Guideline for Triaging Paediatric Referrals

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

The organisation for which these guidelines are applicable to Children's Hearing Services provided by Worcestershire Acute Hospitals NHS Trust in a range of settings. In particular, all paediatric patients referred for a hearing assessment. To include patients who are 6 months - 18 years of age with suspected or diagnosed hearing loss. Overall responsibility for the pathway is with the Countywide Audiology Services Manager.

This guideline is for use by the following staff groups:

- Admin and Clerical Team
- Paediatric Audiologists

Lead Clinician(s) Jessica Scully	Paediatric Audiology Manager WAHT
Approved by Audiology Governance on:	21st July 2026
Approved by Medicines Safety Committee on: *Where medicines are included in document.*	N/A
Review Date: This is the most current document and should be used until a revised version is in place	21st July 2029

Key amendments to this guideline

Date	Amendment	Approved by:
21/07/2026	Add referrer/Grammatical changes	Audiology Governance

1. Scope of Document

This guidance document is designed to support Audiology professionals in their work. It should be used in conjunction with clinical judgement to attain optimal outcomes for our service users

The benefits of Guidelines are:

- To help assure the quality and consistency of service
- To help always ensure good practice
- To fully utilise the expertise of all members of the team
- To help avoid confusion over roles and responsibilities
- To ensure timely triage of referrals as to avoid delays to patient pathways
- To provide learning tools for new members of staff
- To contribute to the audit process.

The following information outlines the triage process when Paediatric Audiology receive new patient referrals.

2. Aims and Objectives

To provide staff with a template for them to efficiently triage referrals and to facilitate consistency in patient care.

3. Triaging Electronic Referrals Process

3.1 Referrals received into the inbox wah-tr.AudiologyHearingServices@nhs.net

3.2 Email to be forwarded to wah-tr.audiologypaedreferrals@nhs.net

3.3 Paediatric Audiologists will access the inbox. Open the referral, read the contents alongside this guideline. The audiologist will check carefully on Auditbase to ensure it is a new referral and not already under our care or not for information only such is the case when a child sees a paediatrician for the first assessment. The audiologist will then forward the referral to wah-tr.AudiologyHearingServices@nhs.net with the grading in the body of the email in the following format -

- **Priority** (urgent/soon/routine)
  Waiting List (<4PD2 or >4PDS)
  Appointment Type (Paed VRA or Paed PTA)
  Location (ALEX, KTC, WRH) Referrals from the Evesham area will be Alex/WRH See appendix 3
  Referrer (GP/SaLT/HV/AP/ENT)

  For example – Routine
  <PD2 –
  Paed VRA
  WRH
  SaLT

  If the clinician feels that the referral is not suitable for validation, they can indicate this with a "B". If there are any additional needs such as an interpreter, please state this in the email.

In the case where there is a safeguarding alert on the form or the referral is urgent, please request that the child is booked directly. This will also alert the admin team to perform due diligence. Use the following format -

Safeguarding/ Urgent - Book Directly (VRA or Paed PTA, ENT HA) – Location - Referrer

OR

REJECTED

If the referral has insufficient information or the incorrect referral form has been used, the audiologist can reject the referral and indicate this and the reason why in an email back to wah-tr.AudiologyHearingServices@nhs.net

Once the email has been sent, please delete the referral from the wah-tr.audiologypaedreferrals@nhs.net inbox.

3.4 Admin and clerical monitoring the wah-tr.AudiologyHearingServices@nhs.net inbox will add patient to AB, PAS refresh to ensure correct details are stored on the hospital system, resolve any discrepancies that arise and action as directed in the email within 2 working days. If referral has been rejected, email back the referrer with the reasons the audiologist has stated.

4 Triaging Paper Referrals - GP ONLY

4.1 Referral received through the post

4.2 Referral date stamped by a member of the administration team and placed in the tray for triaging which is found in the staff base at each site.

4.3 Paediatric Audiologists will access the referrals folder or in tray. Read the referral contents alongside this guideline. The audiologist will check carefully on AB to ensure it is a new referral and not already under our care or not for information only such is the case when a child sees a paediatrician for the first assessment. Referral triaged by senior paediatric audiologist within 2 working days of receipt. Paediatric audiologist will write on the referral using the following format -

Priority (urgent/soon/routine) –
Waiting List (<4PD2 or >4PDS)
Appointment Type (Paed VRA or Paed PTA)
Location (ALEX, KTC, WRH) Referrals from the Evesham area will be Alex/WRH. (See appendix 3)
Referrer (GP/SaLT/HV/AP/ENT)

For example, =

Routine
<PD2
Paed VRA
WRH
SaLT

If the clinician feels that the referral is not suitable for validation, they can indicate this with a "B". If there are any additional needs such as an interpreter, please indicate this on the form.

In the case where there is a safeguarding alert on the form or the referral is urgent, please request that the child is booked directly. This will also alert the admin team to perform due diligence. Use the following format -

Safeguarding/Urgent - Book Directly (VRA or Paed PTA, ENT HA) – Location-Referrer

OR

REJECTED

If the referral has insufficient information or the incorrect referral form has been used, the audiologist can reject the referral and indicate this on the form and the reason why and return it to the admin and clerical team.

4.4 Triaged referral passed to the Admin and Clerical team to action. Admin and clerical team will add patient to Auditbase, PAS refresh to ensure correct details are stored on the hospital system, resolve any discrepancies that arise, and action as directed on the referral letter within 2 working days. If referral has been rejected, send rejection letter on AB back to the referrer with the reasons the audiologist has stated.

5. Roles and Responsibilities

5.1 Audiology Management Group

The Audiology Governance team are responsible for approving this document and ensuring that it is reviewed in line with Trust Policy.

5.2 Audiology Staff

Audiology staff are responsible for accessing, reading, understanding and following this document where it applies to their job role.

5.3 Detailed Guidance

- Administrative Accountability – Administration Team Leader for Audiology & ENT
- Clinical Accountability – Paediatric Audiology Manager
- Other people involved – administrative staff, other clinicians.

6. Guidance

- Triaging to be performed Paediatric Audiologist at Band 6 and above.
- Should be done as soon as possible, ideally daily.
- Any child with a safeguarding alert should be booked directly and NOT put on a waiting list.
- For any Urgent referrals – please identify where the appointment can be booked. If unable to do so, please contact Paediatric Audiology Manager so this can be actioned promptly. If you are unsure, please ask a more senior staff member.

Referral	Appointment Type
cCMV diagnosis in baby	Urgent – ABR
Bacterial Meningitis for baby under 6 months old	Urgent – ABR
Bacterial Meningitis for baby above 6 months old	Urgent age-appropriate testing – VRA/ OAE/ tymps – either PD2 clinic, PDS clinic
Urgent referrals should be highlighted to office staff and marked clearly as 'URGENT' in the subject title or body of the email.	

Referrals Based on Age	
0-6 months	ABR or OAE; depending on age of child and reasons for referral
6 months to 4 years	VRA, 2 paediatric audiologist
4 years plus	Paed PTA
Please be aware that the above is a rough indication only, some children who are over four may require additional support so would therefore be more suitable for a PD2 clinic.	

Referrals from ENT	
For hearing test only	As above – ENT VRA or ENT PTA Paed ENT AUDIO Paed ENT VRA
For hearing aids	If hearing test with referral, not suitable, please reject referral. Paed ENT HA

Rejecting referrals	
For children referred for APD assessment	Reject and use standard letter available on AB under documents. Note on AB the referral has been rejected/ why and pass to a member of the admin team.
Incorrectly filled out forms	Reject and send letter noting reasons why. Note on AB the referral has been rejected/ why and pass to a member of the admin team.
For hearing aids	If hearing test is not suitable for amplification, please reject referral. Use standard letter available on AB under documents. Note on AB the referral has been rejected/ why and pass to a member of the admin team.

7. Training and Implementation

No new training is required to adhere to this document outside the scope of typical training requirements provided to ensure clinical competency for clinical staff assessing paediatric patients.

Implementation will follow ratification of the document and then will be shared with all members of the paediatric audiology team who will be expected to read and follow the guidelines within their own scope of practice.

8. Monitoring Actions

Routine Audits of the application of this guideline will be undertake in line with departmental annual audit plan.

9. Appendices

1. Paediatric Audiology Referral Form for Healthcare Professionals

Paediatric Audiology Referral F

2. Paediatric Audiology Referral Form for Education

Childrens-hearing-referral-form-for-edu

3. Location Allocation
   ALEX – Bromsgrove, Birmingham, Evesham
   KTC – Wyre Forest, Tenbury, Droitwich
   WRH – Worcester, Malvern, Pershore, Evesham,

Monitoring

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
Section 3 & 4	Referral Triage Format	Check on emails received from wah-tr.audiologypaedreferrals@nhs.net email address to wah-tr.AudiologyHearingServices@nhs.net	Once a year	Paediatric Team/A&C Team Leader	Audiology Service Manager/Governance Meeting	Once a year
Section 6	Urgent referrals to be booked directly	Check on emails received from wah-tr.audiologypaedreferrals@nhs.net email address to wah-tr.AudiologyHearingServices@nhs.net	Once a year	Paediatric Team	Audiology Service Manager/Governance Meeting	Once a year
Section 6	Rejected referrals	Check on emails received from wah-tr.audiologypaedreferrals@nhs.net email address to wah-tr.AudiologyHearingServices@nhs.net	Once a year	Paediatric Team	Audiology service Manager/Governance Meeting	Once a year

References

Quality Standards in Paediatric Audiology.
https://www.baaudiology.org/app/uploads/2022/07/BAA-Paed-QS-v1-2022.pdf
[Accessed on 17.03.2025]

Contribution List

This key document has been circulated to the following individuals for consultation:

Designation
Edward Southan - Principal Audiologist/ Interim County Manager
Kim Doughty - Principal Audiologist
Abigail Clevely - Principal Audiologist
Claire Carwardine - Principal Audiologist
Paediatric Audiology Team
Leah Hannant – Admin Team Leader

This key document has been circulated to the chair(s) of the following committee's / groups for comments:

Committee
Audiology Governance

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Jessica Scully

Details of individuals completing this assessment	Name	Job title	e-mail contact
	Jessica Scully	Paediatric Manager	**jessicascully@nhs.net**
Date assessment completed	17.03.2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Guideline for Triaging Paediatric Referrals			
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure timely and systematic management of paediatric referrals To ensure correct triaging of urgent and routine referrals. To minimise risk of delayed treatment in urgent cases.			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓ ❑	Service User Patient Carers Visitors	✓ ❑ ❑ ❑	Staff Communities Other _____
Is this:	✓ Review of an existing activity ❑ New activity			

	❑ Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Following a significant clinical incident within paediatric audiology, major service improvements are underway. Documentation including Guidance follows best practice from several sources – British Society of Audiology Recommended Procedures, British Academy of Audiology Paediatric Quality Audit Tool have been reviewed along with other service guidelines, notably Wolverhampton and as exemplars of good practice in UKAS IQIPS accredited sites.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Audiology Governance Team
Summary of relevant findings	This guideline is necessary.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale**. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		✓		Impacts only on the age group included within the document.
Disability		✓		No impact.
Gender Reassignment		✓		No impact.
Marriage & Civil Partnerships		✓		No impact.
Pregnancy & Maternity		✓		No impact.
Race including Traveling Communities		✓		No impact.
Religion & Belief		✓		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				No impact.
Sex		✓		No impact.
Sexual Orientation		✓		No impact.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	✓			Children identified as at risk or a looked after child will be seen urgently.
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		✓		No impact.

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	No Negative risks identified	.		

How will you monitor these actions?	
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	In 3 years when document has major review.

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Jessica Scully
Date signed	17.03.2025
Comments:	
Signature of person the Leader Person for this activity	Jessica Scully
Date signed	17.03.2025
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.