

## **Freedom of Information Request: Our Reference CTMUHB\_81\_23**

### **You asked:**

We write further to our FOI request (CTMUHB\_11\_23) and your attached response.

We note you have provided the policy for Patients Presenting with Suspected Cauda Equina Syndrome or Non-malignant Cord Compression. Your letter states that there was no policy prior to this.

We in fact requested a copy of the policy in place as at 20 September 2018 at Prince Charles Hospital setting out the criteria for when emergency MRI scans of the lumbar spine should be undertaken. Specifically, we wish to understand the hospital's policy in 2018 on urgent findings in radiological examinations and the process for alerting other clinicians and the significance of the words 'red flag' in the report. We require the policy from 2018 which applies to imaging investigations for all patients with any indication (rather than just cauda equina compression syndrome). I wish to understand the pathway by which the alert raised by the radiologist would be conveyed to the clinicians. It is my understanding that this information will be held by the radiology department.

If it is the case that no written policy was in place for the above in 2018 then please provide information on the approach radiologists were instructed to take in 2018.

### **Our response:**

We can confirm that no written policy was in place for the above in 2018.

Radiologists would have taken the following approach:

The report would be red flagged (would indicate a significant finding) and sent out via paper. It would also be available on Welsh Clinical Portal (WCP) immediately, but there was no IT alert capability on WCP at that time to highlight this to other clinicians/referrers.

As a safety net, the report would be issued in paper form again after a period of time.

If a request was made in 2018 for possible Cauda Equina, then it would have been scanned the same day, within the scanner opening hours. For other lumbar spines, this would have depended on the clinical indication and assessed case by case.