Escalation pathway for a Paediatric Radiology opinion or Paediatric Radiology second opinion

Author: **Dr Jane Hibbert / Andrew Moth**

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Ratified by: Imaging/Radiology Clinical Governance Committee

Review date: 10th August 2026

History

Issue	Date Issued	Brief Summary of Change	Author
1	10th August 2023	Initial policy	JH/AM
2	16th October 2023	Presented at Paediatric Guidelines Meeting	R Mew

For more information on the status of this document, please contact:	Andrew Moth
Policy Author	Dr Jane Hibbert / Andrew Moth
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See also: Any relevant trust policies/guidelines or procedures

1. Introduction

. This policy has been introduced for Paediatric Referrers and the process that should be followed for an opinion on Imaging required and urgent reports on paediatic imaging examinations.

2. Scope

The policy applies to all Paediatric Referrers at ASPH. It covers advice on appropriate imaging and interpretation of imaging undertaken. All paediatic imaging is formally reported, however if an urgent opinion is required, this policy applies.

3. Purpose

This policy is necessary to ensure timely advice for Paediatric Clinicians and interpretation/reporting of imaging examinations where the clinical condition of a patient requires urgent intervention. The purpose of this document is to set out the procedure for making contact with the imaging/radiology department and appropriate Radiologist to provide an opinion and/or written report.

4. Duties and responsibilities

The Clinical Governance Committee for imaging/radiology has developed this policy in consultation with paediatric specialities in the Trust. It has been agreed with all parties and ratified at the imaging/radiology Clinical Governance Committee.

5. Policy

1. ***During normal working hours (9am – 5pm Monday to Friday) contact the imaging/radiology department secretaries on extension 2797 who will advise on the whereabouts of a Paediatric Radiologist and their contact number.***

2. ***If no Paediatric Radiologist is available, the secretary will advise when they will next be available.***

3. ***Out of hours (5pm-8pm Monday to Friday and 9am-5pm Saturday/Sunday and Bank Holidays), extension 2797 will be redirected to the imaging/radiology Hotseat and a Radiology Consultant/Registrar will be able to provide the same information.***

4. ***If there is no Paediatric Consultant Radiologist available within a suitable time frame, seek advice from an Adult Radiologist within the department. An Adult Radiologist with the relevant specialist interest is more likely to be able to be able to help.***

5. ***When there is clinical concern and there is no Paediatric Radiologist or Adult Radiologist with relevant specialist interest available, refer the patient to the most appropriate specialist team at a tertiary centre (for example, Surgery,***

Paediatric Gastroenterology). Do not seek a tertiary Radiology opinion for imaging. The patient (not images) must be referred to a tertiary centre.

6. Stakeholder Engagement and Communication

6.1 Paediatric specialities at ASPH, Paediatric Consultant Radiologists and Clinical Governance Lead.

7. Approval and Ratification

7.1 Imaging Clinical Governance Committee.

The policy was discussed in the presence of the imaging/radiology Medical Director and Clinical Governance Lead. Final agreement was agreed with Dr Alex Chapman and Dr Jane Hibbert (Consultant Radiologists).

8. Dissemination and Implementation

This policy will be forwarded onto all paediatric specialities. The Clinical Governance leads in imaging/radiology will be responsible for this.

9. Review and Revision Arrangements

9.1 The policy will be reviewed every 3 years.

9.2 Other factors that will trigger a review within 3 years.

a) Persistent difficulties in obtaining an opinion or report.
b) Changes in service.

10. Document Control and Archiving

The policy is held on the imaging/radiology G Drive folder under reporting policies.

11. Monitoring compliance with this Policy

Measurable Policy Objective	Monitoring/ Audit method	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/ committees, inc responsibility for reviewing action plans
Reviewed every 3 years by the imaging/radiology Department	It is expected that a Datix submission be submitted if any difficulties are encountered by either paediatric specialities or imaging/radiology. The effectiveness of the policy will then be reviewed. .	Ongoing.	Imaging Clinical Governance Team.	Imaging Clinical Governance Committee.

APPENDIX 1: EQUALITY IMPACT ASSESSMENT

Equality Impact Assessment Summary

Name and title: Andrew Moth (Consultant Radiographer)

Background • Who was involved in the Equality Impact Assessment
Imaging Clinical Governance Committee.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
This policy has no effect on the above. Consultation was carried out at the Imaging Clinical Governance meeting on 21st July 2023.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No comments made by the committee. This policy has no adverse or a potentially adverse impacts for any equalities groups.
Conclusion • Provide a summary of the overall conclusions.
This policy has no obvious adverse impacts on any of the equality groups.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
No changes to the policy.

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