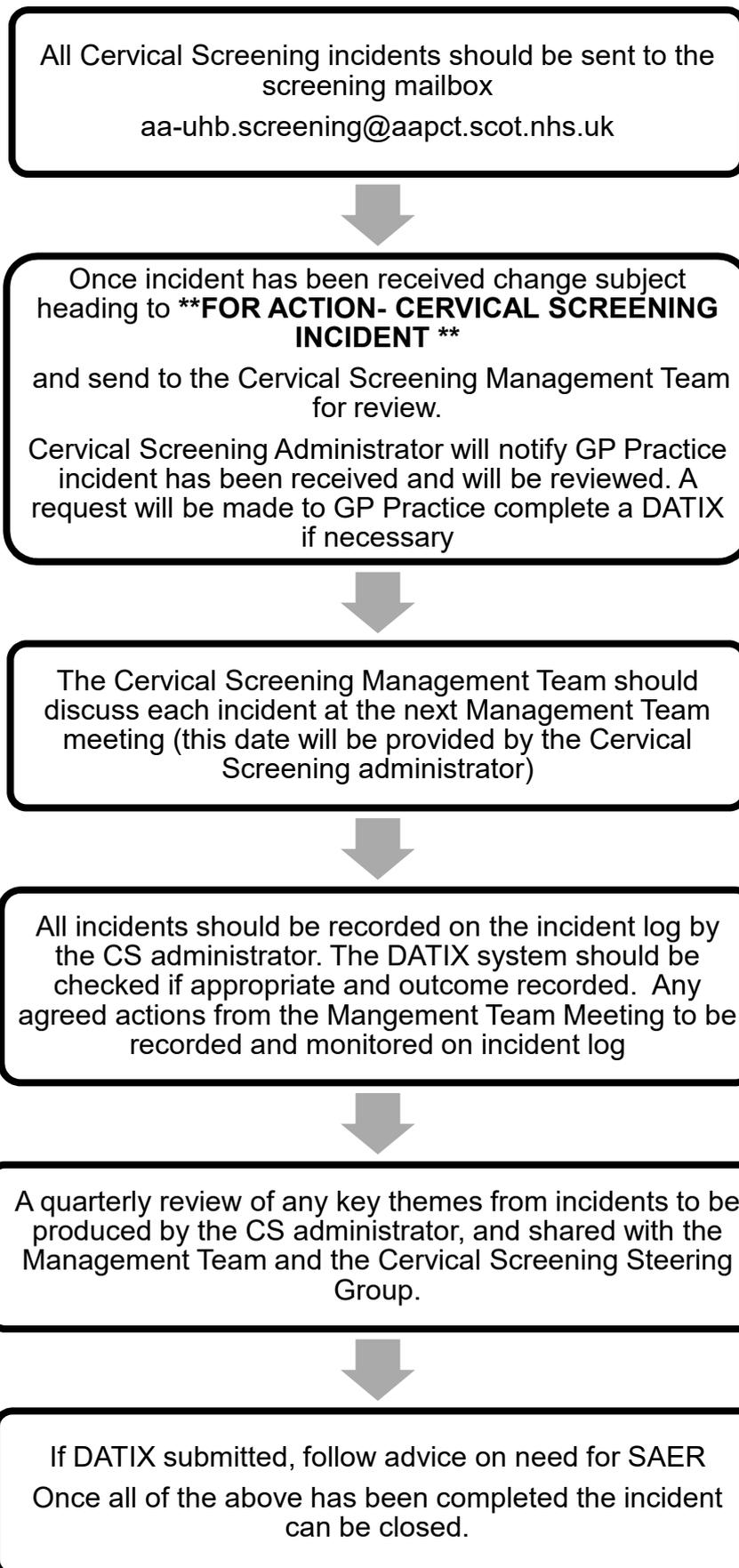


## Cervical Screening Incident Process



### **Examples of Cervical Screening Incidents to be reported (not limited to):**

- Samples not processed by the lab because the vial was out of date
- Individuals having to return to have cervical screening repeated because samples were mislabelled or leaked
- Samples processed incorrectly through SCCRS with the wrong patient identifiers
- Primary care staff not having access to recommended cervical screening equipment
- Incorrect communication resulting in a significant delay in accessing cervical screening
- Language, religious or other barriers, precluding access to cervical screening
- Significant delays in individuals receiving their cervical screening result
- Delay in urgent cancer suspected referrals when abnormalities are found on clinical examination of the cervix
- Individuals incorrectly excluded from the cervical screening programme
- Significant delays in being able to access screening appointments e.g. due to staffing problems

## Incident Process for Cervical Screening

How to log a Datix for a Cervical Screening Incident within a GP Practice:

1) Go to Athena and select the following icon:



2) Complete ALL relevant sections

### 2.1 Main Details of Event:

- When did the event happen? **Use calendar to select date**
- What time did the event happen? **Use 24-hour clock and type time**
- Person who should review this adverse Event: **Select: Caldow, Elaine - Public Health Programme Lead, Population Health**
- Complete Description of Event and Immediate Action Taken section
  1. **Do not** use names or Hospital/CHI numbers. Instead, use job titles or patient/client. Do not use people's initials
  2. **Do not** use abbreviations without first defining them
  3. Please provide a comprehensive factual overview of the Event without opinions or assumptions
  4. Ensure that CAPS LOCK is **off**

### 2.2 Details of Where the Event Happen:

- Hospital/Site where occurred: **Select: GP Practice**
- Location where event occurred: **Select: Your Practice**
- Location (exact): **Select: Location (Waiting Room, Clinic Room etc)**
- Directorate responsible for the Service: **Select: East Ayrshire Health & Social Care Partnership**

- Service: Select: **Independent Contractors**

- Specialty: Select **General Practitioner**

### **2.3 Additional Information**

Please complete all section marked with \* and choose from drop down options

### **2.4 Reporter**

Please complete all sections marked with \* with all your relevant information

### **2.5 Ensure your manager knows about this event**

- Is your line manager a different person from the person in charge of the area where the event occurred: **Select: No**

- Please make sure your lead GP and practice manager are aware of this event

**2.6 To finish please click "SUBMIT"**