

CHSWG Action Plan: The Children’s Hearing Services Working Group is a *sub-committee of the Hertfordshire Health and Well-Being Board* and is responsible for ensuring that hearing services across the county meet the needs of children and families in line with national and strategic direction.

RAG key:
Red - open - not started
Amber - ongoing- started, but not complete
Green - complete and closed

CHSWG: Hertfordshire

Meeting Date: 22nd September, 2021

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status /RAG
1. Audiology - West Herts Lead – Elhaam Hashim					
<p>1.1 Audiology: 100% of local audiology services are meeting deaf children’s needs in a timely manner</p>	<p>Report on mould turn around times</p> <p>Report of appointment wating times – urgent, routine, conductive, wax removal appts</p>	<ul style="list-style-type: none"> Recovery plans in place and being implemented and monitored at Trust and CHSWG level Ensure staff are not redeployed Improve patient confidence in attending appointments Maximise use of PPE Maximise use of testing rooms to increase capacity Continue to develop efficient ways of remote working eg: telephone information gathering, consultation, remote triage, DNA/WNB lists are proactively addressed and any safeguarding issues are identified Address local backlog and report regularly on progress and ongoing 	<p><u>West Herts 22/6/2021</u></p> <p>Recovery plan in place: Extra staffing: 1x1WTE b7 locum in place, 1x0.33WTE b7 in place, 1x1WTE b6 in place.</p> <p>Running weekend overtime to catch up on backlog Possibly scope to recruit another 0.5WTE locum for backlog catch up.</p> <p>No audiologists currently redeployed. PPE used diligently Recent work completion at St Albans Health and Wellbeing Centre have increased estates capacity. Video consultations used by shielding audiologist to catch up with overdue hearing aid patients to mitigate risk (check for changes in hearing loss, medical history,</p>	<p><u>West Herts 22/9/2021</u></p> <p>Recovery plan in place: Extra staffing: 1x1WTE b7 locum in place, 2x0.3 WTE b7 locum in place, 1x1WTE b6 locum in place.</p> <p>Running weekend overtime to catch up on backlog. Extra 12month b6 fixed time post recruited for, starting in 1 month. No audiologists currently redeployed.</p> <p>PPE used diligently. Clear masks used for patients who require lipreading</p> <p>Phonak Marvel hearing aid fitting now underway. Parents are being emailed to ask their colour preference prior to appointment. Good feedback from patients so far.</p>	

			<p>average 2 days. Wait time for new earmoulds on average 2.5 days.</p> <p>Wait time for wax removal: if non-complex, referred to ENT communitas, wait is 2-3 weeks. If complex, seen with AVM consultant, wait is 6 weeks.</p> <p>Funding for extra staff extended until September 2021 to assist with waiting list catch up for routine appointments.</p> <p>ENT at West Herts have resumed grommet surgery; more children will be referred to ENT rather than fitted with bone conduction hearing aid in our service.</p> <p>New individual management plan added into clinic letters for new diagnoses following parental feedback at CHSWG to indicate expected frequency of appointments.</p> <p>Children with persistent glue ear and conductive loss are offered bone conduction aids and referred to ToD service</p> <p>Appointment letters include statement 'Please be aware that all clinical staff will be wearing full PPE'</p> <p>Clear masks are available for staff to use with patients who require lip reading to communicate</p> <p>Move to Phonak Marvel hearing aids planned for July. This will be rolled out across the year at patient's scheduled appointment time.</p> <p>All requests to West Herts audiology service</p>		
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			<p>should be sent to: herts.audiology@nhs.net. Emails responded to daily. Some admin staff working from home so phone is not always answered; email is preferred.</p>		
<p>1.2 Medical: aetiological investigations are offered and completed</p>		<ul style="list-style-type: none"> Local approach in place maximising remote and face to face investigations Staff not redeployed and able to conduct investigations / have access to hospital testing facilities Increase parent confidence to attend appts* 	<p>Medical investigations are being offered to everyone however it is not accepted by some due to COVID anxiety</p> <p>*Prior to appointments ensure parents are fully informed with regard to use of PPE in audiology appointments, the reasons for it and recognition of its impact.</p> <p>Ensure audiology staff use deaf-friendly communication and plan how they will communicate with deaf parents whilst protecting themselves and patients with PPE</p> <p>Update June 2021:</p> <p>Appointment letters include statement 'Please be aware that all clinical staff will be wearing full PPE'</p> <p>Clear masks are available for staff to use with patients who require lip reading to</p>		

			communicate		
<p>1.3</p> <p>SES: Robust local systems in place to identify and support later onset of deafness</p>		<ul style="list-style-type: none"> • Clarifying current situation with SES • Reporting on the local backlog re missed SES as a result of the Pandemic • Data collected locally on coverage, referral rates, prevalence and age of confirmation • Where it is still in place ensure if SES is included in local audit and clinical governance arrangements • Evaluating current systems to see if they are effective / gather case studies to share with others to highlight good practice • Developing local pathways to improve early identification and support • Adequate fail-safe IT systems in place to support performance management • Capacity is built with parents, teachers and other professional – ensuring they are aware of signs to look out for 			

<p>1.4 Auditory Implant Centres: deaf children are implanted as early as possible and in line with national guidelines</p>	<p>Feedback on waiting times/ delays for CI ops from key hospital for Herts.</p>	<ul style="list-style-type: none"> • Addressing backlog • Maximise remote working to support capacity and backlog e.g., completing pre-surgery assessments , remote switch on • Post-surgery support back in place e.g SaLT, ToD, • Ensure audiology teams stay up-to-date on latest CI and other implant technology to advise ToDs and parents. 	<p>There are no auditory implant centres in Hertfordshire.</p> <p>All clinicians aware of how to refer to implant centres, who can offer information</p>		
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West Herts Audiology notifications (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status /RAG
2. Audiology East Herts: Lead – Tareq Abbadi					
<p>2.1 Audiology: 100% of local audiology services are meeting deaf children’s needs in a timely manner</p> <p>All children with a temporary conductive hearing loss have their needs met</p>	<p>Report on mould turn around times</p> <p>Report of appointment wating times – urgent, routine, conductive, wax removal appts</p>	<ul style="list-style-type: none"> Recovery plans in place and being implemented and monitored at Trust and CHSWG level Ensure staff are not redeployed Improve patient confidence in attending appointments Maximise use of PPE Maximise use of testing rooms to increase capacity Continue to develop efficient ways of remote working eg: telephone information gathering, consultation, remote triage, DNA/WNB lists are proactively addressed and any safeguarding issues are identified Address local backlog and report regularly on progress and ongoing barriers Parents provided with a clear plan with including outline of expected appointment frequencies etc Ensure children are able to access wax removal services in a timely manner. Consideration of current waiting lists and how local policy is being developed to address changes in 	<p><u>East Herts</u></p> <ul style="list-style-type: none"> -Audiology service staff capacity reduced by 4 members just before and during lockdown for various reasons. -Services continued throughout lockdown – reduced capacity. -Repairs and aids maintenance continued via booked appointments, drop it and collect and postal repairs. -NHSP referrals (ABRs) were seen and actioned. -New diagnosis patients were seen fittings were all completed. -Aetiology: taken over by ENT consultant (Dr.Ananth V.) -Dr.McCreadie retired and no replacement audiovestibular consultants found. -Recruiting new audiology staff was carried out – one new paediatric audiologist joined the department “Ann” and Hannah will be back from her maternity leave around September this year. -IT is in process of upgrading our computers for compatibility of new software for new hearing aids. Also to upgrade patient management system. <p>Issue is repeatedly raised on how to access urgent wax removal services required before appointment.</p>	<p>East & North Herts 17/09/2021</p> <p>Staffing;</p> <ul style="list-style-type: none"> - x1 full time staff was off sick have returned to work. - x1 full time staff was on maternity leave is back to work in October as part time, which will improve the capacity of clinics. -x2 SATO: have been trained in assisting in VRA clinics and Administrative support. They have been trained to cover for our main administrator (Avril) when she is away on the essential and urgent services. This will maintain prompt responses from our department via our telephone or email. Details below. -TOD are attending some of the HAR clinics, and involved in clinical management and assisting in testing. This has been arranged depending on the case difficulty and a specific need for the child that requires working in closer conjunction with TOD. This has provided better management, support and agreement decision making. However, this does not need to be arranged for every appointment. <p>Hearing aids:</p> <ul style="list-style-type: none"> - Upgraded our hearing aids devices to Marvel range. Which included rechargeable and battery operated hearing aids. - Computers software was upgraded to work with marvel hearing aids. - All new patients will fitted with Marvel 	

<p>All children with bilateral hearing loss have their needs met*</p>		<p>grommet surgery / other priorities</p> <ul style="list-style-type: none"> • Parent feedback influencing local policy (need to be able communicate with parents) • Funding negotiated to ensure audiology can meet increased costs of BAHA for example • Consider the impact of joint clinics with education services as increased referrals will be likely • Education and hearing management plans in place for children with persistent conductive hearing loss. • Consideration of current support for bilateral hearing loss children, their families and schools • Parent feedback influencing local policy • Ensuring parents of children with bilateral hearing loss have access to peer support. 		<p>hearing aids including upgrades.</p> <p>Utilizing rooms</p> <p>-At Danestrete Health Centre (main site); One consultation room is being prepared to be a Dedicated room for ABR. This will free our VRA room for to accommodate hearing aid reviews more on the same day as per current demand on waiting lists.</p> <p>-continue using VRA room at QE2.</p> <p>-continue using over five assessment only clinics at HCH.</p> <p>Rota:</p> <p>All clinics are scheduled according to the number of patients on waiting list.</p> <p>From October, flexible working hours has been implemented with possibility of offering appointments early at 8:15 and late as 5:15.</p> <p>Accessing the department for urgent Repairs and impressions; They are booked right away, no waiting. Repair can be via appointment or drop-in and collect or postal repair as appropriate.</p> <p>Accessing wax removal:</p> <p>-Wax removal for our existing patients is available. However, there is a dedicated waiting list and patients have been added on it as needed. For over five years old children, usually have a hearing test on the same day after wax removal if possible.</p> <p>-If the patient need sooner appointment, we can accommodate that and can be booked in the next available appointment as appropriate for each case individually. However if the case need to be seen on the same day, due to ear pain, foreign body then the patient should go to A&E emergency.</p> <p>-We have De-wax clinics using micro-suction at</p>	
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				<p>QE2 and Lister Hospital.</p> <p>New diagnoses plan, After the assessment is complete it is discussed in the MDT meeting locally. A report from the audiology team and/or a report from consultant ENT stating the diagnoses and management plan are sent to the patient and the GP and others as appropriate. -Persistent conductive hearing loss is looked at individually. Offered operation, hearing aids or active monitoring as appropriate. Parents are advised to contact us if any new concerns were raised. -Referral to the Teachers of the deaf are made for new diagnoses. So they can have access to the support available in their locality.</p> <p>-Department contact details remain the same; -Email: audiology.enh-tr@nhs.net Telephone/text: 07917837248 For any urgent request, contact the above number.</p>	
<p>2.2 Medical: aetiological investigations are offered and completed</p>		<ul style="list-style-type: none"> • Local approach in place maximising remote and face to face investigations • Staff not redeployed and able to conduct investigations / have access to hospital testing facilities • Increase parent confidence to attend appts* 		<p>Aetiological investigation done via MDT meeting then ENT follow up.</p> <p>All new diagnoses are referred directly to MDT meeting right after diagnoses. Depending on the case one/all of the following contact methods arranged by ENT; -Phone consultation -Face to face appointment. -Letter with plan is sent + referrals made for scans + blood test or any other aetiology investigation needed.</p> <p>Follow up appointments are arranged with Audiologist as routine.</p>	

<p>2.3</p> <p>SES: Robust local systems in place to identify and support later onset of deafness</p>		<ul style="list-style-type: none"> • Clarifying current situation with SES • Reporting on the local backlog re missed SES as a result of the Pandemic • Data collected locally on coverage, referral rates, prevalence and age of confirmation • Where it is still in place ensure if SES is included in local audit and clinical governance arrangements • Evaluating current systems to see if they are effective / gather case studies to share with others to highlight good practice • Developing local pathways to improve early identification and support • Adequate fail-safe IT systems in place to support performance management • Capacity is built with parents, teachers and other professional – ensuring they are aware of signs to look out for 		<p>For Existing patients. During hearing aid review appointment or follow up appointments, any sudden or significant change in hearing or patient choice, are referred to MDT meeting. During MDT meeting, aetiological investigation is arranged and referral for implants are considered and planned for.</p> <p>-Referrals from, GPs, SLT, HV, schools, SENCO, CDC, paediatrician, school hearing screening, other audiology department or hospital emergency, etc. for hearing assessment can be referred for aetiology investigation after diagnoses. For example, patient who move to the country or develop hearing loss at later age.</p> <p>Good communication with parents to inform us of any sudden changes or new concerns about their children’s hearing. Provide urgent appointment for these cases on the same day.</p>	
<p>2.4</p> <p>Auditory Implant Centres: deaf children are implanted as early as possible and in line with national guidelines</p>	<p>Feedback on waiting times/ delays for CI ops from key hospital for Herts.</p>	<ul style="list-style-type: none"> • Addressing backlog • Maximise remote working to support capacity and backlog e.g., completing pre-surgery assessments , remote switch on • Post-surgery support back in place e.g SaLT, ToD, • Ensure audiology teams stay up-to-date on latest CI and other implant technology to advise ToDs and parents. 		<p>Implantable hearing aids: -Variety types of implantable hearing aids are provided in our trust, including BAHA and middle ear implant, excluding cochlear implant. -Candidates: After every new diagnoses or significant change in hearing or patients need. The case is discussed in our local MDT meeting for best possible option of implantable hearing aids. Following that, an appointment with the ENT (usually with Dr. Ananth V) who will discuss it with the family. If suitable put a plan on the surgery with patient and care after. -Dr.Ananth has agreed to attend next meeting to talk about this service and answer questions.</p>	

East Herts Audiology notifications (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

- No redeployment of any of our staff currently.
- Danestreet health centre main reception: employed 2nd receptionist to provide full time cover for all Danestreet health centre services. She started on 1st for September.
- Windows have been replaced at Danestreet health centre

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status /RAG
3. East and North Herts - New-born Hearing Screening Programme : Lead – Janeen May					

<p>3.1 NHSP: NH1 & NH2 consistently achieved</p>		<ul style="list-style-type: none"> • Report to CHSWG • Opening community locations to support screening • Screeners not redeployed / shielding 	<p>NE Herts - Performance report 3:- <u>Q3 (1st Oct 20 to 31 Dec 20) Produced 15/3/21</u></p> <p>Standard 1 - Screening process completed by 4 weeks</p> <p>Acceptable: >98%, Achievable: >99.5%, Total:99.4%</p> <ul style="list-style-type: none"> • NHSP service has continued throughout lockdown both as inpatients and in the community. • 1 New full time member of staff recruited, she will complete her NHSP ECA external competency assessment on the 30th March 2020. <p>2 members of staff are undertaking the level 3 diploma.</p>		
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East and North NHSP notifications (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status /RAG
<p>4. West Herts New-born Hearing Screening Programme : Lead – Jill Watson</p>					

<p>4.1 NHSP: NH1 & NH2 consistently achieved</p>		<ul style="list-style-type: none"> • Report to CHSWG • Opening community locations to support screening • Screeners not redeployed / shielding 		<p>15/9/2021 NH1 babies screened within 4 weeks, we have reached the achievable level of 99.5% We had 8 babies not achieving NH1 these were due to declines, NICU babies not being eligible and people not attending.</p> <p>NH2 is audiology attendance within 4 weeks , we were 95.5% (achievable 9 level 95%) 2 babies were not seen in time frame again due to none attendance at appointments.</p>	
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West NHSP notifications (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status/ RAG
<p>5. Social Care (Sensory Services): Lead - Isabel Reid</p>					

<p>5.1 There is proper consideration given to understanding and acting on the additional vulnerabilities that COVID has placed on deaf children and their families</p>		<ul style="list-style-type: none"> • Language and communication development needs – welfare needs • Safeguarding – joint protocols for remote meetings • Vulnerable children – where they are and how their needs are being considered – protocols <i>(to be answered by Children Services)</i> • LAC/foster care placements – their needs, working practice – access to socialisation in and out of education settings <i>(to be answered by Children Services)</i> • Protocols to meet the communication needs in child protection investigations e.g. registered BSL interpreters <i>(to be answered by Children Services)</i> • Equipment for access in the home • Effective communication within the family setting 	<p>Phoenix Throughout the pandemic, we have increased contact and support with members known to have additional vulnerabilities. BSL tuition to individual families is provided to aid communication and reduce isolation in the home</p>	<p>Sensory Services Awaiting a named nominated representative from Children Services to liaise with Sensory Service Team in CHSWG and also on the Sensory Strategy (to prevent duplication of work and encourage improved joined up working)</p> <p>Hertfordshire Sensory Strategy 2020-23</p> <p>Sensory Services have limited experience in supporting deaf children and families. At the start of the pandemic, Sensory Services created toolkits and documents that are available on the coronavirus and sensory services HCC webpages Sensory Services purchased clear facemasks for workers to use with service users who need to see the full face Sensory Services continue to provide equipment in the home – most assessments are taking place remotely, and if urgent then home visits will be considered.</p> <p>Accessibility resources in the links below https://www.hertfordshire.gov.uk/accessibilitycovid</p> <p>Sensory Services have provided support to families who needed to learn to communicate with their deaf child. However, there is no clear guidance as to who should make this provision so this needs to be explored. Currently, the new Sign Support Worker can only support deaf children aged 0-5 years.</p>	<p>Open</p>
<p>5.2 Shared plans are in place with partner agencies to provide support for vulnerable deaf</p>		<ul style="list-style-type: none"> • Short breaks – deaf children with additional needs <i>(to be answered by 0-25 team)</i> • Emotional health and 	<p>Phoenix Contracted to deliver short Breaks activities, this is for all children with a hearing loss and not just those with additional needs. Funding has been acquired through the Children’s</p>	<p>Sensory Services 0-25 team need to confirm Short Breaks <i>Who is responsible for funding for specific vulnerable deaf children?</i> The Sensory Strategy was launched in 2020 to</p>	<p>Open</p>

<p>children</p>		<p>wellbeing plans/strategies</p> <ul style="list-style-type: none"> Funding for specific vulnerable deaf children – access to laptops etc <p><i>(to be answered by Education)</i></p> <ul style="list-style-type: none"> 	<p>Fund, to support a child requiring a laptop.</p>	<p>give a clearer overview of integrated pathways, in toolkit format, of how a Deaf person's needs can be met from birth to end of life.</p>	
<p>5.3 Social Care recognise the needs of deaf children and their families and respond appropriately</p>		<ul style="list-style-type: none"> Access to BSL for parents Thresholds – flexible approach Front Door access to assessment 	<p>Access to BSL for parents – to be addressed by Education/Sensory Services</p> <p>Sensory Services always welcome referrals (directly) for any deaf children and families for social care support. However, it is unknown how many deaf children are not referred to Sensory Services i.e. they are referred to Children Services or 0-25 teams without involving Sensory Services.</p> <p>Awaiting named nominated representative from Children Services to join up both Sensory Strategy and CHSWG to liaise with Sensory Team</p> <p>Phoenix</p> <ul style="list-style-type: none"> BSL courses Free online BSL resources to Phoenix Members. Individual family teaching of BSL to families who require additional support. Low cost service with subsidised/Free access to activities for families in need. <p>Advocacy support</p>	<p>Sensory services</p> <p>Access to BSL for parents – to be addressed by Education/Sensory Services</p> <p>Sensory Services always welcome referrals (directly) for any deaf children and families for social care support. However, it is unknown how many deaf children are not referred to Sensory Services i.e. they are referred to Children Services or 0-25 teams without involving Sensory Services.</p> <p>Awaiting named nominated representative from Children Services to join up both Sensory Strategy and CHSWG to liaise with Sensory Team</p> <p>Phoenix</p> <p>Concern about lack of BSL in foster families</p>	<p>Open</p>
<p>5.4 (was 1.6) Deaf children of all ages have access to relevant auxiliary aids in the home</p>	<p>To be completed by Sensory Services.</p>	<ul style="list-style-type: none"> Write and lead on a local policy in place to ensure deaf children of all ages have access to relevant auxiliary aids in the home Negotiate funding / consider joint commissioning as per 	<p>Aids in the home are provided by Social Care.</p> <p>Refer to the Pathway of Services Toolkit for dcyp (deaf children and young people) link below</p> <p>www.hertfordshire.gov.uk/sensorypathway</p> <p>Refer to Sensory Factsheets and Deaf & Hard of Hearing Directory see links below</p> <p>Sensory Factsheets for children and adults with Sensory Needs</p>		

		<p>CFA 2014</p> <ul style="list-style-type: none"> Support parents to continue to use the equipment / to check the equipment daily and troubleshoot issues asap 	<p>Factsheets available in BSL</p> <p>Deaf and hard of hearing directory (PDF)</p> <p>Need parent and CHSWG members to participate in upcoming workstream on equipment.</p>		
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Sensory Services (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status/ RAG
6. Education: Lead – Deaf and Hearing Support Service, Claire Gamon					
6.1 100% of schools with deaf pupils on roll are allowing ToDs to deliver specialist support services on site	50% by 31.10.20 100% by 21.01.21 (Covid 19 – remote learning)	<ul style="list-style-type: none"> Complete risk assessments, prompt for well ventilated rooms for 1-1 Negotiate with individual schools for return Monitor capacity of team Maximise use of PPE Challenge blanket policies Engage parents & deaf children involved in the local decisions Where ToD visits are not possible remote visits should be 	<p>Risk assessments completed</p> <p>Working with individual schools – CYP targets in place.</p> <p>Fully staffed as of 25.01.21 (staff working from home).</p> <p>Use of PPE when necessary including clear facemasks.</p>		Ongoing

		implemented.			
6.2 100% of school age deaf children are actively engaged in their education	Bold points applicable during current situation (Lockdown 3.0)	<p>Covid specific</p> <ul style="list-style-type: none"> Awareness raising of the significant and unique communication and learning challenges faced by deaf children due to covid. Schools and families to be supported to ensure that all lessons are accessible including face to face on-line lessons as well as learning in school for key worker/vulnerable children. Accessible lessons, face to face & on-line Individual adjustments Ensuring specialist staff in schools are not redeployed Specialist staff aligned to bubbles EHWB needs recognised and supported Bubbles / integration back into classrooms & main school are prioritised to ensure deaf children are fully engaged with their learning Timetabling of lessons to minimise inter-mixing Settings to consider temporary learning spaces / effective deaf awareness across the setting Blended learning seeks advice from ToDs to support differentiation, accessibility etc Where live lessons taking place remotely, ensuring funding is in 	<p>Where the service is giving lessons, these are accessible. Support and advice given to mainstream schools and parents on accessibility for deaf children.</p> <p>EHWB key focus of any contacts sessions. Blended learning is core work in advice to schools.</p> <p>Advice sheets sent out regularly to parents about access, differentiation and wellbeing resources. In Lockdown 3.0 we have not sent out additional activities to school age CYP as previous feedback on additional activities suggested level of workload from schools is enough</p> <p>Sent out information to schools and families on safe cleaning and management of equipment Continues to purchase and issue updates. Provided additional support remotely and face to face.</p>		

Ongoing

		<p>place to support additional communication support (N/A in Hertfordshire. Heathlands school)</p> <ul style="list-style-type: none"> Engage parents & deaf children in what works and local solutions Ensuring individual equipment is cleaned and in use at all times 			
<p>6.2a. Every deaf child has a clear plan from all education settings and services documenting the child's hearing, communication education and health needs and how they will be met. This should be monitored and implemented and reviewed. Parents/carers/CYP should be engaged in all steps of the plan.</p>	<p>% of children whose teachers have received training (Nursery/ primary/ secondary</p> <p>% of children with EHCP by age</p> <p>%of children with comprehensive plan</p>	<ul style="list-style-type: none"> Ongoing Ensure every deaf child has a comprehensive plan which identifies and supports their educational and hearing and health needs (includes progress and attainment monitoring and outcomes and a hearing management plan. Ensure every child's key teachers have received general deaf awareness and child specific training, including where teachers are replaced mid-academic year. Every deaf child (on roll?) has a minimum of one review meeting of plan either through EHCP review or through school SEN register processes. SENCOs and parents are provided with information and support to make informed choices and meaningful applications for EHC Plans for deaf children Platform for teachers to share best practice and problem solving. SENDIASS, KIDS Hub and other parent support services are provided with training to support 			

		parents/carers with EHCPs for deaf children.			
6.3 All pre-school deaf children achieve their assessed targets in early language and communication	Bold points applicable during current situation (Lockdown 3.0)	<ul style="list-style-type: none"> ToDs getting back into family homes to offer early face to face support Maintain remote support as appropriate Engage and support newly diagnosed Improve parental engagement with children's development Training / supporting parents to use equipment and troubleshoot problems early on To use / check equipment Facilitating peer support with other parents 	<p>Limited due to government guidance. Robust risk assessments in place.</p> <p>Continue to meet NHSP protocol guidelines and attending HA fitting appointments remotely.</p> <p>Within the constraints of remote input, remote support to parents and settings. ToDs attending some nursery settings. Robust risk assessments in place.</p> <p>Intend to facilitate parent peer support through 'Story times', beginning 22/2/21.</p> <p>Investigating (with parents) parental access to CHIPs Facebook group.</p> <p>Although we have had only limited input from parents of EY children, these actions seem to reflect their needs. Isolation and lack of support over past year = key issues.</p>		Ongoing
6.4 The catch-up fund delivers accountable outcomes for deaf children at the local level	Specialist Sensory Lead to inquire about local strategy	<ul style="list-style-type: none"> ToDs involved the local strategy Catch up to also focus on the EHWP support for deaf children e.g. peer support, buddying Local strategy to include tutors who are ToDs / deaf aware / have additional skills in supporting communication ToDs supporting the personal tutoring programme ToDs influencing and accessing the funding at school level for individual catch-up ToDs involving parents of deaf CYP / 	<p>Initial funding linked to Covid recovery was given to Children's Services in the summer and Heads of Service prioritised statutory areas.</p> <p>For Education purposes there is a Covid Catch Up Premium for schools – this goes directly to schools and is not available to visiting specialist teaching services. This has been confirmed by DfE. We have complained that this model negates the possibility of a more strategic and targeted approach by specialist services to plugging the gaps for certain groups of children.</p> <p>TODs will be encouraging schools to use the Catch up funding where deaf children have</p>		Action needed

		<p>local groups in the local discussions</p> <ul style="list-style-type: none"> • Additional flexibility with the curriculum to ensure targeted catch up / 1-1 tuition in place 	<p>not made expected progress.</p> <p>The HI/Deaf Service will target resources this year into deaf babies/toddlers who, it's felt, missed out on support. CG has written a bid to the Early Years fund for a family support worker post.</p>		
<p>6.5</p> <p>The attainment and outcomes for deaf children are improved as a result of any local SEND review / proposal for change</p>	<p>SEND SAS restructure completed April 2020</p>	<ul style="list-style-type: none"> • CHSWG notified of any upcoming reviews or proposed changes that may impact on deaf children*. • Resources for deaf CYP maintained/improved, vacancies recruited to, leadership in place • CHSWG engages with any local SEND review • Parents fully engaged with any local SEND review / proposals for change 	<p>Following consultation, the new SEND SAS structure was put in April 2020, which ensures staffing and resources are used optimally to the benefit of deaf CYP in Hertfordshire. Parents to be consulted on wording of the SAS parent carer survey, the equipment review survey and change of HI service name.</p> <p>Measure of progress and attainment to be incorporated into individual children's plans*</p>		<p>Ongoing</p>
<p>6.6</p> <p>Deaf children of all ages have access to relevant auxiliary aids in the home (radio aids?)</p>		<ul style="list-style-type: none"> • Write and lead on a local policy in place to ensure deaf children of all ages have access to relevant auxiliary aids in the home • Negotiate funding / consider joint commissioning as per CFA 2014 • Support parents to continue to use the equipment / to check the equipment daily and troubleshoot issues asap 			

6.7 Ensure all deaf children entitled to home to school transport are provided with a safe service.		<ul style="list-style-type: none"> Review to determine if safeguarding measures are always being adhered to. 			
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Education notifications (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status /RAG
7. Speech and Language: Lead - Caroline Hughes					
7.0a Communication		<ul style="list-style-type: none"> Point of contact at all times especially urgent appointments Ensure information and documents are shared as required between services particularly in relation to external services (e.g non Herts e.g. hospitals and non NHS e.g. ToDs) Parents provided with clear contact options for service feedback or when services are not meeting needs 	<p>Initial appt: If made by therapist, have contact details usually mobile number If admin send out contact – includes contact details too (numbers and emails)</p> <p>Initial assessment, progress reports and discharge reports have contact details on them as standard. EHCP reports have contact details on them.</p> <p>Website contains contact details -</p>	<p>22/9/2021 EHCP reports have contact details on them.</p> <p>Initial EHCP reports are sent directly to SEN and parents (and other cc contacts depending on the case and with permission) SEN to distribute to school once plan finalised.</p> <p>EHCP review reports are sent to school</p>	

			<p>Website info: Contact the service Telephone – 01923 470680 option 3, option 2 Email – hct.cyptherapies1@nhs.net Twitter - twitter.com/Herts_CYPT Advice Line – 01923 470680 option 3, option 1</p> <p>Initial EHCP reports are sent directly to SEN and parents (and other cc contacts depending on the case and with permission) SEN to distribute to school once plan finalised.</p> <p>EHCP review reports are sent to school and parents (and other cc contacts depending on the case and with permission) Schools then send to SEN with review paperwork.</p> <p>Other reports e.g. initial, progress and discharge are shared with GP as standard as well as the refer for initial and discharge reports. All reports are shared with permission with ToD, schools, tertiary centres (and audiology in E+N).</p> <p>Audiology is part of the same organisation (HCT) as SALT in West so reports on record system.</p> <p>Programmes are sent to parents and school and other cc contacts with permission e.g. TOD. Targets are updated as and when necessary, we do not do visit reports, however we are</p>	<p>and parents (and other cc contacts depending on the case and with permission) Schools then send to SEN with review paperwork.</p> <p>Other reports e.g. initial, progress and discharge are shared with GP as standard as well as the refer for initial and discharge reports. All reports are shared with permission with ToD, schools, tertiary centres (and audiology in E+N).</p> <p>Example of SLT plan circulated with agenda.</p>	
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			<p>happy to contact parents if requested or for them to contact us after visits.</p> <p>School visit dates are arranged with schools should be shared with parents.</p> <p>Info shared – outside HCT with parental permission.</p> <p>Speech and language therapists liaise with school, advisory service and parents.</p> <p>Some good examples of plans for interventions with experiences.</p>		
<p>7.1 100% of schools with deaf pupils on roll are allowing SaLTs to deliver specialist services on site</p>		<ul style="list-style-type: none"> • Complete risk assessments, prompt for well ventilated rooms for 1-1 • Negotiate with individual schools for return • Monitor capacity of team • Maximise use of PPE • Challenge blanket policies • Engage parents & deaf children involved in the local decisions • Ensuring specialist SaLT staff are not redeployed • Specialist SaLTs aligned to bubbles in settings / schools • Settings to consider temporary therapy spaces / effective deaf awareness across the setting 	<p>Therapists to send info re places that weren't allowing in and whether after 8th March this is now allowed – no schools have refused to allow therapists in from 8th March.</p> <p>Therapy is still a mix of face to face and virtual. Virtual is still being encouraged as 'first option'.</p> <p>Speech and language therapists were not redeployed during subsequent Covid 'waves'</p>		Ongoing
<p>7.2 100% of deaf children are actively engaged in their speech and</p>		<ul style="list-style-type: none"> • SaLTs getting back into family homes to offer early face to face support • Maintain and improve remote support as appropriate 	<p>Some therapists doing home visits</p> <ul style="list-style-type: none"> - Virtual therapy should be considered first for all . <p>All therapy intervention aims to</p>		ongoing

language therapy		<ul style="list-style-type: none"> • Improve parental engagement with children's development • Training / supporting parents to engage with SaLT programmes with their own children • Accessible SaLT, face to face & on-line • Individual adjustments • Engage parents & deaf children in what works and local solutions 	empower parents to support their children's speech, language and communication development. How to improve parental engagement? – Happy to have ideas from parents		
7.3 Mainstream link speech and language therapists have access to updated in house training re deafness		<ul style="list-style-type: none"> • Update 'bitesize' training package on working with deaf children • Adapt 'bitesize' training for virtual access 	Have a training package used previously and well received. Is on agenda for next meeting of speech and language therapists in 'deafness team'		Ongoing

Speech and Language (e.g. reviews staffing, upcoming reviews, service changes, funding changes, risks to service, etc):

Outcome to be	Key Milestone(s) to achieve outcome		Evidence/log of progress to date	Latest update / Comments	Status/ RAG
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achieved		Action			
CHSWG: Suzi Watson/Jo Connolly					
<p>5.1 An effective and accountable local CHSWG is in place that improves outcomes for deaf children and their families</p>		<ul style="list-style-type: none"> • New chair appointed every two years • CHSWG meeting regularly, • Maximise use of remote meetings and engagement • Action plan approach accepted and implemented • To engage with the What Works guidance • To identify and implement effective local accountability and governance structure • To review ToR and identify priorities • To improve engagement of parents • To work with NDCS to build capacity within the CHSWG e.g. parental training • To address lack of resourcing of CHSWG to enable CHSWG actions to be implemented. • To report to the Health and Wellbeing Board annually to outcomes progress and challenges in meeting deaf children’s needs in Hertfordshire. • To ensure engagement and input from CYP • To development and implement a strategy to communicate with parents, including hard to reach parents. 		<p>22/9/2021 Action plan modified to assist in completion and collation of information-drawing on experiences of other CHSWGs.</p>	
		<ul style="list-style-type: none"> • 			

Member Notifications/updates	
Member:	Notifications/updates
<p>NDCS: Lead Jo</p>	<p>The national SEND review has been delayed again and as a result NDCS is currently considering the next steps.</p> <p>Parents as Partners is taking place 6 November https://www.ndcs.org.uk/our-services/our-events/events-for-parents-carers-and-families/parents-as-partners/?gclid=EAIaIQobChMI0qCNyd2D8wIVg7TtCh1bqgG_EAAYASAAEgLBDvD_BwE</p> <p>The professionals working together at CHSWGs sessions for October and November are fully booked, which is great! This is the link for the landing page on where to find the professionals courses:</p> <p>https://www.ndcs.org.uk/our-services/services-for-professionals/online-information-sessions-for-professionals/</p> <p>This year's professionals online conference is on 30 November, Let's Work it Out. Deaf young people and employment. link below:</p> <p>https://www.ndcs.org.uk/our-services/services-for-professionals/conferences/this-years-conference/</p> <p><u>Integrated Care Systems</u></p> <p>A source of information that could be useful is health authority's 'stakeholder' newsletter - https://www.healthierfuture.org.uk/sites/default/files/publications/2021/August/ics-stakeholder-briefing-july-2021-final.pdf</p> <p>Which is located via this link https://www.healthierfuture.org.uk/organisations/hertfordshire-and-west-essex-integrated-care-systems-ics</p>
<p>Phoenix:</p>	<p>Phoenix have now recruited a children's and Families worker and he will be starting in October. We still have some availability</p>

Lead: Julie Bayford	for teaching individuals or families BSL. I also want to raise the problem of lack of BSL using foster families in Hertfordshire (see social care).

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status/ RAG
Parent voice: Lead: Suzi Watson					
<p>5.1 Promote and inform parent/guardians/carers of the purpose and presence of CHSWG</p> <p>5.2 Provide a channel for Parents/guardians/carers to feed in to CHSWG and represent their views and concerns to the committee at CHSWG</p>		<ul style="list-style-type: none"> Attend CHSWG meeting regularly Maximise use of remote meetings and engagement Improve engagement of parents with JC/SW/AH to feedback their views at each meeting Identify channels of communication out of CHSWG Raise awareness of CHSWG to parents Collect views and bring to 	Collated feedback from zoom meetings in 2020/2021 with parents and shared with CHSWG.	<p>5.1</p> <ul style="list-style-type: none"> Facebook – ongoing – 117 members No formal feedback meeting with parents - just facebook request for any feedback Suzi provided feedback to Josh on equipment survey. Request to co-produce with HPCI if possible. Encourage parents to do CHSWG training. 5.3 Raised challenges of communication with parents at CHSWG and with Jo Fisher. 	

5.3 Promote and communicate relevant and key messages from CHSWG to parents/guardians/carers of D/deaf children		each meeting <ul style="list-style-type: none"> To set up communication channels back 		<ul style="list-style-type: none"> 	
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Parent feedback and questions: <ul style="list-style-type: none"> Radio aid/receiver turn around times? Leaves children without radio aid for extended period. Replacement services? Who to contact? Organisation, delivery and distribution. "Could you request that the Tod team reintroduce a place where parents can drop off faulty equipment? What will happen with Marvel?" What is % of children with teachers trained in deaf awareness? How many have don't? What is happening with EHCPs and the SEN team?
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Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Evidence/log of progress to date	Latest update / Comments	Status/ RAG
Children's and Young People's voice: Lead:					
		<ul style="list-style-type: none"> 			

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All members to agree whether any contents of the Action Plan need to be removed before sharing outside the group/publicly.