The electronic health records of children referrals were retrieved to extract clinical information and the outcome of any investigations requested using a standard proforma based on the BAAP audit tool for aetiological investigation. Analysis was done and summarised using simple frequency tables and charts.

**Results** There were 56 children with permanent childhood hearing impairment referred to Hillingdon CDC for aetiological investigations during the audit period. Thirty-seven children were seen while 17 (30%) never made contact or gave consent to be seen.

Thirty-four children had sensorineural hearing loss; with 1 case each of mixed hearing loss, conductive hearing loss and auditory sensory neuropathy. Twenty-three (24) of children seen have bilateral hearing loss. Out of the 13 with unilateral; 9 were affected in the right ear and 4 in the left ear. Majority of cases seen (70%) had mild to moderate hearing impairment.

All children have clinical history including obstetric and family history taken (100%) and 85% completed physical examination as recommended under Level 1 investigations for all children. The recommended investigations were requested (100% compliance) except for the MRI Scan in 2 cases where parents declined consent. Some scans were declined and put on hold during the Covid19 pandemic as non-urgent.

The completion rates based on available investigations reports ranged from 33 - 46% for the various tests (table 1). The MRI scan and genetic tests were the investigations most affected. Less than half of all children seen (46%) have completed all the investigations at the time of the audit.

The reasons identified for poor completion rates for some investigations include parents not attending appointment for investigations, long waiting time for paediatric phlebotomy and MRI under general anaesthesia; and long turn-around time for genetic test reports from regional genetic laboratory.

The cause of hearing loss was identified in 7 (46%) of the 17 who have completed all the recommended investigations. The identified causes were Connexin-26 (GJB2) gene (2), Sickle Cell disease HBSC (1), Krabbe disease (1), Usher syndrome (MY07A) (1), MPS III (San Filippo Disease (1), Congenital CMV. The aetiology was still unknown in 10 children who have completed all investigations.

**Conclusion** The Hillingdon CDC is doing well in requesting investigations in compliance with BAAP 2015 Guidelines. However the completion rate of the investigations and turn-around time can be improved upon. A re-audit is recommended in another 2 years.

**REFERENCE**