FOI REF: 26/440

East Sussex Healthcare NHS Trust

8th September 2026

Eastbourne District General Hospital
Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

We should be grateful if you could please provide us with a copy of the policy document for peripheral cannulation or line insertion for East Sussex Healthcare NHS Trust and/or Eastbourne District General Hospital. If such a document does not exist, please confirm together with the reason.

Please see the attached document - '00161_03.01_P_Redacted'.

Please note that it is the Trust's FOI policy to only provide the names of staff that are graded at Band 8a (senior staff) or above, and therefore the names of staff at Band 7 and below have been redacted from the attached document.

Please also note we are applying Sections 31(1)(a), 40(2) and 44 as we have redacted the names of the Trust's IT Systems, staff that no longer work for the Trust, and any reference to direct email addresses, as set out below:

Section 31(1)(a)

Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- *NHS England — London » Synnovis Ransomware Cyber-Attack*
- *NHS England confirm patient data stolen in cyber attack - BBC News*
- *Merseyside: Three more hospitals hit by cyber attack - BBC News*

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term ‘’public interest’’ does not refer to the private or commercial interests of a requestor; its meaning is for the “public good”. The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK

Your request asks for policy documents which unfortunately mention specific details regarding our IT Systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust’s IT systems and infrastructure. The Trust’s capacity to defend itself from such acts relates to the purposes of crime prevention and

therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) [law enforcement] of the FOIA and the names of the IT systems within the policy is being withheld. The full wording of Section 31 can be found here: Freedom of Information Act 2000

Section 31 is a qualified exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

- *Organisations must do more to combat the growing threat of cyber attacks | ICO*

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:
"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)
- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

Section 40(2)

I can confirm that we hold this information, but it is exempt under Section 40(2) of the Freedom of Information Act 2000 – Personal Information of third parties. This is because this information may allow the identification of individuals and disclosure would breach the principles of the Data Protection Act.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

Section 44

We are unable to provide the contact details of staff as we consider this information to be exempt from release in accordance with Section 44 of the Freedom of Information Act (Prohibition on Disclosure) and would refer to the Privacy and Electronic Communications EC Directive Regulations 2003 which provide specific rules on electronic communication services, including marketing (by phone, fax, email or text) and keeping communications services secure. We will not provide any information that could result in the transmission of unsolicited

communications which may place an unacceptable risk to our email network and could also have a detrimental impact on patient care and treatment.

The contact number for the Trust is accessible on the Trust website http://www.esht.nhs.uk.

This is an absolute exemption and therefore carries no requirement to consider the public interest.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Cc: lbarwani-kamber@bondturner.com

East Sussex Healthcare NHS Trust

Peripheral Venous Cannulation Policy and Competency Guidelines

Document ID Number	161
Legacy ID Number	775
Version:	V3.1
Ratified by:	Core Services Quality and Governance Group
Date ratified:	July 2025
Name of author and title:	[redacted], Vascular Access Team Lead Nurse
Date originally written:	November 2009
Date current version was completed	July 2025
Name of responsible committee/individual:	Vascular Access Team Lead Nurse
Division and Specialty	Core Services – Vascular Access
Date issued:	21 July 2025
Review date:	July 2028
Target audience:	All Trust clinical staff who perform peripheral venous cannulation
Compliance with CQC Fundamental Standard	Safe care and treatment.
Compliance with any other external requirements (e.g. Information Governance)	NICE Guidance QS61
Associated Documents:	Aseptic Non Touch Technique (ANTT) Policy National Infection Prevention and control Manual for England Decontamination of non-invasive, reusable equipment policy Consent to Treatment, Examination and Care Policy and Procedure Policy for the Identification of Patients

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of the procedural document and can only guarantee that the procedural document on the Trust website is the most up-to-date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V2.0	March 2020	[redacted] Vascular Access Specialist Practitioners.	Update and Policy expiry.	Update for Brighton University Students practicing Cannulation.
V.3.0	February 2025	[redacted] Vascular Access Team Lead	Review and update, policy expiry	EHRA form replaced with EHIA – title change from Multi-Professional Practice Guideline for Peripheral Intravenous Cannulation Competency
V3.1	August 2025	[redacted] Lisa Redmond	National Patient Safety Alert: NatPSA/ 2025/002/UKHSA	Statement added when 2% chlorhexidine mentioned and Appendix G added

Consultation Table
This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Dee Daly	Head of Governance, Core Services	July 2025
Lisa Redmond	Head of Infection Prevention and Control	August 2025

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Table of Contents

1. Introduction

Many patients admitted to hospital will need to have an insertion of a peripheral intravenous cannula or vascular access device (VAD) for the delivery of treatment e.g. medications or fluids, or there is anticipation of treatment being required via the intravenous route.

Increasingly the insertion of a peripheral intravenous cannula (PIC) is being delegated to key competent practitioners including registered nurses, midwives, radiographers, operating department practitioners and support practitioners, to ensure that patients receive timely and effective treatment.

2. Purpose

Intravenous cannulation, although a routine procedure, is an enhanced practice when carried out by registered nursing, midwifery staff and clinical support practitioners. This guideline is to show the correct method for carrying out PIC insertion, and provides local notes on practice.

This document also outlines the specific knowledge, skills and competencies to be achieved by all practitioners who undertake cannulation whilst working for East Sussex Healthcare Trust.

2.1 Scope

This policy applies to all registered nurses and midwives, registered operating practitioners, radiographer staff, clinical support practitioners, doctors who have received appropriate training, healthcare assistants working in acute unit with support from the unit manager/matron. Final year nursing students will be under the direct supervision of their mentors who are skilled in this procedure.

3. Definitions

Peripheral line placement, also referred to as peripheral venous or intravenous (IV) cannulation, is the insertion of an indwelling single-lumen plastic conduit across the skin into a peripheral vein. Such devices may be referred to as peripheral IV (or venous) lines, cannulas, or catheters. It is performed using aseptic technique, to reduce the risk of contamination.

4. Accountabilities and Responsibilities

4.1 All practitioners who have attended the Trust's Cannulation study session will undergo a Competency Based Assessment using the Trust's documentation and Competency Assessment tool. Competence will be authorised by a designated assessor (from the appropriate area) who is competent in cannulation practice and is qualified to assess staff, preferably holding a recognised assessor's qualification.

4.2 Candidates must practice, complete and record supervised practice (competencies) and submit the completed form their line manager and Integrated Education to enter onto [redacted].

4.3 The unit manager/matron or equivalent will identify those practitioners who will carry out peripheral venous cannulation and who will be responsible for maintaining training and competency records for designated staff. The unit manager/matron will also

be responsible for sending copies of records of cannulation training and assessment to Integrated Education for entry on to the Trust's database.

4.4 Vascular Access Specialist Practitioners will conduct teaching sessions via Integrated Education. It comprises of the legal aspect of the practitioner, infection prevention and control, health and safety measures, anatomy and physiology of the veins, arteries and nerves, site selections and cannulation techniques. The candidate will be provided with monitoring/competency compliance documents and a contract to carry out cannulation. (See Appendices)

4.5 All practitioners undertaking this procedure must maintain their practice in line with Trust policy and the NMC Code of Professional Conduct (2018) or relevant professional body, if applicable.

4.6 East Sussex Healthcare Trust staff that are deemed competent to carry out this procedure must adhere to the Royal College of Nursing (RCN) Standards for infusion Therapy 4th edition 2016

See also Section 7: Competencies and Training Requirements

5. Process

5.1 Procedures - Equipment

- Isopropyl alcohol 70%, Chlorhexidine 2% licensed applicator (**Do not use non-sterile alcohol-free wipes for this procedure).** See Appendix G for visualisation of the products purchased by ESHT and their appropriate use
- Sterile towel
- Absorbent pad
- Non-sterile latex free gloves (well fitting)
- Single Use, Disposable Tourniquet.
- Sharps container & hard surface plastic tray (cardboard kidney dishes are not a viable or safe substitute).
- Clinical waste bag
- Cannula of a type and size suitable for the needs of the patient
- Needle free connector
- 10ml Sodium Chloride 0.9% pre-filled syringe
- Fixative dressing

5.2 Technique

- Clean hands before approaching patient space; Moment of hand hygiene.
- Ask the patient to confirm their identity by giving their name and date of birth. If an in-patient, check details against the wrist band.
- Explain the reason for the procedure, allowing time for discussion of any queries.
- Gain verbal consent where practicable, or demonstrate advocacy, before commencing the procedure.
- Position the patient comfortably.
- Select required equipment.
- Consider examination of both arms.
- Wash hands with soap and water and dry well.
- Cover any breaks in skin integrity with waterproof dressing.
- Don gloves.

- Position yourself comfortably and ensure equipment is within easy reach with the sharps bin no further than an arm's length away.
- Apply a single use tourniquet approximately in the middle of the upper arm.
- Ascertain integrity of veins by look and feel, avoiding small superficial veins.
- Select a vein, preferably one which is showing no signs of previously being used, easily detectable by palpation, feeling soft and bouncy.
- Remove tourniquet.
- Open out equipment onto a clean field. Place absorbent pad under patient's arm.
- decontaminate the area of the arm thoroughly with Chlorhexidine 2% Isopropyl alcohol 70% applicator, inside to out for a minimum of 30 seconds and allow to dry. (**Do not use non-sterile alcohol-free wipes for this procedure).** See Appendix G for visualisation of the products purchased by ESHT and their appropriate use.
- Reapply tourniquet.
- Anchor vein by gently pulling back the skin a few centimetres below proposed puncture site.
- Warn patient of needle entry, then insert gently into selected vein at an angle of 10 – 45 degrees.
- Insert cannula and observe for initial blood in the flashback chamber.
- Lower angle of cannula and stylet, and advance 2mm.
- Advance cannula, note secondary flashback along the cannula.
- Release tourniquet.
- Apply digital pressure beyond cannula tip to minimise blood spillage if using a ported cannula, be mindful not to contaminate the cannula exit site.

N.B. Nexiva integrated cannula have a safety no blood exposure cap so there is no need to apply digital pressure.

- Remove stylet and dispose of in sharps container.
- Apply clamp to integrated extension set and remove the air outlet anti blood spillage port.
- Attach needle-less connector.
- Flush the first cannula needle free connector with 5-10mls 0.9% Sodium Chloride in a pre-filled 10ml syringe.
- Secure the cannula with appropriate Trust recommended IV dressing.
- Clean the second needle free bung if it has come into contact with the environment with a 2% chlorhexidine 70% alcohol wipe, and flush the second port. (**Do not use non-sterile alcohol-free wipes for this procedure).** See Appendix G for visualisation of the products purchased by ESHT and their appropriate use.
- Ensure the date has been recorded on the dressing.
- Remove and discard gloves as clinical waste (tiger bag).
- Check that the patient is well and comfortable.

Inform the patient that the procedure is completed.

Wash or alcohol sanitise hands between patients. If patients have infectious disorders e.g. C.Diff +ve, then handwashing between patients is essential.

Clean the plastic tray with soap and water wipes.

Document the procedure on electronic patient record [redacted] under Assessment Vascular Access: Peripheral Vascular Access Documentation (PVAD) form. Please also document in the patient notes if the insertion was complex and why.

6. Evidence Base/References

Mental Capacity Act 2005 HMSO; London

NICE Guidance: 2014, Quality Standards QS61 Statement 5 – Vascular Access Devices

Royal College of Nursing Standards for Infusion Therapy 4th edition, 2016

7. Competencies and Training Requirements

7.1 All non-medical staff undertaking peripheral venous cannulation must have attended a cannulation course or a combined venepuncture and cannulation course run or commissioned by East Sussex Healthcare NHS Trust, followed by supervised practice and successful assessment of competence, prior to practice in their respective clinical area. See Appendices B – F.

7.2 Vascular Access Specialist Practitioners will conduct in-house teaching sessions or commission training via vascular access device suppliers with Integrated Education. The cannulation course comprises of the legal aspect of the practitioner, infection prevention and control, health and safety measures, anatomy and physiology of the veins, arteries and nerves, site selections and cannulation techniques. Theory and knowledge regarding cannulation is usually provided through an online interactive learning module that needs to be completed before attending the practical session. The Practical session allows the practitioner to apply the knowledge from the online sessions in a classroom. The candidate will be provided with monitoring compliance documents and a contract to carry out cannulation. All practitioners will need to secure a confident competent mentor, practice educator or vascular access champion in their clinical area who will support them after the cannulation course to competence.

The training can be combined with the venepuncture training which is a stand-alone module and practical session that have to be registered for separately. This is consolidated by supervised practical experience and formal competency assessment in the clinical areas.

In circumstances where despite training and continued support, the practitioner has not achieved competency, this should be discussed with and reviewed by the relevant manager for appropriate action.

Cannulation is no longer considered an advanced skill if required in the clinical areas where a registered practitioner works. Practitioners who cannulate but are not registered healthcare professionals will be operating under the direction of a registered practitioner on duty.

7.3 For practitioners (excluding Doctors) commencing with the Trust who have previously undertaken training and practice of cannulation with another employer within the last two years, evidence of the training should be provided together with supporting evidence, for example competency records, reflective journals etc. These must be produced for the practitioner's line manager, who will keep a copy and upload to [redacted] via Integrated Education, and authorise the practitioner to cannulate, or to access further training where deemed appropriate. Any Trust employee wishing to start

practicing this procedure will undertake ten cannulation procedures supervised by a designated assessor and recorded on the Trust documentation.

7.4 All doctors new to the Trust, and doctors in training, are required to complete a competency-self assessment within one week of commencing with the Trust for (CNST) Clinical Negligence for Trust and risk management purposes; cannulation is included as a core skill. Where additional training needs are identified, for example, at appraisal, doctors may apply via Integrated Education, and should be practically assessed at the discretion of their Educational Advisor or Lead Consultant.

7.5 Student Nurses who have attended a face-to-face training seminar from their university may perform cannulation in adults, but always under the direct supervision of a Trust member of staff who holds competency in this skill. Students must read, understand and adhere to the processes set out in this policy.

7.6 Newly qualified Nurses are able to perform intravenous cannulation only if their University has deemed them competent and their line manager is confident they are strictly following Trust Policy and procedures correctly. If the line manager is concerned protocol is not being adhered to and or the Nurse is clinically unskilled, they must arrange for the Nurse to attend further training by the Vascular Access Team via Integrated Education.

7.7 All staff who cannulate have a responsibility to keep themselves up to date with the latest evidence-based practice. Practitioners are required to attend cannulation training update every 3 years, or sooner if there are concerns about practice. Update training is split into two categories, Integrated Education will ask you to confirm you are regularly cannulating and feel competent, if so the practitioner need only attend the online update. If the candidate is not cannulating regularly, lost confidence or has been out of practice for an extended period, the practitioner will be asked to declare this and attend both the online training and the practical training session. Registered practitioners in line with their code of conduct will be responsible for keeping themselves up to date. Practitioners who are not registered healthcare professionals will be expected to keep up to date, with support from the line manager or registered practitioner who oversees the clinical area.

8. Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Potential source of infection	Vascular Access Team, Infection Prevention and Control Team	Root Cause Analysis, audit and report	Ongoing	Core Services Quality & Governance Group	Core Services Quality & Governance Group	Vascular Access Team Ward matrons, unit managers or equivalent
Needle stick injury.	VAT Lead	[redacted] reports	On occurrence	Occupational Health Team	Core Services Quality & Governance Group	Vascular Access Team Ward matrons, unit managers or equivalent
Adhering to best practice	VAT Lead	Audit	Annually	Core Services Quality & Governance Group	Core Services Quality & Governance Group	Vascular Access Team Ward matrons, unit managers or equivalent

9. Equality and Health Inequalities Impact Assessment Statement

This policy has been assessed for its impact on equality and health inequalities, ensuring it provides equitable care across all patient groups. An Equality Impact Assessment has been completed and can be found in Appendix A.

Appendix A: Equality and Health Inequalities Impact Assessment (EHIA)

SECTION A: ADMINISTRATIVE INFORMATION

This form is a central part of how the Trust makes sure and can demonstrate to others that we are meeting our legal duties; and how we can assure ourselves that all patients will get the best outcome for them from our services.

. **Function/policy/service name and number:**	Peripheral Venous Cannulation Policy and competency Guidelines V3.0 (Document ID: 775)		
Main aims and intended outcomes of the function/policy/service and summary of the changes you are making (if existing policy/service):	The policy aims to ensure safe, consistent and competent Peripheral Venous (PV) Cannulation practices by clinical staff at ESHT. It outlines training requirements, procedural steps, and competency assessments to safeguard patients and reduce risks.		
How will the function/policy/service change be put into practice?	- By providing mandatory training and competency assessments for staff - Regular updates to align with current standards and practices - Routine monitoring of compliance through incident reports and audit		
Who will be affected/benefit from the policy?	- Clinical staff undertaking PV Cannulation - Patients requiring PV Cannulation for therapeutic purposes		
State type of policy/service	Policy ☐ **X**	Service ☐ **X**	
	Business Case ☐	Function ☐	Existing **X**
Is an EHIA required? NB :Most policies/functions will require an EA with few exceptions such as routine procedures	Yes ☐ **X**		
	No ☐ (If no state reasons)		
Accountable Director: (Job Title)	CHIEF MEDICAL OFFICER		
Assessment Carried out by:	[redacted]		
Contact Details:	[redacted]		
Date Completed:	19th May 2025		

SECTION B: ANALYSIS AND EVIDENCE

Analysis of the potential impact – Equality and Health Inequalities Duties

3. PROTECTED CHARACTERISTICS - Main potential positive or negative impact of the proposal for protected characteristic groups

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Age: older people; middle years; early years; children and young people.	Elderly patients and children may require specific techniques due to vein fragility or size	Staff and patient feedback	Include guidance in training and competency assessments
Disability: physical, sensory and learning impairment; mental health condition; long-term conditions.	Patients with disabilities may face barriers in communication or positioning during procedures	NICE guidance and patient feedback	Provide accessible communication methods and ensure appropriate support for positioning. Individualised assessment and care.
Gender Reassignment and/or people who identify as Transgender	No specific impact identified	Policy uniformly applies to all genders	N/A
Marriage & Civil Partnership: people married or in a civil partnership.	No specific impact identified	Policy uniformly applies	N/A
Pregnancy and Maternity: before and after childbirth and who are breastfeeding.	Pregnant patients may face unique risks due to vascular changes	Local clinical feedback and staff observations	Include specific considerations in training for cannulation during pregnancy

Protected characteristic groups	Summary explanation of the *potential* positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Race:	Language barriers may impact communication and consent for non-native English speakers. Effective venepuncture technique required for patients of all skin tones.	Patient complaints and Healthwatch feedback	Use interpreters and translated materials to facilitate communication Teach palpation technique for vessel identification as standard.
Religion and belief: people with different religions/faiths or beliefs, or none.	No specific impact identified	Policy uniformly applies	N/A
Sex:	No specific impact identified	Policy uniformly applies	N/A
Sexual orientation	No specific impact identified	Policy uniformly applies	N/A
Veterans/Armed Forces Communities	Veterans may present with vascular challenges due to prior injuries or medical conditions	Feedback from Armed Forces Covenant Duty considerations	Individualised assessment when cannulating

4. HEALTH INEQUALITIES -Potential positive or adverse impact for people who experience health inequalities summarised

Groups who face health inequalities[1]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
This includes all groups of people who may have poorer access to or outcomes from healthcare services. It includes: People who have experienced the care system; carers; homeless people; people involved in the criminal justice system; people who experience substance misuse or addiction; people who experience income or other deprivation; people with poor health literacy; people living in rural areas with limited access to services; refugees or asylum seekers; people in or who have been in the armed force; other groups who you identify as potentially having poorer access and outcomes.	*See below*		

Breakdown of Groups who are more likely to experience health inequalities:

Groups who face health inequalities[2]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
Carers of patients	Carers may require guidance on the process to support patients and reduce anxiety	Patient and carer surveys	Provide information to explain procedures, and give reassurance
Homeless people. People on the street; staying temporarily with friends /family; in hostels or B&Bs.	No impact identified. Inequalities in access to services are of separate consideration		
People involved in the criminal justice system: offenders in prison/on probation, ex-offenders.	No impact identified.		
People with addictions and/or substance misuse issues	Risk of damaged veins or reduced compliance	Clinical feedback and NICE guidelines	Provide specialised training for staff to address these challenges. Individualised assessment and care
People with poor literacy or health Literacy: (e.g. poor understanding of health services poor language skills).	Difficulty understanding procedure details or consent process	Data on local health literacy levels	Simplify patient-facing materials with visual aids and plain language

Groups who face health inequalities[2]	Summary explanation of the potential positive or adverse impact of your proposal	How do you know this? (include here a brief explanation of what information you have used to identify potential adverse impact e.g. NICE guidance, local data, evidence reviews, stakeholder or patient feedback	Action that will be taken to address the potential for negative impact.
People living in deprived areas	No impact identified.		
Refugees, asylum seekers or those experiencing modern slavery	Language barriers and unfamiliarity with healthcare systems	Local refugee group feedback	Provide multilingual materials and access to interpreters Individual assessment of needs
People who have served in the Armed Forces	See above		

SECTION C: ENGAGEMENT

5. Engagement and consultation

a. Talking to patients, families and local communities can be a rich source of information to inform health care services. If you are making substantial changes it's likely that you'll have to undertake specific engagement with patients. For smaller changes and policies your may have undertaken some engagement with patient groups, gained insight from routine sources e.g. patient surveys, PALS or Complaints information or information from Healthwatch, you may also have looked at relevant engagement that others have undertaken in the Trust, or locally
Have any engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	**No X**

b. If yes, please ensure all stakeholders are listed in the consultation table at the beginning of the policy.

SECTION D: SUMMARY OF FINDINGS

Reflecting on all of the information included in your review-

6. EQUALITY DUTIES: Is your assessment that your proposal will support compliance with the Public Sector Equality Duty? Please **add an x** to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	X	X	X
The proposal may support?			
Uncertain whether the proposal will support?			

7. HEALTH INEQUALITIES: Is your assessment that your proposal will support reducing health inequalities faced by patients? Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?	X	X
The proposal may support?		
Uncertain if the proposal will support?		

8. Outstanding key issues/questions that may require further consultation, research or additional evidence. Please list your top 3 in order of priority or state N/A

Key issue or question to be answered		Type of consultation, research or other evidence that would address the issue and/or answer the question
1	Outcomes for people with disabilities	Monitoring equity and outcomes for people with disabilities
2	Outcomes for high risk groups	Monitoring outcomes for high-risk groups, such as substance misuse patients
3	Communication for safety	Evaluation of interpreter service availability during cannulation

9. EHIA sign-off: (this section must be signed)

Person completing the EHIA:	[redacted]	**Date: 10/07/25**
Line Manager of person completing:	**Dee Daly**	**Date: 10/07/25**

Appendix B – EHIA Resources
Sources of Information on the East Sussex population and sources of community or patient insight.

Population Data
State of the County 2021 Focus on East Sussex

East Sussex JSNA

Community Insight

Further Reading on Equality and Health Inequalities

Training

Appendix B: IV Cannulation Procedure Competency Assessment Record Part One

Intravenous Cannulation Procedure Competency Assessment Record (Part One)

Record of Supervised Practice

Name	**Ward/Unit**	**Theory Session Date**
Hosp/Dept	**Date**	**Signature of Trainer**
Designated Supervisor	**Signature of Assessor**	**Print Assessor Name**

The section below should be used to maintain a record of the practitioner's skill on venepuncture. It should be completed for every occasion when the relevant skill is performed throughout the competency assessment phase.

According to Trust guidelines the practitioner should undertake a minimum of **5** supervised and **5** assessed procedures, prior to verification of competency to be recorded on **parts one and two** of the Trust's Competency Based Assessment record. A copy of the completed records should be held in the practitioner's file within the department. The original records should be held within the practitioner's portfolio.

Practitioners who have not performed this procedure within the last twelve months will undertake a further Competency Based Assessment authorised by a designated supervisor.

The practitioner should be able to provide sufficient evidence that they are maintaining their skills and this will be reviewed during their annual appraisal at the discretion of their manager.

	Procedure Details (Site/ Age of Patient/ other relevant information)	Comments	Witnessed by Assessor/ supervisor (PRINT)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Appendix C: IV Cannulation Competency Based Assessment Record (Part Two)

Intravenous Cannulation Procedure Competency Assessment Record (Part Two)

Assessment Record

Name	**Ward/Unit**	**Theory Session Date**
Hosp/Dept	**Date**	**Signature of Trainer**
Designated Supervisor	**Signature of Assessor**	**Print Assessor Name**

Competency Statement:
The practitioner will be able to consistently demonstrate competence in both clinical and theoretical knowledge regarding safe practice, technical skills and rationale for venepuncture procedures
The aim of this competency is to provide consistency in conjunction with a high standard of knowledge and practical skills across ESHT.

Evidence of competence:
Practitioners must be able to provide evidence to support claims of competence.
This evidence may take a number of forms including:
1. Supervision/observation conducted by other competent practitioners.
2. Supervision/observation conducted by the Designated Supervisor.
3. Learning logs of practice/procedures undertaken.
4. Reflective journals.

I confirm that the practitioner has
• Undertaken the minimum supervised procedures required
• Completed the relevant written documentation
• Is competent to perform venepuncture without further supervision.

Signature of supervisor: **Print Name:**
Date:

I feel competent in performing this procedure. Having received relevant training and completed the appropriate written documentation successfully, I accept full responsibility / accountability (delete as appropriate whether registered or unregistered) for my own practice and have discussed this role with my supervisor.

Signature of Practitioner: **Print Name:**
Date:
Date of reassessment:

Appendix D: Multi-Professional Intra-venous Cannulation of Adult Patients- Learning Outcomes Competency Based Assessment Tool

This list of key competencies is designed as a tool for the designated assessor who will supervise and assess individual practitioners.

The Practitioner is required to pass each of the identified competencies in order to complete their assessment and be deemed competent to practice independently.

Key: C-Clinical, P-Professional

	Performance Criteria-Knowledge, Skills and Attitudes	
1.	**Training and Specific Knowledge**	
	The practitioner	
1a.	Has attended the relevant mandatory training session	**P**
1b.	Demonstrates relevant knowledge of Anatomy and Physiology of the arms, hands, feet, vascular and integumentary systems	**C**
1c.	Demonstrates knowledge of appropriate cannula selection including gauge/flow rates etc.	**C**
1d	Demonstrates knowledge of correct usage of disposable tourniquet	**C**
1e	Demonstrates knowledge of site assessment tools including Vascular Infusion Phlebitis Score and Infiltration Scale	**C**
2.	**Role of the practitioner**	
2a.	Demonstrates a flexible and adaptable approach to their work	**P**
2b.	Understands the need to maintain and develop working practice in line with Code of Professional Conduct (NMC 2015) or relevant professional body	**P**
2c.	Understands the importance of liaison and co-operation with other members of the multi-disciplinary team	**P**
3.	**Accountability, Behaviour and Attitudes**	
	The practitioner	
3a.	Understands and observes patient confidentiality	**P**
3b.	Communicates and cares for patients in a professional manner	**P**
3c.	Understands the need to seek consultation following a second unsuccessful attempt to perform intra-venous cannulation	**P**
3d.	Has an awareness of the implications surrounding accountability issues and consent of patients and an awareness of the mental Capacity Act 2005	**P**
3e.	Demonstrates care and sensitivity to patients throughout the procedure to ensure minimal discomfort and anxiety	**P**
3f	Demonstrate non-judgemental attitude to patients with mental/physical disability and treat patients with utmost respect regardless of age, race, religious belief, gender and sexual orientation.	
4.	**Infection Control and Risk Management (including Health and Safety)**	
	The practitioner	
4a.	Understands ESHT universal precautions policy and other relevant infection control policies and guidelines	**P**
4b.	Understands ESHT sharps injury policy	**P**
4c.	Understands the need for effective hand hygiene techniques, the use of gloves and other Personal Protective Equipment (PPE) as appropriate	**C**
4d.	Demonstrates an effective sterile non touch technique during intra-venous cannulation procedure	**C**

4e.	Demonstrates effective skin preparation techniques and understands the importance of appropriate skin preparation	**C**
4f.	Can state the correct procedure in the event of blood spillage in line with Trust policy	**C**
4g.	Can demonstrate the correct use of the tourniquet and the risks associated with incorrect use	**C**
4h.	Disposes of materials and sharps safely in adherence with ESHT policy	**C**
4i.	Demonstrates knowledge of cannula in-dwell times and records information relating to cannula insertion in line with RCN Standards for Infusion Therapy (2005).	**C**
4j.	Can discuss the risks and hazards/complications of IV cannulation and take appropriate action	**C**
4k.	Recognises when it is inappropriate to perform IV cannula insertion and seeks assistance where necessary	**C**
4l.	Demonstrates knowledge of Trust Incident Reporting procedure	**P**
5.	**Intra-venous cannulation procedure**	
	The practitioner	
5a.	Demonstrates correct identification of the patient in accordance with ESHT policy	**P**
5b.	Obtains appropriate consent prior to performing procedure	**P**
5c.	Prepares patient and performs assessment as appropriate including assessment of the patients veins	**C**
5d.	Selects and prepares the correct equipment for the procedure	**C**
5e.	Demonstrates clean and safe skin preparation and the application of local and topical anaesthetics where prescribed	**C**
5f.	Applies and releases single use only disposable tourniquet correctly	**C**
5g.	Performs intra-venous cannula insertion safely in accordance with the manufacturers instructions	**C**
5h.	Secures cannula,` dates and dresses the site appropriately	**C**
5i.	Obtains venous samples from cannula only on insertion in line with RCN Standards 2011	**C**
5j.	Flushes cannula with 0.9% Sodium Chloride and administer correct volume (5 – 10 mls) using pulsated push-pause and positive pressure method using a 10 ml syringe	**C**
5k.	Despatches venous samples to the laboratory in adherence with Trust policy and procedure	**C**
5l.	Document procedure correctly on the PVAD document in patient's prescription chart	**P**
5m.	Uses needle-less connectors and needle free systems as appropriate in line with manufacturers instructions	**C**
5n.	Is aware that only one single use cannula shall be used for each cannulation attempt	**C**
5o.	Performs removal of IV cannula in adherence with RCN Standards, applies the appropriate occlusive dressing and records in patient's notes and on the PVAD form	**C**
6.	**Effective Troubleshooting and Risk Management**	
6a.	States the correct procedure for managing severe bruising or haematoma	**C**
6b.	Understands how to recognise and manage a punctured artery	**C**
6c.	Is able to recognise and manage a collapsed vein	**C**
6d.	Is aware of the differences between infiltration and extravasations and knows the appropriate action to take in relation to both incidents	**C**
6e.	Is aware of the implications of nerve contact	**C**

6f.	Understands how to encourage venous filling	**C**
6g.	Is able to recognise the signs and symptoms of phlebitis and take appropriate action	**C**
6h.	Is aware of the need to carry out regular site observations in line with RCN Standards using the appropriate assessment tools	**C**
6i.	Is able to confirm patency and take appropriate action in the event of transfixation or occlusion	**C**

Appendix E: Performance Criteria

Performance Criteria-Knowledge, Skills and Attitudes.	Signature of Supervisor	Date achieved
1. Training and Specific Knowledge		
The practitioner:		
a. Has attended the relevant mandatory training session		
b. Demonstrates relevant knowledge of Anatomy and Physiology of the arms, hands, vascular and integumentary systems		
c. Demonstrates knowledge of appropriate cannula selection including gauge/flow rates etc		
d. Demonstrates knowledge of site assessment tools including Vascular Infusion Phlebitis score and Infiltration score		
2. Role of the Practitioner		
a. Demonstrates a flexible and adaptable approach to their work:		
b. Understands the need to maintain and develop working practice.		
c. Understands the importance of liaison and co- operation with other members of the multi-disciplinary team.		
3. Accountability, Behaviour and Attitudes		
The Practitioner:		
a. Understands and observes patient confidentiality		
b. Communicates and cares for patients in a professional manner		
c. Understands the need to seek consultation following a second unsuccessful attempt to perform intravenous cannulation		
d. Has awareness of the implications surrounding accountability issues and consent of patients.		
e. Demonstrate non judgemental attitude to patients with mental/physical disability and treat patients with utmost respect regardless of age, race, religious belief, gender and sexual orientation		
Performance Criteria-Knowledge, Skills and Attitudes.	**Signature of Supervisor**	**Date achieved**

Appendix F: Infection Control and Risk Management

4. Infection Control and Risk Management (including Health and Safety)		
The Practitioner:		
a. Understands the ESHT universal precautions policy and other relevant infection control policies and guidelines		
b. Understands ESHT needlestick injury policy		
c. Understands the need for effective hand-washing techniques, the use of gloves and any other Personal Protective equipment (PPE) as appropriate		
d. Demonstrates an effective aseptic non touch technique during intravenous cannulation procedure		
e. Demonstrates effective skin preparation techniques and understands the importance of appropriate skin preparation		
f. Can state the correct procedure in the event of blood spillage in line with Trust policy		
g. Can state the correct use of the tourniquet and the risks associated with incorrect use		
h. Demonstrates knowledge of cannula in-dwell times and records information relating to cannula insertion in line with RCN Standards for Infusion Therapy (2003)		
i. Can discuss the risks and hazards/complications of IV cannulation and drug administration and take appropriate action		
j. Recognises when it is inappropriate to perform IV cannula insertion and seeks assistance where necessary:		
k. Demonstrates knowledge of Trust Incident Reporting procedure		
5. Intravenous cannulation procedure		
The Practitioner:		
a. Demonstrates correct identification of patient in accordance with ESHT policy		
b. Obtains and records appropriate consent before procedure		
c. Is able to prepare patient and perform assessment as appropriate including assessment of patients veins		
d. Is able to prepare the correct equipment for the procedure		
e. Is able to demonstrate clean and safe skin preparation and the application of local and topical anaesthetics where prescribed		
Performance Criteria-Knowledge, Skills and Attitudes	**Signature of Supervisor**	**Date achieved**
f. Is able to apply and release tourniquet correctly		
g. Is able to perform intravenous cannula insertion safely in accordance with the manufacturers instructions		
h. Is able secure cannula and apply appropriate dressing		

i. Is able to safely obtain venous samples from the cannula only on insertion in line with RCN Standards 2003		
j. Is able to flush cannula with appropriate prescribed solution and administer correct volume using pulsated push-pause and positive pressure method		
k. Is able to despatch samples to the laboratory in adherence with Trust policy and procedure		
l. Is able to administer flush according to RCN Standards 2003		
m. Documents procedure correctly on the PVAD form		
n. Uses needless connectors and needle free systems as appropriate in line with manufacturers instructions		
o. Is aware that only one single use cannula shall be used for each cannulation attempt		
p. The practitioner will remove the intravenous cannula in adherence with RCN Standards, applies appropriate occlusive dressing and records on PVAD		
6. Effective Troubleshooting, Risk Management and general cannula care		
The Practitioner:		
a. Is able to state the correct procedure for managing severe bruising or haematoma		
b. Is able to understand how to recognise and manage a punctured artery		
c. Is able to recognise and manage a collapsed vein		
d. Is aware of the implications of nerve contact		
e. Understands how to encourage venous filling		
f. Is aware to carry out regular site observation in line with RCN Standards using the appropriate assessment tools		
g. is able to confirm patency and take appropriate action in the event of transfixation or occlusion		

Appendix G: Poster – Are you using the right type of Chlorhexidine?

Are you using the right Types of Chlorhexidine Product for ANTT Cannulation, invasive procedure, IV medication administration or Blood Cultures?

NHS
East Sussex Healthcare
NHS Trust

BD Chloraprep 1ml Applicator, NHS supply chain code DMK000

Can be used for:

- Cannulation, Blood Cultures sampling, Bloods, injections, sub cut infusion/injection skin prep
- Note: PICC Dressings should use the 3mls applicator. NHS code: MRB306

Green 2% Chlorhexidine in 70% Alcohol devices wipes Product code: CA2C240 NHSSC: VJT638

- For needle free connector device cleaning (such as Bionector) NOT FOR CANNULATION
- Blood Culture Bottles tops, antibiotic or medication vial decontamination and others ANTT preparation

Blue Clinell 2% chlorhexidine skin wipes NHS Supply chain code VJT169

- For IM/SC injections
- For Routine Blood sampling NOT FOR CANNULATION

Clinell Alcoholic 2% Chlorhexidine Skin wipes are licensed for cleaning skin after dressing and plaster removal, especially where the dressing has caused dirt to develop.

Do not use non-sterile alcohol-free wipes for any Cannulation, Blood cultures, or decontamination before accessing or placing any Vascular Access.

Contact the Vascular Access Team via online referral for any further information or advice.

Created by Samantha Fowler VAT Support Practitioner 13/03/2023 update by Graham Howard Vascular Access Lead Nurse 06/02/2024 Updated 07/08/2025 Version 4