

MINUTES
Children's Hearing Services Working Group Minutes
One Angel Square
22nd January 2020
Northampton NN1 1ED
9.30am – 12.30pm

Present

Sarah Trkulja (ST - NGH audiology and Chair), Karen Giles (KG Audiology, Kettering General Hospital), Jenny Barker (JB - SALT), Martin Thacker (MT - Regional Director NDCS), Gary Webster (GW - Educational audiologist, NCC), Kathy Fosdyke (KF -NCC, Local Offer), Rosemary Murphy (RM – NCC HI Early years lead), (ND Natasha Davenport, Team leader HI Service) Anne McGrath (AMG -Secretary), Jennie Higson (JH - deafconnect), Anne Wakeling (AW–Head of specialist support services, NCC), Jo Rutkowska (JR - TOD, Vernon Terrace Primary), Jacqui Joseph (JJ – Lead Specialist Teacher, Sensory Impairment Service), Tracie Holland (deafconnect)

Apologies

Dr Tracey Davis (Dr TD - Consultant Paediatrician, NGH), Kate Dixon (KD – Ear Foundation) Dr Proscovia Kabanda-Iga (Dr PKI - Consultant Paediatrician, Kettering General Hospital), Susie Dexter (SD – TOD, Malcolm Arnold Academy), Anna Norris (NPFPG)

1. Apologies and introductions

(See above). Attendees were asked to check/add their e mail contact details.

2. Review of previous action plan – updated plan including some new items will be circulated with these minutes.

Local offer

Agreed minutes from previous CHSWG are available on the local offer (LO) pages and will usually include dates for future meetings.

RM reported that some parents still seem to find the LO pages challenging. KF advised that the local authority is unlikely to change anything currently in view of the positive feedback from OFSTED and also as the County Council is going to be disaggregated. However further work can be done to identify the key words that parents tend to use and make sure they link to helpful information. KF reminded colleagues to use the search facility on the actual Local Offer pages, not google or the intranet.

Local Offer posters e.g. for notice boards are available electronically

Olympus Care – feedback is that they do not get many HI referrals and do not seem to stock of the most up to date equipment.

Health/Education Information Exchange

KG send the audiogram and clinic notes to TODS as there is no capacity to produce separate clinic letters. The HI technician collects hard copies from KGH, checks them and gets them uploaded on to the LA system monthly. KG is happy with this system but would also be prepared to use post in future if the need arises.

ST proposed aligning the practice in Northampton so that TODS also receive their audiograms and clinic journals and proposes to collect and post these weekly. GW

asked for DSP children's notes to be sent to him for distribution and for notes and audiograms to be stapled so they don't get muddled up.

Safeguarding

When Deaf children are referred to MASH there is still a problem with clinic and TODS not being informed. MASH colleagues need to be more proactive in identifying who is working with a particular child. MT advised that there is a need to identify and follow an information sharing protocol. AW will contact MASH about the current process for doing this.

Young people representation

ST – reported that there is a confident and dynamic d/Deaf youth group currently. AW advised that the CHSWG could engage with them through outreach rather than expecting them to come to the CHSWG – discussions with the group that meets regularly could be supplemented by a questionnaire.

Malcom Arnold Academy

Young people attending the academy are expressing concerns about the lack of deaf awareness by staff in the school. It was pointed out the staff turnover at the school is very high at the moment, and they are heavily reliant on supply teachers. GW stressed that the TOD works really hard to provide ongoing deaf awareness, but the school is going through lots of changes. There is an acting interim principal and a new one starting in September. ST wants the CHSWG to be seen to be supporting the young people with this in order to for the CHSWG as an effective force. AMG described how she gets YP to make “mini passports” that students can keep with them and give out to supply teachers and others who forget to use inclusive strategies. Different students will ask for different things so these need to be done individually (examples to be circulated). The NDCS Listening Bus was due to visit MAA in July but the TOD has asked for another venue to be identified. ND advised that they may try to make it part of a peer group event although students would have to take turns visiting the bus due to its limited space.

Twinkle Groups – all of these are going ahead, and information is on the Local Offer pages.

Annual report – ST to send out e mails.

Multi Agency study day

These were very successful in the past. It was proposed that a “Save the Date” is identified and circulated for October 2020. Possible topics might include

Middle Ear Implants

Deaf awareness presentation by the youth group

Medical update

NDCS Parents as Partners

Oxford CI group

Ear Foundation presentation

3. Local Offer (KF)

Thanks to Tammy for input on key words for the search facility as well as other technical advice. AW is going to seek feedback on the LO from the young people's engagement groups (deaf and hearing). Latest Information on the LO pages:

- “Voice that Makes a Difference (this is a project that focuses on making cinema more accessible to young people with sensory impairment).
- NDCS “expert parent” event (8th Feb)

- Peer group activities every Tuesday afternoon at Vernon Terrace (Vernon Terrace will also be the venue for the 3-day NDCS healthy Minds programme to be led by Lindsey Rust (TOD)).

4. Safeguarding Update

A “Staying safe online” programme for students is to be facilitated by Simon Aston at Malcolm Arnold Academy. It was proposed that this might be extended to include a wider group of students as well as adults. ST will liaise with Simon/MAA and deafconnect about this. This would probably involve having more than one session after school and/or in school time.

5. NDCS and NHS Guidelines for CHSWG meetings

These are now available and will be circulated. They include exemplars and guidance for involving young people. There was discussion about the possibility of setting up a Transitions working group as described in the guidance. GW/ND stressed that this would need to involve non-DSP students. MT said that in some regions, transition starts at 11+

6. Updates from representatives

Education

Vernon Terrace DSP (JR). Currently there are 4 children with EHC plans and 3 that are monitored. Support from audiology (ST), SALT and Ed aud (GW) is much appreciated. Last acoustic audit was 5 years ago, and JR feels it would be helpful to have an up to date one carried out. MT (NDCS) said there is no guidance about frequency of acoustic audits. GW explained that the equipment he uses for this work needs repairing and currently there is no budget for this as costs would be high. It might be possible to rent something from a company (e.g. Campbell Associates) but the best option might be to borrow from another local authority. If equipment can be identified or hired GW should be able to do the audit. He said that, historically the DSP room did not comply with guidelines and probably needed about £2k spent on it to bring it up to standard but up to date evidence will be needed in order to make the case.

JR asked to be contacted in advance if anyone wants to bring children to weekly peer group meetings. Nursery aged children can also be included. There is a signing class on Thursday afternoons for staff and parents – others are welcome to join this. KG requested a poster/flyer about VT activities for KGH noticeboard.

Other school age caseload (ND).

Team are now fully staffed. 2 deaf awareness days for school staff have been provided – 25 at each event (an extra one was put on because of demand). Presentation by a deaf teacher of the deaf was particularly well received. The team have been reviewing their assessment protocols in the light of the NDCS guidance. They have also been “tweaking” the process for liaison with the SALT.

Pre-school (RM)

One colleague on long term sick leave. Feedback from parents continues to be positive. Use of questionnaires now embedded in practice. A new ACSW (Access

and Communication Support Worker) role specifically for pre-school has been approved.

Deaf awareness training for nursery SENDCos is also planned for March. It will also be offered to portage volunteers (AW).

ST proposed that the CHSWG carries out a training audit to identify the numbers and types of groups that are being reached and to ensure that key teams (e.g. health visitors) are regularly updated. To be added to action plan and colleagues to bring further information to the next meeting.

Educational Audiologist

From September 2020 older children with siblings that are under 5 or who have SEN must have hearing aids with a lockable battery compartment. TODs will need some training and keys for aids that have integrated radio aid receivers will need to be purchased.

Provision of radio aids to early years children – children are being identified via individual consultation meetings with TODs and joint home visits to ensure no one is missed.

Parental referrals to the Education service – information is still not coming directly from ENT. Families can share it but there is a need to be cautious in some cases. Written consent to request medical information directly for these cases must be obtained as medical services need a hard copy of consent forms. A contact within ENT has been identified.

GW is updating a swimming leaflet for school and wants to liaise with CI centres and audiologists about content.

He asked if NDCS would be sharing the freedom of information data. MT advised that data would be collated and shared widely.

GW asked about support/advice re children with tinnitus. NGH do not run a clinic but there is a protocol. KGH – one colleague has training but there is no funding to provide a clinic. Children can be referred on however (e.g. to London or Nottingham). The British Tinnitus Association also has some very useful materials for young people and parents that TODs can refer to (link to be sent round).

Speech and Language Therapy

JB – colleagues will be updated about the new referral process. JB is also providing training on “colourful semantics” and feels this may be useful for TODs. She will aim to get a TOD representative along to the sessions. Feedback is being sought from families regularly through the “I want great care” system (this has replaced “Friends and Families”). She made a presentation to West Midlands Paediatricians in the autumn.

Kettering General Hospital

KG - The term DNA (did not attend) has been replaced by WNB (was not brought). When this occurs KGH want to put more onus on the referrer to help get the child to clinic. However the protocol will be similar to the one followed by NGH. KGH will offer 2 appointments after which the child will not be discharged but possibly logged as “review” to allow time for further action. Where the patient is an older child who has chosen not to attend safeguarding will usually not be appropriate so it is important to identify this (ST). KGH have been phoning families after each WNB but need to audit this to determine whether phone calls have any impact. ND asked for

TODs to be informed so they can support if feasible. Some families need to be reminded/encouraged for every appointment.

Transition leaflets - still in discussion with Phonak about printing but both sets will be distributed so that CHSWG members can have a look at them. KGH are also working on a website to include videos on hearing aid care and checking. KGH and NGH are not planning to merge but officially want to work closely together to provide consistency across the county, as recommended in a recent paediatric audiology review. Initial focus will be on ENT, but KG and ST are in constant communication. KGH now have a children's waiting room. They are aiming to get separate feedback about paediatric services in future.

Northampton General Hospital

2 audiologists are on maternity leave. Some cover has been arranged. Pleased to report that they will not have to source another provider for BC aids because of the battery compartment lock directive. Presentation to trainee midwives made which included some deaf awareness.

AOB

ND/GW concern about an issue with a CI repair that isn't being carried out as the student is due to receive updated processors. In the meantime, there is a risk that expensive equipment provided by education will be lost for the sake of a simple repair. Further discussion with Emmeline centre needed.

Dates of next meetings

- 20th May 2020 (provisional venue, Kettering Hospital Post Graduate Centre tbc)
- 11th October 2020 – Room 214, Angel Square Northampton
- 20th January 2021