CHSWG Minutes

19.11.2020

**Present**: Jo Coote (Chair CHSWG, ToD-Swindon), Salim Suleman (Vice-chair-Audiology Lead Swindon), Zoe Norman (SBI Manager Red Oaks Primary), Jane Kilminster (HST Manager Swindon Advisory Teachers), Jenny Wilkins (Swindon ToD), Liz Parker (Southampton CI), Jane Berry (Bristol CI), Jill Nokes (ToD Swindon), Sarah Collinson (Senior Engagement officer-NDCS), Parvaneh Shahrokni (Swindon Participation Officer), Claire Tomlinson (ToD Swindon), Sarah Gray (ToD Swindon), Sarah Howes (New College), Sandra Sharratt (Wiltshire ToD), Juliet Morely (Wiltshire ToD), Abigail Cotton (Wiltshire SALT), Christina Barnes (Wiltshire SALT), Mary Hamilton (guest), Sarah- Jayne Joyce (guest)

**Apologies**: Everyone else

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| Speaker / theme | Item | Actions |
| Meeting dates | Date: **Thursday 4th February 2021**  Time: **11:00-12:30**  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. |
| Jo Coote  (Advisory Swindon ToD) | * Jo Godwin will be joining CHSWG (Head of Statutory SEND service) unfortunately today she had another meeting. She is hoping to come along at another time. * She is happy to be in another meeting with us regarding Radio-aids too. * Sarah did you send Daniel guidance for funding?   Sarah Collinson:   * Not yet, apologies   Jo Coote:   * Martin spoke last time about his other company disability expert, funding was available for 16+ students. * Jo Bradley was setting a participation group up and would like to involve deaf students. * So hopefully we can catch up with them about how these things are going when we next meet.   Brief CHSWG Update:   * Really keen to have more parents involved. We do not have much participation. * When we were at Saltway we had a couple of parents who were a driving force, however they have left the country so we need some more. * We sent a flyer for you all to share to parents, put on your websites, show it off where you can. * Sadly we have had no offers of participation yet. * Core Standards have been re-written and what should be put in place universally. * Lots of sharing of events and information that teams will share as we go through. * We are in a change as we are in lockdown now. But only brief updates from teams please. | * Sarah Collinson to speak with Daniel for funding guidance |
| Jane Kilminster - Swindon HST Update  (Senior Advisory Teacher HST) | * We are not visiting settings or face-to-face * Big drive with resources and equipment to make sure that children have these available to them when learning at home. * Working with settings to differentiate activities * We have an online group for Year 5+ coming this afternoon. 6 young people across different settings to find out how they are getting on. * Investigating YouTube and other ways of reaching out. |  |
| Sarah Howes  (New College) | * No updates |  |
| Sal Suleman (Audiology) | * Still seeing lots of patients, busier than we were, we are working with PPE and infection control * Less referrals coming in, until they have had their vaccine (paediatrics) * We can’t put lots of people on paediatrics as they need training. * We are seeing more children with hearing aids and we are in touch with teachers of the deaf so we can correct any problems * Oticon OPN PLAYS are the new hearing aids * Those who have moved over to these are pleased and they can connect to new technologies with Bluetooth etc. * This will be a slow process making sure everyone is transferred but we are working hard to do this. * Adults who are referred into initial diagnostics should be catching up. Team are working really hard * Parental Participation, I have asked a couple to join. But on top of lockdown, home-schooling etc it is too much. When we are out of lockdown parents said they would give it a try. * New-born Screening- we have screened all our babies within target since Summer (June) * National point of view, Lynn has got her diploma and Kate can now access new screeners. This means our structure is in place going forward matching national standards which is great.   Update on ENT as Daniel sends his apologies   * Daniels clinic is going well at West Swindon * He is visiting West Swindon every week, before it was fortnightly * He has had internal conversation regarding grommets * Surgery falls into P levels, and grommets are a P-4. He would like this to be moved to P-3 so the time limits can be within approx. 4 months. * I will check with Daniel if there is anything else   Sarah Collinson:   * Is there a problem accessing consumables for New Born Screening because of Brexit * It was an issue with our supplier, we have grouped with neighbours. * We have been sent stock and shouldn’t be a problem going forward * We do keep a supply in our place but will keep you updated * We always have communication with the manufacturers |  |
| Zoe Norman  - SBI manager Red Oaks Primary | * As we went into lockdown this was different to the last. We have approx. 140 children in everyday due to the new Key worker list. * Most children are in, so this is good news for us as they have access to their Communication Support Worker and teaching in ‘live’ * When they are off, we are interpreting all pre-recorded lessons this is taking hours a day. So, for us it is much more beneficial for the children to be in school * They have access to a ToD every day of the week. * Smaller class sizes due to most other children being at home and remote learning * Interventions still taking place where possible * Sarah Wilkins (SALT) is still visiting school with full PPE and the children are always happy to see her. * Only 1 out of 8 deaf children are working from home until lockdown ends * We have had interviews for 2 new CSWs so just to watch this space. |  |
| Liz Parker –Southampton AIS | * Appointments continuing as we have been able to apply new things to lockdown 3 from lockdown 1. * Focus on 1st year implant use gets priority or those with concerns * Number of families want to postpone as they have to travel 2-3 hours to get to us, they do not want to do that especially If they need to use public transport * Remote support- we are confident with this now. Using video calling and training by video, catching up with parents too. * Remote tuning has been able to carry on and can do this for all three manufactures and the audiologist remotes into parents at home to do the programming. * A deaf child who is a BSL user, interpreter and professional who are in different locations were able to meet, which is positive. * Going forward a more blended approach would be good as this will be good for parents/families who can be supported remotely. * We have managed to get a big number through on the operating list now, Scan slots this month and last month, for some children who did not need General Anaesthetic and we have heard that hospitals are going to start Paediatric scans in March. * Paediatric Ops up to Xmas were booked, but by Jan the slots were pulled because there was no capacity. * Radiologist that we used frequently has retired, but now they have a replacement so fingers crossed going forward the reports will be coming back quicker. |  |
| Jane Berry- Bristol CI | * Some paediatric scans have been done but it is the anaesthetist that’s the issue for the young ones * When we request the scans, we ask them to request locally too, which means it can speed it up. * Truro or Plymouth can get the scan done faster than us. The dual approach helps us a bit. * Going ahead with operations with lots booked in * Swindon child will be coming soon, approx. 10 months which is good for us as we were worried that we weren’t going to get them in before their 1st birthday. * One family has turned down their slot, as they have some fears, but generally we are maintaining services * Seeing patients at the hospital and hubs * Not going into settings or homes which is a shame, everyone is finding that difficult * We have appointed a new Clinical Psychologist to the team. They will join us in May. * This will mean an increase in services * We are offering the 3 companies- Cochlear, Advanced Bionics and Medel. * Advanced Bionics new implant will be available to order soon. * Parents will get an automatic upgrade if choosing advanced bionics but the newer implant is not available * More information will be provided to you as we receive it * Links with other professionals is tricky at the moment, people getting together. Links through online training opportunities and phone calls with others. * Swindon have had some issues linking, unfortunately that has to be sorted by local area.   Jane Kil   * Thank you to the team for trying to facilitate * We are interested in the training in March * The platform cannot be used with a Swindon device. We are working on it and we have an IT man sorting it * But we are thankful and this is great so we do appreciate this Jane. |  |
| Sarah Collinson:  NDCS | NDCS UPDATE- Look on website for updated information and resources. The NDCS update report will be sent with these minutes.     * £30 membership for professionals working with Deaf children * Access to resources and heads up on training. * Time In the next meeting for a task group. I can share this in the next meeting   Jo Coote – This does fit into one of our action plan points which you and Martin were involved in anyway, so that fits in well.   * Radioaid- Our loan service is continuing so please remember it is operating as usual. * Annual survey with parents which is open until 11th Feb. This is asking how they have been supported. There is a link to the survey on the update report. * There is an update on clear facemasks on our website and research studies- outcomes for deaf young people and they are still recruiting 16-19yrs. * Literature review looking at emotional wellbeing- strategies that may prevent these from happening. * Lots of links to training and resources and are up-to-date. | NDCS Update Report to be sent with minutes |
| Sandra Sharratt/ Juliet Morley | * We are not visiting settings unless it is an essential visit. We have to have permission from management for this. * We are continuing to provide online sessions for our students and keeping in touch with families that way. * No visits to clinics * Risk assessments are in place |  |
| Christina Barnes and Abigail Cotton | * BATOD guidance clear masks not approved are we going to have the article?   Zoe Nor   * Jo and I looked at sending this, but realised that it could fall under copyright laws, so we were unable to send. Apologies for this.   Sarah Col   * Have a look at the NDCS website as we have some free information there   Christina Barnes   * We are similar to ToDs in Wiltshire. * Virtual is encouraged first then we can ask for face-to-face if we wish. Some visits only * I remain team lead for Hearing Impairment, but not working with them much at the moment. * Abigail Cotton is working with them   Abigail nothing to add- Christina has covered everything. |  |
| CHSWG  Action 1:  ENT | Jane- We have been looking at a clearer/better way to share information in regards to appointments, ENT appointment and results to make sure information is shared.  Sal- Difficult with theatre slots being cancelled etc. I know Daniel is acting on this and having conversations with the department. We think he will be in touch to progress this some more. |  |
| CHSWG  Action 2: Post 16 | * Swindon HST 8th-12th Feb is national apprentice week, so we are encouraging our pupils to attend this * Martin is not here so it would be good to touch on this next time to talk about progress with this action |  |
| CHSWG  Action 3: Parental Engagement | * We have sent out flyers trying to encourage parents to be involved. * We know although people are working from home, means there is more stress involved and mental health involved with families. We do not want to pressure them at this time. * CHSWG flyer was created * Facebook page (HST) is getting bigger * SEND families voice have been supportive |  |
| CHSWG  Action 4: Distribution of radio aids and funding | Jo Coote- Sal spoke about the OPN play Oticon aids and the Bluetooth.   * The EduMic – research and information. They are not the same as a radioaid system and do not have the same capabilities. But we wanted to make sure they would be a suitable alternative for some pupils. * I have been in touch with several teams who are already using this. Manchester university have done research but are unable to do the next part as they cannot get into the university building- Lockdown * Everything I have heard has been positive, Radio aid- £2000 for one pupil, Audiology will change to OPN aids for Bluetooth and the EduMic is £250. This way we can meet pupils needs * I was saying to Sarah, feels like this slow, but no we are a step ahead as we are a service that uses more Oticon aids anyway. * At the moment we are looking at a bid to be able to purchase EduMics. We asked Oticon to trial a couple of mics so we can get some evaluation feedback from them * Jo Godwin- will be a good person to look at funding as she said she would be happy to arrange a meeting with myself and Sarah Collinson. * Positive stuff- trying to provide our pupils with radio-aids than we have currently.   Sarah   * Parallel trials in Plymouth too with the EduMic, I will make sure any feedback regarding these will be used too. * Shame the research from Manchester is not completed yet * Local area evidence will be good to share too, and what Swindon is doing is very valuable to inform other services. |  |
| AOB: | Deaf Awareness Week- 4-9th May   * No SATS means that this can be celebrated more this year. * Swindon HST want to make a big event of this. As a team we thought of lots of exciting ideas * We would be really keen to work with Audiology or Bristol etc. * Please can you think of some ideas for us together * NDCS Listening Bus, they are doing Roadshow digital workshops. * We want this to be a great Deaf Awareness Week. |  |
| Next meeting dates | **Date: Thursday 13th May**  **Time: 11:00-12:30**  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. |