CHSWG Minutes

24.09.2020

**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), Sarah Wilkins-Swindon (SALT), Liz Parker (Southampton CI), Sandra Sharatt (ToD-Wilts), Juliet Morley (Sensory Service –Wiltshire), Jane Berry (Bristol CI), Abigail Cotton (Wilts SALT), Jill Nokes (ToD Swindon), Natasha G (DCS), Cecilia Johnston (ToD Red Oaks), Sarah Collinson (NDCS), Lynn Copely (NHSP Local Manager), Sarah Adams (Swindon SEND families voice)

**Apologies**: To those who were unable to attend.

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| Speaker / theme | Item | Actions |
| Meeting dates | Date: **Thursday 19th November**  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. |
| Jane Kilminster - Swindon HST Update | * Up and running and running fast to keep up! * 2 new members (of 6) both starting training now (Claire and Sarah) joined at a challenging time. This is difficult as our new people can’t shadow or work with any 1:1 time. However, my team are doing their very best and enjoying having the new people with us. * Own risk assessment and we are still able to visit for statutory duties to the pupils who are back in the settings * We need to work alongside the setting who also have their provisions in place * Are going out to visit where we can, we are limiting the number of children we are seeing, so two settings a day. 1 in the morning and 1 in the afternoon. E.g. one was able to see 4 people in one setting, in one morning. Others have found it difficult to even see one person in one setting. * Blended learning, online and posting things out. * Visiting happening around equipment, but lots of wipes and cleansing, making sure people are confident in accessing this * No person visits in the home as this requires PPE and we do not have access, had a request put in for GOLD group for this however we have not heard anything yet. * We have a child newly implanted, child waiting to be implanted etc. so we are doing as much as we can to support this family. * Garden visits where possible, information is being shared, facetime etc. to make sure we are keeping in touch. A struggle for the families and the teams |  |
| Sal Suleman – Audiology  Lynn Copely | * We have increased the amount we are seeing face-to-face * We are trying to prioritise those who have lots of problems * West Swindon has been going over the last month or so, we are doing earmolds, we want to understand ‘WHY’ it needs to be causing a problem, rather then them just wanting a new earmold. * We are seeing community hearing tests now which is increasing, I am more aware that this could have a bigger affect * We were put on a hold stop in the community before, but numbers may need to be decreased. * At the hospital or West Swindon we are on the phone at all times, we are sending things home * West Swindon- people are not seen unless they have an appointment, not allowed to enter and this is strict. * Hospital appointment only   **Jo Coote-** I know I have been able to contact email/ phone calls and this is working really well  **Lynn**   * Screening had moved from hospital to the community hub for the first screen. * ABR appointments have been running at west Swindon and business as usual for us since before Covid. No waiting lists for us * 8 month follow ups- no one (8 babies) through COVID and (8 after) who will need follow ups * PCHIs identified since we last met   **Sal-** the cleansing time and limitations with patients we cant see the same numbers as we were before  **Sal- ENT**   * We have been running ENT with Daniel we see 5 or 6 in the morning, now are running every week rather than every other week as we are so busy. Any he believes are urgent are fast tracked. * Children are being seen if its needed if not, then facetime or phone calls are happening. Their backlog is very big * Daniel is still seeing paediatric ENT patients   **Sarah Collinson-** Are children being offered hearing aids if grommets are not available?  **Sal -** they are not recommended if children come to us, we will offer hearing aids if necessary (are we talking community or children with hearing loss?)  **Sarah Collinson**- In Cornwall, if they would usually be on the list for grommets and there is a long wait, they come of the ENT list and then have hearing aids I wondered if it was the same for you?  **Sal-** not that I know, but some have asked to have hearing aids whilst they are waiting, so it is an interim process but there are not many that we are asked to do this for. |  |
| Sarah Wilkins and Abigail Cotton Wiltshire – S&LT | **Sarah Wilkins**   * We are the same we have to wear PPE (masks, gloves and aprons) * Back to the new normal, what do we take, is it cleanable etc even though I work for the council it comes under health. * In the last couple of weeks, we have seen the children in our clinic location (the Saltway centre). We are back in schools, pre-schools etc. * We have noticed the wide-ranging difference in schools and pre-schools and because they have procedures they seem more organised in terms of staff * 3 members of staff have moved and left. * Maternity leave and another one pending * Recruited one member of staff and some more in the pipeline * We are mostly seeing those with EHCP’s and those who are urgent.   **Sarah Collinson-** How much are you using NHS attend virtual support, mixing with face to face? It is working for some children, and some that have gone very well. Just wondered if you are providing more virtual support?  **Sarah Wilkins-** Most of our work is face to face now some families are choosing to still keep these virtually  **Abigail**   * We are using a new service and that is a standard really, a video call in settings on with their families. If they need a face-to-face appointment then we will try. * Some schools were having issues with internet in certain locations means virtual meetings can be poor. * Through the summer it was tricky with parents as they only have the small screen iPhone, but parents were resistant to see us in full PPE. * Lots of my colleagues are now doing face to face now |  |
| Zoe Norman  - SBI manager Red Oaks Primary | * All children now back in and our deaf children travelling on transport start at 8:30-3:00. * All classes are in class bubbles and have staggered times in the day for lunch, break and arriving/leaving school * No singing lessons, no eating in the hall and no assemblies (large gatherings) * We have had two deaf children leave to go to secondary school and are both very happy * We have 8 children (2 in Yr5, 2 in Yr4, 1 in Yr3, 1 in Yr2 and 2 in Yr1) we have space for 3 more children if you know any that would be suitable here at Red Oaks * Cecilia is now a Qualified ToD (well done to her) so our children have settled in well with good support from two ToDs and their mainstream teachers and having a 1:1 CSW. * We have our own risk assessment and that is being sent to anyone visiting the school. * SaLT sessions have continued and Sarah Wilkins was amazing during lockdown still seeing our children and having sessions via virtual means. The children loved it. They are now seeing Sarah face to face in school and so far working well. So, thank you Sarah! |  |
| Liz Parker –Southampton AIS | * We opened the clinic at the University mid June and we have reduced capacity because of cleaning between patients and staggered start times * People need to text or phone when they arrive so the number of people in the building is controlled * Designated places to sit when people arrive and when you go into clinic the receptionist know where to clean. Magazines and toys have gone from the reception * No one-way system, but we have a system set up that works with our staggered times. * Quite a few last min cancellations which means we lose appointments * Backlog of people we can’t get through it from June (this continues to grow) as we now have a small amount of appointment * We probably won’t see the children who aren’t priority * Initial tunings and children in their first, second and third implants will be seen and those who are worried/ issues or need tweaking these are all priorities * We are allowing the children to use radioaid on default settings, because we would rather them have them then not have one because they are waiting for appointments * OPS have bee happening since June for children and switch on happens in 3 months which is quick. * Some children we didn’t expect to implant till 2021 are now having them done now (and next month) * Our biggest issue for families is that we cannot do hospital support visits, we would usually be there at 7am to support or be there with parents and only one parent can now be in there. This is more stressful for them. * Pre-Op the family has to self-isolate 14 days before and after the operation and have a swab test in a few days before the operation and tis includes children in schools. * No outreach visits still email, teams, online resources and free online training which has been sent to schools. * Training via teams in training for school staff * Our next bottleneck is around MRI and CT scans. This is a big issue at the moment, Queen Alexander down in Portsmouth we usually have 1 paediatric scan a month. They need a general anaesthetic which causes the hospital difficulties and they have also lost a key member of staff. We can’t complete the assessments until we have the scans as we need to check everything is right, the correct implant and have discussions with parents.   **Natasha**- Is there a delay with upgrades at the moment (5yr)?   * They are still going ahead, a little of a delay. When it is straight forward we have offered postal upgrades, means we can copy maps over to the new processors. N6-N7 the processing works the same, so this shouldn’t make much difference. * We do offer clinic appointments to some if they want * Paperwork goes out 3 months before the upgrade is due, colour choice is picked and then we can order them though/ |  |
| Jane Berry- Bristol CI | * Several things the same as Southampton * Operations are happening lots getting done each month and we are catching up * Good number of referrals are coming in and again we are seeing those fairly quickly. * We do have a large number of cancellations, this is probably because if ANY member of family has a symptom they cannot attend the hospital and as it is the season of coughs/cold this could be why * Unlike Southampton people are not having to self-isolate for two weeks before, they just need to show a negative covid test * There is a backlog in audiology reviews, so our priority is those who have been recently implanted or if any issues arise. * Audiology service is pretty much back to normal with PPE but otherwise we are still seeing the same number of patients as we were pre-covid. * We are running an upgrade programme, we have no timescale but we give them case by case (Sonnett 2) lots of children are upgrading to these. These children will no longer be linked to rehab, so we will be running online training (we do see them 4 and 7 years post) but it will be ToDs who are running with it. This will be remotely so hopefully this will be popular and more opportunities to ask questions as they will be based on location * SLTs are doing diagnostic listening therapy, they are not in educational settings but children’s centres and hospitals in the south west. Some face-to-face and some virtual * As teachers we are continuing to see some patients face to face or at some of these HUBS to complete formal assessments, but then will continue with videos. * In exceptional circumstances, we will see them in educational settings when the child is borderline criteria or if they need equipment. I know locally are actually best at face to face and organising how to get into the settings as we have to follow trust guidance. We have to wear full PPE so that is difficult for some settings- but we have great local teams who are helping in those circumstances   **Jane Kilminster**- We have had invitations and we will be attending the Sonnet 2 |  |
| Sarah Collinson:  NDCS | * Termly update report which I should have been able to circulate so it is slightly delayed- please look when it is received. * Back to school checklist with BATOD and NATSIP this will be useful for education * Info for mainstream teachers too (tips) * The financial situation might have been affected by covid, so we want more up to date info to what councils are planning in terms of budget for our children. We hope not, but this needs to be repeated. Next couple of months * We have a survey of deaf young people’s experiences during lockdown (are you ok). The feedback will be shared * Conference (24h Nov) virtually for professionals (regarding early years support) really great speakers on the panel, so book your place on the link in the update * Borrow-to-buy scheme is now up and running, the usual 60 days they can borrow for (procedures have changed slightly) * 2019 CRIDE survey is now available and there is a link too * University Manc and Edin looking at outcomes of young deaf adults to track how their lives are going for approx. 5 years. They are still recruiting and have expanded the criteria if you know of any that would like to take part please encourage them * We are encouraging CSHWG to use the ‘what works guide’ and an action plan template to streamline how the groups are identifying actions as a group and how they will work these. * Increase the number of CHSWG meetings which means they can be shorter but more frequently. * Today time has to be devoted to the lengthy update reports, at the next meeting perhaps we can have a look at the action plan and to decide what we want to do. There is a blank template and an exemplar one. There is lots of detail but there are ideas of what can be captured.   **Jane Kilminster-** I think that is good for an agenda item and I have seen it and discussed it with my team. It is additional work as we are not currently doing this, so we need to discuss this whether it enhances our provision or us. I would welcome a discussion about this, as a group and how this can move us forward.   * My own understanding is it that it shouldn’t weigh CHSWG down, we don’t want it to be a large piece of work. I have just come from another meeting ands they have attached it to the meetings. I suggested in that meeting, that it seemed to be a bit if a checklist that we should have thought about or discussed. Etc. It isn’t intended to load everyone down with extra work in terms of services working together. | Send termly report to Zoe and she will circulate.  Template and Exemplar to be sent to Zoe and Zoe will circulate |
| DCS Natasha: | * Martin Kelly is new chair and is very experienced in disability and overall SEND, His daughter is deaf also * Millie has moved and we have new committee members too, so have been trying to sort admin * No face to face events are happening at the moment, we want to finalise some virtual idea with quizzes etc * We just have to see how this goes and keep in touch with our members and the news around corona and sending links through |  |
| Juliet Morley and Sarah Sharatt  Wiltshire Advisory Service | * Same as Jane, we are all trying our best * 2 new members of staff one is qualified and one is almost qualified * Going into schools with risk assessments and experiencing different experiences in schools and these are variable. * Teachers sharing equipment is difficult we are using phonak wipes to support this * No PPE means no home visits at the moment. * Children haven’t had new earmolds so we are needing to refer them onto audiology. * Audiology have been good at getting people in at an urgent need * We are working from home, lots of teams meetings Sarah and I are doing our teaching roles too. * Can’t support our new staff with technology or how we do things in Wiltshire considering we are not allowed in the county hall   **Jo Coote:** it helps us slightly that we are based in a school, so we are able to go in |  |
| SEND Families Voice  Sarah Adams | * Working alongside council and health authority we are putting permeant care in perspective. * Please send any parents or carers to our group they are all welcome * We have just launched 3 virtual workshops- resilience was the first one and as the group went on people warmed up and this was really positive (2nd behaviour that challenges and how to deal with those – Jodie Smitten is presenting and 40 people have signed up) (3rd workshop is about relaxation and holistic approach for everyone at a weekend for 1hr) * We are really involved with the online activities and we are connected to lots of different pathways. We are sending a newsletter and it has lots of interesting things in there. * Quarterly newsletter is now electronic which is great saves paper and allows people to feel involved as there are links to click on. * Survey regarding Covid and to see how they were impacted by this. Some were saying they were disappointed by schools and the communication regarding this. 400 people responded and this made a good cross-section * There is no specific disability group, but if there are any issues you wish to raise we are happy to do this too. |  |
| Additional Notes: | Sarah Adams- Local offer big day is not one day it is now two weeks and if you have any issues or want to se anything have a look on the website and join with the virtual links. | Send link for Local offer week events (Zoe to circulate) |
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