One + all | we care

Royal Cornwall Hospitals NHS Trust

Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy

V4.0

February 2023

Table of Contents

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

The Trust has a duty under the Data Protection Act 2018 and 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 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 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 testing information supports many clinical decisions in the diagnosis of new conditions, treatment planning, monitoring of existing conditions and surveillance following intervention/surgery. The diagnostic pathway begins when a test is indicated such that at referral is generated, progresses via the diagnostic process, and ends when a report is received by the requester and acted upon. Failures at any point in this pathway may lead to delays in the care of the patient, potentially with serious clinical consequences.

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

This policy aims to inform all those using the Vascular Studies Unit (VSU) Service to ensure safe practice and minimise the risk of delaying patient diagnosis or treatment due to the referral process or availability of diagnostic information. The imaging modalities provided by the VSU and encompassed by this policy are:

- Ultrasound
- Non-invasive physiological testing

3. Scope

This policy applies to all those who are Referring to and Operating within the VSU Service. Included within the scope of this document are the three Royal Cornwall Hospitals Trust (RCHT) and eight community hospitals with Cornwall Foundation Trust (CFT). The following imaging modalities are outside the scope of this policy:

- Planar imaging, including dentals
- Computerised Tomography [CT]
- Magnetic Resonance Imaging [MRI]
- Fluoroscopy and Interventional
- General Ultrasound
- Bone Density Scan (dual-energy X-ray absorptiometry [DEXA])
- Nuclear Medicine (including PETCT)

4. Definitions / Glossary

Referrer: Describes the Healthcare Professional who has met training and governance requirements to request vascular studies imaging.

Non-medical Referrer: A registered Healthcare Professional with a qualification other than medicine who is entitled to be a referrer.

Practitioner: Justifies the request by ensuring net benefit and appropriateness to clinical care.

Operator: Individual who acquires, evaluates and interprets the imaging or who is involved in the practical aspects of its acquisition or evaluation.

Reporting: Reporting describes the provision of a clinical opinion through consideration of the medical history, presenting signs and symptoms declared by the referrer, the appropriateness/limitations of the imaging method, and observation and description of normal and abnormal findings to enable the referring practitioner to make an informed decision regarding the patient management.

The Royal College of Radiologists gives the following definitions:

- Critical Findings: Where emergency action is required as soon as possible.
- Urgent Findings: Where medical evaluation is required within 24 hours.
- Significant Unexpected Findings: Where the reporting Practitioner has concerns that the findings are significant for the patient and may be unexpected by the Referrer.

5. Ownership and Responsibilities

5.1. Role of the Individual Staff

5.1.1. **Role of the Referrer**

After a thorough clinical assessment of the patient, the clinician uses their professional judgement to decide if an imaging procedure/physiological measurement is required. In addition to following the procedures specified in section 6.1, referrers must ensure that:

- The correct patient is referred by ensuring the patient's identification details are accurate.
- Sufficient legible clinical information is provided to enable the request to be justified (abbreviations should not be used) including details of previous revascularization procedures/surgeries and limb/area to be examined.
- Contraindications/limitations to the imaging procedure have been considered (e.g., vessels not accessible with ultrasound due to anatomical location or physical barriers such as surgical wounds or external fixation devices).
- Any additional information or particular requirements are provided (e.g., bandaging/dressings to be removed, days/times of hemodialysis sessions).
- It is the responsibility of the Referrer/referring Team to read and act upon the result of every investigation it generates.

5.1.2. **Role of the Practitioner** (Clinical Vascular Scientist/Vascular Scientist/Trainee Vascular Scientist)

This individual evaluates the Referrer's request to ensure the study is justified based on the clinical information provided and previous imaging.

5.1.3. **Role of the Operator** (Clinical Vascular Scientist/Vascular Scientist/ Trainee Vascular Scientist)

- All examinations are performed in accordance with local VSU protocols
- All clinical information is acquired for a clinical judgement to be made

5.1.4. **Role of the Consultant/Referrer in Charge of Patients Care** (must ensure)

- Any findings of Vascular Studies examinations are put into the context of the patient's management and acted upon
- Reports (verbal and written) are reviewed in a timely manner and where appropriate acknowledged on the MAXIMS system and acted upon in the Referral Management System [RMS] (GP electronic referral system)

5.1.5. **Role of the Reporting Staff** (Operator)

It is the responsibility of the Reporter/Operator to ensure that reports are timely, clear, and precise; to clearly document limitations and advice on further management or action, where appropriate, and ensure the urgency for action is documented within the content of the report.

5.1.6. **Role of Non-medical Referrers' Line Manager**

Is responsible for ensuring Non-medical Referrers are acting within an approved scope of practice (which may be articulated within a protocol or as a job description).

5.1.7. **Role of Non-medical Referrer Clinical Supervisor**

Is responsible for ensuring the quality of practice offered by the Non-medical Referrer, including evidence of:

- Competency in clinical assessment
- IRMER safety training
- Audit of referrals against this document and clinical guidance

6. Standards and Practice

6.1. Referrals to the Vascular Studies Unit

6.1.1. Authorisation to Refer

Only appropriately qualified registered Healthcare Professionals may request imaging procedures or physiological measurement investigations.

- Medical Practitioner. RCHT recognizes any Medical Practitioner registered with the General Medical Council as an authorized referrer, provided that the practitioner has met the Continuous Professional Development (CPD) requirements of that body regarding imaging procedures and examinations.

- Within the Medical profession, the scope of requesting is as follows:

  All Vascular Studies examinations should be discussed by a middle grade or above, usually this will be after discussion with a named Consultant or following an agreed protocol. An F1 or F2 grade doctor may place a request on MAXIMS but must clearly state the name of the referrer who has been involved in the referral decision.

- Non-medical Professionals or Non-medical Referrers. RCHT also recognize other registered Healthcare Professionals who are entitled to refer patients. These individuals must demonstrate the clinical expertise to assess the need for imaging meet IR(ME)R requirements and have imaging referral in their scope of practice/job description and be operating under a Trust approved protocol. To gain requesting rights specifically for Vascular Studies examinations, the professional must contact the Vascular Studies Unit Lead Clinical Vascular Scientist and Clinical Imaging Department to:

  (a) Complete a Non-medical Referrer application form [CI.REF.FORMS.07] which is approved at the General Surgery and Cancer Governance Group [GSCGG] and Clinical Imaging Clinical Governance Group [CICGG] meetings

  (b) Develop a referral protocol in collaboration with the Governance Lead for Vascular Surgery and the Vascular Studies Unit Lead Clinical Vascular Scientist which will be approved by the Care Group Governance Group Meeting.

  (c) Complete IR(ME)R training through NHS Education England e-learning for Health IRMER17; modules 00-03, also available through CFT training portal and ESR (search IRMER in advanced search key words)

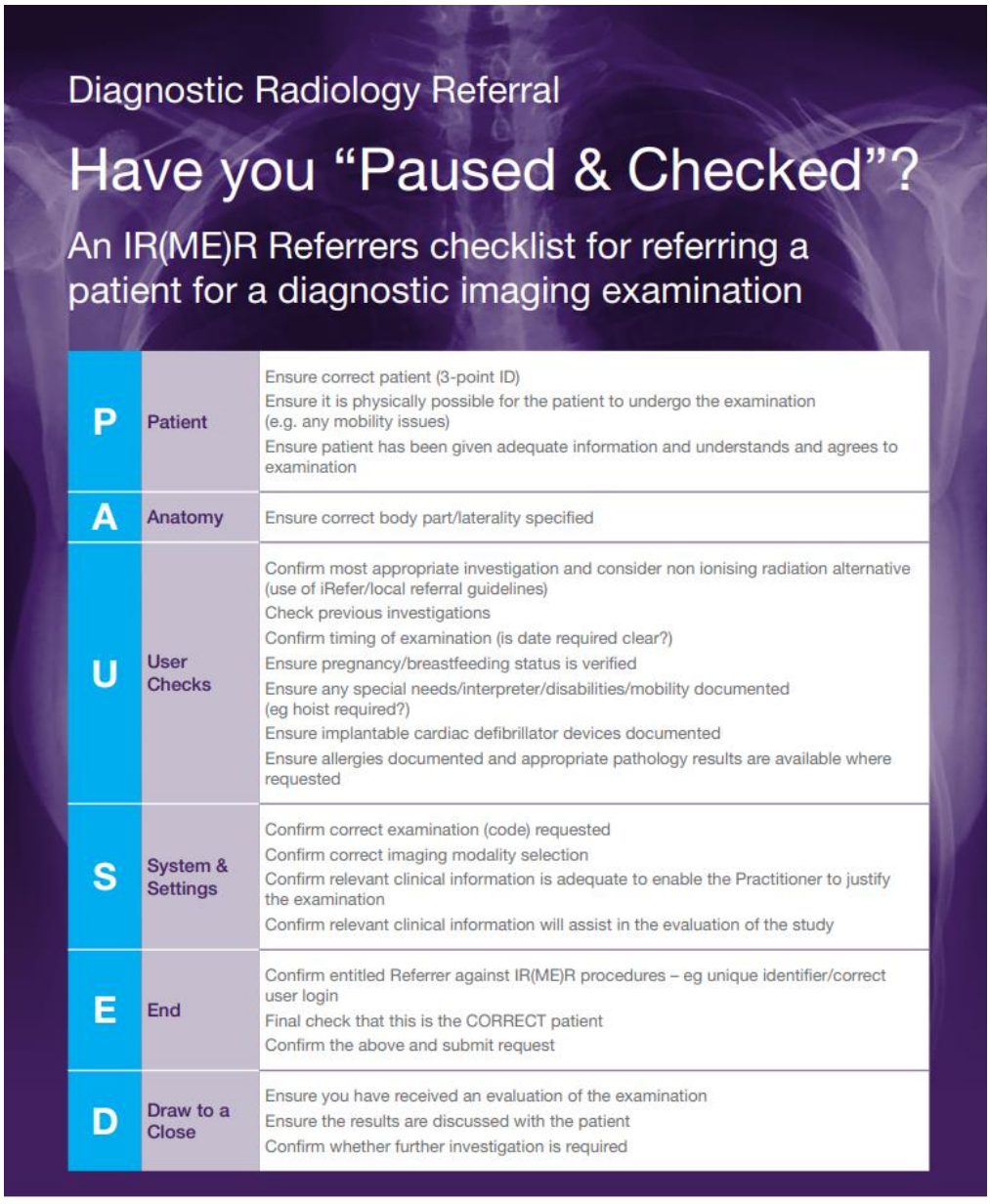
  (d) Complete Entitlement Form [CI.REF.FORMA.02] and Declaration form [CI.REF.FORMS.03-04]

  (e) Update IR(ME)R training every three years, with a maximum permitted interval of five years before entitlement is removed

  All evidence to support Non-medical Referral applications should be sent to the Vascular Studies Unit email address rch-tr.VascularStudies@nhs.net

6.1.2. Referral Criteria

It is a key requirement for the Referrer to make appropriate imaging requests. Although Vascular Studies examinations are not bound specifically by the IR(ME) Regulations please adhere to the following pause and check process: The Society of Radiographers Have you paused and checked? IR(ME)R Referrers | SoR



6.1.3. Factors to Be Considered Before Making a Referral

Imaging referrals must be made electronically wherever possible:

- Electronic requesting via MAXIMS or ICE/RMS (General Practice)

- Email referrals where there is no electronic request system available (Rapid Access TIA Clinics and Thrombosis Clinic)

- Letters on headed paper

6.1.4. Requests will only be accepted if the date on the referral is not more than one calendar month prior to the day the request is received by the Vascular Studies Unit.

Following an assessment of the patient's condition and health needs, the Referrer must take the following into account when considering imaging

- Prior imaging – has it been done before? Is an appointment for similar imaging pending?

- Will it influence the patient care (consider timescale on which examination will be conducted)?

- Are there any contraindications to the procedure?

6.1.5. Referral Information

It will be necessary for the Referrer to supply the following information on the request for imaging. Sufficient patient information to enable identification of the patient; this will be a minimum of 3 identifiers including:

- Full name

- Date of birth

- Address

- Postcode

- NHS number and/or hospital number

- Where the patient's identity is unknown, standard Trust identification procedures must be followed (RCHT Positive Patient Identification Policy and Procedures)

- Abbreviations should NOT be used unless the fully written version is included with the first use of the abbreviation (Trust Management of Information, Records and Data Quality Policy)

- Sufficient clinical information to enable the Practitioner to justify the investigation.

- This must include the background information regarding clinical state and the condition/pathology about which information is sought (e.g., query DVT)

- Referral name and contact details; it is a legal requirement that referrers are correctly identified. In addition, the Practitioner may need

to contact the referrer urgently with critical or urgent unexpected findings

- Any other information which the referrer deems appropriate including specific needs to be addressed e.g., disability, cultural/religious

- The Society of Radiographers Have you paused and checked? IR(ME)R Referrers | SoR should be followed

6.1.6. Urgent Referrals

Must be clearly marked as such on the referral. Time critical referrals e.g., patients awaiting surgery base on the outcome of the Vascular Studies examination, must be discussed with the Practitioner/Operator.

6.1.7. Managing Referrals

On receipt of a referral the Practitioner and 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.

6.1.8. Duplicate Referrals

If the VSU receive duplicate requests (for example the same examination is requested by both a GP and Consultant) the GP referral is cancelled as a duplicate. A comment is added to the Consultant request to ensure a copy of the report is sent to the GP.

6.1.9. Cancellation of Referrals

If an examination is no longer required, it is the responsibility of the referrer to inform the VSU Admin and Clerical Team and or Operator as soon as possible. Referrals which do not meet the justification criteria, or which contain inadequate/illegible/conflicting information, will be declined. The Referrer will be informed of this decision either verbally or in writing.

6.2. **Justification**

6.2.1. Each referral for an imaging procedure or physiological measurement must be justified by the Practitioner. For a request to be justified, the potential benefit from the diagnostic information obtained to assist in diagnosis or management, should outweigh the associated risks. When considering if a referral is justified, the following factors are considered:

- The referral is dated within one calendar month at the point of vetting

- The availability and findings of previous images

- The specific objectives of the investigation in relation to the history and examination of the patient

- The total diagnostic benefit to the individual
- The efficacy, benefits and risk of available alternative techniques having the same objective but involving no, or less, risk to the patient

6.2.2. Justification will be performed by:

- Lead Clinical Vascular Scientist
- Vascular/Clinical Vascular Scientist
- Trainee Vascular/Clinical Vascular Scientist (having achieved appropriate level of competency as assessed by the Lead Clinical Vascular Scientist)

6.2.3. To ensure that the investigation is prioritised with the appropriate urgency code in CRIS, the Practitioner will follow locally agreed guidance:

- Urgent outpatient referrals will be offered appointments within 2 weeks
- Routine outpatient referrals will be offered appointments within 6 weeks
- Inpatient referrals are vetted according to clinical urgency and expected to be completed within 24-48 hours

6.2.4. Research Trials

Where the imaging procedure is requested as part of a research trial, this should be clearly indicated in the request accompanied by the trial name, even if the imaging would form part of the standard clinical care for the patient's condition. All trials must have approval from the Vascular Surgery Clinical Lead and Lead Clinical Vascular Scientist.

6.2.5. Procedure change at Justification

Occasionally the type of imaging procedure to be performed is modified or changed. When this occurs the Practitioner/Operator will amend the procedure coding in CRIS. The Referrer will not be informed of these amendments prior to the examination. The results sent to the Referrer will indicate the request and the actual procedure performed.

6.2.6. Procedure for Unjustified Referrals

Where a request does not justify a Vascular Studies examination:

- For outpatient requests, the request should be designated as 'request unjustified' [RU] in CRIS, and a reason for declining the imaging should be entered into the appropriate box. The Practitioner will notify the Referrer and Lead Clinician via email that the imaging has been declined, including the reason. Requests should not be cancelled without informing the Referrer. This task may be delegated to the VSU Admin and Clerical Team.
- For GP requests via RMS, the Practitioner/VSU Admin and Clerical

Team, select ‘return to referrer with advice’ from the drop-down box and enter the reason for declining imaging into the dialogue box.

- For inpatient requests, the Clinical Team should be verbally informed that the request has been declined with the reason for refusal, and the member of staff notified should be recorded in the CRIS comments box. Only when the team have been notified and the notification recorded in the CRIS comments box may the event be cancelled on CRIS.

6.3. Procedure

The examination is performed by a Clinical/Vascular Scientist/trainee Vascular Scientist (supervised and/or independently) according to local VSU protocols. All operators must be operating within a scope of practice and demonstrate Good Scientific Practice (Academy for Healthcare Science [AHCS]: Professional Standards of Behaviour and Practice for the Healthcare Science workforce, 2021 AHCS-Good-Scientific-Practice-2021.pdf (svtgbi.org.uk)) and follow The Society & College of Radiographers Practitioner Checklist for Ultrasound Examinations (Have you ‘paused and checked’?).

6.3.1. Procedure Deviation

As part of good clinical governance all VSU examinations have a protocol in place for the team to follow. In some cases, it may be necessary for the Operator to deviate from the standard protocol, for example:

- Technique modified to meet the patient’s needs
- Focused examination to answer a specific question
- Cancellation due to patient condition or compliance

Any deviation from the standard protocol must be acknowledged by the Operator within their report.

6.3.2. Post Processing

The Operator is responsible for checking the quality of any images produced which includes the correct labelling and storage of images. This should be in accordance with local VSU protocols and the Society for Vascular Technology of Great Britain and Ireland’s Image Storage Guidelines:
https://www.svtgbi.org.uk/media/resources/Image_storage_2020.pdf

Only when the Operator is satisfied the image meets the required standard should the images be released to the Picture Archive Communication System [PACS]. The Operator will grade the overall examination/image quality on CRIS within the Processing section: 1- very poor, 2- poor, 3- average, 4- good, 5 – very good.

6.4. **Reporting**

6.4.1. Reporting Practitioners

- 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.

6.4.2. Structure and Content of Reports

A report is an assessment of the examination and may also include advice regarding patient management. The usual format of reports will include:

- Clinical details
- A description of the findings
- A conclusion or interpretation of findings in the clinical context
- All reports should have a conclusion which answers the clinical question in the request
- If an examination is reported in conjunction with another in the same episode, the blank fields should have the following comment, 'Please seen report for…'
- No examination fields should be left blank, and each should be titled with the examination type
- Reports should adhere to the current Trust policy Management of Information, Records and Data Quality Policy and should adhere to abbreviation guidance outlined therein [page 68 under heading **Abbreviations**]. These should be kept to a minimum. Healthcare Professionals must be aware that an accepted abbreviation within their own clinical field may have a different interpretation in the wider field of clinical care. Each report should be signed with the name of the Reporter, their title, and, if applicable, a unique professional identifier (e.g., Healthcare Professionals Council [HCPC] registration number at the end of the body of the report).
- The departmental stamp is entered into inpatient notes after each attendance, stating the date, time, investigation performed, Operators name/title with the statement 'the report for the above examination is available on CRIS/MAXIMS'.

6.4.3. Quality and Accuracy of Reports

Each Reporting Practitioner is responsible for the quality and accuracy of their work. Reports are typed directly onto CRIS. It is the responsibility of

the Practitioner (supervising Practitioner) to check the accuracy and readability before verifying the report. The report is then released into CRIS, InSight PACS (including InSight Web), MAXIMS and the patient's GP practice. Vascular Scientists are independent practitioners and considered the experts. Where any doubts exists a second opinion should be sought and/or a recommendation for additional/alternative imaging (SVTGB&I: Uncertainty of Measurement in Vascular Technology). Any suspected discrepancy in reporting should be highlighted in the VSU Quality Assurance Meeting.

6.4.4. Unverified Reports

Unverified reports are created on the CRIS system, visibility is controlled by permissions on the IT system. Reports will be unverified because the Reporter has not finished collating their findings or the report requires a second check as part of competency assessment. Clinical/Vascular Scientists have the authority to check and verify reports of trainee Vascular Scientists.

6.4.5. Communication of Findings and Safety Net Procedures

Each referrer/referring Team is responsible for reading and acting upon the result of every investigation they generate (RCR, 2012 and NSPA 2007). It is the responsibility of the Reporter to ensure that the Referring Clinician or another appropriate member of the Clinical Team is contacted if they consider that there is any likelihood of unexpected relevant contained in the report not being acted upon (RCR, 2012). All VSU reports are constructed and recorded in CRIS and once verified, are automatically communicated to the Referrer electronically, via the InSight Web, CRIS and MAXIMS. GP practices access reports via MAXIMS. Paper copies are not routinely sent. For reports which contain Critical, Urgent or Unexpected Significant findings, the following additional safety net procedures should be followed, the documentation of these is described in 6.4.5.

- Critical Findings

  For potentially life or limb threatening conditions (e.g., ruptured abdominal aortic aneurysm or pseudoaneurysm at an arterial bypass graft anastomosis), where emergency action is required as soon as possible, the Referring Clinician or an appropriate member of their team should be notified directly by telephone or in person. All communications should be documented in the CRIS events comments.

- Urgent Findings

  For urgent conditions where medical evaluation is required within 24 hours, and, in the clinical judgement of the Reporter, there is a concern that the report will not be viewed in a timely manner (e.g., acutely thrombosed arterial bypass graft discovered before a weekend or incidental finding of extensive undiagnosed/treated deep vein thrombosis) the reporter should notify the Referrer/Referring Team of

the report and/or the on-call Vascular Surgeon.

- Unexpected Significant Findings

For significant findings which do not require an urgent change in management, but which are very important for the future care of the patient (e.g., incidental finding of aneurysmal disease whilst imaging for an unrelated indication) it is the responsibility of the Reporter to bring the report to the Referrer/Referring Team's attention if, in their clinical judgement, there is a danger that the report will not be viewed in a timely manner. The Reporter may recommend the next actions following such a finding (i.e., recommend referral to the Vascular Surgeons for further imaging/surveillance) but must not take responsibility for such referrals or the ordering of further examinations: For all MIU referrals with unexpected significant findings, the reporting clinician should take appropriate measures to ensure that the patient's GP is notified.

6.4.6. Recording of Communication of Results

Where results are communicated verbally to the Referrer this should be recorded on the report, giving the name and role of the person who received the report.

6.4.7. Communicating Findings Directly with the Patient

The communication of results with the patient must be sensitive and honest. Results should only be discussed if the images have been fully reviewed and the individual is qualified as competent to do so, and it is appropriate to inform the patient including answering any questions regarding on-going care/management (AHCS: GSP 2021).

6.4.8. Reporting Images of the Deceased

All VSU examinations will be fully reported.

6.5. **Location and Storage**

All VSU reports are held on the CRIS system and are available to view on the InSight Web system.

6.6. **Adverse Events**

All near misses and adverse events will be reported through the DATIX system and managed in accordance with Trust processes.

6.7. **References**

Royal College of Radiologists (2018 Standards for the Reporting and Interpretation of Imaging Investigations. London: Royal College of Radiologists https://www.rcr.ac.uk/publication/standards-interpretation-and-reporting-imaging-investigations-second-edition

Royal College of Radiologists (2016) BFCR (16)4 Standards for the communication of radiological reports and fail-safe alert and notification

Society of Radiographers (2016) Have you Paused and Checked? IR(ME)R Referrers Have you paused and checked? IM(RE)R SoR

Society of Radiographers (2016) Have you Paused and Checked? Ultrasound Have you paused and checked? Ultrasound SoR

Positive Patient Identification Policy and Procedures V8 (cornwall.nhs.uk)

Management of Information, Management of Information, Records and Data Quality Policy (cornwall.nhs.uk)

Academy for Healthcare Science: Professional Standards of Behaviour and Practice for the Healthcare Science workforce. Good Scientific Practice 2021

Society for Vascular Technology of Great Britain and Ireland: Guidance on image storage and use, for vascular ultrasound scans

7. Dissemination and Implementation

This document will be shared via the RCHT Documents Library.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All elements of this document are monitored through General Surgery and Cancer Care Group governance processes
Lead	Vascular Studies Unit Lead
Tool	DATIX, complaints, Non-medical Referrer audits, Multidisciplinary Team Meetings, VSU Quality Assurance audits
Frequency	Ongoing
Reporting arrangements	General Surgery and Cancer Care Group Governance Group
Acting on recommendations and Lead(s)	Vascular Studies Unit Lead
Change in practice and lessons to be shared	Vascular Studies Unit Lead

9. Updating and Review

This policy will be reviewed every three years or sooner if circumstances suggest this may be necessary.

10. Equality and Diversity

10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the 'Equality, Inclusion and Human Rights Policy' or the Equality and Diversity website.

10.2. Equality Impact Assessment

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

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy V4.0
This document replaces (exact title of previous version):	Vascular Studies Unit Diagnostic Testing Procedures V3.0
Date Issued/Approved:	February 2023
Date Valid From:	February 2023
Date Valid To:	February 2026
Directorate / Department responsible (author/owner):	Daniela Bond-Collins, Lead Clinical Vascular Scientist
Contact details:	01872 253190
Brief summary of contents:	A policy which sets out an approved, documented process for the Referral, Justification and Reporting of Vascular Studies Diagnostic Procedures.
Suggested Keywords:	Vascular Studies, ultrasound, Doppler, MAXIMS, RMS, ICE
Target Audience:	RCHT: Yes CFT: No CIOS ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Governance Quality and Safety Board
General Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming approval by specialty and care group management meetings:	Suzanne Atkinson
Links to key external standards:	None

Information Category	Detailed Information
Related Documents:	• RCHT Positive Patient Identification Policy and Procedures • RCHT Policy for Consent to Examination • RCHT Policy to Manage Information and Records
Training Need Identified?	No
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
16 April 2012	V1.0	Initial issue	Dr Valda Gazzard, Clinical Scientist, Head of Vascular Studies
22 September 2016	V2.0	Update	Dr Valda Gazzard, Clinical Scientist, Head of Vascular Studies
28 October 2019	V3.0	Updated to latest Trust template following sign off at the Governance Quality and Safety Board on 28th October 2019	Dr Valda Gazzard, Clinical Scientist, Head of Vascular Studies
07 February 2023	V4.0	Full update of Policy and updated to new Trust template	Daniela Bond-Collins, Lead Clinical Vascular Scientist

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

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). 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:	Referral, Justification and Reporting of Vascular Studies Unit Diagnostic Procedures Policy V4.0
Directorate and service area:	General Surgery and Cancer Care Group
Is this a new or existing Policy?	Existing
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

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)	To provide a clear framework for Medical/Non-Medical referrers to ensure Vascular Studies Unit processes are adhered to.
2. Policy Objectives	As per policy aim
3. Policy Intended Outcomes	Ensure Vascular Studies Unit Diagnostic Procedures are used to the greatest benefit and the least harm possible through good governance processes
4. How will you measure each outcome?	Compliance is measured through governance and audit processes
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)	• 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:** Glenda Shaw, Imaging QSI Lead
6c. What was the outcome of the consultation?	Recommendations received and 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	Adjustments for children included throughout.
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

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

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