



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme Humber and Yorkshire Coast

28 and 29 November 2016

Public Health England leads the NHS Screening Programmes

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Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: www.facebook.com/PublicHealthEngland

About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the 4 UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

PHE Screening, Floor 2, Zone B, Skipton House, 80 London Road, London SE1 6LH

www.gov.uk/topic/population-screening-programmes

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Prepared by: Screening QA Service. For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Executive summary

The findings in this report relate to the quality assurance (QA) review of the Humber and Yorkshire Coast bowel cancer screening programme (BCSP) held on 28 and 29 November 2016.

Purpose and approach to quality assurance (QA)

The aim of QA in NHS screening programmes is to maintain minimum standards and promote continuous improvement in bowel cancer screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: a selection of evidence reports completed by the programme covering a number of specialist areas within bowel screening
- information shared with the North regional QA service as part of the visit process

Description of local screening programme

The Humber and Yorkshire Coast BCSP (the programme) has an eligible population of approximately 1,091,963.

The programme is hosted by Hull and East Yorkshire Hospitals Trust (HEYT). North Lincoln and Goole NHS Foundation Trust (NLAG) and York Teaching Hospital NHS Foundation Trust (YTH) manage associated sites. It is commissioned by NHS England (NHSE) North Yorkshire and Humber sub-regional team.

The programme commenced bowel cancer screening in 2007 and age extension for 70-74 years olds started in 2010. Screening colonoscopies are carried out at 5 sites; Castle Hill Hospital (CHH), Hull Royal Infirmary (HRI), Diana Princess of Wales Hospital (DPOW), Scunthorpe General Hospital (SGH) and Scarborough General Hospital (Scarb). The screening centre has 2 administrative locations, CHH and DPOW. Specialist screening practitioner (SSP) clinics are held across several sites. Pathology is carried out at HRI and Pathlinks (based in Lincoln). Radiology services are provided by CHH, Scarb, SGH and DPOW. The bowel scope service (BoSS) is due to be rolled out from December 2016.

Key findings

The immediate and high priority issues are summarised below.

Shared learning

The review team identified several areas of practice that are worth sharing:

- health promotion team
- both SSP and administration teams have comprehensive set of SOPs
- development of SSP educational meetings
- lean working throughout the pathology process at Pathlinks

Immediate concerns for improvement

The review team identified 2 immediate concerns. QA sent a letter to the Chief Executive on 2 December 2016 asking that the following items were addressed within 14 days:

- several screening endoscopy key performance indicators (KPIs) show evidence of underperformance which, if left unaddressed, could result in an increased risk of harm to people seen by the service
- the QA team did not receive any information from the radiology service at Scarborough. This resulted in the team being unable to complete the QA visit in this area

The SQAS received a response to the first point, and an action plan has been produced to mitigate the risk. Information has not been received from the radiology service at Scarborough and this issue will now be escalated to NHS England.

High priority issues

The review team identified 4 high priority issues as grouped below:

- staffing
- leadership
- governance
- relationships with other trusts

Key recommendations

A number of recommendations were made related to the immediate and high level issues identified above. These are summarised in the table below.

Level	Theme	Description of recommendation
Immediate	Underperformance of endoscopy KPIs	An action plan should be produced detailing how adherence to national standards relating to ADR (Adenoma Detection Rate) and CIR (Caecal Intubation Rate) will be achieved and how the comfort of patients will be improved.
Immediate	Failure to produce information prior to visit (Scarb)	The team at Scarborough must complete the radiology questionnaire provided by QA.
High	Staffing	A full time FOBt (faecal occult blood test) programme manager should be appointed. Succession planning should be put in place.
High	Leadership	There should be stronger, visible leadership across all sites. Job descriptions for both programme manager and clinical director should be clear.
High	Governance	There should be robust reporting of performance. An annual report should be produced.
High	Relationships with other trusts	Updated and agreed Service Level Agreements (SLAs). Timely flow of information between sites. Update QA and commissioners on the progress of re-accreditation of JAG (Joint Advisory Group) at DPOW and SGH.

5. Next steps

The Hull and East Yorkshire Hospitals Trust together with commissioners are responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHSE North Yorkshire and Humber sub-regional commissioning team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

The regional screening QA service will support this process and the ongoing monitoring of progress.