



Public Health
England



Screening Quality Assurance visit report

NHS Bowel Cancer Screening Programme

Kettering and Northamptonshire

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About PHE screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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Executive summary

Bowel cancer screening aims to reduce mortality and the incidence of bowel cancer both by detecting cancers and removing polyps, which, if left untreated, may develop into cancer.

The findings in this report relate to the quality assurance visit of the Kettering and Northamptonshire Bowel Cancer screening service held on 6 March 2018.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national 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 comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

The Kettering and Northamptonshire Bowel Cancer Screening service provides bowel cancer screening services for an eligible screening population of 850,000 across 163 general practices covered by Corby, East Leicestershire & Rutland, Nene, West Leicester, Cambridge & Peterborough Clinical Commissioning Groups.

Kettering and Northamptonshire Bowel Cancer Screening service started inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBt) screening in December 2007 as part of the Leicestershire, Northamptonshire and Rutland (LNR) Bowel Cancer Screening Service. In June 2012 the screening service extended the age range invited up to 74. In February 2014 LNR split into 2 separate services. The Kettering and Northamptonshire service was created and the Leicester population split off to be covered by a new Leicester service. Bowelscope screening began at Kettering General Hospital in April 2014, inviting men and women aged 55. Discussions are ongoing to start bowelscope screening at Northampton General Hospital.

Kettering General Hospital hosts the screening centre and is where programme co-ordination and administration for FOBt and bowelscope takes place. Specialist screening practitioner

(SSP) pre-assessment clinics, colonoscopy and pathology take place at both Kettering and Northampton General Hospitals. Bowelscope and computed tomography colonography (CTC) radiology services for bowel screening patients are provided at Kettering only.

The Eastern screening programme Hub which undertakes the invitation (call and recall) of individuals eligible for FOBt screening, the testing of FOBt samples and onward referral of individuals needing further assessment to the screening centres is based in Nottingham and is outside the scope of this QA visit.

Findings

The service should be congratulated on starting bowelscope during a time of increased activity, both from the screening referrals and symptomatic activity and staffing challenges. The visiting team found improved working arrangements between the 2 Trusts involved in the service since the last QA visit which is encouraging.

Further work is required to improve the governance, escalation, documentation, communication and meeting structures. It is important to have comprehensive systems to ensure the full multi-disciplinary team is kept well informed. Greater sharing of performance data, audits, patient satisfaction and issues across the team will help improve learning and enable service improvement. Significant improvements in the engagement of the radiology service in bowel screening are required.

Immediate concerns

The QA visit team identified 4 immediate concerns. A letter was sent to the chief executive on 8 March 2018 asking that the following items were addressed within 7 days:

- adequate endoscopy nursing workforce to enable SSPs to complete their bowel cancer screening duties without distractions
- confirmation that the nurse endoscopist from Northampton has access to routine bowelscope clinics in order to retain accreditation to practice
- provision of outstanding radiology evidence and discussion with the lead radiologist to enable the QA Team to assess the bowel screening CTC service
- review the 2 known screening cases where intravenous contrast agent was given at CTC which is not part of the bowel screening pathway

A response was received and actions have been taken to partially mitigate the immediate risks within the programme. Further recommendations have been added to this report following the assessment of the radiology evidence supplied and the discussion with the lead radiologist.

High priority

The QA visit team identified 13 high priority findings as summarised below:

- there is a lack of an effective meeting and governance structure and how issues are escalated is not clear
- the reporting and investigation of adverse incident and screening incidents is not in accordance with national guidance, documentation is conflicting, not all professional groups are aware of the processes required and the Northampton General Hospital Trust incident management policy does not refer to the latest national guidance
- a single quality management system across all sites has yet to be established to ensure consistency of processes and protocols
- electronic transfers of patient identifiable data between hospital sites are not all by secure transfer
- the submission of relevant information needed to confirm the roll out of bowelscope screening at Northampton is awaited
- not all endoscopists meet the national standards for adenoma detection rates and workload and the performance management protocol should underpin achievement of standards
- there are 5 unconfirmed cases where intravenous contrast agent may have been administered to bowel cancer screening patients which is not in line with national guidance
- documentation and audit in relation to the CTC service is not available

Shared learning

The QA visit team identified the following areas of practice for sharing, including:

- the screening and immunisation team and bowel screening services have collaborated on the production of the easy read materials and a film to support individuals to make an informed choice about attending bowelscope
- a virtual multi-disciplinary team meeting to discuss complex polyp cases is in place
- a comprehensive local SSP induction pack based on the Liverpool John Moores University course

Recommendations

The following recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure the job plan for the lead pathologist and radiologist have allocated sessions for the bowel cancer screening programme (BCSP) role	2 and 4	3 months	Standard	Copy of the job plan
2	Establish an effective internal meeting and escalation structure across Kettering and Northampton General Hospitals to include all disciplines involved in the BCSP	2 and 3	3 months	High	Terms of reference, agendas and minutes of all meetings taking place following the QA visit. Detailed governance structure showing escalation and communications between each group
3	Develop a 2 year capacity and demand plan demonstrating adequate capacity for current and future BCSP, bowelscope and surveillance requirements and establish a process to routinely share plans with the screening Hub	2, 3 and 4	3 months	Standard	Capacity and demand plan including workforce summary Standard operating procedure (SOP) for demand and capacity planning and sharing with the Hub
4	Update the BCSP operational policy to avoid duplication and to comply with national guidance	2 and 3	6 months	Standard	Revised policy and associated work instructions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Update the performance management protocol to cover both Kettering and Northampton General Hospitals including the timely management of issues and escalation within the relevant Trust's governance structure	2 and 3	3 months	High	Revised SOP including reference to relevant BCSP and professional body standards
6	Update the Northampton General Hospital Trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	5	3 months	High	Revised policy
7	Compile the adverse incident (AVI) documents into a single SOP that includes all programme professional areas and hospital sites. Ensure feedback and sharing of learning to all staff on both sites and awareness of the national guidance and local procedures	4	3 months	High	Updated SOP Minutes of meetings
8	Manage all screening incidents and AVIs in accordance with national guidance including timely reporting and investigation	4 and 5	6 months	High	Notifications and investigation reports completed within national and local timescales All clinical AVIs and incidents to be updated on the bowel cancer screening computer system (BCSS)
9	Establish a risk management process for registering, reporting and reviewing risks	2 and 3	3 months	Standard	Risk management and escalation SOP
10	Establish a programme-wide audit schedule	2 and 3	3 months	Standard	Audit schedule covering all professional areas (clinical and non-clinical) of the programme
11	Patient satisfaction survey to be undertaken for patients undergoing CTC	2 and 10	6 months	Standard	Copy of patient satisfaction survey, results and actions taken as a result

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Revise the procedure for use of translation services and interpreters to comply with Trust policy	2 and 3	3 months	Standard	Revised SOP covering both Trusts
13	Develop a health promotion strategy	2 and 3	3 months	Standard	Ratified health promotion strategy and evidence of public health involvement in its development
14	Establish a single quality management system (QMS) accessible at both Kettering and Northampton General Hospitals covering both screening and bowel scope and demonstrate staff awareness of the QMS	2, 3 and 4	3 months	High	Confirm a single QMS is in place along with: <ul style="list-style-type: none"> the name of the person responsible for managing the QMS The index of SOPs and work instructions minutes of meetings where QMS is discussed example of document control in use
15	Develop a QMS audit schedule detailing when audits have been conducted and the actions	2, 3 and 4	3 months	Standard	Copy of the audit schedule SOP for recording and managing non-conformances
16	Ensure that all electronic transfers of patient identifiable data between hospital sites is secure	6 and 7	3 months	High	Confirmation that all confidential emails between Kettering and Northampton General Hospitals are sent and received in accordance with Trust policies
17	Develop the administration and SSP staffing capacity across both sites to enable cross cover of tasks and processes and ensure adequate capacity for current and future BCSP and bowelscope requirements	2 and 3	6 months	Standard	Staffing summary as part of the service's capacity and workforce planning processes, detailing planned and future recruitments and training

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Ensure all SSPs have professional development opportunities in line with revalidation requirements	2 and 3	3 months	Standard	Details of arrangements in place
19	Ensure that SSPs on all colonoscopy and bowelscope lists are able to fully complete their required duties without distraction	2 and 3	7 days	Immediate	Confirmation of arrangements
20	Demonstrate that SSPs are not acting as endoscopy nurses on colonoscopy and bowelscope lists	2 and 3	3 months	Standard	Summary report detailing any occasions (if any) where endoscopy nursing staffing shortfalls affect the SSP role
21	Confirm plan to ensure that nurse endoscopist meets the requirements for continued accreditation minimum annual workload of 300 bowelscope cases per annum	8	7 days	Immediate	Clinic rota
22	Develop a succession plans for the staffing of the BCSP computed tomography colonography (CTC) service	2 and 3	6 months	Standard	Succession plan
23	Develop an induction programme for radiographers supporting the BCSP CTC service	2 and 3	3 months	Standard	Copy of induction plan and confirmation of training of all appropriate staff
24	Establish IT links to enable staff at Northampton General Hospital to access general and clinical information in Kettering and the BCSS	2 and 3	3 months	Standard	Confirmation of IT links in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Ensure appropriate private office accommodation to hold confidential discussions and manage patients is in place at Northampton	4	3 months	Standard	Confirmation of designated office space being secured

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Kettering and Northampton General Hospital teams to collaborate to achieve the roll out of bowelscope screening at Northampton General Hospital	3	3 months	High	Documents confirming: <ul style="list-style-type: none"> • staffing, support and mentoring plan with cover arrangements • attainment of FOBt standards • confirmation of adequate facilities for admission and discharge of participants

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Ensure compliance with 2 week standard for diagnostic waits	2 and 3	6 months	Standard	Sustained achievement of diagnostic waiting time targets and details of changes made in relation to endoscopy capacity and flexibility to cover lists
28	The national standards for adenoma detection rate (ADR) and workload for faecal occult blood testing and bowelscope to be met by all colonoscopists/scopists	2	3 months	High	Evidence of actions taken Standards met on the BCSS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Audit complex polyp management and endomucosal resections relevant to each site	2	6 months	Standard	Copy of audits and any action taken as a result Copy of SOP
30	Submit outstanding visit evidence for radiology and discussion held between lead radiologist at Kettering and the visiting professional clinical advisor for QA	2 and 10	7 Days	Immediate	Outstanding information Discussion taken place
31	Develop protocols for the process of assessing suitability and gaining consent for CTC, including roles and responsibilities involved	10	3 months	High	Revised SOP and associated consent paperwork
32	Implement CTC SOPs covering all aspects of the service that are not documented	2 and 10	3 months	High	SOPs for: <ul style="list-style-type: none"> managing intravenous (IV) contrast reactions IV contrast extravasation bowel perforation identified at CTC identification of BCSP patients referred to CTC
33	Ensure all BCSP radiology reports are completed fully and in accordance with the minimum dataset	10	3 months	Standard	Sample of 5 consecutive reports for each reporting radiologist
34	Assess the 2 cases with known IV contrast and	5 and 10	7 days	Immediate	Summary on each case
35	Assess the 5 cases with an unconfirmed status of having IV contrast administered and confirm outcome	5 and 10	3 months	High	Summary on each case
36	Document the arrangements in place to ensure that all BCSP CTC cases are reported at Kettering General Hospital and not outsourced	2	3 months	Standard	SOPs and relevant documentation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Audit 100 CTCs over the last 12 months	2 and 10	6 months	High	<p>Audit covering the period of 1 April 2017 to 31 March 2018 including:</p> <ul style="list-style-type: none"> • reason for and timeliness of referral, scan and reporting • adequacy of bowel preparation and scan • number of scans reported per radiologist split by screening and symptomatic cases • colonic and incidental findings • polyp detection rate and polyp size • cancer detection rate • sensitivity and specificity • positive and negative predictive value
38	Audit the reasons why patients decline CTC	2 and 10	6 months	Standard	<p>Audit covering both sites (identified separately) and any actions taken as a result</p>
39	Provide up to date, anonymised bowel screening pathology reports from Northampton General Hospital	4	3 months	Standard	<p>For the period 1 October 2017 to 31 March 2018 provide:</p> <ul style="list-style-type: none"> • 5 reports each from BCSP histopathologists • 3 reports on multiple (>4) polyps • 3 reports on large/complex polyps requiring dissection • 1 report of a pT1 polyp cancer demonstrating double reporting

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months after the report is published. After this point SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.