



Hearing Support Service
Children's Services
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Dorset Children's Hearing Services Working Group (CHSWG)

6th November 2025 10.00am – 12.00, via Microsoft Teams

		Actions
1	<p>Introductions and Apologies:</p> <p>Attendees:</p> <ul style="list-style-type: none">• Ken Tucker – Principal Teacher and Educational Audiologist, Dorset Hearing Support Service (Interim Chair)• Sam Bealing - Educational Audiologist, Dorset Hearing Support Service• Helen Williams - Service Manager for Dorset Audiology• Lisa Nind - Clinical lead for Paediatric Audiology• Shirley Sorbie – DDCS (Dorset Deaf Children's Society) Trustee• Rachel Lachlan - Consultant Paediatrician – taken over from Sarah Morris• Steven Frampton – Consultant ENT Surgeon• Holly Gomori – NDCS (National Deaf Children's Society) Advice and Guidance Officer• Eirwen Burgess – Local NHSP manager• Charlotte Freeman Lawrence – head and neck• Heidi Watts – USAIS <p>Apologies Received:</p> <ul style="list-style-type: none">• Ursula Murley – Dorset Hearing Support Service – <i>Ursula has taken phased retirement and stepped down from the Principal Teacher role.</i>• Ashley Raynor – Advice and Guidance Officer NDCS – <i>Ashley now has a new post with the NDCS.</i>• Barry Alborough-Duell – <i>Barry has moved to a new post within the UHD Directorate having previously been the East Dorset ENT Service Manager.</i>• Elaine Okopski – Dorset Parent Carer Council• Katie Key – Senior Specialist Audiologist (Paediatrics)• Simon Baird – Clinical Scientist (Audiology)• Gemma Hardman – Deafness Lead, Specialist Speech and Language Therapist• Chloe Morley – Designated Clinical Officer (DCO) for SEND, Nursing and Quality.	

	<ul style="list-style-type: none"> • Jill Warn – Lead Families First Partnership Programme • Jemma Buckler – Local Manager NHSP 	
2	<p>Matters Arising: Minutes agreed from last meeting</p> <p>Terms of Reference – are we agreeing them / amending? Currently dated 2023 – should be reviewed in 2026</p> <p>Audiology – need to be known as Dorset Audiology Service</p> <p>Discussed recording meeting for those not present</p>	<p>ALL MEMBERS – review for next meeting and bring thoughts back, or email to Ken / Sam</p>
3	<p>Service Updates:</p> <p>Newborn Hearing Screening Programme Standards All babies should be screened within 28 days of birth – 98% met criteria – others were families that declined / were hard Additional follow up screen Referral rate to audiology – 23 referred on, all offered appt within 28 days. A member of the team has left so in process of recruiting. Screeners based at Shelley Road, Boscombe but mainly remote working – outreach clinics and home visits where necessary.</p> <p>Paediatrics (East and West) RL – comments from East Dorset. Agreed with later comments about streamlining duplicate referrals Looking at investigating CMV diagnosis at NHSP so treatment can be arranged. RL has a clinic for new referrals as need to get investigations started in case of referral for Cochlear Implant, usually sees babies within a month, sometimes a little longer for older chn. Referrals – mild/mods may go to ENT and Paeds, severe / prof to paediatric and AIS as possible implant. RL trying to set up to request scans at referral</p> <p>Dorset Hearing Support Service</p> <p>Caseload and staffing: In summary, figures are broadly similar to those presented in May. A very slight decrease in active cases, many of whom have moved to clinic review (the sign of a good summer?)</p> <p>Fewer glue ear cases)</p> <ul style="list-style-type: none"> <input type="checkbox"/> There are currently 505 children and young people visited by an advisory teacher from the Dorset Hearing Support Service. <input type="checkbox"/> In addition, there are 181 children on clinic review; these children are being monitored by Audiology and may come off or onto caseload. 	

- There are currently an additional 236 children who have been diagnosed with a hearing loss which is currently unaided – Annual Letter cases.
- There are six children attending residential schools for deaf children.
- Across Dorset and BCP 152 of the 505 children on caseload have an Education, Health and Care Plan (EHCP) in place; this equates to 30% of the children.
- Since the last meeting (November 2024 to April 2025) the Hearing Support Service has supported 59 new referrals.
- There are currently 14 members of staff working for the Hearing Support Service, providing 12.8 FTE posts.
- The HSS team comprises of Qualified Teachers of the Deaf, Educational Audiologists, MSI Specialist Teacher (shared with the Vision Support Service), one native deaf Sign Language Support Worker, and two Specialist Teaching Assistants.

Changes and developments

- Ursula, previous Principal Advisory Teacher, is taking phased retirement and has stepped down from leading the team.
- Ken Tucker has stepped into the role of Principle AT in an interim capacity.
- Advisory teacher, Samadhi Christopher, has moved on to take on a role working for Somerset.
- This has left us one member of staff short – partly covered by Charlotte Arnold with all other teachers currently being a little over capacity on caseload.
- A new trainee Teacher of the Deaf, Jamie Bartlett, has been employed and will commence in January. He will start the ToD course in September 2026.
- Our Future Council – restructuring. Should not directly affect HSS staff, but will impact support staff (potentially HR, Business Support etc.)
- Staff CPD has continued to focus on sign language skills. Four staff members passed their BSL Level 2 in the summer and three staff members are now studying towards their Level 3, one towards L2 and one towards Level 1.
- Two team members are undertaking ELSA training so the service can respond quickly to mental health challenges experienced by students and support the students and team members
- Monthly Parent Support Groups are running both east and west, and incorporates Little Signers.
- HSS conducted a Pupil Survey in the Summer Term and received 63 responses:
 - 98% said they felt supported by their ToD
 - 92% said they knew why they had a hearing loss/understood how their ears worked
 - 70% said that despite their hearing loss, they felt they could do anything they wanted to do while 24% said that they sometimes felt frustrated about their hearing loss and 6% said they did not want their peers knowing about their hearing loss

	<ul style="list-style-type: none"> ○ 76% of pupils did not have any suggestions for how to improve the support they get from HSS, 8% wanted more opportunities to meet other pupils like themselves, 3% wanted more opportunities to learn BSL and 5% would like better access to batteries/batteries that don't run out <ul style="list-style-type: none"> □ Six staff members attended the DDCS Summer event – thanks Shirley and the DDCS □ 32 Children attended the HVSS Summer Activity Day at the Ancient Technology Centre at Cranborne. <p>Dorset Paediatric Audiology</p> <p>LN – next time could they be higher up list so SF is still there!</p> <p>Target of seeing 95% of patient referrals in 6 weeks of receiving – currently at 93%.</p> <p>IQIPS accreditation – taking a huge amount of work but has improved schedule of audits, peer reviews, clearer pathways and management procedures. Inspection due end of March.</p> <p>KK on mat leave but post being covered.</p> <p>Tamperproof battery drawers – lots of discussion with Oticon and a new design is coming out, Auds have meeting coming up to discuss. Staff remind parents to check the drawers and make sure they use the correct tool.</p> <p>HW – Oticon have said Oticon have recognised it as an issue and taken staff concerns and reports of failures and have liaised closely to get suitable solutions</p> <p>LN- sometimes need to assess difficult to test children under sedation – this has been a great example of joint working with the hospitals.</p> <p>SS – has visited waiting rooms at new hub and space for NDCS info / posters is very limited HW has challenged it several times but as it is an old building and fire regs are not permitting it.</p> <p>LN – another service had a regular children's Multidisciplinary meeting and staff found it really useful – would there be benefit for us to start one. KT agreed would be helpful as we can discuss individual cases. KT will contact Gemma Hardman to see if we could share HSS meetings with her, LN will send email to those it may benefit, HW would be very interested too.</p> <p>University of Southampton Auditory Implant Service</p> <p>HW – CI and BCI still getting lots of referrals. 5 chn waiting for surgeries across the service at the moment. Currently 1187 patients on record, mainly adults.</p> <p>Children starting to get BCI transcutaneous implants (Cochlear Sentio)</p> <p>Updated processors – Cochlear BAHA 7, MedEl Sonnet 3 – adults reported some unwanted noise so not yet fitted to young children, newer Marvel M90 but very little change in functionality</p> <p>ENT (East and West)</p> <p>SF - UHD perspective – national level issues with waiting lists for appts and surgeries. Lots being done, numbers are improving (e.g. weekend</p>	
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<p>surgeries) and UHD performing well compared to other services. Pressures in Aural Care Services – delays for things like dewax procedures.</p> <p>Query about sharing information back to audiology following ENT procedures – has been discussed and will be shared with staff.</p> <p>CFL – meetings to decide where paed clinics will be held – likely Bournemouth. Additional paed clinic set up to try and reduce waiting times. Additional ENT consultant (not necessarily paed) post now generated, waiting to recruit</p> <p>LN queried pathway for aided children's dewax appt – SN explained that some issues as not all staff are paed trained – SN and CFL agreed best way is to telephone ENT secretaries for appts as it is a very small number. LN queried about emailing reports to ENT – ENT happy for this as long as it's a .NHS addresses</p> <p>SF – Grommets – no need for minimum age for referral, happy to take younger if appropriate</p> <p>Referrals to ENT and Paediatrics – some duplication, so LN will email documents to SF / RL for discussion / review.</p> <p>KT – issues around chn who need regular dewax (e.g. those with Down's Syndrome) – SF explained best to work on an individual basis with advice on wax management and appointments as appropriate for that child. CFL – very little research / guidance for paed earwax removal so again needs to be on a case by case basis. SS asked about delays for children – CFL explained not usually a significant delay they try and fit paeds in ASAP.</p> <p>KT – HSS take referrals from audiology, usually when seen and been fitted by aids. However have had some parents contact us re children with glue ear who are under ENT but not audiology</p> <p>SF – looking into advice and procedures around this and APD – anyone who wishes to be involved will be welcome to join.</p>	
<p>School Health Unfortunately no representatives were available today</p> <p>Paediatric Speech and Language Therapy Unfortunately no representatives were available today</p> <p>Children's Social Care Unfortunately no representatives were available today</p> <p>Dorset Deaf Children's Society 10 Events so far this year – 225 members attended Summer activity day, and parents commented it was useful to have HSS and SaLT representatives in a more relaxed environment. Christmas party on 29th November! Recent AGM and JBDCAA – 13 nominations! Youth member is now a full trustee. 230 families are members, 16 new this year.</p> <p>National Deaf Children's Society Holly Gomori - Advice and Guidance Officer (AGO) taken over from Debbie Ravensdale. Parents now advised to go through the main NDCS helpline and then they can be passed to the appropriate department (e.g. benefits etc)</p>	

	<p>NDCS looking to establish Community Connectors – local rep who will work with communities. Not one currently assigned for Dorset but this will hopefully be arranged soon. SS voiced concerns as the role seems to be very similar to what the DDCS. KT suggested it may be that we are the exception as many other areas don't have a local DCS like we do! HG – NDCS will be looking at each individual area, and looking at what is needed in each area rather than organising activities – liaising with local DCS but not replacing them.</p> <p>SS raised website upgrade has meant that it's harder to find information and some things aren't available to order. Also raised some queries regarding support from local teams staff. HG explained NDCS has had a major restructure and rebrand (hence new website) so some of the publications have needed updates. SS said there has been a spell of poor communication and – KT agreed but felt that has improved lately.</p> <p>HG will share her contact information but generally parents should go through the helpline.</p> <p>NHS Clinical Commissioning Group</p>	
4	<p>Any Other Business:</p> <p>Reminder – DDCS Christmas Party 29th Nov at Blandford</p> <p>KT – has inherited chairing from Ursula but as he has a new role and is very involved in that so may need to step down as chair of CHSWG to focus on HSS. HW discussed emailing out to all members as only a few left at the end. Discussed use of AI / transcripts to generate minutes, as minutes are still needed to share with parents / other interested parties.</p>	<p>ALL MEMBERS – Consider whether you could take on the chair to discuss at next meeting</p>

Date of next meeting:

- Thursday 14th May 2026, 10:00am – 12:00pm, via Microsoft Teams