

Northumberland CHSWG Action Plan 21-22

Next steps					
In progress					
Completed					
Priority Areas	Actions	Lead & Others	Review Spring Meeting	Review Summer Meeting	Notes
1. Sensory Support, parents/carers and other stakeholders: to look at opportunities for HICYP and families to socialise and meet (especially during & post-covid)	<ul style="list-style-type: none"> • Working group set up • Microsoft Form to parents/ carers • Input from parent support group • Student Council consulted following reorganisation for the Autumn term • Explore the possibility of a summer event? • Explore virtual opportunities • Explore ways to re-start pre-school group (using other venues?) 				
2. Sensory Support, parents/carers and other stakeholders: to explore most effective ways of sharing information between Sensory Support and parents/ carers and	<ul style="list-style-type: none"> • Working group set up • Parent/ carer survey of what is currently available • Explore alternatives and/ or maximising what is already available 				

between parents/ carers					
3. Audiology with other stakeholders:					
4. Social Care, NDCS & other Stakeholders: to ensure clear and coherent pathways for Social Care in Northumberland	<ul style="list-style-type: none"> • HI TL and Manager of the Disabled Children's Team to meet and discuss possibilities • Training from DCT for Sensory Support staff 				
5. All Stakeholders: to ensure that CHSWG is effective and a forum for working together to improve improves outcomes for deaf children and their families in Northumberland	<ul style="list-style-type: none"> • CHSWG meeting termly • Maximise use of remote meetings and engagement • Action plan approach implemented • To engage with the What Works guidance • To review ToR and identify priorities regularly • To ensure collaborative working & shared responsibility • To maximise engagement of parents • To work with NDCS to build capacity within the CHSWG e.g. parental & professional training 				

	<ul style="list-style-type: none"> • To ensure that parent/carer representatives are able to share CHSWG information with other parent/ carers • To ensure that there are opportunities to hear the voice of HICYP e.g. student council • To set up a Microsoft Teams site as a way to share information easily and work collaboratively 				
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Audiology

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Lead	Date (if applicable)	RA G	Evidence of progress to date & any other comments	Status
2. Audiology with other stakeholders							
2.1 NHSP: NH1 & NH2		<ul style="list-style-type: none"> • Data analysis and reporting • Opening of community locations to support screening • Quality of referrals 	NHSP Team Leader				

consistently achieved							
2.2 Robust local systems in place to identify and support later onset of deafness	<ul style="list-style-type: none"> • Direct referrals in place for GPs, HVs, school nurses and speech and language therapists to refer in if parental or professional concern about hearing. • Ensure information in place to raise awareness of red flags/signs to look out for. Make information available to all relevant health professionals and parents. 	<ul style="list-style-type: none"> • Robust systematic pathways in place to improve early identification, referral and support • Capacity is built with parents, education and community health professionals to ensure they are aware of signs to look out for 					
2.3 Audiology: 100% of local audiology services are meeting deaf	<ul style="list-style-type: none"> • Newborn testing running normally within accepted timeframes • Paediatric new referrals are waiting about 10 weeks 	<ul style="list-style-type: none"> • Recovery plans in place and being implemented and monitored at Trust and CHSWG level • Improve patient confidence in attending appointments • Maximise use of testing rooms to increase capacity 	<ul style="list-style-type: none"> • 				

<p>children's needs in a timely manner</p>	<ul style="list-style-type: none"> • Paediatric follow up tests (under 5 years) are waiting about 10 weeks • Paediatric follow up tests (older than 5 years) are waiting less than 1 month • Annual hearing aid reviews still backlog with some 12-18 months overdue. Priorities from parents/ToD seen. • Initial hearing aid reviews for older children with BTES and for children with BAHAs by telephone to save unnecessary appointment time • Whereas most adult repairs are now done remotely/by post most paediatric repairs are done face to face (high 	<ul style="list-style-type: none"> • Continue to develop efficient ways of remote working e.g. telephone history taking, repairs, batteries • WNB lists are proactively addressed and any safeguarding issues are identified • Address local backlog and report regularly on progress and ongoing barriers 					
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	<p>% require new earmoulds)</p> <ul style="list-style-type: none"> • WNB :for paediatric hearing assessment a standard letter to parents/GP gives opportunity to make contact within 4 weeks and request a further appt. Hearing aid reviews generally put on w/list for 6 months time. 						
<p>2.4</p> <p>ENT: All children with a temporary conductive hearing loss have their needs met</p>	<ul style="list-style-type: none"> • Parents of children with a persistent conductive hearing loss should be given written information on shared decision making of managing glue ear. • Currently children listed for grommets are waiting only about a month, and similar for BAHA. Changing situation 	<ul style="list-style-type: none"> • Consideration of current waiting lists and how local policy is being developed to address changes e.g. Trust recognising grommet surgery as priority • Review of glue ear children e.g. preparation for winter 2021/22 • Local ENT/audiology pathways ensure deaf children can access temporary hearing aids where necessary • Backlog of BCHI surgery 					

	<p>as limited bed capacity is meaning increased day case surgery at the moment.</p> <ul style="list-style-type: none"> • Currently children identified by Audiology as candidates for grommets can be seen within 1 month for telephone review by ENT. Then listed with surgery within 2 months from then (or 1 month if urgent). • Where management choice is hearing aids Audiology mostly using softband BAHA and fitting can usually be within 1 month 					
2.5	<ul style="list-style-type: none"> • Aetiology pathway is streamlined to a face to face initial appt followed by 	<ul style="list-style-type: none"> • Local approach in place maximising remote and face to face investigations • Investigations are carried out 				

<p>Medical: aetiological investigations are offered and completed</p>	<p>telephone follow up to discuss further information from any investigations</p> <ul style="list-style-type: none"> • No current backlog with quick access for new diagnosed cases or changes in hearing • Local cCMV pathway well established (several years) • Audiology refer newborns directly to Audiology for “Feed and wrap” MRI scan – early referral can avoid the need for sedation/general anaesthetic if left until child is older. 	<ul style="list-style-type: none"> • Hospital testing is being offered and parents feel confident to access to hospital testing facilities • Local CMV pathways in place 					
<p>2.6</p> <p>Auditory Implant Centres: deaf children are</p>		<ul style="list-style-type: none"> • Address local backlog and report regularly on progress and ongoing barriers • Pathways for medical tests are in place e.g. MRIs 					

implanted as early as possible and in line with national guidelines		<ul style="list-style-type: none">• Routine reviews and follow ups are fully resumed• Maximise remote working to support capacity and backlog e.g. completing pre-surgery assessments, remote switch on• Post-surgery support in community back in place e.g. SLT, ToD					
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