



Screening Incident Assessment Form

March 2017

Purpose of the form

Providers of local NHS screening services should use this form to collect information on the suspected incident to determine its severity. Using the information provided, Public Health England (PHE) Screening Quality Assurance (QA) Service and Screening and Immunisation Teams agree a classification and provide timely recommendations on how it should be managed.

All parties should work together to complete the form **within 5 days** of the suspected incident being identified.

Completing the form

Please complete the form using the drop down boxes where provided or clicking to add text.

Fields with a * should be completed in all instances. Although not all questions are mandatory, please enter as much information as possible. This will support risk assessment and recommendations during the fact finding period.

Do not include patient identifiable information on the form.

Section 1 (blue table): The local screening service completes this section and sends the form by email **within 3 working days** to the screening QA service and Screening and Immunisation Team. Generic inboxes should be used if possible the email addresses can be found [here](#).

Section 2 (orange table): Screening QA Service to complete this section. The Screening QA Service recommends the categorisation and management of the incident. The form is then sent by email to the local screening service and screening and immunisation team.

Section 3 (green table): Screening and immunisation team to complete this section. The screening and immunisation team should summarise categorisation and management of the incident. The completed form is then sent back to the provider and screening QA service by email by the **end of day 5**.

Section 1: The provider organisation to complete

1. Details of person completing the form		
*	Name:	Click here to enter name
*	Job Title:	Click here to enter job title
*	Email address:	Click here to enter email address
	Contact number:	Click here to enter contact number
2. Organisation involved:		
*	Organisation reporting the incident:	Click here to enter information
	Other organisations/departments involved:	Click here to enter information
3. Screening programme (s) involved (select by clicking on box). If more than one programme involved, please detail the programme where the incident occurred in section 7:		
*	3.1 Adult and young person screening	
	Bowel Cancer Screening: Faecal Occult Blood Test (FOBT)	<input type="checkbox"/>
	Bowel Scope	<input type="checkbox"/>
	Breast Cancer Screening	<input type="checkbox"/>
	Cervical Screening	<input type="checkbox"/>
	AAA Screening	<input type="checkbox"/>
	Diabetic Eye Screening	<input type="checkbox"/>
*	3.2 Antenatal and newborn screening	
	Infectious Diseases in Pregnancy Screening	<input type="checkbox"/>
	Fetal Anomaly Screening Programme	<input type="checkbox"/>
	Sickle Cell and Thalassaemia	<input type="checkbox"/>
	Newborn and Infant Physical examination	<input type="checkbox"/>
	Newborn Infant Hearing Screening	<input type="checkbox"/>
	Newborn Blood Spot Screening	<input type="checkbox"/>

4. Person leading on the investigation for the provider:

*	Name:	Click here to enter name
*	Job Title:	Click here to enter job title
*	Email address:	Click here to enter email address
	Contact number :	Click here to enter contact number

5. Incident reference numbers:

*	Provider incident number (Datix/AVI reference)	Click here to enter incident number
	STEIS number: (if a serious incident has been declared)	Click here to enter STEIS number

6. Dates – click arrow to select:

	Date incident occurred:	Select date
*	Date incident identified:	Select date
*	Date notified to QA:	Select date
*	Date notified to NHS England (Screening and Immunisation team)	Select date
*	Date this form completed:	Select date
	Date Serious Incident declared: (if applicable)	Select date

7. Description of incident: What has happened? How was the problem identified?

Click here to enter information

8. Incident details:		
8.1	Relevant History: (previous incidents, is this an isolated event or has it happened previously, has it the potential to happen again)	Click here to enter information
8.2	Is there actual harm to individuals eligible for screening?	Please select If unknown selected, click here to add information
8.3	Is there risk of harm to individuals eligible for screening?	Please select If unknown selected, click here to add information
8.4	Estimate how many individuals are involved:	Click to enter information
8.5	How long has this been going on?	Please select duration
8.6	Is there a failure or misuse of equipment?	Please select If unknown selected, click here to add information
8.7	If equipment/medical device is involved has the suspect equipment been taken out of use pending further investigation/examination?	Please select If unknown selected, click here to add information
8.8	If equipment/medical device is involved have the necessary external reporting regulations been followed, such as those from the Health and Safety Executive and MHRA?	Please select If unknown selected, click here to add information
8.9	Is there a failure or misuse of IT?	Please select If unknown selected, click here to add information
8.10	Is there concern about the professional competence of a member of staff or team? (Is the health professional suitably qualified or trained?)	Unknown If unknown selected, click here to add information
8.11	Is there a breach of confidentiality and/or data security?	Please select If unknown selected, click here to add information
8.12	Is there actual harm or risk of harm to staff?	Please select If unknown selected, click here to add information
8.13	Any other relevant information: Please provide details if you have answered "yes" to any of the questions in section 8 (please indicate the question number (s) you are referring to)	Click here to enter information

9. Actions taken so far:		
*	What investigations have been undertaken so far:	Click here to enter information
	What immediate action has been taken to mitigate any risks identified?	Click here to enter information
	What immediate actions have been undertaken for service users harmed or potentially harmed?	Click here to enter information
	What has been done to support the staff involved? (if applicable)	Click here to enter information
	Has the practice of any trust/provider staff been investigated?	Please select If unknown selected, click here to add information
10. Communications:		
	Have any internal communication actions been taken?	Click here to enter information
	Who is the communications lead? (please include email address and/or telephone number)	Click here to enter information
11. Notification of relevant parties:		
	Name of QA team member notified (if generic inbox please indicate email address):	Click here to enter name/generic email address
	Name of screening and immunisation team member notified (if generic inbox please indicate email address):	Click here to enter name/generic email address
	Details of other agencies notified (to include names and dates notified) :	Click here to enter name (s) Select date

Section 2: Screening QA service to complete

1. Name of Screening QA service:		
*	Name:	Click here to enter SQAS name
2. Details of person completing the form:		
*	Name:	Click here to enter name
*	Job title:	Click here to enter job title
*	Email address:	Click here to enter email address
	Contact number:	Click here to enter contact number
3. Date form completed:		
*	Date:	Select date
4. Marvin reference number:		
	Number:	Click here to enter reference number
5. Implications for the population eligible for screening:		
	Is there the potential to affect a greater number of individuals than currently identified? (Estimated number?)	Click here to enter information
	If no action is taken, is there a risk that this will happen again in the local service?	Click here to enter information
	Is there a risk that it could happen in another local screening service?	Click here to enter information
	Is there a systematic failure to comply with national guidelines or local screening protocols?	Click here to enter information
	If the problem continues is it likely that individuals eligible for screening or staff would suffer severe (permanent) harm or death?	Click here to enter information
	Do you recommend that the practice of any staff or team is investigated?	If yes click here to enter information
	What further immediate actions would you recommend to ensure the safety of the local service?	Click here to enter information
	What immediate actions should be taken for service users harmed or potentially harmed by the incident?	Click here to enter information
	Should the programme be suspended or restricted?	If yes click here to enter information
	Any other relevant information:	Click here to enter information

6. Communications:

	Is it necessary to contact patients?	Please select
	What communications actions should be taken?	Click here to enter information

7. Recommended QA classification and management:

Classification	TICK
No concern – no further action required	<input type="checkbox"/>
Problem still suspected, cause not yet identified, further investigation required	<input type="checkbox"/>
Not a screening incident	<input type="checkbox"/>
Problem confirmed - This can be managed internally (No further QA action required)	<input type="checkbox"/>
Problem confirmed - This should be managed as a screening safety incident (internal investigation and final incident report)	<input type="checkbox"/>
Problem confirmed- This should be managed as a screening safety incident (multi-disciplinary/multi-organisation investigation panel and incident report)	<input type="checkbox"/>
Problem confirmed-This should be managed as a Serious Incident (declaration, concise or comprehensive or independent investigation)	<input type="checkbox"/>

8. Recommendations:

[Click here to enter information](#)

Section 3: Screening and immunisation team (embedded within commissioning organisation) to complete

1. Details of person completing the form:		
*	Name:	Click here to enter name
*	Job Title:	Click here to enter job title
*	SIT name:	Click here to enter SIT name
*	Email address:	Click here to enter email address
	Contact number:	Click here to enter contact number
2. Date form completed:		
*	Date:	Select date
3. NHS England reference number (if applicable):		
	Number:	Click here to enter reference number
4. If classification is different to QA recommendation and there is no agreement. Please give reasons and a resolution plan:		
Click here to enter information		
5. Summary of agreed actions with timescales:		
Click here to enter information		