

Right result to Right Patient

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer & Bowel Scope Screening Manager
Approved by:	Directorate Governance Meeting	
Date of Approval:	06 Aug 2025	
Date of review:	06 Aug 2028	

Key Amendments

Date	Amendment	Approved by
19 th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11 th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27 th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting
1 st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16 th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
November 2022	Document approved with no amendments	SCSD Governance Meeting
July 2025	Full review – updated to so covers telephone and face to face assessments	E Duggan

Introduction

The purpose of this guideline is to ensure that the right patient is treated and given the right results throughout the screening pathway.

PATHWAY

Clinic preparation

The admin team are responsible for reviewing the BCSS (IT system) on a daily basis for positive FIT referrals that the hub have added to Positive Assessment Clinics. New referrals are checked against the hospital PAS system to ensure that the data matches (Name, NHS number, DOB, Address, GP).

SSP appointment

On contacting each patient, the SSP will confirm the patient's name, DOB, address and GP and check that these details match the BCSS. Telephone contact details are entered onto BCSS. If BCSS details do not match, the patient is advised to update their GP with their personal details.

Endoscopy

On arrival in endoscopy the patient's details and notes are checked by the admitting endoscopy nurse. A name band is applied for subsequent identity checks throughout the endoscopy admission. Once the patient has entered the Endoscopy room a WHO checklist is carried out. Before the procedure the screening Colonoscopist enters the patient's hospital number from the hospital notes into Endoscopy Reporting system then creates and prints the procedure report at the end of the procedure. SSP carries out identity checks, name, date of birth and address. Once confirmed with patient, procedure report information is presented to the patient on discharge.

Histology

The histology request form from Unisoft and ICE accompanies specimens to the lab. Specimens are labelled with patient identification labels and BCSP green stickers. The histology reporting system (ICE) is checked daily by the SSPs. When available, the report is printed and matched against BCSP documentation, for the SSP to complete the BCSS dataset.

Post Investigation Contact

The telephone details are taken from BCSS. Name, NHS number, and hospital number matched to endoscopy and histology report before the patient is contacted.

MDT

Details (Name, NHS number, Hospital number and DOB) of patients for MDT discussion are emailed to MDT co-ordinators by the SSP, using the MDT referral forms for Wye Valley and WAHT. Notes are located by MDT co-ordinator. SSP attends MDT to present patient's case and results of discussions are emailed to SSPs and discussed with screening Colonoscopist using hospital details.

Surveillance

When notified that a surveillance patient is due the Health Check form is generated from BCSS. On receipt of the Health Check form a telephone clinic appointment will be made.

Another test in same episode

Endoscopy report, patients' notes and histology are used by the SSP to discuss with the screening Colonoscopist the need for further investigation. This is booked using the above procedures.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Emma Duggan	Bowel Screening Programme Manager	Emma.Duggan2@nhs.net
Date assessment completed	05/03/2025		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Right result to right patient		
What is the aim, purpose and/or intended outcomes of this Activity?	The purpose of this guideline is to ensure that the right patient is treated and given the right results throughout the screening pathway.		
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources,			

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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eg demographic information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		x		No impact
Disability		x		No impact
Gender Reassignment		x		No impact
Marriage & Civil Partnerships		x		No impact
Pregnancy & Maternity		x		No impact
Race including Traveling Communities		x		No impact
Religion & Belief		x		No impact
Sex		x		No impact
Sexual Orientation		x		No impact
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		x		No impact
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		x		No impact

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Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A	N/A	N/A	N/A
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	On next review of document			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	E Duggan
Date signed	18/07/2025
Comments:	
Signature of person the Leader Person for this activity	S Lake
Date signed	18/07/2025
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	None

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval