must be calculated at the rate of £25 per hour.

Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		16 days.
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	The UHB believes the section 12 exemption applies here. However, under our duty to advise and assist per section 16, the UHB can provide the following approximate current waiting times: Tertiary 1 to test – 70 days Tertiary 2 to test – 252 days Secondary (community) 1 to test – 238 days Secondary (community) 2 to test – 189 days
	Virtual if offered first	N/A.
Decision to fit hearing aids to time fitted for PCHI		25 days.
Routine follow-up hearing aid review (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 calendar days)		The UHB believes the section 12 exemption applies here. However, under our duty to advise and assist per section 16, the UHB can confirm that hearing aid reviews are now booked their next review during their appointment, so it would currently be 0 days.

New earmoulds (working days from time notified of need) *	1.2 days.
Hearing aid repairs (working days from time notified of need) *	1 day.
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 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 calendar days)	The UHB believes the section 12 exemption applies here.
For referrals from your service to be seen <i>initially</i> by ENT**	107 days.
For grommet surgery for glue ear ** (RTT pathway)	Over 12 months.

* 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.

Section 6: Quality assurance and improvement

11. What methods do you use for quality assurance and improvement? Select all that apply.

Participation in Welsh National peer review programme	X
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IQIPS accreditation	
A departmental programme of audit against national quality standards and local guidelines	X
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)	
Case studies/journal clubs	X
Regional/national network to share best practice	Yes, SEHS Wales Network and PHW Audiology NBHSW Network
Reporting all PCHIs on SMART 4 Hearing	
Peer competency checks	X
Patient/service user surveys/focus groups	X
Other, please specify	

12. 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 feedback 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?
Yes, all traces	Action as appropriate. If clinically indicated patient is booked back in for further testing, or management plan is amended and parents advised. If minor feedback clinician to reflect on practice.	4, +1 training	All

Section 7: Staffing and training

13. How many substantive **full-time equivalent (FTE)** qualified audiologists are in your service in total? 19.83; However, Head of Department has very few sessions with patients due to operational pressures.

14. How many **FTE clinical** staff does your **children's** audiology service have at the following levels as of 30 September 2023? 6.15 FTE audiologists, plus 0.33 doctor staff. Please note this does not include CI programme work.

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	
Band 3	0	
Band 4	0	
Band 5	0.2	
Band 6	3.67	
Band 7	1.42	
Band 8a	0.86	
Band 8b	0	
Band 8c	0	
Band 8d	0	

Band 9	0	
Doctor (e.g. paediatrician, AVP)	0.33	

15. Has there been a change in the number or skill level of staff compared to last year? Yes

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	X
Maternity leave or sick leave	X
Board 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.

16. What steps have you taken to address any staffing issues? Please describe briefly.

Risk assessments, Risk Register, SBARs locally and nationally

17. 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>If you have found any barriers to accessing CPD for staff, please tell us why?</p> <p>The UHB believes the section 12 exemption applies here.</p> <p>After considering your request, the Cardiff and Vale University Health Board (the UHB) also believes that the data requested is classed as personal data as defined under the General Data Protection Regulation (GDPR) and Data Protection Act 2018. Its disclosure would be contrary to the data protection principles and constitute unfair and unlawful processing with regard to Articles 5, 6, and 9 of the GDPR. We are therefore withholding this detail under section 40(2) of the Freedom of Information Act 2000. This exemption is absolute and therefore there is no requirement to apply the public interest test.</p>			

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

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

Doctor								X	X	X
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Section 8: Collaboration section

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

19. 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	Yes
Children with temporary/fluctuating conductive hearing loss	Yes	No
Children with a hearing loss but who are unaided	N/A	N/A
Unilateral hearing loss	Yes, if permanent	Yes, if permanent
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.

20. Are you able to routinely refer directly from audiology to the following non-audiology/ external professionals?

	Yes/no	Which children do you refer?
Speech and language therapy	Yes	Pre-school PCHI
ENT	Yes	Any children requiring appropriate referral to ENT
Family support/social services	No, but we can request via AVM	
Safeguarding	Yes	Children with safeguarding concern
Clinical psychology/CAMHS	No, but we can request via AVM	
Deaf CAMHS	Unsure	
Paediatrician/developmental assessment service	No, but we can request via AVM	
Other third Sector/community organisations	N/A	

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

21. 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	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		

22. When do you signpost families to the National Deaf Children's Society? Select all that apply.

	Yes, we signpost at these times
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At diagnosis	Yes
Whenever a family has an issue that National Deaf Children's Society may be able to support	Yes
At every appointment	No
Other	

23. 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)	No (but attempting to recruit)
Deaf young person	No
NHSP representative	Yes
Paediatric audiology	Yes
Adult audiology service/transition team	Yes
Speech and language therapy	Yes
Specialist deaf education service	Yes
ENT	No
Social services	Yes
Health Board manager	Yes
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.

24. 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
Completed a transition assessment/process	No
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, but same staff work across both clinics
Offer an appointment with the adult service before being discharged from the children's service	No
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	

25. 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
9,848 (number includes UTAs that would have been rebooked)	14%

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

Partial booking	Yes
Text reminders	No
Phone reminders	For some appointment types
Other – please specify	
None	

Section 10: Issues affecting service provision

27. 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	Yes, doubled	No	Unsure	More whole-time equivalent staff members trained in paediatrics
Routine school aged assessments	No	No	NA	
Children requiring complex assessment techniques/multiple appointments	No	No	NA	
Children requiring sedated ABR/ABR under GA	Yes, doubled	No	Unsure	More whole-time equivalent staff members trained in paediatrics/electrophysiology
Children with listening difficulties in the presence of normal hearing	Slight increase	No	Unsure	
Self-referrals	NA			
Referrals from school screen	Yes, around 25% increase	No	Unsure	More whole-time equivalent staff members trained in paediatrics
Other, please specify				

28. 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?

School Hearing Screening for Children with Complex Needs in Special Schools.
Covid Backlog decreased to 0 for school entry hearing screening with recovery monies.

29. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
Not enough staff: of the staff we have, not enough highly experienced and trained paediatric staff to lead clinics and make difficult clinical decisions.	Increased demand without increase in staffing.

Section 11: Funding and commissioning

30. 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?	X

As an individual tariff per child/young person?

Other, please specify.

31. 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.