

To: FOI officers via email

24 April 2019

Paediatric audiology services: 2019/20

Milton Keynes University Hospital NHS Foundation Trust

This is a request for information under the Freedom of Information Act. Please confirm that you have received this request.

The National Deaf Children's Society (NDCS) works with public services to ensure deaf children get the support they need to thrive.

The aim of these questions is to monitor staffing capacity and other indicators of a quality paediatric audiology service. We are told by decision-makers, such as Health Education England, that more evidence is needed before any changes will be made to improve the availability of staff. We know from previous research that recruiting and retaining staff with the appropriate expertise, is a problem, and we hope that annual monitoring of staffing will benefit audiology services, as well as deaf children and their families.

The information requested may relate to services which you commission from private companies or are held in more than one department e.g. ENT services. **As you remain legally accountable for these services we still expect you to collate the information, rather than referring us on.**

This is part of a nationwide request, using a standardised format to ensure consistency. Please do not alter this form.

Please answer ALL the questions. If the information cannot be provided in whole or in part, please justify all omissions by reference to the specific exemptions of the Act. I look forward to your response promptly but no later than 20 working days. Please email to campaigns@ndcs.org.uk

Kind regards

Beccy Forrow, Policy and Campaigns Adviser
The National Deaf Children's Society

Questions for paediatric audiology services: 2019/20

Please only 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 2019.

Section 1: Your service

Please answer the questions below based on the situation as of 31 March 2019.

1. Please provide the following information:

Your name:	Mrs J F Grant
Your role:	Head of Audiology Services
Your email address:	Jane.grant@mkuh.nhs.uk
Your telephone number:	01908 995325

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 Services

Milton Keynes University Hospital NHS Foundation 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.

- Yes
- No X

If you selected Yes, we understand that your responses to the questions below may differ for each Trust. Please contact us on campaigns@ndcs.org.uk for an additional form/s.

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 (✗).
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes University Hospital	Standing Way, Eaglestone, Milton Keynes	MK6 5LD	NHS Milton Keynes, NHS Bedfordshire, NHS Buckinghamshire, NHS Nene, NHS Luton	Y	✓ - also added NHS Luton

Section 2: Waiting times

3. On average, in the last quarter, (1 January – 31 March 2019) how many days did patients wait for the following?
If you are not sure please estimate.

	Referral to first assessment – KPI NH1 (newborn hearing screening pathway)	Referral to first assessment (older children post-newborn hearing screening)	Decision to fit hearing aids to time fitted for PCHI (both newborn hearing screening pathway and older children referred from other routes)	Routine follow-up hearing aid review 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 calendar days)	New earmoulds (working days from time notified of need)	Hearing aid repairs (working days 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 calendar days)	Grommet surgery for glue ear (RTT pathway)
Number of days	Under 4 weeks	Under 6 weeks	Under 6 weeks	Patients are invited to call for the review appointment at the appropriate review time. We do not have the specific information requested	Information not available	Within 24 hours (excluding weekends and Bank Holidays)	Patients are invited to call for the review appointment at the appropriate review time. We do not have the specific information requested	90 days

Section 3: Your policies

Please answer the questions in this section based on the situation as of 31 March 2019. 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 (ANSO)	
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.

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

No, never	
Yes, always	X

Yes, with limitations – please specify:

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

No, never	
Yes, always	X

Yes, with limitations – please specify:

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8. What types of appointments 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)	
We offer Saturday appointments	
We deliver some services in schools	
e offer telephone or video appointments eg. Skype	

Section 4: Your caseload

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

Permanent Childhood Hearing Impairment (PCHI) 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.
- Those with 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.
- BUT NOT children known to have Auditory Neuropathy Spectrum Disorder (ANSD) as we are asking for those numbers separately.

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.

	On 31 March 2019
Number of births per annum your service covers	3592
Age group your service covers (e.g. 0 – 18 years)	All ages – adult and children
Total number of children with PCHI	We are able to provide total numbers of children with a known hearing loss but are unable to exclude temporary

	conductive hearing loss to answer this specific question.
Total number of children with temporary deafness (and fitted with hearing aids)	We do not keep this information separately
Total number of children with ANSD	9

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

Do you mean the children who are having regular reviews (known loss and at risk) AND those waiting for targeted follow ups?

Section 5: Quality improvement

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

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

No	X
Yes for adults audiology services	
Yes for children's audiology services	
Yes for both adults and children's audiology	

12. Which of the below best describes your current status with regard to IQIPS for **children's services**? Please select one answer:

Registered for the IQIPS process but dropped out after March 2018 (<i>go to question 13</i>)	
Never registered for the IQIPS process (<i>go to question 13</i>)	X
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 14</i>)	
Gained accreditation with IQIPS - at least one site that sees children (<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	

Other (please specify)

No main reason -combination of the reasons given.

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)

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

No (<i>go to question 16</i>)	
Yes	

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

MM/YYYY

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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	X

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 2019?

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 2019				
Level	Permanent posts	Locum/ temporary posts	Vacant posts	Frozen posts	Apprentices
Audiology Services staff work across both adult and paediatric services, flexing with service demand. It is therefore not possible to provide a breakdown with any accuracy					
Band 1					
Band 2					
Band 3					
Band 4					
Band 5					
Band 6					
Band 7					

Band 8 a					
Band 8b					
Band 8 c					
Band 8 d					
Band 9					
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)					
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 compared to last year, 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:

We have recently advertised for a Band 6 and not had any suitable applicants

19. Are you aware of any planned changes to staffing in 2019/20?

- No X
- Yes, please detail:

20. Thinking about permanent posts in the service as of 31 March 2019, 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
Audiology Services staff work across both adult and paediatric services, flexing with service demand. It is therefore not possible to provide a breakdown with any accuracy		
Band 5		
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	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]

Section 7: Children's Hearing Services Working Groups

Please answer the questions in this section based on the situation as of 31 March 2019. 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	
No	
Don't know	
We don't have a CHSWG (<i>go to the Section 8: Technology</i>)	X

23. Does the CHSWG in your area produce a publically available annual report? Please select one answer:

Yes	
No	
Don't know	

Section 8: Technology

24. As of 31 March 2019 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	Not provided
Radio aids	X			
Remote microphones				X
Streamers				X

25. As of 31 March 2019 do you balance or pair streamers purchased by:

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	Not provided
FM systems	X			
Streamers				X

26. Are there any plans to stop the provision of hearing equipment or accessories for hearing equipment in 2019/20? Please select one answer:

- No X
- Yes – please tell us which equipment and why:

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 31 March 2019. 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	X
Offer an appointment with the adult service before being discharged from the children's service	
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 have developed a specific transition appointment for aided children and also for unaided children. This will be carried out by an audiologist who has been providing their care as a child, but, due to the service covering both adult and paediatric populations, that audiologist may also continue to see the patient when they transition to an adult.

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

100%

Date the score was recorded: MM/YYYY

03/2019

29. What was your average 'Was not Brought (WNB)' or 'Did Not Attend (DNA)' rate across all appointment types for children for the 2018/19 financial year in percent?



Section 10: Funding and commissioning

30. What was the annual budget for your paediatric hearing aid service for the 2018/19 financial year, from the organisations below?

Complete all that apply:

- NHS England

- The CCG(s)

- Other

**The annual budget is not split
for adults and children**

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>	
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/review appointment

- Hearing aid fitting (cost of attendance and device)

- After care (repairs, earmoulds etc.)

33. Before now, were you aware that there is a national tariff for children's hearing assessments (aged 0-18)?

Yes	✓
No	
Don't know	

34. 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	

35. Was your audiology service for deaf children commissioned differently in the 2018/19 financial year when compared to the 2017/18 financial year? (e.g. competitive tendering, any qualified provider, etc.)

- No**
- Yes - please explain the changes and the impact this has had on your service and patients:

36. Is your audiology service being commissioned differently or reviewed in 2019/20? (e.g. competitive tendering, any qualified provider, etc.)

- No
- Yes – please explain the changes you are expecting and the impact you expect this to have on your service and patients:

The Trust has moved to a guaranteed income contract with the main commissioner. It is not expected to have any impact on services.

If you have concerns about anything happening in your service that you'd like to speak to us about in confidence, please contact our helpline on: 0808 800 8880 or helpline@ndcs.org.uk. **Many thanks for your time.**