CHSWG Action Plan: Exemplar

CHSWG:

Date:

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

Outcome to be achieved	Key Milestone(s) to achieve outcome	Action	Lead	Date (If applicable)	RAG	Evidence of progress to date & any other comments	Status
1. Education							
1.1 **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 31.12.20	• 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	Head of Service	31.12.20		• Risk assessments completed • Working with individual schools – targets in place	**Ongoing**

1.2 **100% of school age deaf children are actively engaged in their education**		• 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 place to support additional communication support • Engage parents & deaf children in what works and local solutions • Ensuring individual equipment is cleaned and in use at all times					
1.3 **All pre-school deaf children achieve their assessed targets in early language and communication**		• 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					
1.4 **The catch-up fund delivers accountable outcomes for deaf children at the local**		• ToDs involved the local strategy, • Catch up to also focus on the EHWB 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					

level		• ToDs influencing and accessing the funding at school level for individual catch-up • ToDs involving parents of deaf cyp / local groups in the local discussions • Additional flexibility with the curriculum to ensure targeted catch up / 1-1 tuition in place					
1.5 **The attainment and outcomes for deaf children are improved as a result of any local SEND review / proposal for change**		• 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					
1.6 **Deaf children of all ages have access to relevant auxiliary aids in the home**		• 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					

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2. NHSP/SES/Audiology /ENT/Medical/Auditory Implant Centre							
2.1 **NHSP: NH1 & NH2 consistently achieved**		• Report to chswg • Opening community locations to support screening • Screeners not redeployed / shielding	NHSP Team Leader				
2.2 **SES: Robust local systems in place to identify and support later onset of deafness**		• 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					
2.3 **Audiology: 100% of local audiology services are meeting deaf**		• 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					

children's needs in a timely manner **All children with a temporary conductive hearing loss have their needs met**		• 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 • Consideration of current waiting lists and how local policy is being developed to address changes in grommet surgery / other priorities • Parent feedback influencing local policy • 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					
2.4 **Medical: aetiological investigations are offered and completed**		• 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					
2.5 **Auditory Implant Centres: deaf children are implanted as early as possible and in line with national guidelines**		• 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,					

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3. Speech & Language							
3.1 **100% of schools with deaf pupils on roll are allowing SaLTs to deliver specialist services on site**		• 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					
3.2 **100% of deaf children are actively engaged in their speech and language therapy**		• SaLTs getting back into family homes to offer early face to face support • Maintain and improve remote support as appropriate • 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					

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4. Social Care							
4.1 **There is proper consideration given to understanding and acting on the additional vulnerabilities that COVID has placed on deaf children and their families**		• 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 • LAC/foster care placements – their needs, working practice – access to socialisation in and out of education settings • Protocols to meet the communication needs in child protection investigations e.g. registered BSL interpreters • Equipment for access in the home • Effective communication within the family setting					
4.2 **Shared plans are in place with partner agencies to provide support for vulnerable deaf children**		• Short breaks – deaf children with additional needs • Emotional health and wellbeing plans/strategies • Funding for specific vulnerable deaf children – access to laptops etc					
4.3 **Social Care recognise the needs of deaf children and their families and respond appropriately**		• Access to BSL for parents • Thresholds – flexible approach • Front Door access to assessment					

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5. CHSWG							
5.1 **An effective and accountable local CHSWG is in place that improves outcomes for deaf children and their families**		• 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					

Version control

V1 Aug 2020

V2