

**Dorset Children’s Hearing Services Working Group (CHSWG)**

**Minutes from CHSWG Meeting on Tuesday 10<sup>th</sup> May 2022 (conducted via Microsoft Teams)**

**Present:**

- Lisa Nind (Clinical Lead (Paediatric Audiology), East Dorset Audiology, Dorset Health Care (DHC)) – LN
- Kathryn Libby (Senior Specialist Audiologist (Paediatrics), East Dorset Audiology, Dorset Health Care (DHC)) - KL
- Helen Williams (Audiology/ENT Service Manager, Specialist Services, DHC) – HW
- Rachel Beeby (Clinical Scientist, West Dorset Audiology; Dorset County Hospital (DCH)) - RB
- Simon Baird (Clinical Scientist, West Dorset Audiology, DCH) - SBa
- Sarah Morris (Consultant Paediatrician, University Hospitals Dorset (UHD)) – SM
- Sam Bealing (Teacher of the Deaf, Educational Audiologist, University of Southampton Auditory Implant Service (USAIS)) - SBe
- Ken Tucker (Educational Audiologist/Advisory Teacher, Dorset Hearing Support Service (HSS), Dorset Council) - KT
- Ursula Murley (Acting Principal Advisory Teacher, Dorset Hearing Support Service (HSS), Dorset Council) – UM
- Juliet Viney (Parent) – JV
- Yasmin Brammer-Thompson (Parent) – YB-T
- Anne Philpott (Parent) – AP
- Alison Lawson (Senior Engagement Lead NDCS, The National Deaf Children’s Society (NDCS) – AL
- Shirley Sorbie (Vice Chairperson, Treasurer and Membership Secretary, The Dorset Deaf Children’s Society (DDCS)) – SS
- Nicola Foley (Parent and Trustee, DDCS) – NF
- Jemma Buckler (Local Manager, Newborn Hearing Screening Programme (NHSP) Dorset, DHC) – JB
- Elaine Okopski (Dorset Parent Carer Council) - EO

	Topics	Actions
<b>1</b>	<p><b>Introductions and apologies</b></p> <p>LN introduced herself as chair of the meeting.                      RB (joint chair) and KT took minutes.</p> <p>LN welcomed everyone, in particular, the parents who had joined us. All present introduced themselves.</p> <p>Apologies received from:</p> <ul style="list-style-type: none"> <li>• Karen Collins (School Nursing Clinical Lead – CYP Public Health Service, Bournemouth, Christchurch, and Poole, DHC)</li> <li>• Gemma Hardman (Team Lead for Christchurch and Bournemouth East Paediatric Speech and Language Therapy (SALT) Service, DHC) – GH</li> <li>• Joanna Ames (Programme Officer, Dorset Clinical Commissioning</li> </ul>	

	Group (CCG))	
2	<p><b>Service Updates</b></p> <p><b>Newborn Hearing Screening Programme (NHSP) – Jemma Buckler</b>  Data/performance – 2021/22 Q1 data:</p> <ul style="list-style-type: none"> <li>• All standards are currently being met in Quarter 4 (babies born Jan-Mar 2022).</li> <li>• JB explained that the newborn hearing screen is now delivered in a slightly different way in that “well babies” (i.e., babies that did not require admission to a Special Care Baby Unit (SCBU) or Neonatal Intensive Care Unit (NICU) for more than 48 hours) are screened in clinics. However, it has been acknowledged that some families do benefit from home visits, so these are now offered to parents who cancel or fail to bring their babies to clinic appointments. As a result, Standard 1 (KPI1, Proportion of babies eligible for newborn hearing screening for whom the screening process is complete by 4/5 weeks corrected age) is being met.</li> <li>• The number of babies requiring a repeat automated otoacoustic emission (aOAE) screen (Standard 2) is lower now than with the previous screening model.</li> <li>• The referral rate to Audiology (Standard 3) is still slightly high. The standard was reached in Quarter 4, but it was 2% for Quarter 3 (babies born Oct-Dec 2021), whereas it should be 1.6% (Acceptable ≤ 1.6%; Achievable ≤ 1.3%). This relates to small numbers, 1 or 2 per month. An audit shows it is the NICU referrals that are too high. It is acknowledged that the NICU screeners do fewer screens, so they are being given ongoing training.</li> <li>• So far this quarter, all babies have been <u>offered</u> an Audiology appointment within the agreed time frame (Standard 4), and all but one have been seen in clinic within the time frame (standard 5); one family failed to bring their baby to their appointment.</li> <li>• The service has participated in the “Gather survey”, which is sent to all parents within 48 hours of the screen. 457 responses have been received from parents over past 12 months. One of the questions is “Overall, how was your experience of the Newborn Hearing Screening Service?” 420 parents responded that it was “very good”; 25 said “good”; 6 said “neither good nor poor”; 4 said “poor”; 2 said “very poor”. Some negative comments were due to isolated incidents, and some were due to parents preferring home visits. However, there has also been positive feedback about parents preferring coming to clinic to home visits, which has also been fed back by screeners at staff meetings.</li> </ul> <p>NHSP Screening team staffing levels/issues:</p> <ul style="list-style-type: none"> <li>• There have been staffing challenges due to Covid, but the service was able to manage these, and the situation has now improved.</li> <li>• The service is currently fully staffed.</li> </ul> <p>Incidents:</p> <ul style="list-style-type: none"> <li>• There have not been any incidents since the last meeting.</li> </ul> <p>Questions/Comments:</p> <ul style="list-style-type: none"> <li>• SS suggested that a list of acronyms (previously compiled) should be sent out with the meeting minutes</li> </ul>	

	<p><b>East Dorset Paediatrics – Sarah Morris</b></p> <ul style="list-style-type: none"> <li>• SM explained that her service covers the Bournemouth, Christchurch, and Poole (BCP) area and East Dorset; services for West Dorset are covered by Dorchester County Hospital NHS Foundation Trust.</li> <li>• Numbers of babies referred for aetiological investigation following newborn screening have been very low over the past 2 years or so – no babies with a unilateral loss from the NHSP in 2022 so far, and very few (3 with a bilateral loss) in 2020/21. SM will audit the pathway followed by these children before the next meeting in November. Causes of hearing loss identified are in keeping with the national picture. SM has had no positive genetic tests recently, probably because numbers are so small.</li> <li>• SM explained that LN shared all names of children with a new permanent childhood hearing impairment (PCHI) diagnosis made in 2020/21 by East Dorset Audiology, and SM’s database has been updated – there were some new names as SM was not working from mid-May to end July, but not many.</li> <li>• There is a good pathway in place for children requiring sedated audiological assessments, which is working well.</li> <li>• There is good communication generally between Audiology and SM – reports are routinely copied to SM and uploaded to the child’s hospital record, and individual children can be (and are) discussed when needed.</li> <li>• Mr Frampton, Consultant ENT Surgeon, is also very accessible is easy to communicate with.</li> <li>• Plans for the move to Bournemouth Hospital are underway – the paediatric inpatient wards will be part of the new build (the Beach building) and paediatric outpatients, including the Child Development Centre, will be part of a repurposed building elsewhere on the Bournemouth site. There is still an aim to move Paediatrics out of Poole by 2024, but it would seem likely this is optimistic! There will still be a paediatric outpatient presence on the Poole site, and this will be bigger than the current offer of paediatric services in Bournemouth (where there is currently no Child Development Centre service).</li> </ul> <p>Questions/comments:</p> <ul style="list-style-type: none"> <li>• SM highlighted that children should not be referred to as “DNAs” (i.e., that they did not attend appointments). Instead “WNB” (was not brought) should be used.</li> <li>• AL asked about the genetic panel testing for deafness, which was raised by Louise Viney from the NDCS at the Nov 2021 meeting – is there a plan to collect/analyse results to identify who would benefit from specific tests? SM gave her apologies that she has not managed to research this yet, at least in part because she has not had to request any genetic tests since the last meeting.</li> <li>• SM discussed MRI scans, which are a useful part of the aetiological investigations and can give interesting findings. A pragmatic view has been taken that it is not necessary to do an MRI if a general anaesthetic is required. Instead, it is better to wait until children are of an age that they can lie still in the scanner. The MRI scan results do not change the management of the child, so SM may not insist on it in older children.</li> <li>• JV asked whether older children with hearing loss might have been missed because of Covid, whether there is likely to be increased</li> </ul>	<p>RB to send out list of acronyms with meeting minutes and also with future agendas</p> <p>SM agreed to audit the pathway followed by babies referred from NHSP to her service for aetiological investigation for the Nov CHSWG</p>
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	<p>numbers of new diagnoses now, and if this was being addressed. SM explained that numbers of new diagnoses are so small that it will not be a big effect, but with so many children not in nursery etc. for a while, there may well be a small number of children who will be picked up. LN reported that her service has not noticed any increases in new diagnoses since Covid and that Audiology Services only stopped for a relatively brief time during Covid. RB commented that there was actually a reduction temporary hearing loss due to glue ear during Covid because lockdowns meant there were fewer general viruses circulating; therefore, Covid has had some positive effects!</p> <ul style="list-style-type: none"> <li>EO asked about sedation pathways generally (not just relating to hearing loss) and whether these are specific to departments within Health or if there is a single pathway for all teams/areas. SM clarified that her service follows the paediatric referral pathway, but that there would be slight differences between the pathways of different acute hospital trusts.</li> </ul> <p><b>West Dorset Paediatrics – No representative present and no update received</b></p> <p><b>Dorset Hearing Support Service (HSS) – Ursula Murley</b> Parents joining the CHSWG:</p> <ul style="list-style-type: none"> <li>Following the success of the student panel at the Nov 2021 CHSWG meeting, an email was sent out to parents of deaf children and young people supported by the HSS to raise awareness of the CHSWG meetings and see if there was any interest from parents in participating. 3 parents responded to join today’s meeting as observer/participants and 1 has offered to join as a parent representative.</li> <li>Representation of parents at the CHSWG is essential as deaf children and their families are at the centre of everything we do, and it is important that their voices and opinions are heard and included.</li> </ul> <p>Senior education colleagues from Special Educational Needs and disability (SEND), Dorset and BCP Councils, invited to the CHSWG:</p> <ul style="list-style-type: none"> <li>5 colleagues were invited (2 Dorset and 3 BCP) to observe the work of the CHSWG, which is a demonstration of multi-agency, commissioned services working together with a common cause to improve services for deaf children and their families and schools.</li> <li>Unfortunately, none of the colleagues invited were able to join the meeting today in the end because OFSTED are currently visiting.</li> </ul> <p>Current HSS caseload as of May 2022:</p> <ul style="list-style-type: none"> <li>62 ‘A’ category children = weekly or fortnightly visits.</li> <li>209 ‘B’ category children = monthly, half-termly or termly visits.</li> <li>167 ‘C’ category children = termly, twice a year or annual visits.</li> <li>5 students are attending a specialist residential school for the deaf due to complex communication needs (all post-16).</li> <li>Active cases currently on the Dorset HSS caseload is 443.</li> <li>177 children who are diagnosed with unilateral (one-sided) hearing loss or mild hearing loss and are not aided; for these children, an annual information report is sent to school and follow-up provided by request.</li> <li>310 children who are ‘clinic review’; these children have been referred by Audiology but are not currently aided; these children are covered by the graduated approach (needs-led).</li> <li>2 children are ‘pending’ awaiting hearing aid fitting.</li> <li>Total number of children currently on the HSS database is 932; 491 in</li> </ul>	<p>SM agreed to research the genetic panel testing for deafness for the Nov CHSWG</p> <p>SM to research the genetic panel testing for the Nov 2022 meeting</p>
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Dorset, 441 BCP.

- 135 main case children have an Education, Health, and Care Plan (EHCP). This means that they have been identified as needing additional support that goes beyond what a school, college, or nursery can typically deliver from their own budgets or staffing.
- 51 main case children attend a local special school. These children often have other complex medical/health or learning needs in addition to their hearing loss.

Staffing update:

- UM has had her secondment as Acting Principal Advisory Teacher extended to end of this academic year, August 2022.
- HSS currently at full staff quota: Acting Principal Advisory Teacher (1.0 FTE), ten qualified teachers of the deaf (8.2 FTE), one Educational Audiologist (0.9 FTE), one Sign Language Support Worker/deaf role model (0.5 FTE) and one Technician/Specialist Teaching Assistant (1.0 FTE).
- New admin support appointed and shared with the Dorset Vision Support Service.
- The Dorset Hearing & Vision Services (DVSS) structure is under review.

Training for schools and settings:

- Two training events held for schools and related professionals: Voice Work with Deaf Children (including SALT and school staff) and Tactile Signing for Sensory Learners (including SALT, school/nursery staff and occupational therapists (OTs))
- There is also a continual programme of bespoke and small group training in schools for individual pupils.

HSS activities for children:

- NDCS Healthy Minds Project – another group is running in Poole this half-term.
- Pre-school group – Poole Group, monthly meetings.
- NDCS Technology Bus – there are two visits booked for June in Beaminster and Poole.
- Summer activity day proposed for the end of the summer term.
- Transition support in summer term – peer groups in transition to same school.

HSS updates and projects:

- Working on digitalisation programme to include an online referral which will be on the Local Offer pages.
- Local Offer nearing preview phase and coproduction with parents and children.
- HSS has developed an Audiology Curriculum to support children in their understanding of their hearing loss, management of their equipment and the listening environment. The curriculum has been developed over 4 levels to support children from early years to KS4. Steps within the curriculum are used as learning targets to ensure that deaf children have a full understanding of how technology, communication and inclusion strategies can help them to overcome barriers to listening and learning.
- The first electronic HSS newsletter was sent out in December and included a parent survey: there were 73 responses and 96% of parents

rated the service as excellent or good. The plan is to send out an HSS newsletter once per term

- Access Reports (acoustic audits) have been re-styled with Physical & Medical Team and Assets & Property Team to align all services in a report workflow. Training on statutory duties for Accessibility Plans and Reasonable Adjustments.

Questions/Comments:

- SS asked whether there could there be some form of notification sent to parents regarding when an advisory teacher is planning to visit a child or young person in school. UM responded that this should already happen, and she will remind staff to make sure parents are informed.

**East Dorset Audiology – Lisa Nind**

- The service has recently started to fit a new family of hearing aids in Audiology for both adults and children. For the children this is called the OPN Play hearing aid from Oticon. These are being supplied to children with a newly diagnosed hearing loss, and audiologists are changing other children over to the Opn Plays on reviews. The service has also been very helpfully supported by KT (HSS) who has advised on certain cases where it would be helpful to try the new aids at an earlier date. The feedback from children/families so far has been very positive.
- There is still a proposal for East and West Audiology Services in Dorset to merge and as part of this, services continue to work towards a single pan-Dorset IT system.
- Recruitment into audiology continues to be difficult, as it is for many other local departments, with clinicians leaving to join the private sector. However, the service has been looking at new ways to deal with this; they currently have two trainees and are advertising for two further apprentices in audiology. Discussions are also taking place with a local education provider regarding a possible local apprenticeship course.
- Staffing for the paediatric audiology service however continues to be maintained and a junior member of staff is currently being trained in-house to join the team. One member is about to go on maternity leave and interviews will be taking place shortly to cover this.
- All paediatric audiologists are asked to attend the “Sharing the News Course” designed to support audiologists when discussing results with families of newly diagnosed babies and children. Two further clinicians have now attended this.
- Staff absence due to Covid (including family contacts) continues to affect waiting lists. However, clinic cancellations are carefully monitored to ensure urgent paediatric patients are still being seen at the appropriate time.
- A further member of staff has been trained to complete hearing assessment on babies following the recent increase in referrals from NHSP and to make sure babies who need a second appointment can be offered an appointment more quickly.

Questions/Comments:

- HW highlighted that new diagnostic hubs are being built across the country. Dorset has put two separate bids forward for Audiology and have been successful in Year 1, which has allowed the purchase of new equipment. The second bid for the next 4-5 years is more substantial, and the outcome should be known by July. If secured, this funding will give the potential for new audiology premises and staffing.

- HW explained that there has also been a change in the way audiologists are supported with Continuing Professional Development (CPD). Historically this was lumped in with lots of other services and it was a fight to obtain funding. However, there is now a dedicated Healthcare Science (HCS) Faculty Team, which is much more focussed, so services are able to submit bids for more funding than would have previously been available, to provide training for development of Audiology staff (e.g., for additional training to following completion of apprenticeships). This will also greatly benefit Audiology locally in terms of staffing/recruitment, and as LN mentioned, East Dorset Audiology are currently working with local education providers.

#### **West Dorset Audiology – Rachel Beeby**

- The service is continuing to work towards the proposed merger of East and West Audiology services to form a Dorset-wide service, with Dorset Healthcare as the lead provider. Discussions are still ongoing, but this is an exciting prospect for West Dorset Audiology. It is hoped that the merger will give the service access to the latest hearing aid technology as well as other benefits of being part of a larger service with a well-defined management structure (including succession planning/continuity to anticipate retirement of existing staff etc.).
- Children referred to the service for hearing assessment are currently being offered an appointment within the 6-week target (as of the end of April), and babies referred from the Newborn Hearing Screening Programme for immediate assessment are being offered an appointment within 4 weeks, often much less. However, the service has had to run some additional clinics for under and over 4s to meet demand and this remains a challenge due to a peak in referrals for over 4-year-olds in March (due to school screening).
- The service is also under pressure generally due to high levels of staff sick leave in adult audiologists recently, a backlog in ENT which is impacting on Audiology, and a record peak in referrals into Audiology in March. These issues have been challenging to manage.
- So far this year, the service has only had one new diagnosis from NHSP, which is a baby with moderate/severe unilateral sensorineural hearing loss, and there have been no new diagnoses in older children.
- SBa added that he and KT have recently fitted some of the latest Oticon high-powered hearing aids (which are also available for adults in West Dorset) on the joint Education/Paediatric Audiology clinic. However, access to the full range of new Oticon hearing aids is limited in West Dorset at present due to funding.

#### **Questions/comments:**

- NF commented that the new OPN Play hearing aids have made a massive difference to her daughter, with a definite change almost overnight in that she could hear sounds that hadn't previously been audible to her. The new radio aid (provided by the HSS) has also been great, and it is now possible for her daughter to connect her hearing aids directly to her iPad, which is the feature she loves the most! It is also much better than the previous wired radio aid with a microphone (as the teacher's hair or lanyard would sometimes rub against the mic) and works just as well. KT was pleased and reassured to hear this.
- SS had had communication from parent regarding whether there is a cut-off age when children are moved from play audiometry using toys to pressing a button on audiometry. The parent recounted how the move

from toys to the button seemed to result in a drop in hearing levels and the parent felt it was not appropriate and should have been discussed in advance. LN explained that decisions regarding the use of toys versus the button for responses are made on a case-by-case basis, based on the developmental stage of the child, and are usually discussed with parents. LN will take back to audiologists that the change should be discussed with parents, and they should be prepared to go back to toys if necessary. RB explained that test conditions can vary according to location in the West (e.g., on ENT audiometry clinics that run for children over 6 years and adults, there may only be a button available), but that follow-up appointments would be arranged if the audiologist felt that results were not reliable.

- SS asked if there was any update regarding when Audiology waiting rooms will re-open. HW reported that new guidance has come out and services can start to stand down some restrictions, but that new risk assessments will be required, and a cautious approach is being taken in Dorset. Therefore, waiting rooms may be able to re-open but this will be done using a phased approach. Services will also begin to see a reduction in use of personal protective equipment (PPE), although masks will still be required.
- SS asked what is happening in the West, as when she visited the Audiology Department at Dorset County Hospital (DCH), it was all very different. RB reported that the Audiology waiting room at DCH has now been permanently taken over by the Medical Day Unit (MDU), but that Audiology still have use of some clinical rooms within the department to see paediatric and adult patients. HW explained that West Dorset Audiology are in a difficult transition phase at present due to the proposed merger, having had numerous different managers and being displaced at DCH. She congratulated the staff on having done a fantastic job despite these challenges. However, going forward, with the diagnostic hub funding, another site is being looked at, and there will be an opportunity for the West Dorset Audiology Service to re-build their team.
- HW emphasised that although Audiology services in East and West Dorset look different at present, going forward, there will be one pan-Dorset service with equality for patients across the county, and it is hoped that the merger will be going ahead imminently.
- AL asked whether it is the two NHS Trusts that are merging or the Audiology departments. HW clarified that it is the Audiology departments that will merge, but due to the Human Resources TUPE element (the merger cannot proceed until staff have been formally notified) and the need for agreement of budgets, transfer of equipment, the IT system and staffing etc., this will take time. The new IT system should be in place by Jan/Feb 2023 and will have visibility to ENT Services across Dorset. However, despite the merger, West Dorset Audiology will continue to work in all current sites.
- AL asked whether children allowed to take radio aids home and are radio aids given to pre-schoolers. KT explained that the HSS considers provision of radios aids for all children from first hearing aid fitting. Children are allowed to take them home, although this does vary from family to family (e.g., depending on whether there are concerns that the radio aid may be lost) and this is discussed with the child, family, teacher, and advisory teacher.

**University of Southampton Auditory Implant Service – Sam Bealing**  
COVID-19 is still having a (lesser) impact on USAIS:

- The backlog of patients awaiting cochlear implant surgery is much reduced, although there is still a bit of a delay for children as they need longer surgery slots at particular hospitals (e.g., Southampton General Hospital).
- Appointments are starting to get back to normal with annual reviews for longer term implanted children and young people (CYP).
- Staff are now working more across the service rather than in clinic bubbles, partly out of the need to cover staff illness.
- Remote switch-on/tuning appointments are less common now, only where necessary at the moment.
- Remote upgrades of cochlear implant (CI) and bone conduction hearing devices (BCHD) are still happening where necessary.

Outreach visits to homes, schools, and nurseries:

- These have resumed after the restrictions earlier this year and are following COVID guidelines.
- Restricted visits each day (maximum of 2 visits currently but this is under review).
- “Remote” visits & support continue to be offered alongside face-to-face visits and involves working closely with local services (e.g., the Dorset HSS). Remote working options (phone calls, video calls and emails) are still offered to families.

Other News:

- Update on the new Advanced Bionics processor (Marvel): USAIS are now looking to roll this out to the children who are overdue for their upgrades – appointments are starting to be organised. They are continuing to liaise with Dorset HSS to ensure that the new radio aid configuration is available to prevent CYP being without a radio aid and will be monitoring how the CYP are finding the new set-up closely.
- Staffing: A new Clinical Psychologist is joining the service, working mainly with adults to free up Dr Louise Lee to work with CYP. There are also a few changes within the admin and customer service teams, where recruitment is in progress.
- Recent company developments: Oticon Medical (covering their CI and BCHD services) has been bought out by Cochlear. It shouldn't affect USAIS too much as they don't have any CI patients with their devices and they have said BCHD services will continue as they are for the time being, with the rollout of their new processors and support for current users. They will also continue to support any patients with Neurelec devices.

**East Dorset ENT – No representative present and no update received**

**West Dorset ENT – No representative present and no update received**

**School Nursing – Apologies received from Karen Collins; no update available**

**Paediatric Speech and Language Therapy (SALT) – Gemma Hardman (Update sent via email as GH was unable to attend)**

- There is a Specialist Hearing Impairment Team working across Dorset: Gemma Hardman, Marianne Salisbury, and Liz Jamieson.
- Some children with hearing loss will also be seen by the community team if appropriate.
- Dorset SALT are rolling out the “balanced system” across Dorset in the coming year and there will be a new SALT website (launching shortly)

with more information about this and resources available.

- Gemma will be running a training day for all new/band 5 SALTs in the community team in the summer, to increase knowledge and skills of working with children with a hearing loss

Questions/Comments:

- SS reiterated her enquiry from the Nov 2021 meeting about the current situation with the Dorset SALT Service and whether they are now back to seeing children face-to-face. Unfortunately, there was nobody representing Dorset SALT at the meeting to respond to this. ***(However, please see email update received from GH after the meeting in the appendix at the end of the minutes).***

**Children's Social Care – No representative present and no update received**

**Dorset Deaf Children's Society – Shirley Sorbie**

- DDCS have been busy organising events and one of their most popular events is their Christmas Party, which was held at The Blandford School last December, which 175 members attended. This was also their 50th Anniversary celebration Christmas Party.
- DDCS are committing lots of funds to events for deaf children and young people, and their parents and families. This year so far, they have visited the "Jumpin' Inflatable Theme Park" in Salisbury with 119 members, they held a family and Teens/Young people bowling afternoon in March with 70 members, and they have just visited Farmer Palmers last weekend with 90 members. They are currently organising their Family Fun Day and Hog Roast to be held on Sunday 19<sup>th</sup> June, where they have the NDCS Roadshow booked to visit (LN and KL have kindly volunteered to help with this). They are also organising a visit to Warner Bros. Harry Potter Studio in October.
- The DDCS continue to support members with grants for sign language courses and equipment and have recently reviewed and updated their information leaflet with an amended membership form. This has been distributed to the Hearing Support Service, Audiology Services, and the Auditory Implant Service.
- Virgin Money Giving closed down so DDCS now have a new platform for donations and fund raising. The new platform is Just Giving for charities, which has no charges to DDCS.
- Work has been done on the DDCS website and it is currently up to date.
- DDCS currently have 181 members of which 124 are families with a hearing-impaired child, and they are currently supporting 138 children and young people.

Questions/Comments:

- JV asked whether the families of newly diagnosed children are informed about the DDCS. LN reported that East Dorset Audiology give the DDCS information leaflets to parents of newly diagnosed babies and children (which also occurs in the West). Paediatric hearing aid care kits are also purchased by the DDCS for children with hearing aids, which contain a DDCS leaflet. There was then a general discussion about the great links and communication between the DDCS and the other services.
- EO asked whether families are made aware of the Dorset Parent Carer

Council (DPCC), and there was discussion about how to promote them further (e.g., with a leaflet that can be given to parents) and offers of support (links could be added to the Audiology and DDCCS websites, SS could promote the DDPC on the DDCCS Facebook group, the HSS could add something in their next newsletter, etc.).

- HW commented that once the new Pan-Dorset Audiology contract is in place, Audiology will focus more on developing patient/parent forums, which will be another way to improve communication between patients/parents and services.

#### **National Deaf Children's Society – Alison Lawson**

- The first of two summer CHSWG update reports went out via email at the end of April (which LN forwarded to the CHSWG group).
- The NDCS Listen Up annual survey of paediatric audiology services will be going out next week.
- The NDCS are currently trialling a business card-sized card to be given to parents of newly diagnosed children with a QR code to link to the NDCS website. There will be a space on the back of the card for local services to add notes/additional information. The NDCS are waiting to get feedback before rolling the cards out.
- The card is coming out alongside a "Who we are and what we do" leaflet which will be printed and sent out to services.
- The NDCS are taking feedback about the national SEND review; there is a green paper out at the moment.
- The NDCS are looking to input around teachers of the deaf (ToDs) being involved with the 2-year health checks carried out by health visitors.
- The London NDCS office is now partially open, and the roadshow is back on the road. There is a gradual return to face-to-face events, especially for parents of newly diagnosed children ("Supporting Parents New to Hearing Loss" events), but they will keep some online events.
- There is an NDCS "Parents as Partners" workshop for parents to find out how to become part of their local CHSWG and improve services for deaf children.
- The NDCS Glue Ear leaflet has just been updated and will be printed.

#### **Questions/Comments:**

- SS asked about whether hard copies of information leaflets would be available again going forwards for the HSS and Audiology as well as her library of booklets that she takes to events. AL explained that part of the problem with the printed leaflets was that they could not access the office or storage facility during Covid as they were closed, but they are able to get hard copies now.
- JV asked about the national SEND review, as she attended a meeting yesterday, and there is not much mention in the review about specialist support from the Local Authority budget, e.g., for specialist teachers (including ToDs). There appears to be lots of focus on teacher training but not on specialist support. AL confirmed that NDCS is involved in this. There's now a 13-week consultation period and the NDCS will be working on a detailed response over the next few months and talking to deaf young people, families and professionals about the review and any other changes they want to see.
- HW highlighted that the new Integrated Care Systems (ICS), which will replace the existing CCGs, will need to have children as one of their priorities. This will be an opportunity for us to ensure that the ICS know

	<p>the CHSWG exists and that our voice is heard.</p> <p><b>NHS Clinical Commissioning Group – No representative present and no update received</b></p>	
<b>3</b>	<p><b>Feedback from parent participants/observers invited to today’s meeting</b></p> <ul style="list-style-type: none"> <li>• AP thanked the CHSWG for the invitation today, although she had to leave early for a work meeting. She asked for more notice (at least a month) for future meetings. In terms of feedback, the family have had great experiences of Audiology at Salisbury Hospital with her daughter, and they helped get a referral for Teachers of the Deaf to come to her daughter’s school. In future, it would be great to have a routine visit especially at exam/transition times. Also, it has been a challenge to explain to teachers that access arrangements should be made and are statutory in all lessons and especially for exams. AP’s daughter found lockdown easier because she could listen online at home directly with an ear bud, but masks and the classroom environment have made it harder back in school. Now would be a good to send a reminder about access arrangements for all children with hearing loss/other special learning needs for exams to the schools, given this is all new for students coming back to school after lockdowns.</li> <li>• UM responded saying it is not always straightforward regarding exam arrangements as these are assessed on a case-by-case basis, and there is no continuity (e.g., arrangements in place for GCSEs are not automatically guaranteed for A ‘Levels). However, UM will follow up in this particular instance.</li> <li>• YB-T commented that she really enjoyed being part of the meeting and didn’t realise all of this (i.e., the CHSWG and the collaboration between services) went on behind the scenes. She explained that she felt daunted about joining groups when her first child was diagnosed with a hearing loss, but with her second child (who also has a hearing loss), it has felt easier, particularly as her eldest is now old enough to join in with the other children.</li> </ul>	
<b>4</b>	<p><b>Any other business</b></p> <ul style="list-style-type: none"> <li>• SBa gave an update about the CHSWG flyer he has been working on to tell parents who the CHSWG are, what we do and how they can get involved.</li> <li>• JV felt that it might be a good idea to put parent feedback nearer the beginning of the meeting so parents can raise points that they would like to make before the service updates.</li> <li>• Everyone was thanked by the chair for attending and a date for the next meeting was agreed.</li> </ul>	

**Date for next meeting: Tues 1<sup>st</sup> Nov 2022, 10am-12pm, Microsoft Teams**

<b>5</b>	<p><b>Appendix</b></p> <p><b>Update received via email after the meeting from Gemma Hardman, Team Lead for Christchurch and Bournemouth East Paediatric Speech and</b></p>	
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**Language Therapy Service, in response to the enquiry from SS about the current situation with the Dorset SALT Service:**

“Although we are now entering the recovery phase of the pandemic, we continue to deal with a backlog of appointments and a larger than usual number of new referrals. We also have fewer face-to-face appointments on offer than usual due to ongoing NHS infection control procedures.

We are therefore continuing to take the following steps to meet the needs of children on our caseload as we recover from the pandemic:

1. Offering telephone or Attend Anywhere (AA) video appointments where possible, unless a child’s needs are best served via an in-person appointment with the therapist wearing Personal Protective Equipment (PPE). We now have clear masks available to aid lip reading for Deaf children.

Please be reassured that our therapists and therapy assistants are highly skilled in engaging children over AA. It has proven to be an effective tool, especially with teaching speech sounds (as it removes the need for PPE), or when coaching parents to develop strategies that they can use on a daily basis with their young children. Using AA also saves time by reducing travel and cleaning which means that we can offer more appointments.

Together the Speech and Language Therapist and Special Educational Needs Co-ordinator (SENCo) will identify children who are priorities for in-person visits rather than video call/telephone support.

Reasons for prioritising in-person visits include:

- The Speech and Language Therapist has identified clinical reasons for an in-person appointment, such as limited attention/listening/language skills.
- Observation of the child within the classroom is required.
- The sound quality of AA/Microsoft Teams does not allow for accurate assessment/therapy.
- The school’s IT system does not support AA/Microsoft Teams. If the school can set up Zoom/Skype appointments, these are acceptable alternatives.
- The school have identified appropriate reasons to request an in-person appointment.

2. Prioritising initial assessments to identify children with the most severe Speech, Language and Communication Needs (SLCN).
3. Prioritising therapy by delivering 2-3 sessions at a time to demonstrate therapy activities/strategies that can be carried out at home or school (this means that there should be a shorter wait overall for therapy input). Therapy input for the Deaf/Hearing Impaired children (accessing Specialist SALT) is however flexible and will be adapted depending on clinical need of the child.
4. Placing all children who have been given a programme on our open access pathway (rather than an automatic review). This means that school staff and parents can request more input once the programme of work has been completed.

