

Adult Audiology Referral Grading and Triage Guideline

Department / Service:	Audiology Adult Service
Originator:	Joanne MJ Stanley
Accountable Director:	None at Present
Approved by:	Audiology Governance Meeting
Approved by Medicines Safety Committee:	Not Applicable
Date of approval:	1 st July 2025
First Revision Due:	1 st July 2028
This is the most current document and should be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Audiology Adult Service
Target staff categories	Audiologists

Guideline Overview:

All Audiology Adult referrals received need to be Graded and Triaged to ensure that they are booked the correct appointment and / or are added to the correct waiting list.

This is also to ensure and demonstrate that standards are upheld across all activities and that Audiology Adult Referral processing is consistent across all sites.

This document and 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.

Key amendments to this document

Date	Amendment	Approved by:

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1. Introduction

This Guideline applies to Adult Audiology Referrals for the Worcestershire Acute NHS Trust across all sites. It applies to all referrals received to the Adult Audiology Service, Adult referrals are classified as patients over the age of 18 years. Overall responsibility for the pathway is with the Countywide Audiology Services Manager.

Benefits of following the Guideline include:

- To help assure the quality and consistency of service
- To ensure timely triage of referrals as to avoid delays to patient pathways
- To help ensure good practice
- To fully utilise the expertise of all members of the team
- To provide a learning tool to staff
- To identify areas for improvement
- To identify gaps in care and address any training needs
- To contribute to the audit process

2. Scope of this document

This 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

This document and 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.

This document applies to referrals received to the Adult Audiology Service at Worcestershire Acute NHS Trust.

Referral Grading and Triaging must be carried out by an Audiologist involved in the provision of Adult Audiology Service and must be a Band 6 or above.

Adult referrals are classified as patients over the age of 18 years.

It applies to all referrals to the Adult Audiology Service of Worcester Acute NHS Trust across all Audiology sites.

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

The aim of this Guideline is to provide staff with guidance for them to efficiently grade and triage Adult Audiology referrals and to facilitate consistency in patient care across all sites.

3. Definitions

Adult patients within this document are classified as patients over the age of 18.

Audiologist grading and triaging referrals must be an Audiologist involved in the provision of Adult Audiology Service and must be a Band 6 or above.

4. Responsibility and Duties

It is the responsibility of the Administration team to monitor the wah-tr.AudiologyHearingServices@nhs.net inbox and to forward any adult referrals received to wah-tr.audiologyadultreferrals@nhs.net

It is the responsibility of the Administration team on the receipt of any **paper referral**, to the Adult Audiology service, to scan the referral and email it to wah-tr.audiologyadultreferrals@nhs.net

It is the responsibility of all Audiologists band 6 and above who are involved in the provision of Adult Audiology services to monitor the wah-tr.audiologyadultreferrals@nhs.net Inbox for referrals. On accessing the inbox 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 when saving of the document into patients documents is required. The audiologist will grade and triage the referral appropriately. Then the Audiologist will forward the referral to wah-tr.AudiologyHearingServices@nhs.net with the grading and triage in the body of the email.

It is the responsibility of the Administration Team monitoring the wah-tr.AudiologyHearingServices@nhs.net inbox to monitor the inbox for graded and triaged Adult referrals. Once received the Administration team will add the patient to Auditbase, perform a 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. Then to book an appropriate appointment for the patient or add them to the appropriate waiting list. If a referral has been rejected, the Administration team will email the referrer with the reasons for rejection as stated by the Audiologist.

5. Guideline detail

Adult Referrals to the Audiology Department are received in 2 ways but can be received at any site. Consistency needs to be ensured across all sites and timely grading and triage of all Adult Audiology referrals need to be ensured to avoid delays to patient pathways.

Ensuring all records are electronic avoids risks associated with paper referrals, lost, overlooked etc.

With an electronic process it avoids the limitations of appropriate staff availability at any given site as grading and triage for all sites can be completed from any site.

The 2 ways Adult Audiology referrals are received –

- Electronic referrals
- Paper referrals

Electronic Referrals –

The Administration team monitor the
wah-tr.AudiologyHearingServices@nhs.net inbox

The Administration Team forward any adult referrals received to
wah-tr.audiologyadultreferrals@nhs.net

The Process then proceeds as per All Adult Referrals Below

Paper Referrals -

The Administration Team monitor postal Adult referrals received at any given site

The Administration team upon receipt of any paper referral scan the referral and email the referral to wah-tr.audiologyadultreferrals@nhs.net

The Process then proceeds as per All Adult Referrals Below

All Adult Referrals -

Appropriate Audiologists monitor the wah-tr.audiologyadultreferrals@nhs.net Inbox for referrals

On accessing the inbox the Audiologist will open Adult Audiology referral emails

For each referral 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.

- For a New referral
 - o If referral has been submitted on incorrect form – Audiologist will Reject the referral see below for rejected referrals
 - o If referral is inappropriate, for example AQP – Audiologist will Reject the referral see below for rejected referrals
 - o If referral requests / specifies Hearing Assessment Only – Audiologist will fulfil GP / referrer request and grade as Direct Access Audiometry Only - DA
 - o If referral is for hearing assessment Audiologist will grade as Direct Access Hearing Aid Provision - DAHAP

- If referral is for Balance or Tinnitus – Audiologist will grade as FAO Balance team or Tinnitus Team
- For existing patient referral
 - Audiologist will check patients Journal, Audiogram and History
 - If referral is inappropriate, for example AQP – Audiologist will Reject the referral see below for rejected referrals and send patient and ICB AQP Discharge Letter
 - From Patient information Audiologist will grade referral appropriately for example for service, repair or reassessment
 - If referral is for Balance or Tinnitus – Audiologist will grade FAO Balance team or Tinnitus Team
- For information only
 - When referral is for information only – Audiologist will grade as For Scanning Only
- Rejected Referrals
 - For any Rejected referral the audiologist must include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated
 - If the Rejected referral is for an existing patient that has been discharged to AQP then the Audiologist will also send an ICB letter to the patient as well as grading the Referral as rejected and include the reason why the referral has been rejected in the body of the email – for example incorrect referral form used, no AQP contra-indications indicated

Once the Adult referral has been graded the Audiologist will email the referral to wah-tr.AudiologyHearingServices@nhs.net and ensure they have put the grading and triage in the body of the email.

Graded Referral

The Administration Team monitor the wah-tr.AudiologyHearingServices@nhs.net inbox

On receipt of a graded and triaged Adult referral the Administration team will add the patient to Auditbase, perform a 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.

The Administration team will process the referral by either

- Booking an appropriate appointment for the patient
- Adding them to the appropriate waiting list.
- For referrals graded as FAO Balance team or FAO Tinnitus team the Administration team will forward the referral to the appropriate Specialism inbox for the Balance

team or Tinnitus team to grade – Please note email / inbox addresses for these Specialisms is to be confirmed.

- For Rejected referrals the Administration team will email the referrer with the reasons for rejection as stated by the Audiologist
- For scanning only the Administration team will save the document into patient documents for information only

FAO Specialism –

The same process will apply as above with the Balance or Tinnitus specialism email inbox being monitored by a member of the Balance or Tinnitus team as appropriate. The referral will be graded and triaged as appropriate for that specialism and the grading will be put in the body of the email and sent to wah-tr.AudiologyHearingServices@nhs.net

Audit –

An Audit will be carried out to monitor the process for efficiency and accuracy and to monitor its impacts on the Adult Audiology Service and Patients.

The Audit will

- Evaluate the quality and consistency of referral grading
- Evaluate the timeliness of grading and triage of referrals
- Be used to provide a learning tool to staff
- Be used to identify areas for improvement
- Be used to identify gaps in process and address any training needs

6. Implementation

6.1 Plan for implementation

The guideline will be implemented as soon as possible once the guideline has been approved and information has been disseminated with the Audiology team.

6.2 Dissemination

Dissemination has already started with a discussion at the April Countywide Audiology Meeting. It will be followed by email communication.

Once this guideline has been approved it will be published and shared with the Audiology team. It will also be discussed by the Band 7's at the on-site huddle meetings.

6.3 Training and awareness

The Audiology team, both Administration team and Audiologists, will be offered and provided with any training required to achieve competency in their individual role within the grading and triaging process.

The Audit process will also assist to monitor and identify any gaps in process, any areas for improvement and any additional training needs.

7. Monitoring and compliance

The Audiology Department within the Trust plans to monitor compliance with and the effectiveness of this Guideline by carrying out a periodical audit.

The NHSLA requirements are –

Organisations should measure, monitor and evaluate compliance with the minimum requirements within the NHSLA Risk Management Standards. This should include the use of audits and data related to the minimum requirements. The organisation should define the frequency and detail of the measurement, monitoring and evaluation processes.

Monitoring demonstrates whether or not the process for managing risk, as described in the approved documentation, is working across the entire organisation. Where failings have been identified, action plans must have been drawn up and changes made to reduce the risks. Monitoring is normally proactive - designed to highlight issues before an incident occurs - and should consider both positive and negative aspects of a process.

The table below should help to detail the 'Who, What, Where and How' for the monitoring of this Guideline.

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Guideline:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the guideline? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
All	Referrals are received either electronically or in paper form. The Administration team then email them for grading.	All referrals will be converted into electronic form and any paper referrals will be scanned and processed electronically	Annually	Named individual carrying out Audit and overall responsibility is the Countywide Audiology Manager.	Named individual will carry out the Audit and report results and findings to the Countywide Audiology Manager	Annually
All	Each referral will be graded and triaged by an Audiologist and grading will be emailed back in the body of an email to the Administration team	All referrals will be sent with grading in the body of the email and referral remains attached to the email	Annually	Named individual carrying out Audit and overall responsibility	Named individual will carry out the Audit and report results and findings to the Countywide Audiology Manager	Annually

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				is the Countywide Audiology Manager.		
All	Graded emails are then received by the Administration team and processed appropriately	All graded referrals will be processed appropriately as detailed above in Guideline detail 5.		Named individual carrying out Audit and overall responsibility is the Countywide Audiology Manager.	Named individual will carry out the Audit and report results and findings to the Countywide Audiology Manager	Annually

8. Guideline Review

This Guideline will be reviewed biannually by the Author or Countywide Audiology Manager.

9. References and Resources [You should include external source documents and other Trust documents that are related to this Guideline]

References:

Code:

Local clinical guidelines	N/A
Good Practice	N/A

Resources:

N/A	
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10. Background

10.1 Equality requirements

Equality impact assessment form completed, as per below, positive and neutral impacts.

10.2 Financial risk assessment

Financial Impact Assessment form completed, as per below, no financial risk involved. Implementing the Process should improve the referral process as a whole and make it more efficient.

10.3 Consultation

This document will be circulated to the Countywide Audiology Manager for consultation.

Contribution List

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

Designation
Edward Southan Countywide Audiology Manager

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

Committee
N/A

10.4 Approval Process

This will be reviewed internally by the Countywide Audiology Manager for approval and ratification of this Guideline.

Supporting Document 1 – Equality Impact Assessment form

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.

Please complete assessment form on next page;

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	X	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Edward Southan / Joanne MJ Stanley
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Edward Southan	Countywide Audiology Manager	edward.southan@nhs.net
	Joanne Stanley	Senior Clinical Audiologist	joanne.stanley2@nhs.net
Date assessment completed	April 2025		

Section 2

Activity being assessed (e.g. guideline/procedure, document, service redesign, guideline, strategy etc.)	Title: Adult Audiology Referral Grading and Triage Guideline		
What is the aim, purpose and/or intended outcomes of this Activity?	To make the Adult Audiology referrals process more consistent, efficient and accurate and to ensure timely triage of referrals as to avoid delays to patient pathways		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input checked="" type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input type="checkbox"/> Review of an existing activity <input checked="" type="checkbox"/> New activity		

	<input type="checkbox"/> 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.)	Current process reviewed, inefficiencies, inaccuracies and inconsistencies reviewed and discussed. Audiology team feedback and experiences countywide also discussed.
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Consultation with Countywide Audiology manager and countywide Audiology team.
Summary of relevant findings	Implementing this is a necessary step to ensure and demonstrate efficiency, accuracy and consistency of the processing of Adult Audiology Referrals.

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 <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Disability	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Gender Reassignment	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Marriage & Civil Partnerships	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Pregnancy & Maternity	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Race including Traveling Communities	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient,

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
				accurate and timely referral processing generally.
Religion & Belief	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Sex	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Sexual Orientation	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.
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)	X	X		Referrals will still be processed regardless of this Equality Group. Implementing the guideline will hopefully contribute to a more efficient, accurate and timely referral processing generally.

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 Potential Negative impacts as referrals are processed regardless but implementing this guideline will hopefully	N/A	N/A	N/A

	contribute to a more efficient, accurate and timely referral processing generally.			
How will you monitor these actions?	Any changes in service provision is monitored by the Countywide Audiology Manager			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	Annually			

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	Joanne MJ Stanley
Date signed	April 2025
Comments:	
Signature of person the Leader Person for this activity	Edward Southan
Date signed	
Comments:	

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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:	None

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