



Public Health  
England



# **Screening Quality Assurance visit report**

## **Bedfordshire NHS Bowel Cancer Screening Programme**

## About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

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

[www.gov.uk/phe/screening](http://www.gov.uk/phe/screening) Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)

For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published January 2019

PHE publications

gateway number: GW-75

PHE supports the UN

Sustainable Development Goals



## 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 Bedfordshire bowel cancer screening service held on 17 April 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 Bedfordshire Bowel Cancer Screening service provides bowel cancer screening services for an eligible screening population of 681,000 across 79 general practices covered by the Bedfordshire and Luton Clinical Commissioning Groups.

Bedfordshire Bowel Cancer Screening Service started inviting men and women aged 60 to 69 years of age for faecal occult blood test (FOBT) screening in May 2009. In autumn 2011 the screening service extended the age range invited up to 74. Bowel scope screening began at Bedford Hospital NHS Trust in November 2014, inviting men and women aged 55.

The service is delivered over 2 sites at Bedford Hospital NHS Trust and Luton and Dunstable University Hospital NHS Trust. There are advanced plans in place for the 2 Trusts to merge. This should be positive for the bowel screening service as it should remove the potential barriers associated with 2 separate organisations working together.

Bedford Hospital NHS Trust hosts the screening centre and is where programme co-ordination and administration for FOBt and bowel scope takes place. Specialist screening practitioner (SSP) pre-assessment clinics, colonoscopy, pathology, bowel scope and computed tomography colonography (CTC) radiology services for bowel screening patients are provided at both Bedford Hospital NHS Trust and Luton and Dunstable University Hospital NHS Trust.

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 has undergone significant change since the last QA visit with its expansion to encompass the provision of bowel scope screening. The team has been working hard to resolve significant capacity issues at Luton which have affected the roll out of bowel scope over the last year.

With a much larger and more complex service, there is a need to improve the governance, escalation, documentation, communication and meeting structures across the service. It is important to have comprehensive systems to ensure the full multi-disciplinary team is kept well informed and involved. 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 to ensure the CTC service meets the national guidance. The same service needs to be provided to patients at both sites.

Further work is required to improve team leadership and working relationships. It is essential to have active engagement from all professional areas involved with the bowel cancer screening programme.

The QA visit team identified 4 immediate concerns. A letter was sent to the chief executive on 24 April 2018 asking that the following items were addressed within 7 days:

- investigate the reported use of the “consent form 4” (which is used for patients who lack the ability to consent) for patients who cannot speak English
- stop the routine use of intravenous (IV) contrast at CTC for bowel cancer screening programme (BCSP) patients
- confirm the use of a ‘low dose’ protocol and retention balloon for all screening CTC patients

- BCSP site lead radiologist from Bedford to be available for discussion with the QA Team in next 7 days to enable the QA visit assessment to be completed

A response was received within 7 days which assured the QA visit team the identified risks have been mitigated and no longer pose an immediate concern. The Bedford radiologist made themselves available for discussion with the QA Team on 27 April 2018 so the QA visit assessment could be completed.

### High priority

The QA visit team identified 18 high priority findings as summarised below:

- there is no contract of employment for the screening director at Bedford Hospital which hosts the screening programme
- effective meeting and accountability structures involving all professional areas in the BCSP and clear escalation arrangements are not in place
- not all staff are aware of information governance requirements
- not all staff working in the BCSP are aware of incident and adverse event (AVI) processes
- there is no documented process to identify, log and escalate service risks
- staffing levels are not sufficient to support current and future service requirements and effective cross-cover arrangements for endoscopists to avoid cancelling lists are not in place
- bowelscope training and mentoring arrangements are not adequate to ensure all staff are competent and confident in all aspects of clinical practice at the end of their training
- there are difficulties for nursing staff in obtaining prompt clinical advice
- an action plan to get up to date with bowel scope at Luton is needed
- the national waiting time standards for colonoscopy are not met
- arrangements for BCSP CTC do not meet national guidance at Luton and a consistent service is not in place across the 2 sites

### Shared learning

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

- Bedford endoscopy lead nurse works across both Trusts to ensure capacity is available as needed at the Luton site
- double slots are booked for patients needing interpretation at SSP pre-assessment clinic
- enhanced pathological dissection technique has been introduced for colorectal cancers and there is use of special stains to identify intramural venous invasion

- Luton pathology laboratory has a system in place called 'Gold Star' which highlights urgent, important or unexpected results
- there is a dedicated 'polyp' section at the Luton colorectal multi-disciplinary team meeting

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Develop a bowel screening health improvement strategy that includes underserved and protected population groups in collaboration with the screening and immunisation team	2 and 3	3 months	Standard	Ratified health improvement strategy and evidence of public health involvement in its development
2	Put in place a contract of employment at Bedford Hospital for the screening director and update the job description to accurately describe the role and its accountability within the Trust	2 and 3	3 months	High	Updated contract, job description (including accountability arrangements) and time allocation
3	Identify single bowel cancer screening programme (BCSP) leads for radiology and pathology, nominated deputies and ensure appropriate time is allocated for the lead roles in job plan	2 and 3	3 months	Standard	Copy of updated organisational chart, job plans and time allocations
4	Site lead radiologist from Bedford Hospital to be available for discussion in next 7 days	2 and 3	7 days	Immediate	Confirmation of arrangements

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Develop an effective BCSP meeting and accountability structure	2 and 3	3 months	High	Terms of reference, agendas and minutes of each meeting since the QA visit
6	Document how programme performance issues are escalated and managed within the Trusts' governance procedures	2 and 3	3 months	High	Detailed governance structure showing escalation within each Trust
7	Ensure all staff are aware and up to date with information governance requirements	5	3 months	High	Confirmation that all staff are up to date with information governance training
8	Update the Bedford and Luton Trusts' incident policies to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	2 and 3	3 months	Standard	Revised policy for each Trust
9	Ensure that all staff working in the BCSP are aware of incident and adverse event (AVI) processes, including review of endoscopy AVIs by the screening director, and document arrangements	2, 3 and 6	3 months	High	Written confirmation of update of staff training in incident and AVI processes Updated BCSP incident/AVI standard operating procedure (SOP) covering faecal occult blood testing (FOBt) and bowel scope
10	Put in place a risk management process that links into both Trust risk management systems	2 and 3	3 months	High	Risk management SOP



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Put in place an annual audit schedule covering all professional areas involved in the BCSP including arrangements to share and implement the learning	2 and 3	3 months	Standard	Copy of audit schedule, lead for each audit and minutes of the meeting where it was ratified
12	Develop a system where programme wide audit, performance data, incidents and adverse events can be shared and discussed by the whole multi-disciplinary team	2 and 3	3 months	Standard	Provide full details of the arrangements in place, including copies of meeting papers and attendees
13	Establish a process to collect bowel scope patient feedback, undertake an audit on data entry for all 30 day questionnaires and regularly analysis the findings	2	3 months	Standard	Copy of bowel scope patient questionnaire Copy of data entry audit Copy of SOP/work instruction covering data collection who is responsible for what, audit of data accuracy and frequency of data analysis
14	Investigate the reported use of the “consent form 4” for patients who cannot speak English	2	7 days	Immediate	Written confirmation that use of consent form 4 has ceased
15	Ensure appropriate translation arrangements are in place on both sites	2 and 3	3 months	Standard	Confirmation of arrangements on both sites
16	Update the consent procedure to include a section for the withdrawal of consent at any time.	2 and 3	3 months	Standard	Copy of updated consent procedure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
17	Document how the quality management system (QMS) is indexed and version-controlled and establish a non-conformance log within the QMS	2 and 3	3 months	Standard	Copy of QMS index and work instruction covering QMS arrangements including version control Copy of SOP for non-conformance log
18	Document all administration activities on the Luton Hospital site and include in the QMS	2 and 3	3 months	Standard	Copy of administrative documentation for Luton-based BCSP activities
19	Update 'right results' SOP to encompass bowel scope and establish a SOP for managing individuals with special needs, including learning difficulties, in bowel scope	2, 3 and 7	3 months	Standard	Copy of SOPs

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Ensure there is sufficient BCSP workforce for the service required	2 and 3	3 months	High	Staffing summary as part of the service's capacity and workforce plan, detailing intended recruitment, timescales and training
21	Develop a BCSP-specific induction programme for specialist screening practitioners(SSPs) and assistant screening practitioners	2 and 3	6 months	Standard	Copy of induction programme

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
22	Put in place effective cross-cover arrangements for endoscopists to avoid cancelling lists	2	3 months	High	Copy of SOP Written evidence that lists have not been cancelled due to cross-cover issues
23	Ensure that all bowel scope endoscopists are trained to the accreditation standards and ongoing mentorship is provided	8	3 months	High	Written confirmation that all endoscopists have reached the accreditation standard encompassing all skills required Updated SOP for training, sign off and ongoing mentoring
24	Establish BCSP CTC radiography training that covers preliminary evaluation of scan quality	9	6 months	Standard	Details of training programme in place Confirmation of completion of necessary training
25	Establish live data entry and paperless practice at SSP clinics	2	3 months	Standard	Confirmation of arrangements in place, including appropriate computers and wi-fi

## Pre-diagnostic assessment

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
26	Episode notes within the bowel cancer screening system should be used to document patient medication and any complex health issues	2	3 months	Standard	Copy of SOP and confirmation of episode note use
27	Develop a system to ensure prompt clinician review is available when needed by SSPs	2	3 months	High	Copy of SOP

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
28	Document bowel scope performance monitoring procedures	3	3 months	Standard	Copy of SOP
29	Put in place a documented action plan to get up to date with bowel scope at Luton	3	3 months	High	Capacity and demand planning including workforce summary

## Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
30	Demonstrate that national waiting time standards for colonoscopy are met	2 and 10	6 months	High	Sustained achievement of diagnostic waiting time targets and details of changes made

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
31	Update endoscopy-related SOPs	2	3 months	Standard	Copy of SOPs covering anticoagulation, management of large polyps (including its audit) and management of endoscopist performance
32	Undertake an endoscopic mucosal resection audit covering an adequate number of cases and an audit of benign pathology going to surgery	2	3 months	Standard	Copy of audits and any action taken as a result
33	Provide evidence that all radiologists reporting BCSP CTCs at Luton meet the national standard of 100 scans per year	2 and 11	3 months	Standard	Action plan implemented to achieve 100 cases per year and evidence staff are on track to achieve the standard
34	Document the criteria and pathway for patient access to CTC including appropriate failsafe systems and the identification of BCSP patients within radiology	2, 4 and 11	3 months	High	Establish systems and send copies of relevant of updated SOPs
35	Demonstrate that in Luton additional procedures such as the practice of undertaking a flexible sigmoidoscopy procedure or rectal examination are not carried out before bowel screening CTC and that CTC investigations are not being altered without discussion with the BCSP team	2 and 11	3 months	High	Written confirmation that additional procedures are not being undertaken prior to CTC Audit of BCSP referrals and procedures undertaken

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
36	Cease the routine use of intravenous (IV) contrast for BCSP CTC patients in Luton	4 and 11	7 days	Immediate	Confirmation that BCSP patients will not routinely be given IV contrast and case summaries of any IV contrast used on BCSP patients during 2016 and 2017
37	Confirm low dose BCSP CTC protocol and use of the retention balloon in all screening patients in Luton	11	7 days	Immediate	Copy of low dose protocol and details of how the retention balloon is used in screening patients
38	Implement faecal tagging in Luton and demonstrate compliance with IV contrast, low dose protocol and use of retention balloon protocols	11	3 months	High	Written confirmation of implementation of faecal tagging Copies of 10 BCSP cases and associated reports from Luton following implementation of new protocols
39	Audit use of faecal tagging in Luton and radiation dose at both sites	11	6 months	High	Copy of audits
40	Revise CTC patient information leaflet to make reference to screening and provide dietary instructions and bowel preparation advice	2 and 11	3 months	Standard	Revised leaflet
41	Implement a dedicated CTC request form compliant with National Patient Safety Alert for bowel cleansing	11	3 months	Standard	Copy of request form

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
42	Document all BCSP-related CTC procedures in line with local QMS requirements	2 and 11	3 months	High	Copies of CTC SOPs covering both sites including procedures covering management of complications, extravasation, prescribing and associated signed patient group directions
43	Implement the national BCSP CTC minimum data set and ensure completion on the bowel cancer screening system (BCSS)	11	3 months	High	Confirmation of minimum data set implementation and evidence of completed CTC data sets on BCSS
44	Implement standardised reporting of polyps in line with BCSP requirements at Luton and make electronic histology reports available to SSPs	12	3 months	Standard	Copies of reports and confirmation availability of reports by site

## 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.