

POLICY CONTROL SHEET

(updated December 2009)

Policy Title And ID number	Screening and Diagnostic Procedures Policy CC4.3/4.4		
Sponsoring Director:	Medical Director		
Implementation Lead:	Marie Rowland and Dawn Brannan		
Impact:	(a) To patients	Safer procedures	
	(b) To Staff		
	(c) Financial		
	(d) Equality Impact Assessment (EIA)	Completed: Yes / No	
	(e) Counter Fraud assessed	Not required	
	(e) Other		
Additional Costs:		<i>Budget Code</i>	<i>Revenue or Non Revenue</i>
	(a) Training:	£	
	(b) Implementation:	£	
	(c) Capital:	£	
	(d) Other	£	
Training implications:	To be incorporated into induction: No	Other:	
Date of consultation at:	Board of Directors		
	Executive Team		
	Divisional Directors/Clinical Directors		August 2011
	Assistant Divisional Directors/Heads of Department		August 2011
	Board Committee, Clinical Governance Committee		3 October 2011
	Joint Partnership Forum		
	Local Negotiating Committee		
	Infection Control Committee:		
	Health & Safety Committee		
Alignment	Other (state name/s): ET		15 Sep 2011
	HR:		
	Strategic Direction:		
	Board Assurance:		
Date of Final Draft:			Issue Number: 1
Date of Final Approval:			Approved by:
Implementation Date:			
Date of last review:	June 2011	Date of next review:	June 2013
Circulation Date:			
Circulation:		Yes	Comment
	Directors	✓	
	Non Executive Directors		
	Divisional Medical Directors/Clinical Directors	✓	
	Medical Staff Committee/SMSF	✓	
	Assistant Divisional Directors	✓	
	Assistant Nursing Directors	✓	
	Heads of Department		
	H&S Committee Members	✓	
	Policy database/warehouse	✓	
Others (to be listed):			

SCREENING AND DIAGNOSTIC PROCEDURES POLICY

ID NUMBER: CC4.3 & 4.4

SPONSORING DIRECTOR: MEDICAL DIRECTOR

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DRAFT

Screening and Diagnostic Procedures Policy

Policy ID: CC4.3 & 4.4

1 STATEMENT OF INTENT

The intent of this policy is to bring a systematic approach to the writing and content of diagnostic testing and screening procedures to ensure that patients of Barnsley Hospital NHS Foundation Trust receive the best possible care in respect of the interpretation of tests and that the results are communicated in an appropriate and timely manner.

It also provides guidance for those required to produce local processes in relation to clinical diagnostic testing and screening.

2 INTRODUCTION

This document acknowledges the risks associated with the process of clinical diagnostic and screening and provides robust guidance for the development of local policies to manage these risks.

All services involved with the management of the process around clinical diagnostics and screening are required to produce local procedural documents and guidelines. The purpose of this policy is to inform and direct staff as to their duties in relation to clinical diagnostic and screening procedures. Appendix 1 is guidance on the required content of Procedures for Screening or Diagnostic Testing.

3 DEFINITIONS

Diagnostic tests: Diagnostic procedures such as laboratory tests and X-rays routinely performed on all or specified categories of individuals in a specific situation.

Screening: Examination of people with no symptoms to detect unsuspected disease.

4 MANAGEMENT ARRANGEMENTS

Trust Board

The Trust Board is ultimately responsible for the delivery of optimum clinical care and recognizing the significance of national guidance to enhance delivery. The Trust Board are required to assure themselves that national guidance is taken into account when diagnostic tests or screening are being undertaken.

Chief Executive

The Chief Executive is responsible for ensuring that resources and mechanisms are in place for the overall implementation, monitoring and review of this policy.

Medical Director

The Chief Executive has delegated responsibility to the Medical Director who has overall responsibility for the implementation of this policy

Divisional Directors and Assist Divisional Directors

The Divisional Directors and Assistant Divisional Directors are responsible for the implementation of this policy within their directorate and service areas and to the Medical Director for ensuring compliance with this policy.

Managers

Managers are responsible for ensuring that their staff are aware of their personal responsibilities for the management of diagnostic testing and screening processes.

- That staff undertake diagnostic testing and screening in line with the approved procedures in place
- That staff are adequately trained and supervised for any procedure they are required to undertake and that training records are up to date
- Good record keeping principals are adhered to, which will ensure undertaking of the test and the outcome is reported
- An agreed process for communicating results to patient/service user is adhered to
- Ensuring appropriate actions are taken as a result of the screening/diagnostic test.

Clinical Staff

Clinical staff have a responsibility for:

- Adhering to approved procedures
- Only undertaking procedures for which they have demonstrated competence
- Ensuring appropriate record keeping
- Ensuring good communication with patient/service users
- Ensuring appropriate actions taken as a result of screening/diagnostic test.

Administrative staff

Administrative staff play a vital role in the process of receiving, documenting and communicating screening/diagnostic test. It is important that their role is reflected in any procedure.

5 REVIEW DATE

At least every two years – or sooner if appropriate

Next Review: June 2013

CROSS REFERENCE DOCUMENTS/POLICIES

1. Consent Policy
2. Health Records Management Policy
3. Confidentiality Policy
4. Information Governance Policy
5. Incident Reporting Policy

Appendix 1: Guideline on the Content of Procedures for Screening or Diagnostic Testing

Guideline on the Content of Procedures for Screening or Diagnostic Testing

1. Minimum Content of Procedure

All procedures for Diagnostic Testing & Screening must include details of:

- Responsibilities
- Process for requesting diagnostic test/screening
- Receipt of test or screening result
- Process for documenting
- Process for taking action on results
- Process for communicating results
- Training
- Equipment
- Patient identification
- References
- Appendices

2. Responsibilities

This should outline the responsibilities at all levels of staff using the procedure.

3. Process for requesting diagnostic tests/screening

This section should clearly identify those who are authorized to request and carry out the tests/screening procedure.

It should also include how the test/screening procedure should be requested and give clear instructions on the information required on request forms/samples/specimens e.g.

- Patient demographics – surname, forename, date of birth, NHS number
- Requester and contact information
- Clinical Details, current treatment/therapy (if applicable)
- Investigation required
- Urgency of request

All diagnostic testing/screening procedures require the consent of the patient and this should be outlined in this section clearly stating the level of consent required and a reference to the Trust Consent Policy.

4. Receipt of test or screening results

This section should outline the process for receiving, following up non receipt and storage of a test/screening result.

5. Process for taking action on results

This section should outline the process for taking action and include how the results are recorded, dissemination, who is responsible for subsequent actions and who is responsible for making sure the results are acted upon and the appropriate clinical intervention undertaken. This section should also include relevant timescales.

6. Documenting the process

This section should outline the process for recording the diagnostic tests/screening procedure and include the minimum data set required. All documentation recorded should be in line with the Records Management Policy and should be referred to in this section of the procedural document.

This section should also include reference to the reporting of any incident that occurs in the process whether it is incorrect recording of the result, misdiagnosis, breach of confidentiality etc quoting the incident reporting policy.

7. Communicating the results

This section should outline the process for informing patients and any relevant staff of the results. This section should consider issues around sensitivity and any specific needs of the patient.

This must also include the process for informing the patient's GP of the results.

8. Training

This section should outline the training required and the expected proficiency of staff groups for all stages of the diagnostic testing/screening process.

9. Equipment

This section should include reference to any equipment required to undertake the screening/diagnostic tests.

10. Patient Identification

This section should include a process for ensuring the recording/checking of the correct patient details. To include the NHS number (mandatory requirement).

11. Content of Local Procedural Documentation

Local procedural documents should be in line with national guidance e.g National Institute for Health and Clinical Excellence (NICE) guidelines wherever such guidance exists.

12. Ratification of Diagnostic testing and screening procedures

All completed BHNFT diagnostic testing and screening procedures should be sent to the Clinical Guidelines and Policies Group before final approval by the Clinical Governance Committee.

13. Monitoring

This section should explain how the process will be monitored for compliance with the process.