

Reference Number: FOIAH2324/428
From: Other
Date: 06 November 2023
Subject: Details of the Trust's audiology service, ENT and performance

Q1 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 UK-wide request, using a standardised format to ensure consistency. Please use the box at the end of this survey to provide any context or background to any of your answers.

A1 [See attachment – 428 FOI Response](#)

To: FOI officers via email

November 2023

Paediatric audiology services survey 2023

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 works with public services to ensure deaf children get the support they need to thrive.

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 UK-wide request, using a standardised format to ensure consistency. Please use the box at the end of this survey to provide any context or background to any of your answers.

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

National Deaf Children's Society

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	Maureen O'Hare, Prof Dasgupta, Rachel Rowson
Your role	Audiology Manager, Clinical lead, Service Manager
Your email address	Maureen.o'hare@alderhey.nhs.uk
Your telephone number	0151 252 5943
Name of your audiology service	Alder Hey Childrens NHS Foundation Trust

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

Alder Hey Children's NHS foundation Trust, providing Audio-vestibular services for Liverpool Sefton and west Lancashire This includes tertiary/quaternary vestibular services, auditory processing disorder assessment and management and complex genetic hearing losses services from the whole length of England, Scotland, Wales, and Northern Ireland.

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If you provide services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children? **Yes in addition to super-specialty services for vestibular disorders, auditory processing disorders and complex hearing losses in children from regions enumerated above.**

Alder Hey provides Audio-vestibular services across Liverpool, sefton and west Lancs and is all ONE service and not considered separate services

If you would like to report separately for a service you deliver for another Trust, please contact us on Listenup@ndcs.org.uk for an additional link.
Please complete the table below showing the locations where your Trust provides paediatric audiology services:

Name of NHS Trust or Provider	Hospital or clinic or site name	Address	Postcode	Service commissioners	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:
Alder Hey Childrens NHS Foundation Trust	Alder Hey Childrens Hospital	East Prescott Road Liverpool	L14 2AP		No

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	10,030 includes IOM
Total number of children with permanent deafness (PCHI) on your caseload as of 30 September 2023 – see definition below *	605
- 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	17
- 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	This data is not routinely held
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?	125 approx
Give the number of children you have referred to ENT between 1 October 2022 and 30 September 2023 with glue ear	This data is not routinely held
Total number of children with Auditory Neuropathy Spectrum Disorder (ANSI) on caseload	22

* **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 ANSI 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 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	Yes, although we see up to age 19 with additional needs
0 – 25	

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	Follow BSA guidelines. Band 7 staff with experience. Use of

		adapted techniques in the protocol/SOP
Use of non-calibrated stimuli (e.g. non-calibrated, but band-pass filtered music)	yes	Follow BSA guidelines. Built into existing protocols. Protocol not to discharge using this stimulus, unless met pass criteria with objective tests.
Sedated ABR	yes	Follow BSA guidelines. Use melatonin. Have specific protocol and competencies.
ABR under anaesthetic	yes	Follow BSA guidelines. Specialised, trained staff. Theatre ABR protocol
Other, please specify		

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

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, but primarily fit	X

	bone conduction aids	
Bone conduction hearing aids	yes	X
'Watch and wait'	yes	X
Grommets	Yes-bone conduction hearing aids if appropriate	What alternative do you offer if a child is on the waiting list? Majority of families choose bone conduction aid, while waiting for ENT opinion on grommet surgery.
Otovent	Yes, provide information	X
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	Where clinically appropriate
Moderate loss	Yes	

ANSD	Yes	
Other, please specify	Implantable devices	

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 (i.e. type and name of service)?
Wax removal performed by audiologists	No	Yes,	ENT which is based next to our department in Alder Hey and by own audiovestibular physicians
Tinnitus assessment/management	yes	n/a	
Hyperacusis assessment/management	yes	n/a	
Fitting and support for implantable devices other than CIs (e.g. BAHAs, middle ear implants)	yes	n/a	
Paediatric vestibular service	yes	n/a	
Assessment/management of listening difficulties in the absence of peripheral hearing loss/APD	yes	n/a	
Other, please specify Complex genetic hearing losses, ototoxicity monitoring	Yes	n/a	

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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 9am and/or after 5pm)	yes		
We offer Saturday appointments	yes		
We deliver some services in schools	no	yes	Not cost effective for service.
We deliver some services in other community venues	yes		

We offer telephone or video appointments	yes		
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	48 hours	24 hours	Difficult to get in touch with patients as they don't respond
Text message	yes			
Web form	yes	24 hours	24 hours	
Online diary/booking system	No			
Telephone	yes	Up to 24 hours	24 hours	
British Sign Language (BSL)	No			
Other, please specify	Language line Type talk	Up to 24 hours		

9. What deaf awareness training does your staff have?

	One-off training	Regular updates
Audiologists	yes	Planning a refresher. update
Reception/administrative staff	yes	

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 difficult 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 (KPI NH2 newborn hearing screening pathway)		5
Urgent new referrals for diagnostic hearing assessment (those not referred from newborn hearing screen)		2
Routine new referrals for first assessment (those not referred from newborn hearing screen)	Face to face	175 estimated
	Virtual if offered first	28
Decision to fit hearing aids to time fitted for PCHI		14

Routine follow-up hearing aid review (wait beyond expected date, i.e. a child seen for their 3/12 follow up at three months would be 0 days, a child seen at four months for a 3/12 follow up would be 30 calendar days)	14
New earmoulds (working days from time notified of need) *	7
Hearing aid repairs (working days from time notified of need) *	0
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 three months would be 0 days, a child seen at four months for a 3/12 follow up would be 30 calendar days.)	Information not available
For referrals from your service to be seen <i>initially</i> by ENT**	Information not available
For grommet surgery for glue ear ** (RTT pathway)	Information not available

* 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.

The Trust moved to a new patient management in September 2023. There are still reports unavailable, at this time, to answer some of the questions.

The service is working hard to reduce waiting times. The service expanded in 2018/19 covering North Sefton and West Lancashire, which increased waiting times.

year? No

Section 6: Quality assurance and improvement

11. Has your service gained Improving Quality in Physiological Services (IQIPS) accreditation this

12. If yes, go to question 14. If no, go to question 13.

13. If you are not accredited with IQIPS, please answer the following questions.

Does your service want to gain accreditation?	Have you previously been accredited?	If you have previously been accredited, why did you stop?	Are there any barriers preventing you from applying for accreditation?
Yes	No		Funding Time for team to collate evidence

14. What methods do you use for quality assurance and improvement in addition to or as an alternative to IQIPS? Select all that apply.

A local programme of audit against national quality standards	Yes
Internal peer review (ABR)	Yes
Internal peer review (behavioural testing)	Yes
Internal peer review (HA fitting)	Yes
External peer review (other than ABR – this will be asked below)	No
Case studies/journal clubs	Yes
Regional network to share best practice	Yes
Reporting all PCHIs on SMART 4 Hearing	Yes
Audit cycle	Yes

Peer competency checks	Yes
Patient/service user surveys/focus groups	Yes
Other, please specify	

15. 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 evidence 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	Collate improvement indicators, discuss as a team and implement changes accordingly	4	3 One staff member has just completed competency training

Section 7: Staffing and training

16. How many substantive **full-time equivalent (FTE)** qualified audiologists are in your service in total? **15.74**

17. How many **FTE clinical** staff does your **children's** audiology service have at the following levels as of 30 September 2023?

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	0
Band 3	1	0
Band 4	0.80	0
Band 5	3	1
Band 6	3.8	0
Band 7	7.94	0
Band 8a	1	0
Band 8b	0	0
Band 8c	0	0
Band 8d	0	0
Band 9	0	0
Doctor (e.g. paediatrician, AVP)	2	0

18. Has there been a reduction in the number or skill level of staff compared to last year? [No, we have one vacancy for a band 5 audiologist which is difficult to recruit to.](#)

If decreased, what are the reasons for this? Select all that apply.

If no, please go to the next question.

Unable to recruit staff	X
Posts have been frozen or deleted	
Staff leaving or reducing hours	
Maternity leave or sick leave	x
Trust 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.

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

[Have readvertised twice and plan to](#)

consider
apprenticeships

20. 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>AHCS recommend 10 CPD entries over a two year period. This includes formal conferences and training, but also self learning, peer, review discussion of case studies etc.</p> <p>Every staff member has a PDR which identifies training needs and we also discuss upcoming training needs in our operational/governance meetings.</p> <p>We complete a training needs analysis based on the PDR each year and rotate staff attendances at conferences/events.</p>	<p>Staff have attended the following:</p> <p>British academy of audiology 3 staff</p> <p>British Society of Audiology 4 staff</p> <p>Clinical educator training- 2 staff</p> <p>Paediatric vestibular course- 5 staff</p> <p>Vestibular M modules-1 staff</p> <p>AHCHS Professional standards of practice-2 staff</p>	<p>No issues at present regarding this</p>	<p>No</p>

	<p>International Medel Academy, Implantable devices -2 staff</p> <p>Leadership apprenticeship-1 staff</p> <p>European Tinnitus conference-3 staff</p> <p>Tinnitus Virtual conference-team</p> <p>Paediatric assessment and Management 1 staff</p> <p>Interacoustics Eclipse user day- 3 staff</p> <p>Trust Transition Information day-1 staff</p> <p>SAL information session- team</p> <p>Internal RECD training-team</p> <p>Internal hearing aid training for Marvel and Phonak-Team</p> <p>BCHD regional information day- team</p>		
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	<p>Twice monthly internal peer review/case presentations meeting</p> <p>Twice yearly regional ABR peer review group meeting- 4 staff</p>		
<p>If you have found any barriers to accessing CPD for staff, please tell us why?</p> <p>No</p>			

21. 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	X				X	
AfC grade 6		X	X	X	X				X	

AfC grade 7	X	X	X	X	X	X	X	X	X	X
AfC grade 8a	X	X	X	X	X	X	X	X	X	X
AfC grade 8b										
AfC grade 8c										
AfC grade 8d										
AfC grade 9										
Doctor										

22. How many staff working in your paediatric service have the minimum qualifications/training at the following levels as of 30 September 2023?

	What is the minimum qualification required in your service for this band?	How many staff working in your paediatric service on this AfC band already have this qualification?	How many staff on this AfC band are working towards this qualification?
Band 2	n/a		
Band 3	NVQ 111 Health and Social care	All	

Band 4	NVQ 111 Health and Social care	All	
Band 5	<input type="checkbox"/> BSc Hons audiology <input type="checkbox"/> MSc Audiology or equivalent <input type="checkbox"/> British Association of Audiologists (BAAT) – professional exams parts I and II <input type="checkbox"/> BTEC in medical Physics and Physiological Measurements (MPPM) <input type="checkbox"/> Professional Registration with appropriate body (RCCP/AHCS state registration)	All	
Band 6	<input type="checkbox"/> BSc Hons audiology <input type="checkbox"/> MSc Audiology or equivalent <input type="checkbox"/> British Association of Audiologists (BAAT) – professional exams parts I and II <input type="checkbox"/> BTEC in medical Physics and Physiological Measurements (MPPM)	All	

	<input type="checkbox"/> Professional Registration with appropriate body (RCCP/AHCS state registration)		
Band 7	<input type="checkbox"/> BSc Hons audiology <input type="checkbox"/> MSc Audiology or equivalent <input type="checkbox"/> British Association of Audiologists (BAAT) – professional exams parts I and II <input type="checkbox"/> BTEC in medical Physics and Physiological Measurements (MPPM) <input type="checkbox"/> Professional Registration with appropriate body (RCCP/AHCS state registration) Mentorship qualification (MSLAP or equivalent)	All	
Band 8a	<input type="checkbox"/> BSc Hons audiology <input type="checkbox"/> MSc Audiology or equivalent <input type="checkbox"/> British Association of Audiologists (BAAT) – professional exams parts I and II	All	

	<input type="checkbox"/> BTEC in medical Physics and Physiological Measurements (MPPM) <input type="checkbox"/> Professional Registration with appropriate body (RCCP/AHCS state registration) Mentorship qualification (MSLAP or equivalent)		
Band 8b			
Band 8c			
Band 9			
Medic (e.g. paed, AVP)	GMC- Audiovestibular Physicians accredited by the GMC in the Specialist Register MSc Audiology	All	

Section 8: Collaboration section

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

23. 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	x	x
Children with a moderate sensorineural hearing loss	x	x
Children with a mild sensorineural hearing loss	x	x
Children with permanent or long-term conductive hearing loss	x	x
Children with temporary/fluctuating conductive hearing loss		
Children with a hearing loss but who are unaided	x	x
Unilateral hearing loss	x	x
ANSD	x	x
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.

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

	Yes/no	Which children do you refer?
Speech and language therapy	Yes	Those that meet criteria
ENT	Yes	Those that meet criteria
Family support/MAST/social services	Yes	Those that meet criteria
Safeguarding	Yes	Those that meet criteria
Clinical psychology/CAMHS	Yes	Those that meet criteria
Deaf CAMHS	Yes	Those that meet criteria
Paediatrician/developmental assessment service	Yes	Those that meet criteria
Other third sector/community organisations	Yes	Those that meet criteria

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

25. 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	X	X
Children with a moderate sensorineural hearing loss	X	X
Children with a mild sensorineural hearing loss	x	X
Children with permanent or long-term conductive hearing loss		X
Children with temporary/fluctuating conductive hearing loss		X
Children with a hearing loss but who are unaided		X
Unilateral hearing loss		X
ANSD	X	X
Other		
Don't know		

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

	Yes, we signpost at these times
At diagnosis	X
Whenever a family has an issue that the National Deaf Children's Society may be able to support	X
At every appointment	When appropriate
Other	

27. Do you have a Children's Hearing Services Working Group (CHSWG) in your area? Yes/no

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)	X
Deaf young person	X
Adult audiology service/transition team	No
Speech and language therapy	X
Specialist education service	X
ENT	X
Social services	X
Trust senior management team	No
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.

28. 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
Complete a trust transition assessment/process	Yes
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)	Yes
Offer an appointment with the adult service before being discharged from the children's service	Yes
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	

29. 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	Percentage WNB/DNA
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September 2023 (all appointment types for children)	
Information not available	

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

Partial booking	No
Text reminders	Yes
Phone reminders	yes
Other – please specify	Support from Teachers of the Deaf
None	

Section 10: Issues affecting service provision

31. 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	No	No		
Routine school aged assessments	No	No		

Children requiring complex assessment techniques/multiple appointments	Yes		Increased tertiary referrals	Funding, Audiologists, more Booths
Children requiring sedated ABR/ABR under GA	Yes		Children more challenging to test. Not responding to traditional or adaptive techniques	
Children with listening difficulties in the presence of normal hearing	No			
Self-referrals	No	No		
Referrals from school screen	No	No		
Other, please specify				

32. 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?

Family friendly service, offering rapid appointments for urgent cases e.g oncology, progressive hearing loss etc.
Melatonin service as alternative to GA.

33. Are there any challenges to your service?

Challenges you are experiencing now	Challenges you anticipate in the future
<p>Access to care especially for follow-up patients</p> <p>Difficulty recruiting to audiologists.</p> <p>Require more sound proof booths</p> <p>Current National climate in paediatric audiology affecting staff morale and may hinder recruitment to paediatric posts</p> <p>Limited HEI paediatric curriculum/training so newly qualified audiologists do not have the skills required.</p>	<p>Same as challenges experienced currently</p>

Section 11: Funding and commissioning

34. 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?	X
As a block contract for both child and adult audiology services?	
As an individual tariff per child/young person?	X We are currently hybrid, with block

	contract and tariff. Pre covid we were tariff only.
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Other, please specify.

35. Following NHS England's recommendations to ICBs about assuring services they commission, have you been required to report and provide evidence to your ICB on quality assurance in your service? **Yes**

36. 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.

Need to consider that our service is a tertiary quaternary centre, so comparisons cannot be made to smaller DGH hospitals. Complex patients are referred to us from all around the country and nationally for vestibular and APD.
Acquiring two new services just before Covid-19 has contributed to our waiting times but we have significantly reduced our waiting times for routine new patients after finally succeeding in recruiting new staff.

If you have concerns about anything happening in your service that you'd like to speak to us about in confidence, please email Listenup@ndcs.org.uk or contact our Helpline for specialist advice on 0808 800 8880 or helpline@ndcs.org.uk.

Many thanks for returning this survey. We are very grateful for your time.