# Children's hearing services in England (2021)

**A report by the National Deaf Children's Society**

## Introduction

This report sets out the findings from a national survey of children's hearing or paediatric audiology services in England in spring 2021. It follows similar surveys carried out in 2018 and 2019[1]. The report aims to enable us to identify and track trends in paediatric audiology, as well to generate evidence to influence national policy debates.

This report is based on responses from 107 services, out of 123 surveyed, giving a response rate of 87%.[2]

As with previous surveys, we developed and refined questions with input from audiologists through our Audiology Advisory Group (AAG). We are very grateful for their advice and support.

We would also like to thank all audiology services for responding to the survey and hope that they find this report useful. The report reflects that there are many audiology departments offering a valued service to children and young people, and highlights their good practice. We also hope that the report can also be useful to professionals to highlight where service improvements are needed in discussions and decisions with stakeholders.

## Key findings

The below findings should be viewed in a context when paediatric audiology services were working to maintain and deliver services to children at a time when coronavirus was having a significant impact on the NHS. We remain grateful for the hard work by audiologists and other health professionals in keeping services going in an extremely challenging context. Future surveys will enable us to identify the long-term impact of covid-related disruptions and whether the changes shown in this report reflect a short-term change or indicate a longer-term trend.

### Waiting times:

- Most services are meeting the target for referrals to first assessment following newborn hearing screen, with an average waiting time of nearly 18 days. There are exceptions - the longest wait was 63 days in one area.
- There has been a large increase in the number of services missing the target for referrals for first assessment for children referred after the newborn hearing screen. 35% of services are missing this target, up from 13% in 2019. The average waiting time is now nearly 52 days, higher than the NHS waiting time target of 42 days.
- Hearing aid fitting occurred within 28 days in 79% of services whilst 72% of services were able to replace earmoulds within 5 days. 32% of services were able to repair hearing aids within one day.

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[1] Previous reports are available to download from: www.ndcs.org.uk/information-and-support/being-deaf-friendly/information-for-professionals/research-and-data/reports-on-paediatric-audiology/. The survey did not run in 2020, in light of the impact of covid-19 on services.

[2] Responses were sought through a Freedom of Information request, which was sent out in spring 2021. The response rate is lower than in previous years (we received response from 120 services in both 2018 and 2019) and there were 16 services who did not respond to the 2021 survey. It is also clear that some services have difficulties in extracting data about the deaf children they support and there may be inconsistencies in how some questions were answered. The response rates to individual questions sometimes vary. We acknowledge that audiology services can be structured in different ways that standardised surveys may not be able to fully capture. To this extent, the results should therefore be interpreted with caution.

- For grommets surgery, most services (51%) are now missing the target of 126 days (up from 23% in 2019). The average waiting time is now 186 days.

**Variability in what services are offering:**

- 92% of services offer hearing aids to children with all types of hearing loss. A small number of services have a policy of not providing instruments to for example, children with auditory neuropathy spectrum disorder or with mild hearing loss.
- Support and hearing aid provision for children with temporary hearing loss still varies widely. Services appear to have reduced support in some areas since 2019 (for example, bone conduction hearing aids, grommets and otovent), likely to be a consequence of the coronavirus pandemic and prioritisation of services.
- Nearly all services provide hearing aid batteries at no extra charge, as well as coloured ear moulds.
- Unsurprisingly, there has been a large increase in the proportion of services offering phone and video appointments since 2019 (rising from 24% to 82%). There has been a fall in the number of services offering appointments in schools and extra appointments during school holidays. Again, this is likely to be a consequence of the coronavirus pandemic.

**Caseload numbers:**

- Differences in response rates between surveys mean that it is tricky to make like-for-like comparisons. However, the average number of permanently deaf children on services' caseload has risen since 2019. Conversely, the average number of children with temporary deafness (and fitted with hearing aids) has fallen.
- The total number of children referred to services from newborn hearing screening has fallen since 2019 from 15,764 to 10,867.

**Accreditation:**

- Of the 107 paediatric audiology services we surveyed, 16 reported that they had been accredited by Improving Quality in Physiological Services (IQIPs).
- 46 paediatric services (43% of responses) are not at the stage of registering for IQIPs.
- Most common reasons for not registering were lack of staff capacity (37%), it not being a priority (19%) and IQIPs not being mandatory (14%).

**Staffing and training:**

- The average number of permanent, temporary and apprentice staff employed by audiology services have all fallen slightly since 2019.
- Where it's possible to make like-for-like comparisons, 48% of services reported a decline in staffing since 2019. In these areas, this amounts to an 8% decline in the workforce. Looking at job roles, the largest decrease (40%) is in band 5 audiologists.
- The majority of services report that staff are able to attend any CPD necessary for their role.

**Children's Hearing Services Working Groups (CHSWGs):**

- 84% of services confirmed there was a parent representative on the CHSWG for their service.
- Only 27% of services reported that their CHSWG produces a publicly available annual report. A further 25% stated that they didn't know.

**Technology:**

- There appears to a trend towards audiology services working jointly with local authorities to provide streamers and remote microphones, though numbers providing remain low. The number of services providing radio aids also remains low.

**Patient engagement:**

- Services continue to report high approval ratings in the Friends and Family score, though the mean rating appears to have slightly dropped since 2018.
- 63% of services reported a Was Not Brought/Did Not Attend rate that was higher than the NHS average of 9%. This figure has dropped from 75% since 2019.

**Funding and commissioning:**

- Children's hearing services are funded through a number of different routes. Over half (57%) receive their funding through a block contract for both child and adult audiology services. 19% of services have a block contract for children's audiology services only whilst 18% operate within a contract for wider children's services.

## Section 2: Waiting Times

We asked services how long children were waiting for a range of treatment and appointment types. Reported waiting times were then compared to targets set by the Government. These targets help ensure that deaf children are identified early and receive treatment promptly. They also ensure that deaf children have access to well-fitted hearing aids which are regularly checked and reprogrammed to take account of the child's growth and development.

### Referral to first assessment (newborn hearing screening pathway)

The NHS target for waiting time from being referred from the newborn hearing screen to attendance at an audiological assessment appointment is 28 days. This is recorded nationally as a key performance indicator (KPI NH2).[3]

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2018** | 34 | 17.4 | 1 | 108 | 1% |
| **2019** | 84 | 17.8 | 3 | 109 | 3% |
| **2021** | 63 | 17.8 | 4 | 99 | 4% |

*Table 1: Referral to first assessment*

[3] It is mandatory for services to collect this data which is published by Public Health England: www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2020-to-2021. The acceptable threshold for this key performance indicator (NH2) is 90% of children attending a follow up appointment within 28 days.

### Referral to first assessment (post-newborn screening)

The NHS waiting time target for referrals to first assessment for infants and older children (for whom hearing loss is suspected after newborn screening) is 42 days.[4]

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2018** | 190 | 34.7 | 10 | 108 | 9% |
| **2019** | 554 | 43.6 | 15 | 115 | 13% |
| **2021** | 210 | 51.5 | 34 | 98 | 35% |

*Table 2: Referral to first assessment for older children*

### Decision to fit hearing aids to time fitted for PCHI

These figures include children referred via the newborn hearing screening pathway and older children referred from other routes. The NHS target for a hearing aid fitting following a decision is 28 days.[5]

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2019** | 126 | 22.3 | 19 | 112 | 17% |
| **2021** | 49 | 22.9 | 19 | 99 | 19% |

*Table 3: Waiting times for hearing aid fitting*

### Earmoulds

Good practice is for earmoulds to be replaced within five days from the time the service was notified of need.[6]

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage not replacing with five days |
|---|---|---|---|---|---|
| **2018** | 14 | 4.2 | 32 | 109 | 29% |
| **2019** | 14 | 3.8 | 25 | 115 | 22% |
| **2021** | 21 | 4.0 | 19 | 104 | 18% |

*Table 4: Waiting times for earmoulds.*

[4] For more detail on diagnostic waiting times, please see: www.qualitywatch.org.uk/indicator/diagnostic-test-waiting-times.
[5] www.england.nhs.uk/wp-content/uploads/2016/07/P37-CYP-Service-Specification-Template.pdf
[6] https://webarchive.nationalarchives.gov.uk/ukgwa/20130123195023/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088106

### Hearing aid repairs

Good practice is for hearing aids to be repaired within one day.[7]

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage not repairing within one day |
|---|---|---|---|---|---|
| **2018** | 8 | 2 | 62 | 111 | 56% |
| **2019** | 7 | 2 | 75 | 117 | 64% |
| **2021** | 14 | 2 | 71 | 105 | 68% |

*Table 5: Waiting times for hearing aid repairs*

### Grommet surgery for glue ear

The NHS target for grommet surgery is 126 days.[8] However, during the coronavirus pandemic, grommets surgery was deprioritised in many areas.

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2018** | 364 | 116 | 15 | 61 | 25% |
| **2019** | 336 | 110 | 16 | 70 | 23% |
| **2021** | 730 | 186 | 27 | 53 | 51% |

*Table 6: Waiting time for grommet surgery*

### Routine follow-up hearing tests

Routine follow-up hearing tests for children with permanent and temporary deafness do not have government targets associated with them. Children needing follow-up appointments should be "*offered appointments as deemed clinically appropriate*". We asked services to tell us the number of days a child would wait to be seen beyond what was planned. If an appointment was set for six months' time and a child was not seen for six months and 12 days, the reported wait time would be 12 days.

It should be noted that during the coronavirus pandemic, routine follow-up hearing tests were deprioritised in many areas.

[7] https://webarchive.nationalarchives.gov.uk/ukgwa/20130123195023/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_088106

[8] For more detail on treatment waiting times please see: http://www.qualitywatch.org.uk/indicator/treatment-waiting-times.

| Year | Maximum days over planned review date | Mean days over | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2018** | 135 | 24 | 57 | 101 | 56% |
| **2019** | 210 | 30 | 71 | 115 | 62% |
| **2021** | 365 | 61 | 72 | 92 | 78% |

*Table 7: Waiting times for routine follow-up hearing tests*

Table 8 reports the additional waiting times for routine follow-up hearing tests for children with glue ear.

| Year | Maximum waiting time | Mean waiting time | Number not meeting target | Response rate | Percentage missing target |
|---|---|---|---|---|---|
| **2018** | 260 | 33 | 62 | 97 | 64% |
| **2019** | 175 | 28 | 71 | 106 | 67% |
| **2021** | 365 | 59 | 68 | 90 | 76% |

*Table 8: Waiting times for routine follow-up hearing tests (for children with temporary deafness)*

## Section 3: What are services offering?

### Provision of hearing instruments

We asked services if there were children for whom they did not provide hearing instruments.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **We provide instruments for all** | 112 | 94% | 112 | 93% | 98 | 92% |
| **ANSD** | 3 | 3% | 3 | 2% | 5 | 5% |
| **Mild loss** | 2 | 2% | 0 | 0% | 2 | 2% |
| **Moderate loss** | 1 | 1% | 0 | 0% | 1 | 1% |
| **Temporary Conductive Loss** | 1 | 1% | 2 | 2% | 0 | 0% |
| **Unilateral Loss** | 2 | 2% | 1 | 1% | 1 | 1% |
| **Other** | 4 | 3% | 8 | 7% | 12 | 11% |

*Table 9: Groups not provided with hearing instruments*

Other responses:

- Patients with ASND are provided with hearing instruments on a 'case by case' basis/following current guidance (3).
- Patients with auditory processing disorder not offered hearing instruments (2).
- Temporary conductive loss cases referred to ENT for joint management with acute audiology services within same trust (1).
- In some cases of atresia and microtia, trust refers to a centre that can provide a bone anchored hearing aid (1).
- Eligibility requirements for receiving hearing aids for glue ear – 25dB loss for over 3 months (1).
- Unilateral losses not fitted as standard, e.g., some children choose alternatives such as classroom placement, but when required (1).
- Hearing aid provision is directed by the clinical need (1).

**Support for children with temporary hearing loss**

Audiology services also provide support to children with temporary deafness who may lose out at school and struggle with language development without the right support. We asked services to indicate which options they provided for this group.

| | Number of services in 2018 | % providing hearing instrument | Number of services in 2019 | % providing hearing instrument | Number of services in 2021 | % providing hearing instrument |
|---|---|---|---|---|---|---|
| **Air Conduction Hearing Aids** | 118 | 99% | 118 | 98% | 106 | 99% |
| **Bone Conduction Hearing Aids** | 102 | 86% | 108 | 90% | 88 | 82% |
| **Grommets** | 113 | 95% | 118 | 98% | 96 | 90% |
| **Otovent** | 81 | 68% | 91 | 76% | 77 | 72% |
| **Watch and wait** | 119 | 100% | 120 | 100% | 107 | 100% |
| **Other** | 13 | 11% | 8 | 7% | 26 | 24% |

*Table 10: Support available to children with temporary hearing loss*

Other responses:

- Otovent advised but not prescribed/issued by the department (11)
- Referral to ENT to grommet consideration (8)
- Referral to alternative Trust for bone conduction hearing aids (4)
- Otovent issued by ENT (3)
- Referral to alternative Trust for grommets (2)
- Grommet surgery expected to restart soon (2)
- Air conduction hearing aids are provided but this is rare (1)
- Bone conduction hearing aids are provided but this is rare (1)
- Availability of bone conduction hearing aids dependent on funding (1)
- Fitted as per clinical need and parental wishes (1)
- Advice offered to schools (1)
- Referral to Specialist Teacher Advisory Service for support (1)

- Watch and wait, in conjunction with ENT (1)

### Hearing aid batteries and coloured ear moulds

We asked services if they provided batteries for children's hearing aids. All but one service said they provided them with no limitations.

We also asked about provision of coloured ear moulds.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **No, never** | 0 | 0% | 0 | 0% | 0 | 0 |
| **Yes, always** | 116 | 97% | 118 | 98% | 105 | 99% |
| **Yes, with limitations** | 3 | 3% | 2 | 2% | 1 | 1% |

*Table 11: Number of hospitals providing coloured moulds (Response rate: 107)*

One service said they limited their offer to be available on request.

### Appointments offered

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Deliver in schools** | 60 | 50% | 59 | 49% | 37 | 35% |
| **Extended opening times** | 91 | 76% | 102 | 85% | 91 | 85% |
| **Extra appointments during school holidays** | 56 | 47% | 57 | 48% | 42 | 39% |
| **Phone and video appointments** | 0 | 0% | 29 | 24% | 88 | 82% |
| **Saturday appointments** | 37 | 31% | 38 | 32% | 34 | 32% |

*Table 12: Appointment types offered by hospitals (Response rate: 107)*

## Section 4: Your caseload

### Number of births covered by the service per annum

| Year | Response rate | Median births | Mean births |
|---|---|---|---|
| **2019** | 105 | 5,000 | 6,011 |
| **2020** | 97 | 4,900 | 7,029 |

*Table 13: Number of births per year*

### Age range

| Age range | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|
| **0 to 16** | 120 | 100% | 105 | 100% |
| **16-18** | 72 | 60% | 93 | 88% |
| **18-25** | 47 | 39% | 24 | 23% |

*Table 14: Age range covered by services*

A number of services did not cover the entire age range but were still counted in the relevant rows. For example, some services covered a range of 0 to 19 years and therefore served only 19-year-olds in the highest age bracket, and one service covered those from 18 months to 18 years.

### Total number of children with permanent childhood hearing impairments

We asked services to indicate the total number of children with permanent childhood hearing impairments (PCHI).

| Year | Response rate | Total | Median | Mean |
|---|---|---|---|---|
| **2017** | 63 | 24,309 | 187 | 386 |
| **2018** | 91 | 33,496 | 207 | 368 |
| **2019** | 107 | 42,246 | 250 | 395 |
| **2021** | 97 | 38,832 | 264 | 400 |

*Table 15: Overall number of children with PCHI as reported by services*

By way of comparison, the Consortium for Research into Deaf Education (CRIDE) identified that there were 45,060 deaf children (aged 0-19) in England in 2021. This is based on data provided to CRIDE by local authority specialist education services for deaf children.[9]

[9] Reports available at www.ndcs.org.uk/CRIDE

**Total number of children with temporary deafness (and fitted with hearing aids)**

We asked services to indicate the total number of children with temporary deafness (and fitted with hearing aids) they cover.

| Year | Response rate | Total | Median | Mean |
|---|---|---|---|---|
| **2017** | 48 | 4,776 | 52 | 100 |
| **2018** | 72 | 8,038 | 66 | 112 |
| **2019** | 88 | 8,409 | 63 | 96 |
| **2021** | 78 | 6,126 | 58 | 79 |

*Table 16: Overall number of children with temporary deafness as reported by services*

**Total number of children with Auditory Neuropathy Spectrum Disorder (ANSD)**

We asked services to report the number of children with ANSD.

| Year | Response rate | Total | Median | Mean |
|---|---|---|---|---|
| **2017** | 63 | 488 | 5 | 8 |
| **2018** | 83 | 766 | 5 | 9 |
| **2019** | 99 | 993 | 6 | 10 |
| **2021** | 91 | 955 | 6 | 11 |

*Table 17: Overall number of children with ANSD as reported by services.*

population. Figures provided through the newborn hearing screening programme indicate that around 1 in 10 congenitally deaf children have ANSD. This suggests therefore some under-reporting by services.

This is probably due to under-identification of ANSD in deaf children and young people – those who did not receive newborn screening because they were born before the roll-out of universal screening in 2006 may not have their ANSD identified; similarly those it seems that not all babies who passed screening and were identified later, or those with acquired/progressive deafness have been tested for ANSD.

**Number of children referred to service from newborn hearing screen**

We asked services how many children on their caseload were referred to their service from the newborn hearing screen.

| Year | Response rate | Total | Median | Mean |
|---|---|---|---|---|
| **2018** | 83 | 19,077 | 92 | 230 |
| **2019** | 87 | 15,764 | 121 | 181 |
| **2021** | 86 | 10,867 | 106 | 126 |

*Table 18: Overall number of children on caseload referred to services from newborn hearing screen*

## Section 5: Quality Improvement

There is currently no mandatory quality assurance programme for audiology services in England. However, it is recommended that services are accredited with the Improving Quality in Physiological Services (IQIPS) scheme which is managed and delivered by the United Kingdom Accreditation Service (UKAS).

### Accreditation journey

Registering with the accreditation provider UKAS is the first step towards accreditation.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Registered (adults/children)** | 0 | 0% | 54 | 45% | 47 | 44% |
| **Registered (children's services)** | 0 | 0% | 13 | 11% | 8 | 8% |
| **Not registered** | 33 | 28% | 47 | 39% | 46 | 43% |

*Table 19: Services registered with IQIPS (response rate: 118 services (2018), 120 (2019), 106 (2021))*

### Status of IQIPS accreditation

Services were asked to clarify the status of their IQIPS accreditation with regards to children's services only.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Assessed: below standards** | 1 | 1% | 1 | 1% | 0 | 0% |
| **Gained accreditation** | 28 | 33% | 27 | 37% | 9 | 16% |
| **Gained accreditation, completed 4 year audit cycle, not reaccredited** | - | - | - | - | 1 | 2% |
| **Gained accreditation, completed 4 year audit cycle, reaccredited** | - | - | - | - | 18 | 33% |
| **Never registered** | 0 | 0% | 4 | 5% | 0 | 0% |
| **Registered: dropped out after March** | 3 | 4% | 4 | 5% | 1 | 2% |
| **Registered: dropped out before March** | 5 | 6% | 0 | 0% | 0 | 0% |
| **Registered: no assessment** | 47 | 55% | 37 | 51% | 26 | 47% |

*Table 20: Status of IQIPS accreditation (response rate: 85 services (2018), 73 (2019), 55 (2021))*

**Reasons for not registering with IQIPS**

Services that were not registered for children's services or had dropped out, were asked to provide the main reason why they had yet to register with IQIPS.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **No budget** | 3 | 9% | 4 | 8% | 2 | 5% |
| **No capacity** | 8 | 24% | 16 | 30% | 16 | 37% |
| **Not a priority** | 2 | 6% | 4 | 8% | 8 | 19% |
| **Not mandatory** | 5 | 15% | 7 | 13% | 6 | 14% |
| **Too complicated** | 0 | 0% | 1 | 2% | 1 | 2% |
| **Won't reach standard** | 1 | 3% | 2 | 4% | 1 | 2% |
| **Other** | 7 | 21% | 11 | 21% | 13 | 30% |

*Table 21: Reasons why services were not registered with IQIPS (response rate: 33 services (2018), 53 services (2019), 43 (2021))*

Where services ticked 'other' in 2021, the following reasons were provided:

- disruptions caused by covid-19, for example, increase in referrals (4)
- working towards/reviewing position on accreditation (4)
- beyond the remit of a Freedom of Information request to provide opinion (3)
- time constraints (2)
- organisational issues, for example, split service or merged departments (2)
- staffing, for example, new staff unaware of accreditation process (2).

Services that were registered but had not received the onsite assessment were also asked to clarify why they had not progressed beyond this stage.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Commissioners don't require it** | 3 | 6% | 1 | 3% | 1 | 4% |
| **No budget** | 25 | 53% | 11 | 30% | 2 | 8% |
| **No capacity** | 0 | 0% | 1 | 3% | 3 | 12% |
| **Not a priority** | 1 | 2% | 1 | 3% | 4 | 16% |
| **Won't reach standard** | 0 | 0% | 1 | 3% | 2 | 8% |
| **Other** | 6 | 13% | 7 | 19% | 12 | 48% |

*Table 22: Reasons why services were not making progress with IQIPS accreditation (response rate: 47 services (2018), 37 (2019), 25 (2021))*

Where services ticked 'other', the following reasons were provided:

- disruptions caused by covid-19 (8)
- organisational issues, e.g., moving into new site (3)
- set to undergo assessment (2)
- completed interim assessment and maintained accreditation (1)
- only recently applied for IQIPS (1)
- progress halted in the past year (1)
  balancing accreditation progress with maintaining service quality (1).

## Section 6: Staffing and Training

We asked about staff working in paediatric audiology services, including the pay band levels of staff, whether staff were permanent or temporary and how many vacancies the service was carrying. We asked for staffing numbers expressed as a fraction of a full working week. So, one full-time role and a part-time role of three days a week would be 1.6 Full Time Equivalent (FTE).

### Number of permanent staff

| Year | Number of FTE staff across services | Number of services | Average number per service |
|---|---|---|---|
| **2017** | 823 | 113 | 7.28 |
| **2018** | 829 | 109 | 7.61 |
| **2019** | 897 | 117 | 7.66 |
| **2021** | 758 | 104 | 7.29 |

*Table 23: Number of permanent staff by year*

### Temporary staff

| Year | Number of FTE staff across services | Number of services | Average number per service |
|---|---|---|---|
| **2017** | 22.8 | 18 | 1.27 |
| **2018** | 48.5 | 25 | 1.94 |
| **2019** | 36.7 | 25 | 1.47 |
| **2021** | 23.4 | 19 | 1.23 |

*Table 24: Number of temporary staff by year*

### Frozen posts

| Year | Number of staff across services | Number of services | Average number per service |
|---|---|---|---|
| **2017** | 4.9 | 4 | 1.23 |
| **2018** | 3.6 | 4 | 0.9 |
| **2019** | 5.38 | 2 | 2.69 |
| **2021** | 1 | 1 | 1 |

*Table 25: Number of frozen posts by year*

### Vacant posts

| Year | Number of staff across services | Number of services | Average number per service |
|---|---|---|---|
| **2017** | 40.4 | 22 | 1.83 |
| **2018** | 62.8 | 32 | 1.96 |
| **2019** | 58.3 | 38 | 1.53 |
| **2021** | 39.9 | 26 | 1.53 |

*Table 26: Number of vacant posts by year*

### Apprentices

| Year | Number of staff across services | Number of services | Average number per service |
|---|---|---|---|
| **2017** | 4.55 | 4 | 1.14 |
| **2018** | 5 | 4 | 1.25 |
| **2019** | 8 | 7 | 1.14 |
| **2021** | 8.9 | 9 | 0.99 |

*Table 27: Number of apprentices by year*

### Net decrease and increase

To compare staffing changes between 2019 and 2021, we looked at services that provided data for both years. This left us with a total of 98 services which provided data for on staffing in both years. Data were compared across regions and bands.

| Region | Average difference | Net increase/decrease | Response rate | Number of services with decreased staffing | Percentage of services with decreased staffing |
|---|---|---|---|---|---|
| **East England** | -0.71 | -8.57 | 12 | 5 | 42% |
| **East Midlands** | 1.12 | 7.81 | 7 | 1 | 14% |
| **London** | -0.17 | -1.40 | 8 | 2 | 25% |
| **North East** | 1.06 | 6.37 | 6 | 3 | 50% |
| **North West** | -0.05 | -0.71 | 14 | 7 | 50% |
| **South East** | -2.05 | -30.69 | 15 | 8 | 53% |
| **South West** | 0.46 | 6.42 | 14 | 5 | 36% |
| **West Midlands** | -0.65 | -7.79 | 12 | 8 | 67% |
| **Yorkshire and Humber** | -3.48 | -34.75 | 10 | 8 | 80% |
| **England** | -0.65 | -63.3 | 98 | 47 | 48% |

*Table 28: Net increase/decrease across regions*

| Band | 2019 | 2021 | Difference | Percentage change |
|---|---|---|---|---|
| **Band 2** | 30.8 | 26.5 | -4.2 | -14% |
| **Band 3** | 63.5 | 44.8 | -18.6 | -29% |
| **Band 4** | 43.0 | 44.4 | 1.4 | 3% |
| **Band 5** | 95.8 | 57.6 | -38.3 | -40% |
| **Band 6** | 260.0 | 250.6 | -9.1 | -4% |
| **Band 7** | 196.7 | 196.2 | -0.2 | -0.3% |
| **Band 8a** | 50.8 | 56.9 | 6.1 | 12% |
| **Band 8b** | 17.1 | 18.1 | 1.0 | 6% |
| **Band 8c** | 6.5 | 6.3 | -0.2 | -3% |
| **Band 8d** | 0.6 | 1.3 | 0.7 | 117% |
| **Doctor** | 33.9 | 28.9 | -5.2 | 15% |
| **Other staff** | 12.1 | 14.6 | 2.5 | 21% |
| **Total** | **810.8** | **746.2** | **-64.6** | **-8%** |

*Table 29: Net increase/decrease across bands*

Clarification regarding each band and what they mean is provided in the following table.

| Band | Description |
|---|---|
| **Permanent band 2** | Administration staff |
| **Permanent band 3** | Assistant audiologist – supports routine hearing aid repairs and logistics / administration of service. May assist in testing children with band 6 and above staff |
| **Permanent band 4** | Associate audiologist (Foundation degree), routine adult hearing aid work under non-direct supervision. May assist in testing children with band 6 and above staff |
| **Permanent band 5** | Audiologist – newly qualified (BSc), able to work autonomously on routine cases – usually adults and older children – and assist with complex work and younger children |
| **Permanent band 6** | Senior audiologist – has gained experience, started to specialise, can work autonomously with the majority of children |
| **Permanent band 7** | Specialist audiologist (MSc, higher level qualifications or equivalent experience) – highly skilled and experienced in one or more specialisms within audiology, team leader for one area of expertise |
| **Permanent band 8a** | Principle audiologist / lead Clinical Scientist/ head of paediatrics (within a very large department that serves adults and children) / head of service / etc. |
| **Permanent band 8b** | As 8a depending on size of service, number of staff, number of specialisms offered in service, etc. |
| **Permanent band 8c** | As above |
| **Permanent band 8d** | As above |
| **Permanent (doctor)** | Consultant grade audiologist (AuD, PhD) or medical doctor (such as paediatrician with special interest in audiology) |
| **Permanent (other staff)** | Nursing staff, hearing therapists, specialist health visitors, newborn hearing screening coordinator, etc. |

*Table 28: Description of the different staffing bands.*

### Reasons for reduction

Services were asked why there might have been a reduction in the number or skill level of staff in all posts above (services could select multiple responses).

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Posts deleted** | 5 | 4% | 3 | 2% | 3 | 9% |
| **Post frozen** | 6 | 5% | 2 | 2% | 2 | 6% |
| **Staff hours reduced** | 17 | 14% | 12 | 10% | 8 | 23% |
| **Unable to recruit level 5 and below** | 13 | 11% | 14 | 12% | 3 | 9% |
| **Unable to recruit level 6 and above** | 12 | 10% | 21 | 18% | 4 | 11% |
| **Other** | 21 | 18% | 31 | 26% | 23 | 66% |

*Table 29: Reasons for staff reductions*

Many services indicate other reasons for a decline in staffing levels. These reasons included:

- maternity leave (4)
- organisational issues, for example, post removed following department merger (3)
- staff due to start at later date (2)
- retirement (2)
- delays in recruitment (2)
- difficulties finding suitable recruits (2)
- recruitment in progress (2)
- covid-19 working restrictions/re-distribution of staff (2)
- voluntarily reduced hours/redeployment (2)
- staff departure (1)
- redundancy (1)
- over-estimated staff numbers on last FOI request by including Adult Audiology staff (1).

**Planned changes to staffing**

We asked if services were aware of any planned changes to staffing 2021/22.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **No** | 71 | 60% | 73 | 61% | 80 | 75% |
| **Yes** | 47 | 39% | 45 | 38% | 26 | 25% |

*Table 30: Planned changes to staffing*

Services told us about the following kind of changes:

- retirement (3)
- staff departure (3)
- new staff due to start (3)
- proposal submitted/plans for new roles or recruitment (2)

### Training

We asked services if all staff can access the CPD necessary for their roles.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Yes** | 96 | 81% | 102 | 85% | 99 | 93% |
| **No cover** | 10 | 8% | 7 | 6% | 0 | 0% |
| **Financial constraints prevent this** | 14 | 12% | 15 | 12% | 4 | 4% |
| **CPD training not covered** | 8 | 7% | 6 | 5% | 0 | 0% |
| **No (other reasons)** | 6 | 5% | 11 | 9% | 12 | 11% |

*Table 31: Training opportunities for staff (107 responses, services could select multiple responses)*

Some services provided further explanation or reasons as to why staff are unable to access training:

- access to CPD limited/inconsistent due to budget limitations (6)
- course availability issues, for example, face-to-face courses postponed (3)
- online courses attended instead, including free online training (3)
- disruptions caused by covid-19 pandemic (2)
- plans to gain access to CPD (1).

## Section 7: Children's Hearing Services Working Groups (CHSWGs)

We asked services whether their CHSWG included at least one parent representative.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Yes** | 102 | 86% | 99 | 82% | 90 | 84% |
| **No** | 9 | 8% | 15 | 12% | 13 | 12% |
| **Don't have one** | 5 | 4% | 3 | 2% | 4 | 4% |
| **Don't know** | 3 | 3% | 3 | 2% | 1 | 1% |

*Table 32: Services with CHSWG*

We also asked services if the CHSWG in their area produced a publicly available annual report.

| | Number of services (2019) | % of responses | Number of services (2021) | % of responses |
|---|---|---|---|---|
| **Yes** | 31 | 26% | 28 | 27% |
| **No** | 56 | 48% | 49 | 47% |
| **Don't know** | 30 | 26% | 26 | 25% |

*Table 33: CHSWG annual reports (117 responses in 2019, 104 in 2021)*

## Section 8: Technology

### Organisations providing technology

We asked services whether assistive listening devices (radio aids, streamers, and remote microphones) for deaf children were provided by the audiology service, the local authority, jointly or not provided.

| | Local authority | | | Your service | | | Jointly | | | Not provided | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 |
| **Radio aids** | 114 (96%) | 113 (94%) | 100 (93%) | 0 (0%) | 1 (1%) | 1 (1%) | 5 (4%) | 9 (8%) | 6 (6%) | 0 (0%) | 0 (0%) | 0 (0%) |
| **Streamers** | 53 (45%) | 44 (37%) | 40 (37%) | 17 (14%) | 20 (17%) | 11 (10%) | 4 (3%) | 5 (4%) | 7 (7%) | 0 (0%) | 47 (39%) | 41 (38%) |
| **Remote microphones** | 80 (67%) | 78 (65%) | 72 (67%) | 13 (11%) | 14 (12%) | 12 (12%) | 3 (3%) | 5 (4%) | 10 (9%) | 0 (0%) | 19 (16%) | 14 (13%) |

*Table 36: Organisations providing technology*

### Setting up assistive listening equipment

Audiology services were also asked if they would balance or pair equipment that has been purchased by the local authority or the parents of a deaf child.

| | Local authority | | | Parents | | | We don't balance or pair devices unless we provided them | | | Not provided | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 | 2018 | 2019 | 2021 |
| **FM systems** | 71 (60%) | 65 (54%) | 56 (52%) | 33 (28%) | 42 (35%) | 29 (27%) | 21 (18%) | 20 (17%) | 23 (22%) | 0 (0%) | 14 (12%) | 2 (2%) |
| **Streamers** | 59 (50%) | 51 (42%) | 39 (36%) | 60 (50%) | 70 (58%) | 59 (55%) | 24 (20%) | 19 (16%) | 21 (20%) | 0 (0%) | 16 (13%) | 12 (11%) |

*Table 37: Who balances equipment for the child?*

**Plans to stop provision of equipment**

We asked services if there were any plans to stop the provision of hearing equipment or accessories for hearing equipment.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Yes** | 1 | 1% | 2 | 2% | 1 | 99% |
| **No** | 115 | 97% | 114 | 95% | 105 | 1% |

*Table 38: Number of services planning to stop provision of equipment*

The service that reported plans to stop providing equipment did not provide any further details.

## Section 9: Patient Engagement

We asked services about ways that they might prepare a deaf young person for their transition.

| | Number of services in 2018 | % of responses | Number of services in 2019 | % of responses | Number of services in 2021 | % of responses |
|---|---|---|---|---|---|---|
| **Provide information** | 109 | 92% | 110 | 92% | 102 | 95% |
| **Offer appointment with adult service** | 67 | 56% | 73 | 61% | 64 | 60% |
| **Transition event or clinic for young people**[10] | - | - | - | - | 22 | 21% |
| **Joint appointments** | 55 | 46% | 66 | 55% | 50 | 47% |
| **Visit local schools** | 7 | 6% | 9 | 8% | 1 | 1% |
| **Other** | 50 | 42% | 49 | 41% | 44 | 41% |
| **None of the above** | 1 | 1% | 2 | 2% | 2 | 2% |

*Table 39: Services offering advice and support with transition planning to adult services (services could select multiple responses)*

Some services used the 'other' option to provide additional detail on what they had selected or rephrased the options provided. There were also some additional ways in which services were preparing young people for transition:

- 20 services said they were a joint service and 2 said that some staff are dual-trained, so the transition service was not a major issue since young people were seen by the same staff
- 14 services ran a transition clinic or offered a specific transition appointment (4 of these reported cancellation/delays due to covid-19)
- 5 services said they hold transition events (4 of these reported cancellation/delays due to covid-19)

[10] Option not provided in 2018 or 2019 surveys.

- 4 services said they had a dedicated transition audiologist.
- 2 services said they offered a tour of the department (1 of these reported cancellation/delays due to covid-19)
- 1 service said they are reviewing their transition service
- 1 service conducts a questionnaire and reviews aetiological investigations for updates

### Recent score on the family and friends test

The 'Friends and Family' test is used widely in the NHS to gather feedback from service users. The test asks people if they would either recommend or not recommend the services they have used. The score is the percentage that say they would recommend a service after using it. 37 services were able to give us a score for their audiology department, down from 65 in 2019.

| | Response rate | Median score | Mean score |
|---|---|---|---|
| **2018** | 59 | 98.1 | 96.9 |
| **2019** | 65 | 99.0 | 95.4 |
| **2021** | 37 | 99.0 | 93.8 |

*Table 34: Median and Mean Friends and Family score by year*

### Appointments missed

The Did Not Attend (DNA) rate is used across the NHS to track the number of appointments that were not attended by patients. Appointments that are not used waste resources and increase waiting times. DNA rates are regularly used as key performance indicators when reporting to commissioners or senior management on progress. They can often be reduced by simple actions, for example, sending a text reminder of an appointment the day before.

For outpatient services across the NHS, DNA rates were 9% between 1 January and 31 March 2018.[11] High DNA rates can indicate that a service is struggling to reach out effectively to all families in the area, including those from more disadvantaged backgrounds, or that there is a lack of joined up working between professionals. For children and young people not brought to appointments by parents and carers DNA rates are particularly important because they indicate safeguarding concerns. For this reason, in paediatric health settings, there is a move to record DNAs as 'Was Not Brought' to recognise that nonattendance at appointments is rarely the child's choice. The Care Quality Commission (CQC) say that all NHS services should have a safeguarding policy that includes a process for following up children who miss outpatient appointments.[12]

| | Response rate | Mean score | Median score | Number over 9% rate | Percentage over 9% rate |
|---|---|---|---|---|---|
| **2018** | 105 | 13% | 13% | 80 | 76% |
| **2019** | 110 | 12% | 12% | 82 | 75% |
| **2021** | 97 | 12% | 11% | 61 | 63% |

*Table 35: Number and percentages of services over the DNA rate*

[11] NHS England, NHS Inpatient Admission and Outpatient Referrals and Attendances, 25 May 2018, p.4
[12] Care Quality Commission. Safeguarding Children: A review of arrangements in the NHS for safeguarding children. July 2009, p.18.

## Section 10: Funding and commissioning

We asked services how their funding was provided. Where services run a joint adult/paediatric service, we also asked if budgets were shared.

| | Number of services (2021) | % of responses |
|---|---|---|
| **Block contract for all children's audiology services** | 20 | 19% |
| **Block contract for both child and adult audiology services** | 61 | 57% |
| **Block contract within ENT services** | 1 | 1% |
| **Block contract within wider children's services** | 19 | 18% |
| **As an individual tariff per child** | 0 | 0% |
| **Other** | 6 | 6% |

*Table 36: How services' funding provided*

| | Number of services (2021) | % |
|---|---|---|
| **Our service is joint and budgets are not shared** | 7 | 7% |
| **Our service is joint and budgets are shared** | 77 | 73% |
| **Our service is paediatric only** | 22 | 21% |

*Table 37: Budget sharing.*

We asked services if their audiology service for deaf children was commissioned differently in the 2020/21 financial year when compared to the previous year.

| | Number of services (2021) | % |
|---|---|---|
| **Commissioned differently** | 10 | 9% |
| **Commissioned the same** | 96 | 91% |

*Table 38: Changes in commissioning compared to the previous year*

Where services were commissioned differently, the following explanations were given:

- moved to block grant funding, for example, Pandemic Emergency Block Contract funding (8)
- covid-19 forced funding in line with 2019/21 (2)
- no change in CCG commissioning, but all NHS commissioning was suspended and replaced by the NHS Covid Finance regime (1)
- covid-19 suspended all normal commissioning arrangements (1).

We also asked if there would be any changes or reviews to how the service would be commissioned in 2021/22.

| | Number of services (2021) | % of responses |
|---|---|---|
| **Commissioned differently next year** | 11 | 10% |
| **Commissioned the same next year** | 96 | 90% |

*Table 39: Will services be commissioned differently the following year?*

Where services indicated a change, the following explanations were given:

- continue with transition to block grant funding (7)
- reviewing service specification (3)
- seeking collaboration between the local providers (2)
- delivering Any Qualified Provider (AQP) for Adult Hearing services (1)
- no longer taking new adult AQP referrals to focus on complex secondary care and paediatric audiology (1).

## Section 11: Responding to the coronavirus pandemic

We concluded the survey with an open-ended question about whether the service had introduced new ways of working or changes in response to the pandemic which may remain as the pandemic recedes. Services responded as follows:

- remote appointments/consultations/follow-ups/fittings (68)
- telephone or video patient booking/histories/triage/reminders prior to appointment (32)
- remote/postal repair service or delivery of batteries (23)
- service closure/prioritisation of need/change in discharge criteria (8)
- introduction of new technology, for example, 3D scanner for reprinting earmoulds, remote hearing aid technology (8)
- enhanced cleaning/social distancing measures, for example, patients asked to wait in cars and invited in for appointment (6)
- staff remote working/video call meetings (6)
- appointment times extended to reduce need for future appointments (4)
- greater flexibility in scheduling appointments, for example, parents can move appointments, more appointments available outside term time (3).