

Vascular Studies Unit Standard Operating Procedure

V1.0

June 2025

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Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Vascular Studies Unit (VSU) plays a key role in providing diagnostic information to support Clinicians in the diagnosis and management of new conditions, ongoing treatment/surgery planning, monitoring of existing conditions and surveillance following intervention/surgery for vascular patients.
- 1.2. The diagnostic pathway begins when a request is generated; it progresses via the diagnostic testing pathway and ends when a clinical report is received by the requester and acted upon. All VSU staff have an involvement in various stages of this pathway.

2. Purpose of this Standard Operating Procedure

- 2.1. This standard operating procedure (SOP) will provide clarification of the operational procedures in place for the day to day running of the VSU from initial referral through to completion and reporting of the examination.
- 2.2. This SOP includes the role of the Leadership team, VSU Clinical Lead, Vascular Scientists (VS), VSU Administrator and support staff.
- 2.3. This SOP will outline the pathway for referral of diagnostic investigation through to booking appointments and informing service users of upcoming diagnostic appointments and reporting of investigations performed.
- 2.4. This SOP will highlight the logistics of in-patient movement within Royal Cornwall Hospital Site, and between peripheral sites.

3. Ownership and Responsibilities

3.1. Leadership Team

The leadership team are responsible for:

- The approval and communication of this policy and monitoring its compliance.
- Conducting stringent recruitment checks to ensure that only appropriately qualified staff undertake and authorise clinical reports.
- Ongoing annual checks of professional registration and mandatory training.

3.2. VSU Clinical Lead

The VSU Clinical Lead is responsible for:

- Conducting stringent recruitment checks to ensure that only appropriately qualified and registered staff undertake and authorise test results.
- Ensuring that all VSU staff follow departmental policies and protocols described in the Standards and Practice section relevant to the part they play in the diagnostic pathway.

- Ongoing checks of Training and competence to perform the allocated tasks within the scope of activity of individual staff.
- Ongoing annual checks of professional registration and mandatory training.
- Ensuring that the VSU can function appropriately and safely with the correct support from other care groups.
- The day-to-day management of the VSU and its staff as well as managing the National Abdominal Aortic Aneurysm Screening Programme (NAAASP) manager.

3.3. Role of Individual Staff

- All staff are responsible for being aware of this policy and any documents referred to within it pertaining to their part in the diagnostic pathway.
- All staff are responsible for adhering to the requirements described within this policy and documents described in the standards and practice section pertaining to their role in the diagnostic pathway.
- Clinical staff are responsible for ensuring that results are communicated where appropriate to the requestor.
- Clinical staff are responsible for informing the patient of the result or, when not applicable, for providing the patient with the information of follow up procedure.

4. Standards and Practice

4.1. Risk Assessment of Diagnostic Investigations:

- 4.1.1. All diagnostic VSU investigations are carried out by appropriately qualified Vascular Scientists or supervised trainee Vascular Scientists.
- 4.1.2. All investigations are carried out according to local protocols (RCH Shared Folder (S:) > TR13 > Vascular Studies > Protocols and Policies >) and national standards.
- 4.1.3. Monitoring of incidents and complaints will be performed by the VSU Clinical Lead and reported at Specialty Governance meetings.

4.2. Requesting VSU Investigations:

Referrals should be made in accordance with the [Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy](#). The VSU will accept referrals via the following pathways:

- 4.2.1. Hospital referrers via Maxims.
- 4.2.2. General Practice via Choose and Book/eRS/ICE.
- 4.2.3. Acute GP Service via Maxims.

- 4.2.4. Vascular clinics via Maxims.
- 4.2.5. *Rapid Access TIA clinics via email from rcht.tiaclinic@nhs.net to rch-tr.vascularstudies@nhs.net
- 4.2.6. *DVT Clinic Pathway via Maxims (Hospital referrers) or email (GP referrers) from rch-tr.thrombosisnurses@nhs.net to rch-tr.vascularstudies@nhs.net
- 4.2.7. Paying Patients via Maxims, email to rch-tr.vascularstudies@nhs.net or letter (on headed paper).
 - * The VSU will only accept pre-vetted requests for imaging from these pathway services.

4.3. **Vetting Outpatient Requests for VSU Investigations:**

On receipt of a referral the Practitioner or Vascular Studies Administration and Clerical Team will process the request. Electronic referrals e.g., email and RMS referrals, will be scanned into the Computed Radiology System [CRIS] to create and electronic record. The referral will then be managed through the CRIS system as per local VSU Imaging Protocols.

- 4.3.1. All Referrals (except for *TIA and *DVT pathway) are vetted by a VS prior to appointment. The Vascular Scientist determines length of appointment required and confirms the urgency according to clinical information provided.
- 4.3.2. Referrals via the DVT pathway are vetted by the Thrombosis Nurse Specialist prior to appointment.
- 4.3.3. Referrals via the TIA pathway are vetted by the TIA Clinic Physician prior to investigations being carried out.

4.4. **Outpatient Appointments:**

The Lead Clinical Vascular Scientist, or designated deputy, will generate rosters 6/52 in advance with weekly Excel appointment diaries on the RCH S:Drive:

(RCH Shared Folder (S:) > TR13 > Vascular Studies > VSU Admin > VSU Appointments >).

The appointment diaries include VS room allocation, vascular clinics, Thrombosis Clinic appointments (pre-arranged although subject to change depending on demands of the services), TIA clinics (Monday-Friday PM), peripheral site clinics, non-clinical activities and leave. The diary enables the administration and clinical teams to offer appointments according to room availability and VS skill set. Room allocations, clinics and unavailability/leave also saved to the Vascular Studies MS Outlook Mail Calendar.

4.5. **Outpatient Bookings**

- 4.5.1. Outpatient appointments are allocated based on clinical urgency as determined by the referrer and vetting VS.

- 4.5.1.1. Urgency 1 (routine) – up to 6 weeks.
- 4.5.1.2. Urgency 5 (urgent) – 2-4 weeks or less for critical referrals.
- 4.5.1.3. Urgency 4 (Trials) – time frame specified according to trial protocol.
- 4.5.1.4. Urgency 6 (pathway i.e. DVT or TIA Clinics) – allocated appointments.
- 4.5.1.5. Urgency 9 (waiting list) – time frame specified by referrer.
- 4.5.2. Appointments, with greater than 10 working days' notice, are sent via second class post. If consent given to contact via mobile phone the patient will receive text reminders at days 7 and 2 prior to the appointment date. Short notice appointment may be offered via telephone with either a first class letter or email sent confirming the details.
- 4.5.3. The RCHT Stroke Service are responsible for booking patients attending the Rapid Access TIA clinics. Daily clinic lists are emailed to rch-tr.vascularstudies@nhs.net and referral letters are uploaded to the CFT Shared Drive. The VSU administrator or VS upload the referral letter into CRIS to create an electronic record/appointment.
- 4.5.4. The Thrombosis Service administrator is responsible for booking outpatients into pre-determined appointment slots and emailing rch-tr.vascularstudies@nhs.net with the date/time of appointment and referral letter. The VSU administrator or VS upload the referral letter into CRIS to create an electronic record/appointment. Direct Maxims referrals from ED, MIU or other hospital consultants are only acceptable if an internal referral to the Thrombosis Service has been completed. Failure to adhere to the DVT Clinic referral pathway may result in delays to diagnosis/treatment.
- 4.5.5. Paying Patients will be contacted directly by authorised Vascular Scientists performing the examination to arrange a suitable appointment date/time. These investigations are to be conducted outside of normal NHS working hours.

4.6. Outpatient Patient Attendance

Patients are instructed to attend a specific reception area according to their appointment i.e. Vascular Studies waiting room (RCH), Trelawny Outpatient Department waiting room (RCH) or the Penlee Unit waiting room (WCH). The receptionist will attend the patient on CRIS to alert the VS to their arrival.

4.7. Inpatient Referrals

Referrals for inpatients at RCH/other peripheral hospitals are received via Maxims on the CRIS Orders list. The designated VS for inpatient workloads each day will triage requests and contact wards to arrange for patients to attend the VSU for investigations. Patients are transferred onsite by either VSU imaging assistants or the Clinical Imaging Assistants using the NAVENIO portering

system. For patients attending from other sites the VSU administrator/VS will liaise with the medical/administrative teams to offer the next available designated appointment. **Patients requiring hospital transfers with Hospital Transport Group UK (patient transport) must be booked as 20 minute wait and return transfers.**

4.8. **VSU Investigations:**

Examinations are performed by a Clinical/Vascular Scientist/trainee Vascular Scientist (supervised and/or independently) according to local VSU protocols.

4.9. **Reporting of VSU Investigations:**

All examinations are reported in accordance with the [Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy](#) by

- Clinical/Vascular Scientists.
- Trainee Vascular Scientists.

Trainees will have their images/reports verified by a supervising Vascular Scientist until, through audit/assessment, they are deemed proficient by the Lead Clinical Vascular Scientist and able to independently report.

4.10. **Failure to attend**

Patients who **Did Not Attend** (DNA) routine appointments without contacting the department are offered a second appointment. Failure to attend a second appointment will result in the request being returned to the original referrer. All other patients who DNA non-routine/non-pathway/non-research trial appointments will be contacted to rearrange. DVT outpatient DNAs will be contacted by the Thrombosis Clinic to rebook. Rapid Access TIA clinic DNAs will be contacted by the RCHT TIA service to rebook. Research teams should be informed of all DNA trial patients and act in accordance with the relevant trial protocol.

5. **Dissemination and Implementation**

- 5.1. This SOP document will be available via the Vascular Studies Shared Folder (S:Drive) and via the RCHT Document Library.
- 5.2. This SOP will apply to all staff members working within the remit of Vascular Studies Unit.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with this SOP. Any changes to pathways.
Lead	Daniela Bond-Collins; VSU Clinical Lead.
Tool	Audit Via CRIS/Maxims, e-RS, Datix.
Frequency	Continuous monitoring.
Reporting arrangements	VSU Team meetings. Care Group Clinical Governance.
Acting on recommendations and Lead(s)	VSU Clinical Lead will ensure that action plans are taken forward and acted upon.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within the minimum achievable timescale. Lessons learnt will be shared with all relevant stakeholders.

7. Updating and Review

This document will be reviewed 3 yearly unless practice dictates otherwise.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Vascular Studies Unit Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document.
Date Issued / Approved:	December 2024
Date Valid From:	June 2025
Date Valid To:	June 2028
Author / Owner:	Daniela Bond-Collins, Lead Clinical Vascular Scientist.
Contact details:	01872 253190 or 01872 255186 rch-tr.vascularstudies@nhs.net
Brief summary of contents:	This document sets the approved process for referrals and operation within Vascular Studies Unit.
Suggested Keywords:	Vascular Studies Unit, TIA Pathway, DVT Pathway.
Target Audience:	RCHT: Yes CFT: Yes CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Care Group Governance Meeting.
Manager confirming approval processes:	Ian McGowan.
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson.
Links to key external standards:	None required.
Related Documents:	Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy
Training Need Identified:	No.

Information Category	Detailed Information
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet.
Document Library Folder/Sub Folder:	Clinical / Vascular.

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
30 December 2024	V1.0	Initial policy.	Daniela Bond-Collins, Lead Clinical Vascular Scientist.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Vascular Studies Unit Standard Operating Procedure V1.0
Department and Service Area:	Vascular, General Surgery and Cancer Care Group.
Is this a new or existing document?	New.
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Daniela Bond-Collins, Lead Clinical Vascular Scientist.
Contact details:	01872 253190 or 01872 255186

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	All staff who refer into Vascular Studies Unit for diagnostic imaging.
2. Policy Objectives	To ensure correct referral pathways are adhered to ensuring referrals dealt with in a timely manner.
3. Policy Intended Outcomes	To ensure that the diagnostic process contributes to the maximum benefit and minimal delay to patient care.
4. How will you measure each outcome?	Regular Monitoring.
5. Who is intended to benefit from the policy?	Staff and patients.

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Vascular Studies Unit.
6c. What was the outcome of the consultation?	Approved.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Sex (male or female)	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Race	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.

Protected Characteristic	(Yes or No)	Rationale
Religion or belief	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Marriage and civil partnership	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Pregnancy and maternity	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	Vascular Studies Unit staff are expected to care for this group and meet their individual needs without discrimination.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Daniela Bond-Collins, Lead Clinical Vascular Scientist.

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)