CHSWG Minutes

11.06.2020

**Present**: Jo Coote (Chair CHSWG, ToD-Swindon), Salim Suleman (Vice-chair-Audiology Lead Swindon), Jane Kilminster (Interim Manager Swindon Advisory Teachers), Sarah Wilkins-Swindon SALT, Heather Campbell (ToD Swindon), Sarah Howes (New College-Swindon), Liz Parker (Southampton CI), Liz (Wiltshire-Specialist Community Services Manager-Swindon), Jenny Wilkins (ToD-Swindon), Connor Lalitte (Interpreter), Sandra Sharatt (ToD-Wilts), Keith Hamilton-(Head of Sensory Service –Wiltshire), Hazel Badjie (NDCS), Jane Berry (Bristol CI), Juliet Morley (Wiltshire), Katie Haywood (Trainee Healthcare Scientist), Abigail Cotton-Wilts (SALT), Gill Ashby-(ToD-Wiltshire), Nida Batchelder (ToD Swindon), Jill Nokes (ToD Swindon)

**Apologies**: Abigail Morton (Oxford CI), Christina Barnes (Wiltshire SALT), Joanne Cooke (Swindon ToD)

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| Speaker / theme | Item | Actions |
| Meeting dates | **September 24th 2020:** Time TBC It is very likely that this will be a virtual meeting held on Microsoft Teams. | Please email NormanZ@redoaks.org.uk ASAP if you are unable to make these dates and consideration will be made if the day needs to change. |
| Jane Kilminster - Swindon HST Update  | * We are currently supporting young individuals remotely and working with schools
* In the process of getting new technology up and running for specialist teaching of certain individuals
* We had an audit of equipment just before lockdown and have been carrying out safe drop offs of equipment when needed
* 2 new NHSP referrals, it has been challenging to develop a plan for these individuals remotely
* Currently reaching out to schools, as they start to re-open, to establish whether they are open to external visitors. It has become apparent that this is a varied picture, even in a small geographical area-with the majority of schools saying no external visitors currently
* Currently undergoing risk assessments with Swindon Borough Council and taking on board government guidelines to find safe ways to visit schools
* We have been working closely with Salim to make sure children have spare batteries and equipment
* Transition: Putting a plan in place, especially for year 6 and 7, or those coming back into college. There will be a SENCO forum, in which HST will be part of
* Our website is finally up and running and newsletters have been produced. We have created training packages- schools have been very receptive of these.
* We have taken care not to overload families during this time, as we appreciate that each have individual circumstances and families have talked about the additional stress of trying to home teach and work at the same time
* Staff changes- 1 full time member leaving in September (Joanne Cooke) and we are currently recruiting for this position. If non-qualified individuals apply, we have facility to train them.
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| Sarah Howes – New College | * We have been carrying out online teaching and support services since lockdown
* This has been a success with many students however it has been difficult for some of the hearing-impaired students
* One of our deaf learners has completed their course, another one is due to complete in September
* The College aims for 30-50% of the cohort will return to College in September, there will still be online delivery of teaching which will work in favour with some young individuals who are anxious about returning
* We are using Microsoft Teams, which has shown to be incredibly flexible. We have all had to learn to work differently
* There is no news on the merger with Swindon College, a date hasn’t been agreed but they are hoping for 1st August 2020
* The Transition project will happen however we need to think about how this is going to happen. Risk assessments for this are currently taking place.
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| Keith Hamilton- Wiltshire HST | * Our team has been working remotely since lockdown
* We have been remotely keeping in touch with our highest need children on regular basis and using telephone and skype calls with their families.
* This is the same for preschool families, and we have been touching base with medium term children
* This service has been valued by a lot of families, it has maintained a form of social contact, and helped to maintain safety and wellbeing
* The skype calls are going particularly well with the older children however it has been noted that the workload from teachers can sometimes be overwhelming
* We have been helping with hearing aid troubleshooting
* Pupils are starting to go back to schools, so we have been liaising with SENCO, however the logistics of this are difficult, particularly with the regular contact children
* Transition packages have been developed
* We have a couple of TAs working with families and teachers remotely and sending out packages of information.
* Staff changes: Keith and Jill will be retiring in the summer, and we have recruited two new lead professionals, Sandra and Juliet. We have also recruited two newly qualified TODs, who will be supported by the team as they take on cases in September
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| Sal Suleman - Audiology | * Newborn screening: We had to re-evaluate our model, as parents did not want MSWs going into their homes, and many staff members were shielding or were self-isolating. We re-deployed some of our paediatric audiologists, to help the MSWs screen on the wards. If the newborns needed a repeat screen, this was carried out at a MSW hub, or they were placed on a waiting list and seen at West Swindon Health Centre.
* We have now caught up with our waiting list and screening is back on target. We identified 2 babies with hearing loss during this time
* Our diagnostic ABR is up and running, we have not quite caught up on our waiting list but working hard to get through this
* MSWs are now screening at day 5 in the hub and then day 10. We are working hard to get PPE in place in the hubs
* Audiology: at the beginning all of our outpatient activity was stopped, but remote services were still running e.g. phone calls, postal repairs. We have still been taking phone calls from children but hadn’t had many calls. .We have been posting out replacement hearing aids to children if requested, however many children are at home and some may not be wearing their hearing aids
* We have sent letters to all paediatric patients, asking them to get in touch if there are any problems. TODs can also get in touch.
* We will be working down our list to give each paediatric patient a telephone call to review their progress
* Future plans: we are working on a recovery plan to see patients face to face safely, however we haven’t had many people request a face to face appointment
* We are still seeing all urgent patients that come in through ENT e.g. meningitis, CMV. ENT are up and running this week , but are only seeing very urgent paediatric patients. It is still not viable for the really young children. They will see how it goes today with the older children, in terms of social distancing etc.
* Something to consider for next time, ENT are prioritising grommets as level 4, so there may be more hearing aids requested.

**Q (Salim Suleman):** are CI referrals running as normal? What is the plan and what do we explain to our patients?**Jane Berry:** We are accepting referrals now and running clinics. We are trying to gather information from audiology and families for new referrals via the phone, to minimise time spent in the clinic setting due to difficulties with this. Then we will be doing the initial assessments process. If a child hasn’t had a scan, this could result in a delay/be an issue, otherwise we can manage the rest of assessment process. We are running decision clinics again, this is sometimes done remotely depending on whether child needs a hearing test or any other face to face appointments.**Liz Parker**: We have also got referrals coming in. There may be a slight delay compared to normal, but particularly for little ones, things like audiology are done soon as possible in clinic. There will probably more video calls e.g. introduction session and history taking, so only the testing part needs to be done in clinic. We have carried out a communication and psychology assessment through Microsoft teams. We are also looking at whether medicals can be done by video, and the surgeons happy to do some video calling. Post op reviews can also done by video call. It may speed things up if children have had an ECG, and any information and contact details of local professionals involved is really helpful, for example who the local TOD is, which school they go to, the local SLT, and email contacts for parents. In terms of priority, access to sound may affect how long they are waiting for an operation**Q (Salim Suleman):** I am a bit worried for deaf children with low income families, and limited access to technology. They may not be able to do schoolwork. It is possible to have some support from NDCS?**Hazel Badjie:** This is a valid point and it has gone into the select committee enquiry report. This needs to be edited for what goes into the report and what goes into the public domain. It is an important point that is concerning them, e.g. there is not a laptop for everyone, or a rota is used for all family members.**Q (Salim Suleman):** Should audiology be putting children who are going back to school into a priority list?**Jane Kilminster:** It is an emerging picture, nationally there is only a small percentage of children returning to school. We have a spreadsheet of who is back to school and who needs certain support. It is early days at the moment, and we haven’t had a visit to a school yet, one scheduled for Monday. **Keith Hamilton**: We have no control over who is going back, so have to react as and when. We are unable to go into multiple schools due to COVID risks. |  |
| Sarah Wilkins and Liz Wiltshire – S&LT | * Sarah: We now have a new manager Liz, who started during lockdown
* Liz: We have been carrying out a lot of provision remotely through telephone and Microsoft Teams or skype with families
* We are undertaking risk assessments at the moment
* We are looking at reintroducing contacts within educational settings and homes, which will be restarting shortly
* Contacts within in our buildings is more difficult, due to more work to do around the building and social distancing complications
* Masks and barriers: staff have to wear PPE for contacts where they can’t socially distant more than 2 metres. There was a query of obtaining see-through masks but there is only one provider in UK that is the right grade. We haven’t been able to get hold of these masks
* Through discussion with infection control and health and safety, we could possibly move towards perspex screens or a cubicle so mask may not be not required, but this will take some time to implement. It is going to be tricky to change our rooms around

**Jane Berry**: See-through masks will be available from Switzerland in 2021 **Liz Parker-** We have the same situation with masks, it is difficult with really young ones, as we can’t do play audiometry. We have homemade masks with clear panels in for patient use, but employees need to meet PHE guidelines so cannot wear these.**Salim Suleman**: We have the same problem, now everyone is required to wear masks in the hospital. We will be prioritising urgent appointments with patients with severe to profound losses, so this will be a massive problem. We will be carrying out our video calls from hospital rooms so may still need to wear a mask. The British Audiology Society is looking into this and will hopefully provide an update soon.**Liz Parker:** This may not be helpful with young children, but looking forward to older children and adults, we have been using speech to text for those who are literate. We have a tablet in every room. **Jane Berry:** If you have a visor and 2m away you will be safe, this is an alternative to masks. You still need to wear a mask if within 2 metres |  |
| Zoe Norman- SBI manager Red Oaks Primary | * Parents were asked on the last couple of weeks of May, whether they saw their children coming back. We have created approximately 18 classes from Nursery-Year 6. Each class has a maximum of 15 children. Once this MAX is reached, there may be overspill into different classes, if they have room. Each ‘class’ is now called a ‘bubble’ this is so the children know what their bubble is and they have to stick to the children in the same bubble.
* The children have specific areas to stay at playtimes and they eat their lunches in their ‘bubble’ or outside if the weather is nice. The whole school has bright yellow distancing tape and the Hall is out of bounds. Each deaf child has their 1:1 in a bubble. We have equipment that children are encouraged to wipe down themselves if they need help then adults can support but are washing hands before and after. We have staggered times, some bubbles start at 8:30-3:00 and some start 9:00-3:30.
* When the children or adults arrive, each one has their temperature taken in the morning- before entering.
 | Please email NormanZ@redoaks.org if you have any questions |
| Liz Parker –Southampton AIS | * We have had no face to face appointments since lockdown began
* We have still had spares and repairs going on, and managed to do remote initial tuning before lockdown, which involved shipping out a laptop to the home and audiologist working remotely
* We have tried switch on remotely where possible , all children waiting have managed to be switched on
* We have carried out some remote upgrades of processors for adults and children. We have an assigned audiologist and rehabilitation support for this process
* Rehabilitation support has included email, phone calls, video calls using Teams. We can use other software such as Whatsapp or Skype if parents request this
* Moving forward: we had first CI op last week, which was fairly urgent due to age and timings. We have another surgery planned next week
* We are having to do a priority set up, priorisiting congenitally deaf pre-lingual children
* Surgeries are taking longer due to extra cleaning. The child and their family are having to go into isolation for 2 weeks before the surgery. The child who was on back up and their family was also in isolation.
* There is an extra worry for patients when waiting, as they are having to have swab tests and both parents are not able to attend the hospital, this is harder on families
* CI involves drilling of the mastoid, this creates aerosol, causing potential for COIVD spread. There is increased risk for surgeons, because they need to use a microscope, so are unable to wear a big face mask. The surgeons have been supporting one another whilst changing how things are done
* We are opening our clinic again from next week but not immediately to patients. Need to plan room set up, risk assessments, and social distancing.
* We will start with assessment of patients who are pre-lingual, and follow up patients in the first few months of implant use, then move on to post-lingual who are under assessment and children who are in first 12 months of CI implantation
* There will not be a physical outreach for quite a while, video calls only
* I would like to remind everyone that there are lots of resources on the USAIS website for different age groups and free online staff training, feel free to direct people towards this
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| Jane Berry- Bristol CI | - Bristol audiology have now resumed face to face appointments but are prioritising those who have recently been implanted or if a problem has arisen- There has been difficulty with PPE, for younger children this can be quite unsettling- Ops are resuming, we have 2 booked in for 23rd June. The facility to operate is limited due to constraints of operating theatres, families have to isolate for 2 weeks before the op, and due to the testing involved before op- We are beginning to get operations going on the waiting list. The waiting list now has a coding system to create priorities e.g. pre-lingual- We have started face to face multidisciplinary assessments, and are beginning to see children who have been referred during lockdown, and are making decisions on children in the assessment phase just prior to lockdown- Rehabilitation: some face to face appointments but that is limited, TODs are bringing in children where we need to do speech perception assessments but we are mostly gaining information through our online system Attend Anywhere- We are using some hubs in the South West, or hoping to- Our speech therapists have similar set ups- carrying out reduced face to face appointments, approximately every 3 weeks, the other appointments are through phone calls |  |
| Abigail Morton- Oxford CI | -In Oxford, I am still making contact with new referrals that we get for CIs and providing remote support to families. There are no routine appointments, but we are beginning to open up limited appointments to those that are being prioritised, with social distancing in place. -CI SaLTs have been doing assessments and support sessions online. We had our first paediatric CI surgery during this time booked in for today, but unfortunately it was unable to go ahead because one parent had a temperature. It’s hoped that we will be able to book another surgery in for the end of June |  |
| Hazel Badjie-NDCS | * We are working with a reduced team at the moment, but managing to cover and join every CHSWG meeting
* We hope you received our summer CHSWG update, if not we can send this out
* We are still trying to carry on term updates, we like to see many things on our agenda has been included in this meeting
* We are gathering information across England and have received good feedback about remote services, but many feel it doesn’t replace traditional face to face teaching
* We are aware that council budgets are decreasing , some indicating at the point of bankruptcy
* The NSCS would like a full picture of COVID
* We would like to see CHSWG create an action plan for coming out of COVID, if the Chair could consider an action plan at the next meeting, and if you need to be monitoring that
* Area of interest- summer schools: the NDCS is keen to find out if any summer schools are taking place. We are concerned over last number of weeks, hearing about the anxiety deaf children are feeling and facing. We are wondering if there are any plans to try and restart a bit of normality and social interactions before September, when children do go back full time. Boris Johnson is to comment on this shortly
* Jo Coote: Yes I think we are all waiting to hear what the gvt has got to say about summer schools
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| Additional Notes: | Jo Coote: All the best to Keith and Jill who are retiring this summer |  |
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