It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Guideline for Submitting Adverse Incident Form (AVI), Non-Conformance and A Screening Incident Assessment Form (SIAF) within the Bowel Cancer Screening Programme (BCSP)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

Introduction

This guideline outlines the types of situations when an AVI form should be submitted.

This guideline is for use by the following staff groups:

BCSP Screening Colonoscopists
BCSP Specialist Screening Practitioners (SSPs)
BCSP Admin Team

Lead Clinician(S)

Mr S Lake	BCSP Screening Director
Approved by Endoscopy Governance on:	2nd July 2025
Approved by Medicines Safety Committee on: Where medicines are included in document.	N/A
Review Date: This is the most current document and should be used until a revised version is in place	2nd July 2028

It is the responsibility of every individual to ensure this is the latest version as published on the Trust Intranet

Key amendments to this guideline

Date	Amendment	By:
November 2014	Document Created	Siân Webley
November 2014	Full review of document	Mr S Lake
November 2016	Full review of document Distribution details updated. Updated example AVI form	Siân Webley
January 2021	Full review of document	Emma Duggan
August 2024	National bowel email address added for all forms to be sent to , SCE form and Non-conformance logs	Avril Turley
June 2025	National guidance update added – AVI/Non-conformance/SIAF	Avril Turley

Guideline for Submitting Adverse Incident Form (AVI) within the Bowel Cancer Screening Programme (BCSP)

Introduction

In accordance with the Quality Assurance (QA) requirements of the Bowel Cancer Screening Programme (BCSP), all Adverse Incidents (AVI) should be recorded and submitted to BCSP National Office and Screening Quality Assurance Service (SQAS).

The West Midlands NHS Bowel Cancer Screening Programme Adverse Incident Risk Management Policy defines explains that an adverse incident can be defined as:

> 'an event or circumstance that could have or did lead to unintended or unexpected harm, loss or damage.'

It goes on to explain that 'the Department of Health defines an adverse healthcare incident as 'an event or omission arising during clinical care and causing physical or psychological injury to a patient'. The Health Protection Agency states that an adverse incident is 'an unplanned or unexpected event, act or circumstance that results in harm to the Agency, its people or its property'. This includes tangible events such as damage to reputation.'

This guideline is designed to assist with recognition of scenarios where an AVI should be submitted and give guidance on the completion of an AVI form, scenarios where a non-conformance should be logged and guidance on the completion of a SIAF form.

Details of Guideline

- Use a blank reportable event form (excel spreadsheet) each time, see example at rear of guideline. A master copy can be found at M:\Acute\Endoscopy\Bowel Cancer Screening Programme\AVI. These forms should be completed electronically. To ensure consistency nationally the following sections of the SCE form need to be completed prior to submission:

  - Row 76 - Event attribution to endoscopy procedure
  - Row 77 - Final grade of AVI

- Anyone with sufficient knowledge of the event can report it but SSPs will likely lead this with some input from the endoscopist/radiologist/radiographer

- All AVI forms should be anonymised when submitted a corresponding spread sheet is available in the BCSP office for identification purposes

- The event should be reported to SQAS within 14 days of a screening centre becoming aware of the event. In some cases, the consequences of the event may still be unknown at the time of reporting, but this should not delay the event being reported. Updated details for such an event can be reported later

- The Lead SSP or Programme Manager will email the form to england.bowelqa@nhs.net. All AVI forms submitted for incidents occurring within the Herefordshire & Worcestershire Bowel Cancer Screening Centre should be copied to the Bowel Cancer Screening Office, BCSP Matron / Manager and the BCSP Screening Centre Director.

- An acknowledgement email with unique identifier will be returned from SQAS

- No further management from SQAS after initial assessment (unless it needs further completion or information)

- Reported events to be logged on the screening centres own AVI spreadsheet

- Screening centres should still enter reportable (adverse) event information on BCSS when directed. The reportable event form will generate an event severity level which must be entered on BCSS

- Form will create a line of data to be added to a SQAS national reportable event dataset

- The incident should also be reported on the Trust Incident reporting system and all documents uploaded.

The following types of diagnostic procedure related events, when it has led to some form of unplanned post procedure medical consultation or admission (e.g. attendance at A&E, GP consultation or admission after the procedure), are to be reported by screening centres to SQAS as reportable events:

- Post polypectomy bleed
- Per rectum bleed following diagnostic scope
- Perforation
- Post procedural pain
- Post polypectomy syndrome
- Cardiovascular event*
- Cerebrovascular event*
- Radiology – pain during/post CTC
- Radiology – perforation during/post CTC
- Radiology – bleed during/post CTC

* Cardiovascular and cerebrovascular events that occur after SSP clinic assessment but before diagnostic procedure must also be reported as reportable events.

In October 2023, SQAS implemented a process for screening centres to record non-conformances for a limited set of events that do not impact the patient pathway. A minimum dataset was provided to all screening centres to support logging and monitoring.

- Non-Conformance should be logged (excel spreadsheet). The spreadsheet can be found at M:\Acute\Endoscopy\Bowel Cancer Screening Programme\AVI & Incidents. Anyone in the Team can add to the non-Conformance Log. The non-conformance should also be reported on the Trust Incident reporting system and all information added.

Below is an updated non-conformance event list. Non-conformances should be discussed at programme wide and team meetings.

Theme	Non-conformance event
Diagnostic procedure related (colonoscopy or CTC)	Equipment not being available for a list (leading to one off cancellation of list with no regularity or pattern) Equipment/IT failure during procedure or list (no patient harm caused by this and no pattern or regularity of failure) Cancelled colonoscopy/CTC list (one off cancellation with no regularity or pattern) Colonoscopy/CTC appointment cancelled due to late running or late start of list (one off cancellation with no regularity or pattern) Vasovagal event during procedure or in recovery (that did not lead to any form of admission or significant medical intervention) Bowel preparation related event (that did not lead to any form of admission or significant medical intervention) Unexpected allergic reaction to drug (screening centre were unaware of such allergy) (that did not lead to any form of admission or significant medical intervention) Exacerbation of existing condition (that did not lead to any form of admission or significant medical intervention relating to the screening procedure) Pain during procedure (that did not lead to any form of admission or significant medical intervention) Cannula left in patient after discharge (that did not lead to any form of admission or significant medical intervention (other than possible removal of cannula))

	Diathermy patch causes skin irritation or damage on removal (that did not lead to any form of admission or significant medical intervention)
Colonoscopy (exclusively)	Non-accredited Colonoscopist having to perform list due to late unavailability of accredited Colonoscopist (patient consulted and agreed to continue)
Radiology (exclusively)	IV contrast being given at CTC (no patient harm caused by this and no pattern or regularity) Technical failure of the pump, insufflator or scanner leading to incomplete or inadequate exam (one off event with no regularity or pattern)
Administration	Minor administrative process error (leading to no significant impact for the patient or their pathway or breaches of IG, with no regularity or pattern)
SSP assessment	Interpreter (due at SSP clinic or colonoscopy) cancelled/unavailable at late stage (one off cancellation with no regularity or pattern) SSP clinic needing to be cancelled at late notice due to staff availability (one off cancellation with no regularity or pattern) Patient misunderstanding the appointment letter and attending at a clinic site when the appointment had been scheduled in as a telephone assessment (one off occurrence with no regularity or pattern) Patient not receiving their bowel prep in time for their colonoscopy appointment, following SSP assessment, so procedure has to be rebooked

Pathology	Delay to histology reporting due to a problem with routine handling of a specimen, such as a requirement for repeat tissue processing or the preparation of new slides because the initial slides are of sub optimal technical quality (not due to ongoing poor laboratory processing) Extra/empty pots received at the pathology laboratory but no specimen sent from endoscopy Specimens received at the laboratory, but tissue did not survive processing pT1 cancer case has not been double reported (centre should ensure it is subsequently double reported) (one off with no regularity or pattern)

Advice should be sought from the regional SQAS team to clarify which recording/ reporting route an event should follow.

A SIAF should be completed for the following events:

1. **Deaths within 30 days on interaction with the programme**

- 30 days following a SSP assessment but prior to diagnostic procedure
- 30 days following a diagnostic procedure (colonoscopy or CTC) or a therapeutic colonoscopy

Once aware of a death of a screening patient within 30 days of an interaction, the screening centre must endeavour to find out the cause of death. If the death is being referred to the coroner, the screening centre must make the coroner aware of the recent screening history of the deceased.

2. **Events relating to patients on anticoagulation/antiplatelet medication**

For patients requiring colonoscopy that are taking anticoagulation or antiplatelet medication, screening centres must follow the latest guidance from the British Society of Gastroenterology. When a screening centre becomes aware that they have not followed this guidance for an individual or an error has occurred in the process (e.g. communication), this must be reported to SQAS on a SIAF, regardless of the outcome for the patient.

3. **Surveillance related events**

When a screening centre becomes aware of a patient(s) having been placed on the incorrect surveillance pathway, this must be reported to SQAS on a SIAF. This could relate to:

- a patient who should have been returned to recall and has missed/had a delay to an invitation round
- a patient who has undergone an unnecessary procedure as a result of being placed on the incorrect pathway
- a patient who should have been manually added into surveillance and has had a delay to their surveillance procedure
- a patient who should have had their surveillance due date deferred and has had their surveillance procedure too early.

4. **Pathology related**

The following types of pathology related events must be reported to SQAS on a SIAF:

- a mismatch between the number/nature of specimens recorded as being sent from endoscopy and what is recorded as received at the laboratory
- an apparent or confirmed mix up of specimens between 2 patients
- Mislaid histology pots or polyps (leading to histology not being able to be reported on)
- delayed reporting of histology (due to processes not being followed e.g. transport related delays, BCSP cases not being identified as such (not capacity related))

5. **Errors in outsourcing radiology/pathology reporting**

Screening centres may have agreements in place, that have been agreed by their commissioners and SQAS, to have radiology and pathology reporting provided by an outsourced agency. However, when these agreements are not in place, and cases are mistakenly outsourced for reporting, this should be reported to SQAS on a SIAF (even if the case has been rereported by an appropriate BCSP reporter).

If a non-approved radiologist or pathologist within the host or associated trust for a screening centre reports a case for BCSP, this should also be reported on a SIAF (Appendix 3). SIAF should be completed and submitted by Lead SSP or Programme Manager and logged on AVI spreadsheet (excel spreadsheet). The spreadsheet can be found at M:\Acute\Endoscopy\Bowel Cancer Screening Programme\AVI & Incidents.

The SIAF should also be reported on the Trust Incident reporting system and all documents uploaded.

Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
WAHT-BCS-003	All AVIs/SIAF reported	AVIs/SIAF's are reviewed annually BCSP programme board meetings, to include the date of AVI occurrence and date of AVI submission.	Annually Screening incidents to be discussed at 6 monthly Operational Meeting	AVIs/SIAF's are reviewed by Programme Manager, Lead SSP and Screening Director.	The monitoring results are presented to the BCSP programme board.	Annually
	Non-Conformance Log	Non-conformance are submitted annually to regional team and included in BCSP programme board meeting.	Annually Non-Conformance to be discussed at 6 monthly Operational Meeting	Non-conformance are reviewed by Programme Manager, Lead SSP and Screening Director.	The monitoring results are presented to the BCSP programme board.	Annually

References

Campbell, B., Lawrence, G. and Passingham, C. (2010) Adverse Incident (AVI) Risk Management Policy. Birmingham, West Midlands Bowel Cancer Screening Quality Assurance Reference Centre

Griffiths, H., Fretwell, I., Coleman, L. and Winder, R. (2012) INTERIM Guidelines for Managing Incidents in the NHS Bowel Cancer Screening Programme. Sheffield, NHS Cancer Screening Programmes

Worcestershire Acute Hospitals NHS Trust, Bowel Cancer Screening Programme Operational Policy

Initial guidance on the implementation of reportable events and non-conformances in NHS England Bowel Cancer Screening Programme Version 1.08, 1 April 2025

Worcestershire Acute Hospitals NHS Trust, Patient Safety Incident Reporting Policy

Contribution List

Key individuals involved in developing the document

Name	Designation
Avril Turley	Lead Specialist Screening Practitioner (SSP)
Gill Round	Specialist Screening Practitioner (SSP)
Paula Smith	Specialist Screening Practitioner (SSP)
Emma Duggan	BCSP Programme Manager

Circulated to the following individuals for comments

Name	Designation
Mr S Lake	BCSP Screening Director

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mr S Lake	BCSP Screening Director

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Mr S Lake	BCSP Operational Group
Dr R Lovegrove	Endoscopy & BCSP Directorate Meeting

Worcestershire Acute Hospitals NHS Trust

Appendix 1 - Example of adverse incident (AVI) form

Screening Centre/Reporter Details	**(Version 1.08)**
Screening centre	
Name of the person reporting the event	
Your screening centre role	
Your email address	
Date reporting the event to SQAS (use format 'DD/MM/YYYY')	
Details of the reportable event	
Date of the event or when the screening centre became aware of the event (if actual date of event unknown) (use format 'DD/MM/YYYY')	
Hospital/site of event	
Gender of the patient	
Age of the patient	
Was the patient a FOBt, surveillance or Lynch syndrome patient?	
Reportable event type*	
Description of reportable event (please provide a brief description of the event below)	

Attribution of event	
Cardiovascular and cerebrovascular events only	
What type or cardiovascular or cerebrovascular event did the participant experience? (provide details below)	
What screening pathway stage was the participant at, when they suffered the event?	
Was the patient on anticoagulant/antiplatelet therapy?	
Type of anticoagulatant / antiplatelet therapy (1)	
Type of anticoagulatant / antiplatelet therapy (2)	
Type of anticoagulatant / antiplatelet therapy (3)	
Did instructions about changes to anticoagulant/antiplatelet therapy adhere to current BSG guidance, and were clear and consistent instructions provided to the patient (prior and post procedure)?	
Had the screening centre approached any other clinician (to whom the patient was under their care) to seek advice about their suitability for a diagnostic procedure? Explain who was approached and the advice received below.	

If you are aware, had the participant taken their bowel prep?	
Predisposing factors or relevant symptoms raised at SSP clinic assessment (if any) (provide details below)	
Procedure details	
Date of procedure (use format 'DD/MM/YYYY')	
Name of the endoscopist (first name and surname)	
Type of endoscopy	
ASA grade of patient	
Was the patient on anticoagulant/antiplatelet therapy?	
Did instructions about changes to anticoagulant/antiplatelet therapy adhere to current BSG guidance, and were clear instructions provided to the patient (prior and post procedure)?	
If the screening centre had approached any other clinician (to whom the patient was under their care) to seek advice about their suitability for a diagnostic procedure - please detail below who had been approached and the advice received.	

Predisposing factors (if any) (provide details below)	
Site of complication (if relevant)	
Endotherapy technique used (select multiple if needed):	
Was submucosal injection used?	
Supplementary techniques used (select multiple if needed):	
Approx polyp size (mm)	
Paris Classification of polyp	
Diathermy unit used	

Please detail below the diathermy settings used	
Was Buscopan given?	
Did the patient have a history of recent colitis?	
Consequences of the reportable event	
Date of presentation	
Hospital admission or consultation*	
Was ITU admission required?*	
Was a blood transfusion required?*	
Did the patient experience a haemoglobin drop of >=2g?*	
Medical / surgical intervention (multiple entries possible) (Please enter most severe option first)*	
Other intervention (please provide details below) (Please do not include minor interventions such as blood tests, blood pressure measurement or ECG as 'other intervention')	

Was a stoma required?	
Long term sequelae*	
Event severity (automatically generated once mandatory(*) fields have been populated)	
Governance and learning	
Has the event been investigated/reviewed (or is there a plan to) by a senior member of the programme team?	
Learning points and subsequent action taken (please provide details below)	
Has the event been reported to Trust Clinical Governance Dept?	
Has the event been reported to the Clinical Director?	
Has the event been recorded on BCSS?	
Which internal BCSP meetings has the event been/will be discussed at for learning purposes?	

Appendix 2 – example of Non Conformance log

Non-conformance log – minimum dataset

NHS England

Variables	Example 1	Example 2
Event identifier (internal)	1	2
Patient identifier (internal)	xxx	xxx
Date of event	27/06/2023	28/06/2023
Person logging event (internal)	xxx	xxx
Date of entry	29/06/2023	01/07/2023
Site of event (eg hospital site, clinic site etc)	St Elsewhere Hospital	Nightingale Hospital
BCSP pathway element (multiple possible)	Colonoscopy	Colonoscopy
Clinician involved (if relevant) (internal)	NA	Dr X
Brief event summary	List had to be cancelled due to colonoscopist being sick on the day	Patient suffered vasovagal event following colonoscopy. Felt well enough in recovery to be discharged
Reported to trust governance /DATIX	No	No
Datix number (if required)	NA	NA
Advice sought from SQAS	SQAS/SIT informed	No
Escalated to incident date (if relevant)	NA	NA
Actions required following event (if relevant)	Other colonoscopists sought but none available. No pattern evident	Colonoscopist and SSP content with procedure and subsequent management of pt.
Date actions completed (if relevant)		
Learning points noted	Didn't think to see if any non-accredited colonoscopists were available	
Forum for event discussion	BCSP Ops meeting	Clinician meeting
Date of discussion	07/07/2023	20/07/2023
Closure date	07/07/2023	20/07/2023

Appendix 3 - Example of Screening Incident Assessment Form

Section 1: The provider organisation to complete

1. Details of person completing the form:		
*	Name:	
*	Job Title:	
*	Email address:	
	Contact number:	
2. Organisation involved:		
*	Organisation reporting the incident:	
	Other organisations/departments involved:	
3. Screening programme(s) involved. If more than one programme involved, please detail the programme where the incident occurred in section 7:		
*	Adult and young person screening	Place a X next to the relevant programme(s)
	Bowel cancer screening	
	Bowel cancer screening (Lynch surveillance screening only)	
	Breast cancer screening (standard routine screening)	

	Breast cancer screening (very high risk screening)	
	Breast cancer screening (both standard routine and very high risk screening)	
	Cervical screening	
	Abdominal aortic aneurysm screening	
	Diabetic eye screening	
*	Antenatal and newborn screening	
	Infectious diseases in pregnancy screening	
	Fetal anomaly screening	
	Sickle cell and thalassaemia screening	
	Newborn and infant physical examination	
	Newborn hearing screening	
	Newborn blood spot screening	

4. Person leading on the investigation for the provider:		
*	Name:	
*	Job Title:	
*	Email address:	
	Contact number:	
5. Incident reference numbers:		
*	Provider incident number (Datix/AVI reference)	
	STEIS number: (if a serious incident has been declared)	
6. Dates (xx/xx/xxxx)		
	Date incident occurred:	
*	Date incident identified:	
*	Date notified to QA:	
*	Date notified to NHS England (SIT):	

*	Date this form completed:	
	Date serious incident declared: (if applicable)	
7. Description of incident: What has happened? How was the problem identified?		

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)	
8.2	Is there actual harm to individuals eligible for screening?	Yes/No/Unknown If unknown, please add information below:
8.3	Is there risk of harm to individuals eligible for screening?	Yes/No/Unknown If unknown, please add information below:
8.4	Estimate how many individuals are involved:	
8.5	How long has this been going on?	
8.6	Is there a failure or misuse of equipment?	Yes/No/Unknown If unknown, please add information below:
8.7	If equipment/medical device is involved has the suspect equipment been taken out of use pending further investigation/examination?	Yes/No/Unknown If unknown, please add information below:

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?	Yes/No/Unknown If unknown, please add information below:
8.9	Is there a failure or misuse of IT?	Yes/No/Unknown If unknown, please add information below:
8.10	Is there concern about the professional competence of a member of staff or team? (Is the health professional suitably qualified or trained?)	Yes/No/Unknown If unknown, please add information below:
8.11	Is there a breach of confidentiality and/or data security?	Yes/No/Unknown If unknown, please add information below:
8.12	Is there actual harm or risk of harm to staff?	Yes/No/Unknown If unknown, please add information below:
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)	

9. Actions taken so far:		
*	What investigations have been undertaken so far:	
	What immediate action has been taken to mitigate any risks identified?	
	What immediate actions have been undertaken for service users harmed or potentially harmed?	
	What has been done to support the staff involved? (if applicable)	
	Has the practice of any trust/provider staff been investigated?	Yes/No/Unknown If unknown, please add information below:

10. Communications:		
	Have any internal communication actions been taken?	
	Who is the communications lead? (please include email address and/or telephone number)	
11. Notification of relevant parties:		
	Name of SQAS team member notified (if generic inbox please indicate email address):	
	Name of SIT member notified (if generic inbox please indicate email address):	
	Details of other agencies notified (to include names and dates notified):	Enter name(s): Dates: (XX/XX/XXXX)

Section 2: SQAS to complete

1. Name of Screening QA service:		
*	Name:	
2. Details of person completing the form:		
*	Name:	
*	Job title:	
*	Email address:	
	Contact number:	
3. Date form completed:		
*	Date:	
4. Marvin reference number:		
	Number:	
5. Implications for the population eligible for screening:		

5.1	Is there the potential to affect a greater number of individuals than currently identified? (Estimated number?)	
5.2	If no action is taken, is there a risk that this will happen again in the local service?	
5.3	Is there a risk that it could happen in another local screening service?	
5.4	Is there a systematic failure to comply with national guidelines or local screening protocols?	
5.5	If the problem continues is it likely that individuals eligible for screening or staff would suffer severe (permanent) harm or death?	
5.6	Do you recommend that the practice of any staff or team is investigated?	
5.7	What further immediate actions would you recommend to ensure the safety of the local service?	
5.8	What immediate actions should be taken for service users harmed or potentially harmed by the incident?	
5.9	Should the programme be suspended or restricted?	
5.10	Any other relevant information:	
6. Communications:		
	Is it necessary to contact patients?	
	What communications actions should be taken?	

7. Recommended QA classification and management:	
Classification (place a X in the relevant classification)	
No concern – no further action required	
Problem still suspected, cause not yet identified, further investigation required	
Not a screening incident	
Problem confirmed – this can be managed internally (no further QA action required)	

Problem confirmed – this should be managed as a screening safety incident (internal investigation and final incident report)	
Problem confirmed – this should be managed as a screening safety incident (multidisciplinary/multi-organisation investigation panel and incident report)	
Problem confirmed – this should be managed as a serious incident (declaration, concise or comprehensive or independent investigation)	
8. Recommendations:	

Section 3: Public Health Commissioning team to complete

1. Details of person completing the form:		
*	Name:	
*	Job Title:	
*	SIT name:	
*	Email address:	
	Contact number:	
2. Date form completed:		
*	Date: (xx/xx/xxx)	
3. NHS England reference number (if applicable):		
	Number:	

4. If classification is different to QA recommendation and there is no agreement. Please give reasons and a resolution plan:

5. Summary of agreed actions with timescales:

Bowel Cancer Screening Programme
WAHT-KD-021

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	

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: Guideline for Submitting Adverse Incident Form (AVI), Non-Conformance and A Screening Incident Assessment Form (SIAF) within the Bowel Cancer Screening Programme (BCSP)			
What is the aim, purpose and/or intended outcomes of this Activity?	Management of incident reporting within BCSP			
Who will be affected by the development & implementation of this activity?	❑ x ❑ ❑	Service User Patient Carers Visitors	x ❑ ❑ ❑	Staff Communities Other _____

Is this:	x Review of an existing activity ❑ New activity ❑ 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, 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

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
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

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	26/06/2025
Comments:	
Signature of person the Leader Person for this activity	S Lake
Date signed	26/06/2025
Comments:	

Bowel Cancer Screening Programme
WAHT-KD-021

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