



IMAGING EXAMINATIONS POLICY THE REQUESTING, JUSTIFICATION AND REPORTING OF

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‘During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups’

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust

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1 Executive Summary

Imaging is now a mainstay of acute healthcare and key component of diagnostic decision making in patient management. It is important that clinicians understand the service available to them and the timeframes in which examinations will be performed and interpreted.

Imaging is highly regulated and there are legislative requirements that referrers and the Imaging Department must meet when administering requests and performing examinations. These need to be in place to ensure the hazards associated with radiation and imaging techniques are given sufficient consideration and that there is a sufficient focus on patient safety.

2 Introduction

This document aims to provide referrers with an overview of the framework in place within the Isle of Wight NHS Diagnostic Imaging Department to ensure appropriate imaging examinations are performed for patients, resources are used effectively and the risks associated with requesting and reporting in Imaging are managed.

3 Definitions

- Lead Clinician: Clinician responsible for the patient's care, usually a Consultant or General Practitioner.
- PACS: Picture Archive and Communication System – Electronic system used to store and distribute images and associated reports. Used by clinicians to view images.
- Radiologist: Doctor who has gained Fellowship of the Royal College of Radiologists (FRCR).
- Referrer: Doctor or authorised non-medical staff requesting an Imaging examination.
- Report: Documented expert clinical opinion on an Imaging examination; provided to the referrer but available to authorised users on Trust and community electronic systems.
- Clinical Review – Documented review of all images by the referrer within the patients notes following requested examination. This is applicable for all referrals made within St Mary's Hospital.
- Request: Referral for an Imaging examination. Technically constitutes a referral for the expert opinion of a Radiologist / Reporting non-medical staff on the patient and

clinical scenario set out in the referral; it does not constitute an order for a specific type of Imaging examination.

4 Scope

The content of this document applies to all Imaging requests to the Imaging Department, the clinical review and if necessary a report by Isle of Wight NHS Trust.

5 Purpose

To ensure imaging referrals are appropriate and diagnostic resources are used effectively and risks associated with requesting and reporting in Imaging are managed.

6 Roles and Responsibilities

6.1 Requesting Medical / Dental Practitioner have responsibility for:

- Requesting any appropriate imaging examination for their patient relevant to their practice.
- Consideration of the risks posed by an examination to their patient.
- Discussion of the risks and benefits of the proposed examination with their patient and any alternatives.
- Providing all relevant information regarding the examination required clinical history and timescale in which the examination is required as part of the request.
- Ensuring requests are made electronically wherever possible, so avoiding the risks of loss and delay associated with the transfer of handwritten requests (when implemented).
- Ensuring that they are logged in under their own name before an electronic request is made (when implemented).
- Ensuring that electronic requests are made against an appropriate 'visit' (when implemented).
- Ensuring that the minimum data set for radiology referrals is included on all requests.
- Responding promptly to a request for further information regarding a request for radiological investigation.
- Discussing a case with a Radiologist if asked to do so.
- Ensuring the investigation, clinical review and subsequent action is recorded in the patient record.
- Reading the report of every radiological investigation they generate or appropriately transferring responsibility for this if the patient is transferred from their care.

- Ensuring that the patient is aware of the follow up arrangements so that results are communicated in a timely fashion.
- Ensuring that they have in place a robust system to enable tracking and follow up of all outstanding radiology reports.
- Acknowledging all reports from examinations they have requested but have not formally transferred to another clinician with the care of the patient. A clear indication of any action taken on the basis of the report should be recorded in the patient's hospital record.
- Escalating concerns about reports which they believe may be erroneous. For example reports which indicate pathology is present but do not describe it.
- Recording the result of an "out of hours" investigation in the patient record when the out of hours tele-Radiologist communicates this verbally. This should include the name of the Radiologist and time of the conversation.

6.2 Non-Medical Referrers

Non-medical referrers have limited access to request imaging examinations. The examinations they can request, clinical scenarios in which they can make requests and locations they can request from; are documented on the expanded referrer register which is held within the imaging department they are responsible for:

- Requesting any appropriate imaging examination for their patient within their authorised access.
- Consideration of the risks posed by an examination to their patient.
- Discussion of the risks and benefits of the proposed examination with their patient and any alternatives.
- Providing all relevant information regarding the examination required clinical history and timescale in which the examination is required as part of the request.
- Ensuring requests are made electronically wherever possible, so avoiding the risks of loss and delay associated with the transfer of handwritten requests (when implemented).
- Ensuring that they are logged in under their own name before an electronic request is made (when implemented).
- Ensuring that electronic requests are made against an appropriate 'visit' (when implemented).
- Ensuring that the minimum data set for radiology referrals is included on all requests.
- Responding promptly to a request for further information regarding a request for radiological investigation.
- Discussing a case with a Radiologist if asked to do so.
- Ensuring that the patient is aware of the follow up arrangements so that results are communicated in a timely fashion.

The receipt, acknowledgement and taking timely action on the basis of imaging results are medical responsibilities. However in some areas of practice these tasks have also been delegated to non-medical referrers by the lead clinician for the clinical area. These arrangements are outside of the scope of the agreement allowing non-medical access to

request imaging authorised by the Imaging Department and entirely a matter for the clinical area concerned.

6.3 Consultant in charge of the patient - has responsibility for:

- Ensuring that any person interpreting an unreported radiological investigation is qualified to do so.
- Ensuring arrangements are in place to review results in a timescale appropriate to the patient's condition.
- Checking the formal report for any examination where a provisional or verbal report has been initially provided to ensure any action taken on the basis of the provisional report remains appropriate.

6.4 Radiologists have responsibility for:

- Ensuring that requests are reviewed justified and prioritised.
- Decides on the examination protocol to be followed.
- Reports examinations ensuring that the nature and significance of abnormal findings are clearly stated in the report and any recommendations are clear and unequivocal.
- Following the process for the communication of critical, urgent and unexpected findings set out in the Diagnostic Imaging document.
- Keeping appropriate records of prior communication of the result as part of the final report.
- Ensuring any significant discrepancy identified after the report is issued is forwarded to the Radiology Learning from Discrepancies Meeting coordinator so that any learning is available to the Radiologist body as a whole.
- Perform a limited range of examinations.

6.5 Non-medical Reporter has responsibility for:

- Reports examinations ensuring that the nature and significance of abnormal findings are clearly stated in the report and any recommendations are clear and unequivocal.
- Following the process for the communication of critical, urgent and unexpected set out in the Diagnostic Imaging protocol
- Keeping appropriate records of prior communication of the result as part of the final report.
- Ensuring any significant discrepancy identified after the report is issued is forwarded to the appropriate non-medical Reporter Discrepancy Meeting coordinator so that any learning is available to the Radiologist body as a whole.
- Performs a limited range of examinations.

6.6 Diagnostic Imaging Department has responsibility for:

- Ensuring that all requests for imaging examinations are dealt with promptly, in line with legislative requirements and in accordance with any relevant guidelines.
- Ensuring any request to cancel an examination is actioned appropriately in both paper and electronic systems.
- Ensuring that the referrer is informed that a request for imaging has been declined.

- Ensuring that the reason for declining a request is documented in the “comments” section of CRIS for the appropriate attendance number
- Keeping appropriate records of all aspects of an examination, including any drugs used, radiation doses, staff involved etc.

6.7 Information Technology Department has responsibility for:

Ensuring and maintaining the necessary IT infrastructure to support the receiving, reporting and communication of radiological investigations via electronic systems.

7 Policy Detail/Course of Action

7.1 Requests

7.1.1 Principles of Imaging Requesting

An imaging examination provides a visual representation of structures within the body and so an imaging request is not merely a request for a test; it is a request for a clinical opinion on the image(s).

This opinion is usually from a trained Radiologist, but in some cases from a non-medical practitioner with imaging expertise undertaking image interpretation and reporting as Advanced Practice. Imaging requests also have a legal status, similar to that of prescriptions, and form part of a patient’s healthcare record.

Most imaging requests involve the use ionising radiation and are subject to regulatory measures enshrined in national legislation (IR(ME)R 2017). Whenever possible, referrers should consider investigations that do not involve ionising radiation, particularly in children and young adults. IR(ME)R requires that all requests involving the use of ionising radiation are reviewed by imaging staff to ensure the examination is the most appropriate for the patient. This process is known as justification and may result in examinations being changed from that requested, or rejected if the risk from the radiation involved outweighs the likely benefit to the patient.

Where possible, requests should be made by the clinician caring for the patient. The delegation of the task of generating a request to other approved referrers represents poor practice as such staff will not have the same detailed knowledge of the patient. Such forms of requesting can also lead to delay if the Imaging Department require more information which then cannot be provided by the person who made the request. There is also a risk to the patient in the event of critical / urgent / significant unexpected findings as the person notified will be the referrer who will then have to pass the findings on to the correct clinician.

Referrers must provide all relevant information as part of the request. Most requests are considered, and the examination performed solely on the basis of the information provided by the referrer.

7.1.2 Imaging Requesting Guidelines

Requests are currently made by a paper form. The future introduction of order communications will change this to an electronic request. Once in place only electronic requests will be excepted as this minimises both delay in the Imaging Department receiving the request and the possibility of incorrect demographics on the request form.

Where possible, handwritten requests should be made on the appropriate Trust form for the examination modality being requested. Letters of referral will also be accepted,

providing they contain all of the required information, and can be particularly advantageous in complex cases as the referrer has the opportunity to provide a more detailed summary of the patient's condition without the space available to do so being limited, as it would be on a request card.

Guidance to referrers is available from:

- Radiologists, Radiographers and other Imaging Department staff
- Royal College of Radiologists via iRefer located on the Trust Intranet under Diagnostic Imaging page
- Ionising Radiation Policy – Trust policy

7.1.3 Request for Interventional Radiology

Requests for Interventional Radiology should be regarded as a Consultant to Consultant referral rather than a request for a diagnostic procedure. In addition to generating a request for the examination, referrers should discuss all interventional Radiology cases with an appropriate Interventional Radiologist. Referrers are responsible for ensuring that any requirement for a bed, whether as a day case or overnight stay on a ward, along with the first stage of the consent process has been performed prior to the patient attending the Imaging Department.

7.1.4 Minimum Dataset for Imaging Referrals

- Patient name (First and Family Names as a minimum).
- Patient birth date
- Patient address
- NHS Number and Hospital Number if available
- Investigation required
- Full clinical details including relevant past history and previous imaging
- Differential diagnosis and question to be answered by the investigation
- Date of request
- Urgency / approximate date examination required. If the examination is to be delayed, the reason for this should be part of the clinical history provided
- Date of OPD appointment if known
- Name (printed) and Contact number of requester (bleep/mobile)
- Signature of referrer – required on all handwritten requests.
- Printed name of Lead Clinician (Consultant or GP) and contact details
- Other information relevant to the conduct of the examination i.e. possible pregnancy, infection risk, level of infirmity, immobility, pacemaker, weight if in excess of 150Kg (23 St).

7.1.5 Cancellation of Requests

If an electronic or handwritten request has been submitted to the Imaging Department, the referrer, or other clinician, wishing to cancel the request must contact the Imaging Department to inform them of the cancellation. If the decision to cancel is made at a time the department is not open, it is the clinician's responsibility to make contact in a timely manner when the department is next open.

7.1.6 Receipt of Imaging Request

All requests are scanned into the CRIS system. All requests are processed in accordance with departmental administrative protocols.

In Hours (Monday – Friday, 08.30 – 17.00 hours; excluding Bank Holidays).

Upon receipt of a request, Diagnostic Imaging staff will start the internal processes required before the examination can be performed. Requests will be booked onto the

CRIS system and added to the 'request list', 'waiting list' or 'pending list', as appropriate.

Out of Hours

There is no clerical support available to clinical staff on duty out of hours and so only urgent requests to be performed out of hours will be dealt with. These requests will be booked into CRIS directly; non-urgent requests received will not be processed until the start of the next 'in hours' period.

7.1.7 Approved Referrers

The Trust is required by the legislation governing the use of radiation in healthcare to maintain a list of approved referrers.

Medical Referrers

Medical staff on the GMC register and Dental staff on the GDC register have an automatic right to refer their patients for imaging examinations relevant to their practice. The department maintains a list of medical and dental staff within its CRIS systems. This list is deemed to be the list of approved medical and dental referrers.

It is the responsibility of the medical or dental practitioner's employer to ensure that their staff are included on this list. Requests from referrers not on this list may be declined if there is insufficient information to allow the Imaging Department to establish who the result should be returned to.

The Imaging Department restricts access to certain specialist examinations and only referrals from appropriate specialist staff will be accepted. Requests from other referrers may be declined or will result in only standard, non-specialist projections being performed.

Non-Medical Referrers

The Imaging Department maintains a list of approved non-medical referrers on behalf of the Trust. Such staff must have attended training to ensure that they are aware of their responsibilities as a referrer under local arrangements for non-medical referral. Non-medical referrers must also be a signatory to the relevant non-medical access to request imaging protocol. This sets out the agreement between the imaging and referring department to accept non-medical referrals from specified staff, the examinations that can be requested, the locations they can be requested from and the clinical circumstances in which they can be requested. Staff who do not comply with the requirements of their protocol may be removed from the register.

7.1.8 Emergency and Out of Hours Requesting

An imaging service is available at all times. Out of hours this is limited to inpatients and Emergency Department patients requiring urgent examinations.

7.2 Justification

For examinations involving ionising there is a legal requirement for justification, a process during which the request is reviewed by a Practitioner (Radiologist and or Radiographer) to ensure the examination is the most appropriate for the patient and that the required diagnostic information will be obtained with the minimum exposure to ionising radiation.

The Trust process is recognised as best practice and extended to all imaging examinations, including Ultrasound and MRI. The justification process is expanded to include the prioritisation of requests on the basis of clinical need and 'protocolling'; indicating the examination protocol to be followed when the examination is performed.

7.2.1 Vetting

All imaging requests are 'vetted' by Imaging Department staff to ensure that they are appropriate for the patient, 'justified', and the optimum imaging examination protocol is followed. Vetting also allows examinations to be prioritised on the basis of clinical urgency. Whilst Imaging staff may make reference to the patient's previous imaging or other parts of their healthcare record during the vetting process, there is no requirement for them to do so. It is therefore essential that requests contain all relevant information as they are likely to form the sole basis for vetting decisions.

This process occurs in one of 2 ways:

- Direct justification by a Radiologist
- Authorisation by a Radiographer under a protocol issued by the Clinical Lead of the Imaging department.

In vast majority of cases the request will be considered appropriate and the examination will proceed as requested. The request will then proceed to examination if the patient is present in the department / inpatients will be sent for / outpatient will be issued with an appropriate appointment.

However vetting may result in 2 other outcomes:

- **Modified Requests**
In a significant minority of cases the examination requested will be changed to an examination considered more appropriate by the practitioner. This may involve a change in the imaging modality, the area to be examined or the way the examination is performed, e.g. the use, or omission, of contrast agents. The referrer will not be notified of this change in advance of the examination. Referrers will receive the result of the alternative examination.
- **Declined Requests**
In a small minority of cases the examination will be declined as inappropriate. Common (but not exhaustive) reasons for a declined examination are:
 - The request cannot be justified
 - Requesting outside agreed protocols
 - Duplicate requests or repeat examinations in too short a timeframe
 - Inadequate clinical details
 - Illegible clinical details
 - Confusing or conflicting clinical details
 - Specialist requesting by a non-specialist referrerIn most, but not all, cases, requests will be discussed with the referrer before being declined. Records of declined examinations, including who declined them and why, will be kept on the Imaging Computer system, CRIS.

7.3 Examination

Most imaging examinations are performed by a Radiographer / Sonographer / Assistant Practitioner according to a predefined protocol and without the direct involvement of a Radiologist.

7.3.1 Pre-Examination Checks

The legislation governing the use of ionising radiation in medicine requires the Trust to have procedures in place to check the patient's identity and the pregnancy status of female patients of reproductive age. Examinations will not proceed unless the Radiographer can confirm that the patient who attends for examination is the person for whom the examination has been requested. Specified examinations on female patients of reproductive age will only proceed in accordance with the departmental protocol.

In addition to these checks, Imaging Department staff make 'safety net' checks to ensure the correct examination is being performed at the correct time. These rely on verbal communication with the patient and the patient having an understanding of what they have attended the Imaging department for. Procedures are in place for the resolution of discrepancies between the request and the patient's expectation. These may result in the examination being delayed. Where a patient cannot cooperate with such verbal checks, for example where they suffer from cognitive impairment or are unconscious; the examination will proceed as per relevant IRMER procedures.

Please see within the Trusts Ionising Radiation Policy:

- Imaging Department Protocol for Identification of the Correct Patient and Examination prior to Individuals being exposed to Ionising Radiation in Diagnostic Procedures. – procedure A
- Imaging Department Procedure for the Irradiation of Female Patients of Child Bearing Age.- procedure F

7.3.2 Examination Protocol and Modified Technique

Whilst imaging examinations are normally performed to a predetermined protocol, it may be necessary to modify or change this due to the patient's condition.

The patient's mobility is likely to be the major factor preventing an examination being performed via standard technique. Manual handling regulations mean that it is no longer appropriate for staff to assist patients into the required position by physically lifting them and staff must have due consideration for patient safety and patient choice.

Where an issue preventing the use of the standard imaging the examination will be:

- Performed using modified technique, done in a different way to achieve the standard imaging examination.
- Changed to accommodate the limitations of the patient's condition. This may result in a limited examination or the examination performed in a way other than specified by the referrer, for example; request for standing knees will be performed with the patient laying down if the patient cannot stand unattended safely.
- Cancelled. In rare cases the patient's condition may mean that it is not possible to perform the requested examination or an acceptable alternative.

7.3.3 Image Checking

Following an examination the Radiographer / Sonographer / Assistant Practitioner will perform a check on the technical quality of the images acquired. The images will then be sent to the Trust's Picture Archive and Communication System (PACS). At this

point the images are accessible to Imaging Department staff for reporting and staff elsewhere with authorised access to PACS.

Where a referrer feels that an image is not of adequate quality to answer the clinical question they may re-request, where possible following a discussion with a Radiologist or Reporting Radiographer. Such requests should indicate previous imaging has taken place and why a further request has been made. Requests which do not do so are likely to be declined as duplicates.

7.3.4 Critical, Urgent and Unexpected Findings

Radiographers are not trained to provide a clinical interpretation of the images as part of their core qualification; those that do, have had further post graduate training. However they may have the experience and knowledge to identify pathology. As it does not fall within their remit, they cannot be held accountable for not identifying pathology, but when they do; they have a duty of care to the patient. Where the identified pathology may require urgent attention, staff must follow the Imaging Department Policy for the Management of critical, urgent and unexpected Radiological Findings.

When examining patients from the Emergency Department, or a Minor Injuries Unit, staff may indicate possible pathology or positive findings; by adding an asterisk symbol to the image. Please see section 7.4.1, below.

Radiographers may offer an opinion on an image to clinicians when asked to do so, and may alert referrers to images which may require prompt attention, e.g. those which show obviously misplaced lines.

7.3.5 Results

Imaging Department staff may provide the patient with limited information about their imaging primarily for patient reassurance. However full results are not provided as Imaging Department staff cannot provide information on treatment or further investigation. For this reason it is essential that referrers have arrangements in place to provide the patient with their result and that patients' are aware of these. Imaging Department staff will check that patients are aware of the arrangements to get their results and advise them to contact the referrer if they are unaware.

7.4 Reporting

There is a legislative requirement for the result of any imaging examination involving the use of ionising radiation to be documented in the patient's healthcare record. This is recognised in IRMER as best practice for all Imaging examinations including Ultrasound and MRI.

All specialist and some routine examinations performed by the Imaging Department will be reported by a Radiologist or appropriately trained non-medical Reporter. However there are some types of examination where the responsibility for interpreting the images and documenting the result has been formally transferred to the referrer. Please see: Imaging Reporting Procedure.

7.4.1 Initial Interpretation

In many cases referrers may review the images produced during an imaging examination and reach their own view of the findings. This review is deemed to be an initial interpretation when it is followed by the receipt of a formal report from the Imaging Department. Where action is taken on the basis of this initial interpretation it should be documented in the patient's healthcare record and checked against a formal report from the Imaging Department if issued. Where there is a significant discrepancy between the initial interpretation and formal report, and the referrer believed the report to be in error this must be raised with the Imaging Department. Where treatment has

been planned on the basis of an initial interpretation, a check must be made to ensure that this is appropriate following the receipt of a formal report.

7.4.2 Reporting Workflow

After performing an examination, the Radiographer will post-process it on the Imaging computer system, CRIS, which will appear on the reporting work list.

Radiologists and Reporting Radiographers will select examinations from these lists and record their interpretation using voice recognition software, which converts dictation into text within the CRIS system. This method is increasingly utilised and has the advantage of reducing the time from examination to verified report considerably because of the omission of the need for typing by clerical staff.

7.4.3 Second Opinion

Imaging is increasingly a sub-specialised discipline. The Radiologists at the Trust are, apart from some specific examinations, Generalists. If they feel that an examination requires specialist reporting they will indicate this in their preliminary reports.

7.4.4 Dual Reporting

There are specific requirements for certain examinations to be reported by two reporters independently who will then issue a joint report. Currently dual reporting is only performed as required for national screening programs.

7.4.5 Verification

After a report has been produced by one of the above methods it must be formally verified by the reporter, or other appropriate person. The process acts as a final check on the appropriateness of the report. If the report has been typed by clerical staff it also acts as a check that the dictated report has been transcribed correctly. The person verifying the report is responsible for its accuracy regardless of whether they initially generated it.

7.4.6 Unverified Reports

Unverified reports may be present on the CRIS system for a number of hours before they are verified. During this period they are subject to access control. Those with access should not disclose unverified reports to the referrer. Enquiries should be directed to the Reporter. If the enquiry is urgent and the reporter is unavailable, it should be directed to an appropriate Radiologist.

7.4.7 Provisional Reports

In some circumstances a provisional report will be issued to facilitate immediate patient management. This will be followed by a formal report as soon as is practicable. Such reports are typically issued where the Radiologist gives an opinion on an urgent examination without reference to the patient's previous imaging record or access to a sub-specialist second opinion. Such a report may be verbal or written in the patient's healthcare record. Where a verbal report has been issued it is the responsibility of the clinician receiving the report to record it in the patient's healthcare record.

7.4.8 Timescales

The Imaging Department reporting turnaround SLA time is 10 working days. However the department endeavours to ensure

- Inpatient complex scans are reported within 24 hours
- GP and ED imaging is reported within 2-3 working days
- All outpatient urgent scans to be reported within 5 working days
 - All outpatient non- urgent scans to be reported within 10 working days
 - All Ultrasound scans are reported at the time of the scan

7.4.9 Teleradiology

The Imaging Department makes use of teleradiology services during both in and out of hours working. In hours such services are used to maintain outpatient report availability both as part of examination outsourcing and when in-house reporting capacity is not sufficient to meet the requirement due to spikes in demand or reduced capacity.

Out of hours, teleradiology is used to provide prompt specialist reporting for specified complex imaging examinations when there is no Radiologist on site.

The Imaging Department makes every effort to ensure the standard of teleradiology reports are at least equal to that of in-house reporting. However it is recognised that the reporting style of teleradiology services tends to differ from that used by directly employed Radiologists.

7.4.10 Out of Hours Examinations

Plain film examinations are not reported out of hours and it is the responsibility of the referrer to make, and document, an initial interpretation once the images are available on PACS.

7.5 Service Provision

The Imaging Department offers the following services:

- General Radiology
- Diagnostic Fluoroscopy
- Imaging in Theatre
- Head and Neck Imaging
- Musculoskeletal Imaging
- Chest Imaging
- Vascular Imaging
- Urology Imaging
- Gynaecology Imaging (HRGs only)
- Breast Imaging
- Paediatric Imaging (limited)
- Interventional Radiology

7.5.1 Imaging Modalities

- Plain Film X-ray
- Dental X-ray
- Fluoroscopy including Imaging in Theatre
- Ultrasound
- CT
- MRI
- Mammography

7.5.2 Opening Hours

- Outpatient

Access to outpatient plain film examinations is available between 09.00 and 17.00
Monday to Friday excluding Bank Holiday
CT, MRI, Ultrasound and Fluoroscopy are arranged by appointment:

- Inpatients
CT, MRI, Ultrasound and Fluoroscopy are arranged by appointment
- GP Patients
Plain film is undertaken as walk in service 09.00 to 18.30 Monday to Friday excluding Bank Holidays
- All other imaging is by appointment only

7.5.3 Out of Hours Provision

Out of hours provision is for inpatients requiring urgent or emergency examinations and maintains service for these patients at all times, if required. As requests for many routine, non-urgent examinations are also made out of hours, to be performed later, in hours; it is essential that X-ray staff are contacted by telephone regarding every examination required out of hours.

Inpatient and emergency imaging – plain film and CT only 17.00 to 08.00 Monday to Friday and at all times over weekend including Bank Holidays

Examinations available by request:

- Plain film X-ray examinations should be requested by contacting the staff on duty by bleep or on ext. 4666.
- Fluoroscopy in theatre should be requested by contacting the staff on duty by bleep or on ext. 4666. Imaging staff should be given as much notice as possible of theatre cases as it may be necessary to modify workload arrangements in order to release a Radiographer to attend theatre. Please remember that even if a Radiographer is immediately available to attend theatre it will take approximately 20 minutes for them to arrive, change and set up the equipment.
- Emergency CT scans – as per 4ways OOH documentation can be located on the Intranet.

7.5.4 Out of Hours Staffing

Outside of core hours, staffing levels reduce to reflect the more limited service on offer.

- Radiographers:
Peak staff levels are during in hours working. These reduce after 17.00 and are at a minimum between 20.00 and 08.00 hours. when there are only 2 Radiographers are on site. Staffing at weekends from 08.00 Saturday to 08.00 Monday also reflects the more limited service on offer
- Radiologists:
Monday – Friday 17.00 – 09.00 hours: 4 Ways emergency CT scans Out of Hours service
Friday 17.00 – Monday 09.00 and Bank Holidays: 4Ways, Out of Hours service

7.5.5 Out of Hours Reporting

Emergency Plain Film Examinations only

- Referrers are responsible for performing and documenting an initial interpretation of plain film examinations performed out of hours. A formal report

by a Radiologist / Reporting Radiographer will be provided within 5 working days.

Other Examinations

- Examinations arranged via a Radiologist will be reported by that Radiologist as soon as is practicable during out of hours working.
Examinations arranged via teleradiology will be reported by teleradiology within 1 hour.
- Provisional Reports
In order to facilitate timely patient care it may be necessary for teleradiology reporting an 'out of hours' examination to issue a provisional report, which will be followed by a final report at a later time.
If a verbal report is provided the person receiving the report should document the information communicated and when it was received. The Radiologist should document the verbal communication previously provided in the final report.
- Teleradiology
Teleradiology is used to report certain types of examinations during out of hours working. Reports will usually be provided to referrers in the normal manner via e-care logic / PACS and will be available within 1 hour of the examination being completed. Alternatively, findings will be communicated to the referrer by the external Radiologist by telephone and a formal report will follow in e care logic.

7.5.6 Routine or Non-urgent Activity Out of Hours

There is no provision for routine or non-urgent activity out of hour's initiatives.

All urgent referrals need to be directly discussed with Radiologist or Radiographer. All interventions need to be discussed with interventional Radiologist.

8 Consultation

This document should be read in conjunction with

- Critical, Urgent and Unexpected Significant Radiological Findings (Communication Protocol)
- Ionising Radiation Policy
- 4Ways OOH documentation

9 Training

Training for non-medical referrers on radiation protection is via a University of Southampton online IRMER course the link is available from the Diagnostic Imaging Radiation Protection Adviser .

10 Monitoring Compliance and Effectiveness

Monitoring and effectiveness will be through audit of

- Quality of Referrals
- Reporting turnaround times
- Compliance with 2ww and 6ww targets

Imaging Examinations Policy for the Requesting, Justification and Reporting of
Version No.2.0

- Radiation protection

At Operational Management Meeting Performance Review and also the Radiation Meeting

11 Links to other Organisational Documents

Introduction of a New Clinical Procedure / Intervention or Technique or an Expanded Practice Policy

12 References

- Ionising Radiation (Medical Exposures) Regulations 2017 (IRMER 2017)
- Royal College of Radiologist Guidelines (RCR) - Standards for the Communication of Radiological reports and failsafe alert notification. 2016
- NPSA Safer Practice Notice 16 – Early identification of failure to act on radiological imaging reports – February 2007

13 Appendices

Appendix A **Financial and Resourcing Impact Assessment on Policy Implementation**
Appendix B **Equality Impact Assessment (EIA) Screening Tool**

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	Policy for the Requesting, Justification and Reporting of Imaging Examinations
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Totals	WTE	Recurring £	Non Recurring £
Manpower Costs	N/A	N/A	N/A
Training Staff	N/A	N/A	N/A
Equipment & Provision of resources	N/A	N/A	N/A

Summary of Impact: No impact

Risk Management Issues: None

Benefits / Savings to the organisation: None

Equality Impact Assessment

- Has this been appropriately carried out? YES/NO
- Are there any reported equality issues? YES/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			
Totals:	N/A	N/A	N/A

Staff Training Impact	Recurring £	Non-Recurring £
Totals:	N/A	N/A

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:	N/A	N/A

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Document Title:	Policy for the Requesting, Justification and Reporting of Imaging Examinations
Purpose of document	To ensure imaging referrals are appropriate and diagnostic resources are used effectively and risks associated with requesting and reporting in Imaging are managed.
Target Audience	All Trusts referrers
Person or Committee undertaken the Equality Impact Assessment	Andrew Stant

Appendix B



Equality Impact Assessment (EIA) Screening Tool

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

Gender		Positive Impact	Negative Impact	Reasons
	Men	N	N	

	Women	N	N	
Race	Asian or Asian British People	N	N	
	Black or Black British People	N	N	
	Chinese people	N	N	
	People of Mixed Race	N	N	
	White people (including Irish people)	N	N	
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	N	N	
Sexual Orientation	Transgender	N	N	
	Lesbian, Gay men and bisexual	N	N	
Age	Children	N	N	
	Older People (60+)	N	N	
	Younger People (17 to 25 yrs)	N	N	
Faith Group		N	N	
Pregnancy & Maternity		N	N	
Equal Opportunities and/or improved relations		N	N	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	NO
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	