

# Auditory Implant Service

Activity Report 2023/4



# Activity Report 2023/4

USAIS is the University of Southampton Auditory Implant Service. It is an Enterprise Unit in the Faculty of Engineering and Physical Sciences. This report is for the year 2023/4 starting on 1 April 2023 and ending on 31 March 2024.

The services offered by USAIS are multidisciplinary and involve a variety of clinical, medical, educational and support staff. USAIS are in a unique position based within a university setting which is beneficial as it facilitates research-driven clinical practice.

## Contents

Overview	4
Patient referrals	5
Patients on maintenance programme	7
Appointments	8
Non-users and lost to follow-up	9
Service User Feedback	10
Clinical Outcomes - CI	12
Clinical Outcomes—BCHI	16
Research within USAIS	18
Other USAIS Services	21
Stock and equipment	22
New in USAIS	23







# Overview

USAIS receives referrals for assessment from Audiology and Ear, Nose and Throat (ENT) specialists for consideration of cochlear implants (CIs), bone conduction hearing implants (BCHIs), including middle ear implants (MEIs), and non-surgical bone conduction hearing devices (BCHDs).

USAIS is commissioned by NHS England Specialised Services for CIs and BCHIs. USAIS also runs a Private Hearing and Balance (PHAB) clinic, Self-Funded CI and Auditory Processing Disorder (APD) advisory service, but the majority of these clinics were suspended at the start of the COVID-19 restrictions, and this remains under review.

USAIS follows the service specifications for 'Cochlear Implants (Do9/S/A)' and for 'Implantable Hearing Aids for Microtia, Bone Anchored Hearing Aids and Middle Ear Implants (Do9/S/b)' and the new Commissioning Policy for 'Bone Conducting Hearing Implants 16041/P'.

Since the Centre opened in 1990, our Surgeons have implanted over 2000 devices (including CIs, BCHIs and MEIs).

The Service relies upon patients being seen in surrounding hospitals for their CT/MRI scans and operations, which creates a significant pressure on patient waiting times, especially since the COVID-19 pandemic, which has created a backlog.



opened in  
**1990**

---



implanted over  
**2000 devices**

---



**over 2000**

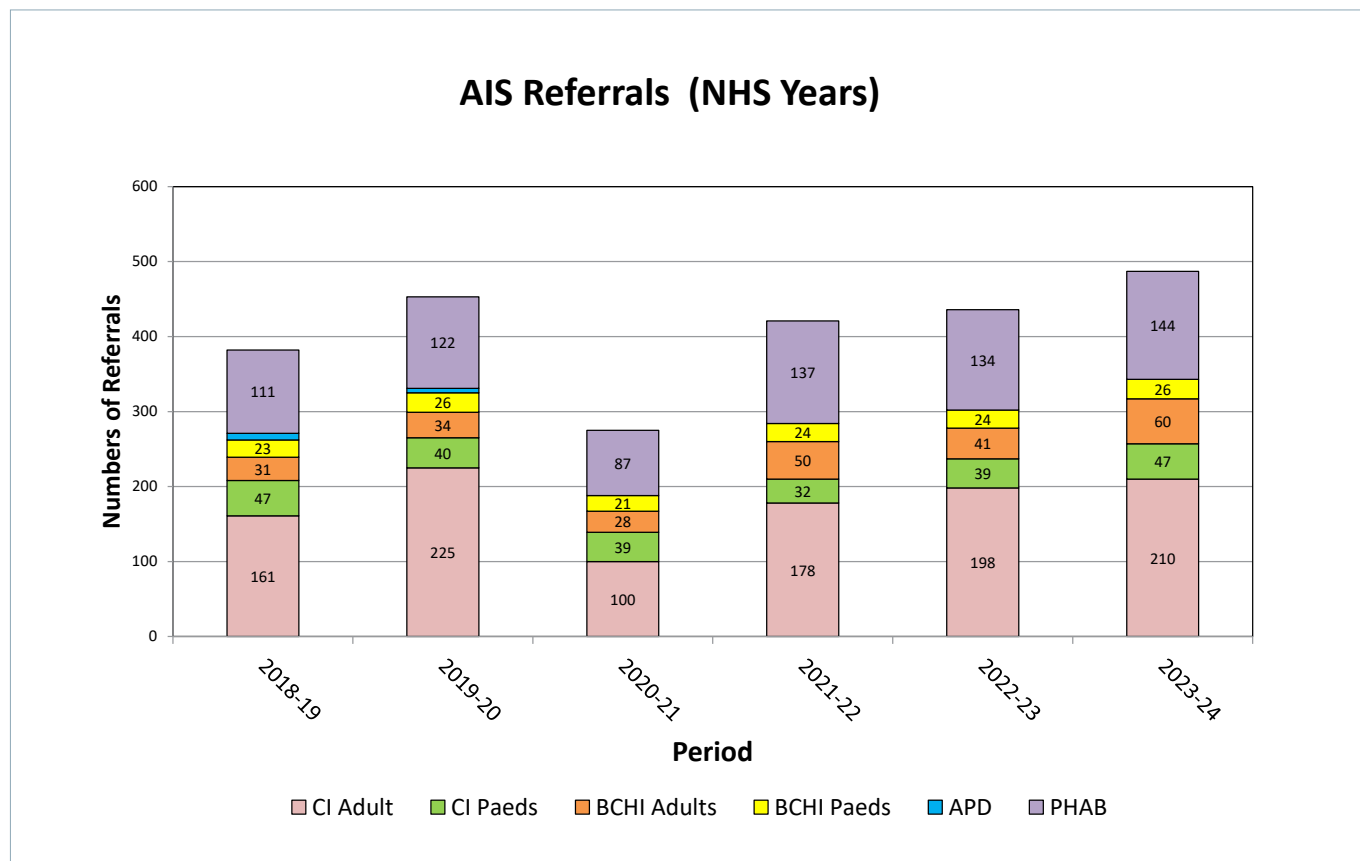
NHS-funded patients  
were supported during  
the year of **2023/4**

---

## Patient referrals

Referral numbers have continued to grow compared to 2022/3 NHS Year Activity data, with 50 more referrals for 2023/4. These numbers are now in-line with pre-Covid numbers. CI referrals have risen by 8%, PHAB referrals have risen by 7% and BCHI referrals have risen by almost 25%. As mentioned, the service is not currently accepting referrals to the APD Service or for Self-Funded Cochlear Implants as there is a need to prioritise the backlog of NHS patients, in-part related to Service recovery following the Covid-19 pandemic.

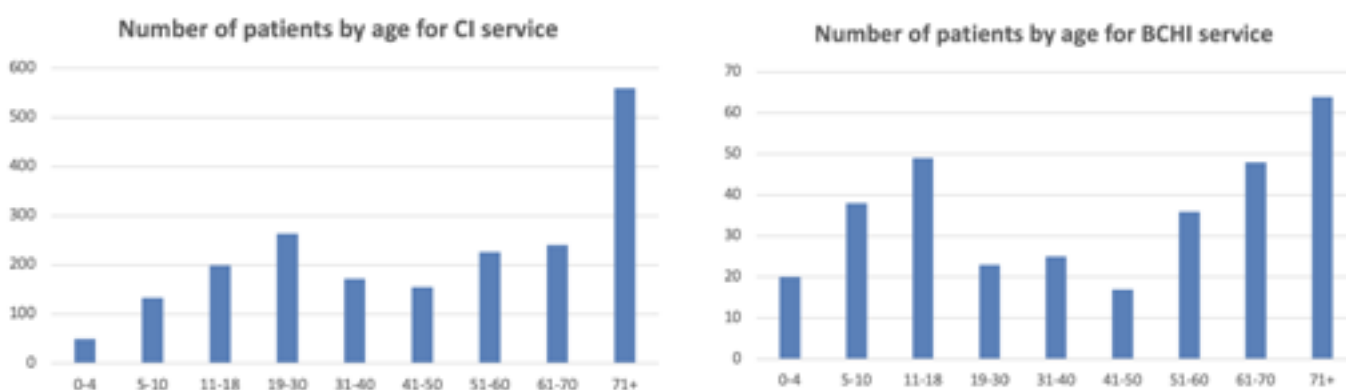
Publication of the revised National Institute for Health and Care Excellence (NICE) Guidance in 2019 (<https://www.nice.org.uk/guidance/ta566>) has undoubtedly played a role in the increasing numbers of CI referrals over the past 5 years:



During 2023/4, 226 CI patients and 72 BCHI patients were seen on an 'Assessment' pathway.

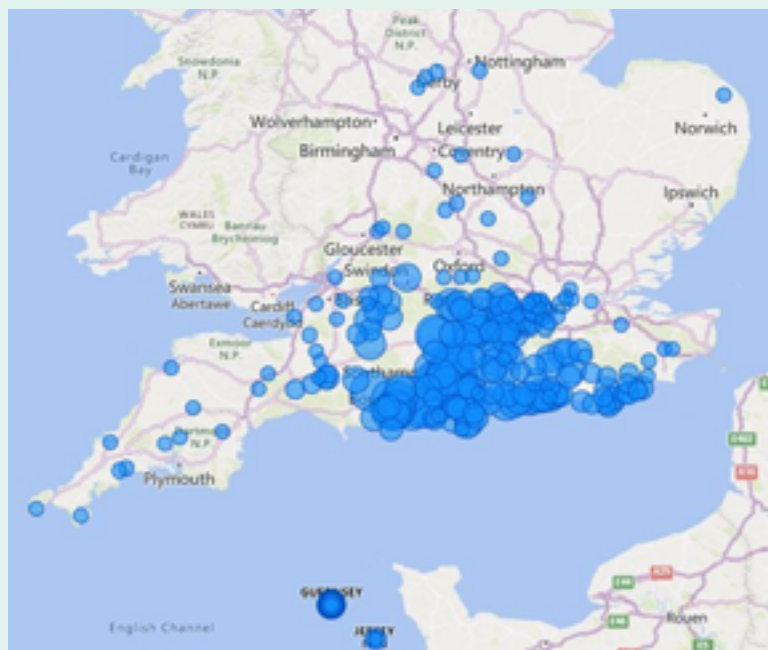
## Patient demographics

USAIS has supported over 2000 NHS-funded patients during the year of 2023/4; 1745 of these were CI patients and 260 were BCHI patients. The graphs below indicate the numbers of patients by age for BCHI and CI:

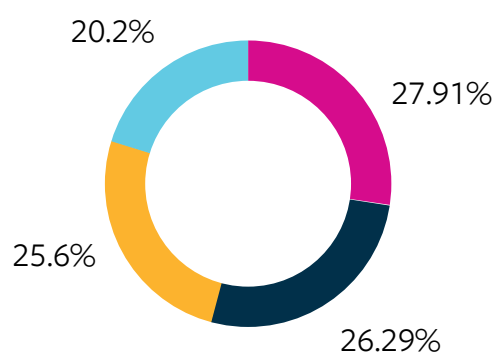


## Location of service users

USAIS support service users from a large geographical base across the South of England (USAIS also supports patients from the Channel Islands):

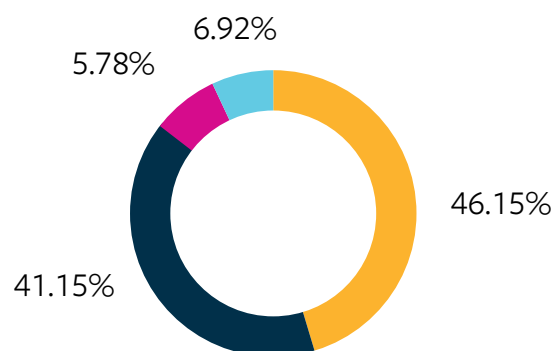


The service is divided into four core teams - East, Central, West and North. As of 2023/4, CI patients are divided as follows:



■ East ■ Central ■ West ■ North

BCHI patients are divided as follows:



This system enables patients to see the same group of staff where possible and helps with continuity of care.



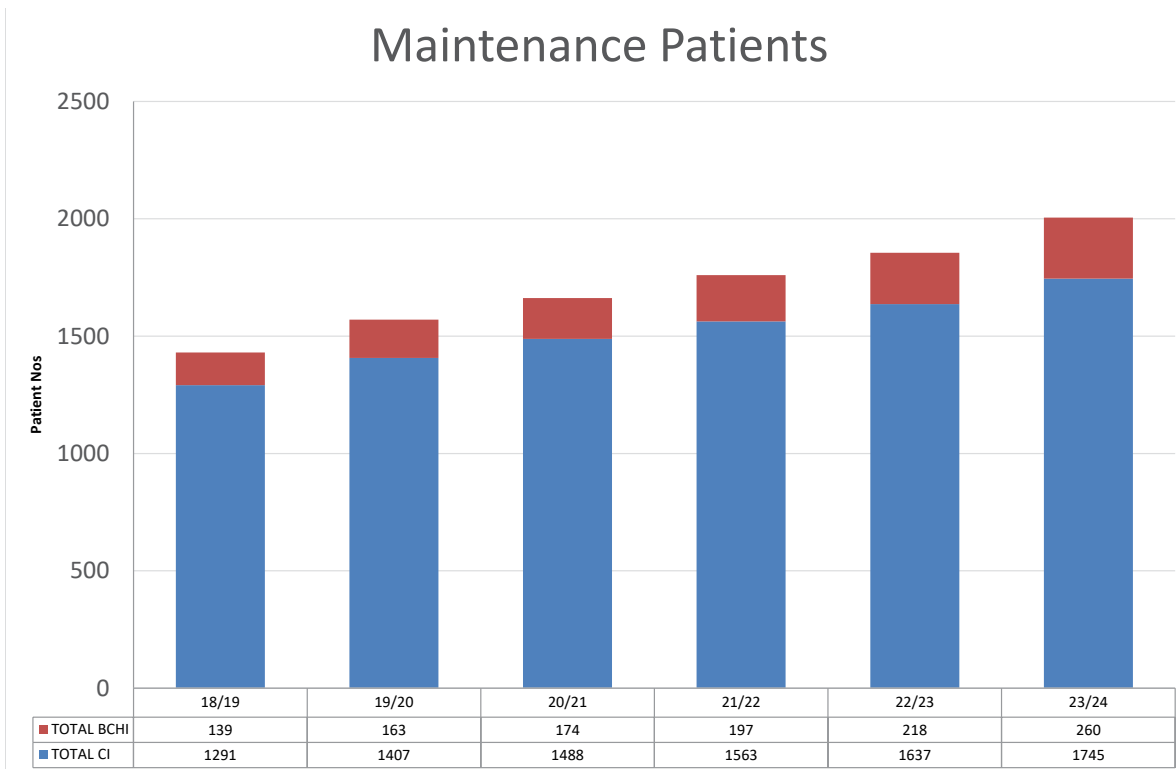
### Patients on maintenance programme

Patients with CIs or BCHIs are not discharged after implantation or fitting as they need access to a life-long maintenance programme. After implantation, patients are placed in the Foundation part of their journey; for CIs, this is usually for the first 3 years for children and the first year for adults. For BCHI's, this is usually for the first year for adults and children.

Following this, patients enter the Monitoring stage or Monitoring Plus stage if they have additional requirements (e.g. complex needs). This involves having regular reviews to ensure that their device(s) is continuing to function optimally, including making best use of assistive listening technology with their sound processor(s).

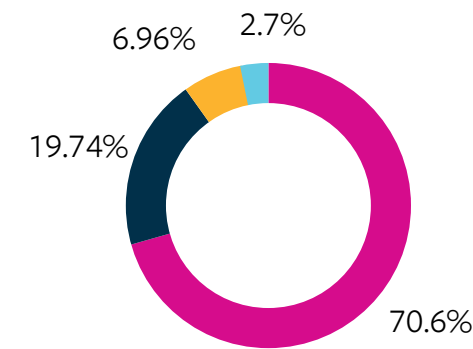
Support for patients and families comes in a variety of formats and this is tailored to suit individual needs. This may be in the form of individual sessions at the clinic or in a local centre, via remote care, follow-up questionnaire, visits to their home or school, or in workshops.

With rising numbers of referrals, the demand on the service to maintain those already implanted is also increasing. The graph below shows the numbers of CI and BCHI recipients on the maintenance programme over the past five years:

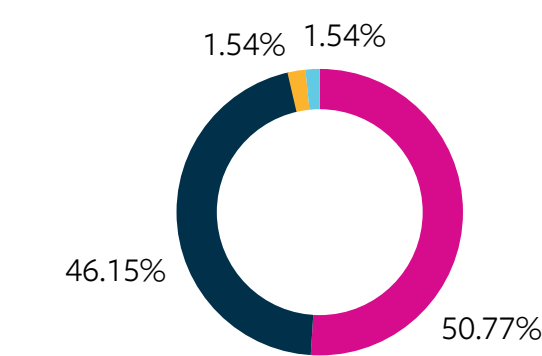


The following graphs show the percentages of patients under each of the different Monitoring statuses during 2023/4:

Percentages of patients by status for CI:



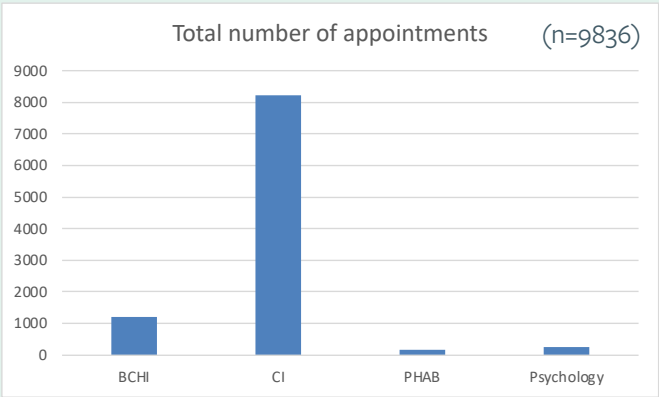
Percentages of patients by status for BCHI:



Monitoring Foundation Monitoring Plus Non-User

Appointments

During 2023/4, there was an increase in appointment numbers compared to 2022/3, and we continue to strive to make best use of the available resources. The following shows numbers of appointments, per service area, during 2023/4:



USAIS adopts a multidisciplinary approach to provide holistic patient care; during 2023/4, 2032 appointments had two or three professionals in the appointment. Our in-house BSL Interpreter is utilised for the majority of appointments that require a BSL Interpreter (388 appointments for 2023/24). Agency BSL staff were used for only 36 appointments during 2023/4.

We are proud to have introduced Advanced Nurse Practitioner-led appointments at USAIS; 128 BCHI and 94 CI patients have been seen for post operative checks and implant site complications. Having an in-house nurse has helped to improve patient care and create better links with local hospitals when patients require treatment.



## Cancelled appointments

Often, several appointments are booked that are contingent on each other, so if one appointment is cancelled, a whole series of linked appointments also need to be cancelled; for example, if an operation is postponed, the other appointments are also logged as 'Booking Cancelled'. Across the service, in 2023/4, 6957 appointments were attended and 2399 appointments were cancelled (the majority were cancelled by the patient).

During 2023/4, 480 appointments were recorded as 'Did Not Attend' (DNA) or 'Was Not Brought' (WNB). The total DNA/WNB rate was 6.1%; this was lower than the average NHS equivalent rate of 6.4%. We are still looking into the reasons for the higher DNA/WNB rate in the Psychology Service (12.8%). The reasons for missed appointments in the BCHI service (8.8%) is mainly due to the specific cohort of patients, particularly the children.

## Non-users and lost to follow-up

In total, as of 2023/4, there were 51 patients who are no longer able to make use of their device(s) and have not had their implants removed, thus becoming 'non-users'. 47 of these were CI patients and 4 were BCHI patients. In some instances, patients that stop using their devices do return to us at a later date and ask to try again.

During 2023/4, 4 CI patients were discharged after treatment. Half of these were 'lost to follow-up' as it was not possible to re-establish contact with them. 15 BCHI patients (predominantly non-surgical) were discharged after treatment, mostly due to no longer using their device(s) and one was 'lost to follow-up'.



# Service User Feedback

## Patient survey

Patients attending an appointment at USAIS are asked to complete the NHS Friends and Family Test to enable USAIS to review patient perception of the quality of the service provided. Patients are invited to complete the online survey by email following their visit to USAIS. The survey is available via a link on the USAIS website and paper copies of the questionnaires are available in the clinic waiting room for patients who prefer this method.







In answer to the question, “Overall, how was your experience of our service”, 98% of the patients who completed the questionnaire (n=683) said that they had received a ‘good’ or ‘very good’ service.



The following Word Cloud summarises the hugely positive feedback obtained from the 2023/4 NHS Friends and Family Test:





# Clinical Outcomes: CI

## Referrals

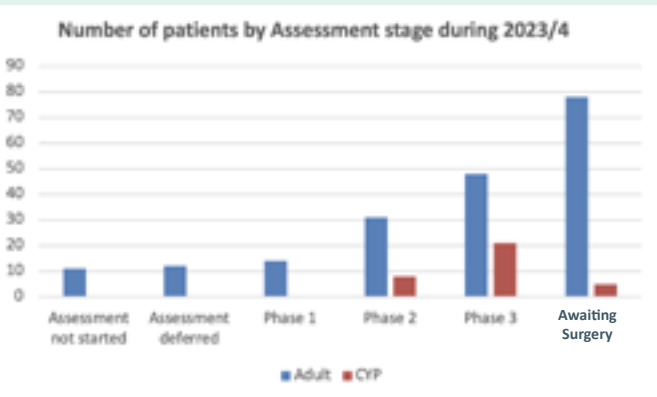
During the period of 2023/4, USAIS received referrals for 210 adults and 47 children for assessment for CI. This is on par with pre-COVID-19 pandemic referral rate numbers.

## Patient Pathway

98.71% of referrals for CI Assessment were acknowledged within five working days. 100% of children were offered an appointment within 6 weeks. The average appointment wait for adults was 9.5 weeks. As discussed, there is still a backlog as a result of the COVID-19 pandemic, mainly linked to a reliance on the use of NHS operation slots and MRI/CT scanning facilities.

## Assessments

For the period of 2023/4, there were 226 ‘Assessment’ phase CI appointments in total - Phase 1 and 2 are the initial assessments, Medical and Communication appointments. Stage 3 is where patients will be having scans prior to finishing their assessment:



The total waiting time for surgery has gone up slightly despite an increase in activity. At times, it has been necessary to slow down the assessment process to try to manage the back log of patients.

## Discharges

132 patients were discharged from the service during the period of 2023/4. 42 were discharged prior to assessment for CI, mostly due to not meeting current service specification/policy; we continue to work with referrers to ensure that patients are fully informed before they are referred. 54 patients withdrew from the assessment process, but mainly either before or early in the process.

## Transferred patients

During 2023/4, 24 patients transferred out of the programme and 36 patients died. 19 patients transferred into the service.

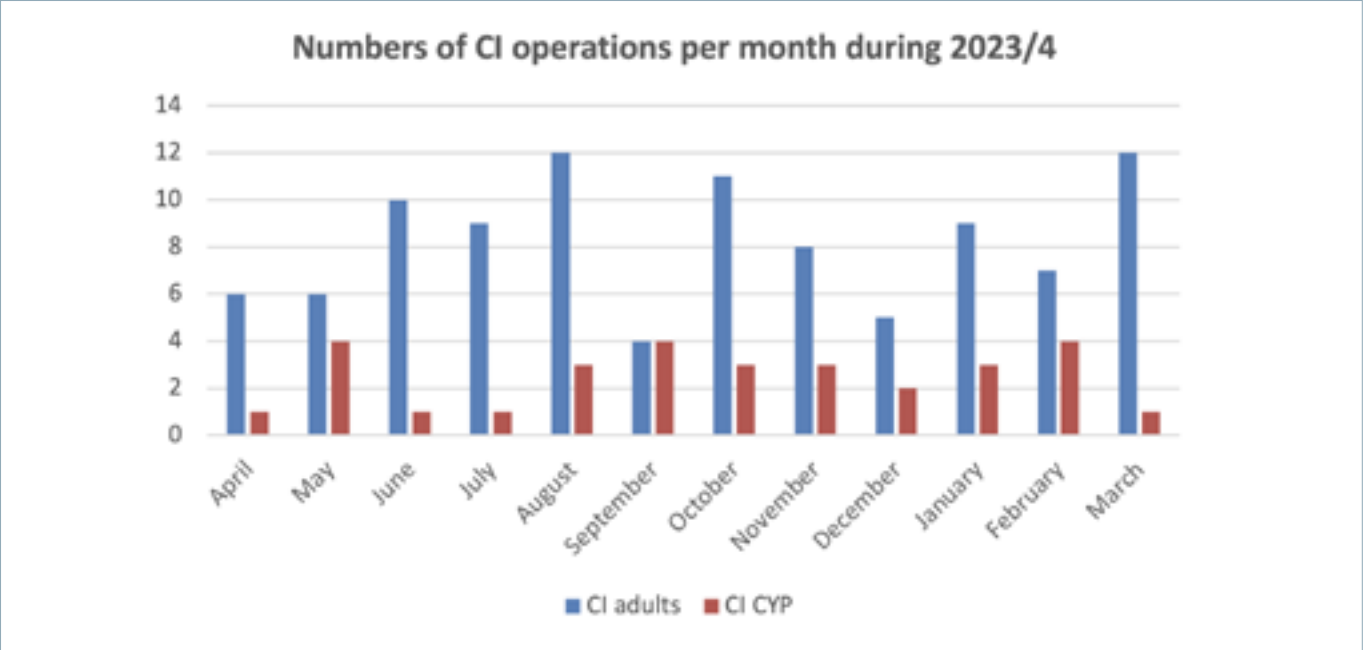
## Failures and re-implantation

In the period of 2023/4, 13 patients had device issues which were reported to the Medicines and Healthcare products Regulatory Agency (MHRA). The length of use of the devices varied from immediately post-surgery to 27 years post-surgery. All but one of these patients had their faulty devices explanted, and a new device was reimplanted. The one patient who did not have a reimplant could not undergo further surgery due to being medically unfit.

Eight of the implants had developed an established device failure which was due to moisture ingress into the casing (a product recall has been issued by the manufacturer); one was due to an extrusion out of the cochlea; one was due to infection which developed post-surgery; two were due to device failure in which no coupling could be established; and one was due to the implant no longer working to specification, which was creating unpleasant sounds and sensations for the patient.

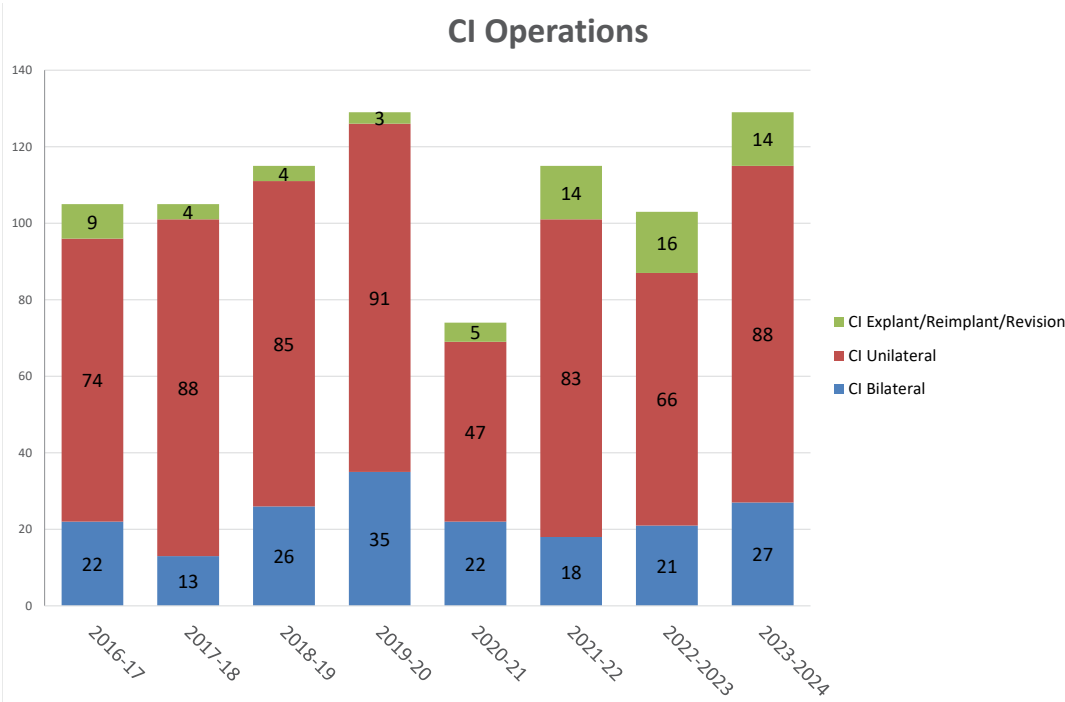
CI operations

The graph below displays the number of CI surgeries, per month, for 2023/4:



34 operations were cancelled during 2023/4 (compared to 50 in 2022/3); 26 of these were for CIs. Most commonly, the operation was cancelled by the hospital (rather than by the patient); for example, due to the patient not being fit for surgery.

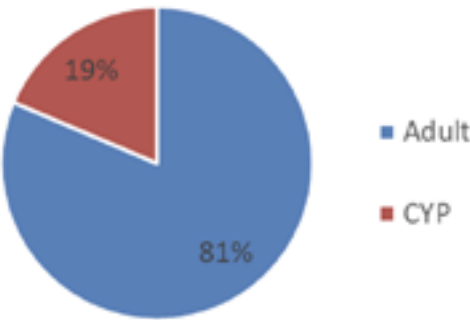
The following shows numbers of each operation type for 2023/4 compared to previous years, which highlights that numbers are on-par with pre-COVID-19 levels:



**Age at implant**

USAIS treats patients of all ages, but there is a significant trend for more adults to be implanted than children – the graph below reflects this for the period of 2023/4:

**Adult versus Children Surgeries**  
(n = 161)



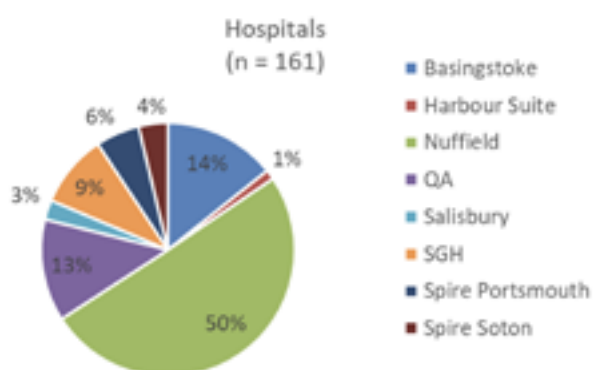
During the year 2023/4, the most common age for children to be implanted was between the age of 12-23 months and adults were most often implanted between 70-79 years of age. USAIS actively aims to reduce the age of implantation in children to improve potential outcomes. Children will normally have better outcomes if implanted in their early years.



## Waiting times

USAIS operates an 18-week care pathway from the multidisciplinary team decision to surgery. From April 2024, this will be recorded from referral to treatment, in-line with the most recent Service Specification. During 2023/4, there were 94 CI patients who did not have their surgery within this time frame, due to a longer than usual waiting list or cancelled operations by the provider hospitals. This does not include the patients that chose to delay their surgery. Cases are carefully prioritised based on clinical need; for example, children and those who have had hearing loss following meningitis will be made a high priority.

USAIS is working with the NHS commissioners and the provider hospitals of operating/scanning facilities to reduce the number of patients waiting for surgery and the length of the waiting time. The Service has also been actively recruiting new Surgeons so as to increase available operation slots. We are now carrying out surgeries at Basingstoke, since Miss Carol Xie joined our service. Mr Marcel Geyer now operates in Portsmouth rather than Salisbury, so there are no implant surgeries there now. We are also looking at forming contracts with Hampshire Clinic and Candover Clinic. The graph below displays the percentage of operations performed across the various provider hospitals during 2023/4:



## Key Service Outcomes (KSO's)

### Service User Feedback

Outcomes for CI patients are measured at their 12-month review. 88 patients attended for an annual review in the period 2023/24. 8 patients who were due for a 12-month review, in the time period audited, did not have their appointment due to the patient cancelling, or due to delay for an undefined reason.

### User Satisfaction and Benefit

For this KSO, the standard is for >80% of CI recipients to be using their CI(s) consistently and reliably. 87% of patients (n=88) were wearing their device 'often' or 'always'.

### Listening

For this KSO, the standard is for >80% of CI recipients to have hearing thresholds of 40 dB (HL) or better in their implanted ear(s). 82% of patients (n=88) met this criterion.

### Improvement in speech perception and quality of life

Another KSO is whether the recipient has an improvement in speech perception scores and/or quality of life. 85% of adults (n=71) reported that they could understand speech better, or felt that their quality of life had improved. 70% of children (n=17) had an improvement in auditory performance and/or speech perception post-CI. Not all children were reported on in the data, as 3 could not be assessed, and one did not have their appointment at the time of the audit.

# Clinical Outcomes: BCHI

USAIS supports Cochlear Baha, Cochlear Osia, MED-EL Bonebridge, MED-EL Vibrant Soundbridge, MED-EL Adhear and Oticon Ponto devices. For the BCHI programme, patients are offered a choice of surgical or non-surgical options, depending on their degree of hearing loss. Those who follow a non-surgical route are referred to as ‘fitted’ using either a Softband, the Cochlear SoundArc or the MEDEL Adhear. Those who follow the surgical route are referred to as ‘implanted’.

## Referrals

During 2023/4, USAIS saw a significant rise in referrals for BCHI assessment. 60 referrals were received for adults and 26 referrals were received for children.

## Assessments

During 2023/4, 72 BCHI patients were seen on an Assessment pathway. The number of patients waiting for surgery has significantly increased (doubled). Some patients choose to wear a non-surgical device prior to surgery, but we also have a number of patients that are on a permanent soft-band (or similar). It is hoped that strategies will be implemented to streamline this part of this service, which may consist of transferring these patients back to local services for maintenance/monitoring. However, work is needed to look at this with the Commissioners.

## Discharges

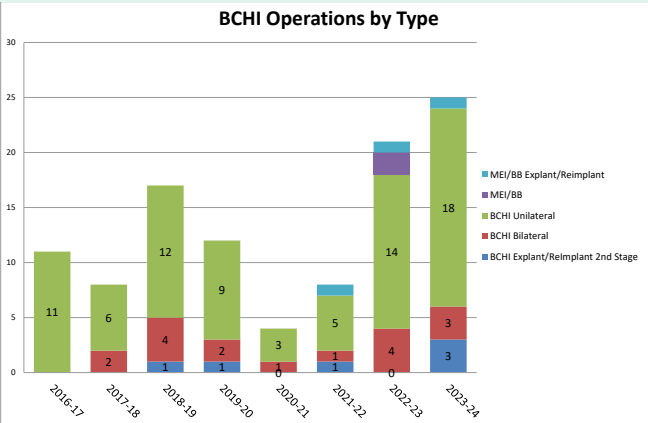
38 patients referred for BCHI assessment were discharged during the years 2023/4. Main reasons for discharge were that the patient decided to withdraw (18), the implant was no longer being used (8), or the patient did not meet the current service specification/policy (6). It is notable that a high proportion of the patients that withdrew did this after the full assessment (47%).

## Transferred patients

During 2023/4, one patient with an existing BCHI device was transferred from USAIS to another service. Two patients died. 10 BCHI patients transferred-in to the Service.

## Operations and Fittings

32 patients (all adults) were implanted with a BCHI in 2023/4; this is a significant increase compared to pre-COVID-19 numbers:



8 operations for BCHI were cancelled during 2023/4. Most commonly, the hospital cancelled the operation (rather than the patient); for example, due to the patient being unfit for surgery.

During 2023/4, 27 patients were fitted with a non-surgical bone conduction device. Some of these patients then went on to have a surgical option.

## Waiting times

During 2023/4, 18 patients breached the 18-week care pathway from the multidisciplinary team decision to surgery. This does not include the patients that chose to delay their surgery. This was due to a longer than usual waiting list or cancelled operations by the provider hospitals. As for CIs, USAIS is working with the NHS Commissioners and the hospitals that provide operating/scanning facilities to reduce the number of patients waiting for surgery and the length of the waiting time. As mentioned, the Service has also been actively recruiting new surgeons so as to increase available operation slots.

## Successful surgery

For BCHI, this is measured in terms of implant failure or abutment loss and skin revision, within 12 months of implantation. Within 12 months of implantation, there were no cases that required revision or local skin revision.

However, almost a quarter of surgeries in the BCHI Service (beyond 12 months post-implantation) are for revision due to skin or abutment issues. We hope that the introduction of the Cochlear Osia and Med-El Bonebridge devices (Active Bone Conduction/transcutaneous devices), versus the usual percutaneous devices, will lead to a reduction in revision surgeries.

## Key Service Outcomes (KSO's)

The outcomes of BCHI patients are measured at their 12-month review.

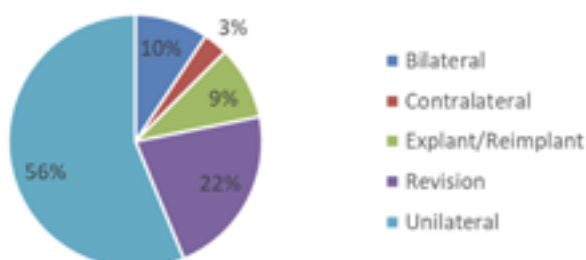
## Use and benefit from the device

80% of patients (n=8) were wearing their device(s) 'often' or 'always' and 96% of adults and 80% of patients reported that they were 'very satisfied' or 'satisfied' with their device(s).

## Improvement in Quality of Life

Patients are asked about how their device(s) has impacted on their quality of life. 80% who have been fitted with a BCHI(s) device and attended for an annual review said they felt it had improved their quality of life.

Bone Conduction Implant Surgeries  
(n = 32)





# Research within USAIS

In addition to NHS-Funded Services, 4% of USAIS income comes from research, consultancy, education, training and other patient services.

We see research as a vital part of the service we provide – offering patients a unique opportunity to participate and therefore help improve experience and outcomes. We involve patients, family members and the public in our research at all stages, which helps us to prioritise areas that are important to study, develop questions and then share our results. We are working hard to improve the diversity of our research participants, to make sure our findings apply to everyone. Our unique position within the University of Southampton allows us to translate research into clinical care quickly, and our clinicians lead some research areas both nationally and internationally. The image on this page shows some of the questions we are hoping to answer:



Much of our research is funded (see Table below), but we also are involved in many other collaborations and projects, all with the aim of improving our service and generating knowledge. Many of our staff supervise students across different disciplines including audiology, medicine, speech and language therapy, engineering, and computer science:

Name of study	Funder	Main aim	Multi or single site	Adult/child
BEARS	NIHR	Determine if using BEARS Virtual Reality games at home leads to better hearing in noise for children and teenagers with bilateral CIs	11 UK sites	Children and teenagers
BEARS Include	NIHR	Assess the diversity of children taking part in the BEARS study and find ways to improve this	7 UK sites	Children and teenagers
DETECT	Cochlear	Compare impedances in an electrode array that delivers drugs with a standard array	Sites in UK, Australia, Germany and France	Adults
TICIT	Cochlear	Determine if there are meaningful changes in tinnitus outcomes following cochlear implantation in adults with bilateral severe-to-profound hearing loss	2 UK sites	Adults
Development of a Core Outcome Set to evaluate remote technologies for CI users	Cochlear Australia	Explore which outcomes should be assessed after remote care	Australia and UK	Adults
CHIEF	NIHR	To determine whether the immune environment of the middle ear differs between children at time of cochlear implantation, and how this is associated with hearing outcomes	2 (Manchester recruitment, Southampton analysis)	Children and teenagers
Improving the diagnosis of unexplained CI issues	EPSRC	Develop EEG recordings to diagnose CI issues	Single centre	All ages
Haptic enhancement of music perception in CI users	Oticon Foundation/ Oticon Medical	To determine whether haptics can enhance music perception in CI users – development of a wristband prototype which provides as much speech information as possible	Single centre	Adults
Using touch to enhance auditory perception	EPSRC	A set of experiments exploring how to best transfer speech information through haptics	Single centre	Adults



## Spatial Hearing and Listening Lab (SHELL)

Professor Nicci Campbell, as Lead and in collaboration with Professor Carl Verschuur (Director), set up a new dedicated £300k state-of-the art Spatial Hearing and Listening Lab (SHELL) within USAIS to allow for 'real' world testing and research looking at (1) how people hear with one versus two ears and with different technologies (e.g. one vs two implants, or one implant and one hearing aid), (2) assistive listening technology outcomes, (3) hearing across the lifespan, (4) single sided deafness interventions and (5) interventions for specific groups, e.g. subarachnoid haemorrhage.

Over the past year, Nicci has supervised 3 PhD students, 1 MSc student and 1 MSci student, all who have successfully graduated, with the latter student also winning the Dean's Student award, after being nominated by Nicci. These projects have been presented at both national and international conferences, and published in leading journals, including the International Journal of Audiology and the European Journal of Neurology, with further publications in progress.



# Other USAIS Services

## Remote care

Since Professor Helen Cullington performed the first remote switch on of a processor in the UK on 31 March 2020, USAIS has been increasing its use of remote care technologies so as to support patients who may find it difficult to come into clinic, or may require further minor programming adjustments. The service has a Remote Working Group and has been involved in a pilot study with Cochlear to help improve this facility for patients and system users. There are plans to use remote care more routinely with patients in the future to help reduce the numbers of in-centre appointments required and improve the patient experience.

## Teaching and Clinical Placements

The University of Southampton is a Russell Group member, a world-class research and teaching university.

Professor Nicci Campbell oversees the teaching activity of USAIS staff which generates additional income for USAIS. She is the module lead for the MSc Auditory Implant module, the first of its kind in the UK (set up in 2013). This module is very popular with both Audiology and Biomedical engineering students, consistently being rated as excellent. As part of the module, auditory implant users and the parent/s of a child with implants are invited as guest lecturers. A live tuning session with an implant user is done, with the programming software projected on the 'big screen'. There are also cutting-edge forum sessions with experts from our multi-disciplinary team on 'hot' topics such as robotic surgery, CI under local anaesthetic, music and CI, polarity rotating magnets and remote care. New this year, and very highly rated by students, was the involvement of Ms Hannah Turner, BSL Interpreter/Deaf Services Advisor, based within USAIS who did a session with a BSL CI user.

USAIS staff also teach on other modules within the Audiology BSc (Hons) and Audiology MSci/MSc courses including the Biophysical basis of Audiology, Paediatric Audiology and Auditory Habilitation, as well as engineering modules, including Acoustical Engineering, Biomedical Implants and Devices, and Replacement Body Parts. Four of our staff members are guest lecturers on the MSc Speech & Language Therapy course at the Health Sciences University in Bournemouth. A number of USAIS staff also serve as external examiners for other national and international universities.

## Training

Over the last year, USAIS has run 3 training courses for external delegates: one was for Learning Support Assistants, providing the basics needed to support a child in an educational setting. The second was a Troubleshooting workshop for anyone supporting a CI user who wanted to gain confidence using and handling the CI equipment. The third was a 2-day course for Teachers of the Deaf, Educational Audiologists and technicians on remote microphones, how to fit and check them and assess their benefit. Our on-line training (free to all on the USAIS website) was updated in 2023. For our patients, a telephone workshop for adults has taken place and a lip-reading workshop for those who are implanted or about to have implants is planned. A manufacturers' workshop has taken place to help all ages of CI users get the most from their accessories. Clinical Psychologists and Teachers of the Deaf on the team also ran a workshop for teenagers and their parents to enable teenage CI users and their parents to connect and reflect on CI issues.

## Private Hearing and Balance Centre

Since 2015, USAIS has offered private hearing and balance assessments for adults and children. Referrals are received from local ENT surgeons and neurologists. These assessments are funded by the patient/family or via medical insurance. Cochlear implant patients have been provided access to balance support when appropriate. During 2023/4 144 referrals were received, and 156 appointments were undertaken.

# Stock and Equipment

## Equipment

All audiological equipment is calibrated to British Standards and stage A checks are carried out and recorded daily.

## Repairs

USAIS has arranged for the majority of patients with CIs to receive their repairs support through the manufacturer of their processor (MLRS; Manufacturer Led Repairs Service). The CI Service Specification specifies that the service will aim to resolve processor repair and replacement issues within 2 working days.

There are currently around 290 patients registered under Advanced Bionics (AB) MLRS and 700 under Cochlear MLRS. Patients with Med-El devices will soon be enrolled under MLRS (unless there is a clinical reason not to be). Use of these streamlined services helps to ensure that replacement processor(s) are received by patients within the expected 2 working days window, with manufacturers sending out the replacement on the same working day, or next working day, in most cases.

Other key benefits of MLRS include:

- Extended warranty for items included in the switch-on or upgrade kit.
- Easy access to manufacturer-led support for patients and their carers.
- Fast troubleshooting of issues with equipment/accessories.
- Reduced workload for in-clinic Spares and Repairs service staff, so that they can be freed-up to work on other workloads, which helps as numbers of patients continue to increase.
- Reduced costs incurred to the NHS service (out of warranty replacements, stock holding etc).
- Reduced cost of chasing unreturned items which can also be very time-consuming for in-clinic staff.
- Better ability to colour-match equipment.
- Replacement cost of lost processors is often discounted.

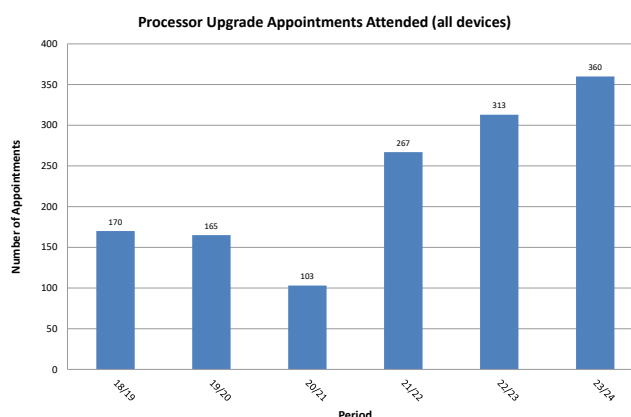
For patients with BCHDs, they are sent replacement parts by USAIS. 100% of those who had a faulty processor during 2023/4 had this repaired or replaced within 7 days, as per service specification.



## Upgrades

USAIS have an upgrade policy where patients are offered a processor upgrade at least once every five years, provided there is a newer processor which is suitable. During the period of 2023/4, 360 upgrade appointments took place (comprising of CI and BCHI patients).

As shown below, the number of upgrade appointments has increased steadily over the past 6 years. There was a dip in upgrade appointment numbers in 2020/1 due to implementation of remote upgrades during the COVID-19 pandemic. Face to face upgrade appointments have been reintroduced, as this is currently considered by the department to be the 'gold standard' approach, due to being able to check the patient's skin under the coil, perform aided testing and thoroughly check the function of their device(s):





# New in USAIS

USAIS has increased its reach and impact through ongoing media and publicity. This is part of a wider agenda of raising awareness about hearing loss and CIs/BCHIs. USAIS uses digital and social media to keep patients and professionals updated with the work of USAIS and related news.

## ALL\_EARS@UoS - Patient and Public Involvement and Engagement (PPIE) group

This is a researcher/patient/recipient/supporter group and partnership of people drawn from all walks of life, who are involved with, or have lived experience of, hearing loss and/or CIs. The aim is to invite anyone who is interested in contributing to the research being carried out in Southampton. Meetings are a mixture of in-person and online to be as flexible as possible. Those participating may have lived experiences which they would like to share, or may be fascinated by the world of CIs, what they can and cannot do, and would like to add their perspective and knowledge to the research ideas and projects. Participants can each be involved to a level that suits them. The group is 'All Ears', ready to listen and contribute.

## Awards

Dr Mary Grasmeder has won the Vice Chancellor Award, under the *Public Good and Social Mobility* Category, in relation to her research projects and clinical work using Recording of Electrode Voltages on the Skin (REVs) testing to assess CI function.

Ms Isabel McGauley undertook her MSci Audiology research in SHELL recently, and has just won the Dean's Award.



**Find out more:**

[www.southampton.ac.uk](http://www.southampton.ac.uk)