The quality assurance process

Pathway element: Call and recall (hub)	SQAS activities	Frequency
The specific call/recall function is determined by the information technology (IT) system for Bowel Cancer Screening (BCSS).	There is no intended QA activity for this system. BCSS has inbuilt failsafes to ensure this function is performing to the correct standard. This is monitored by NHS Digital who will report any issues to SQAS.	Exception reporting

Pathway element: Identifying cohort (hub)	SQAS activities	Frequency
Identify cohort.	Check hub standard operating procedure (SOP) for allocation of general practitioners (GPs) and GP consortia BCSS automatically selects the cohort from the national NHS database of GP registered patients. The hub cannot manipulate this cohort.	At QA visits

Pathway element: Invitation and reminders (hub)	SQAS activities	Frequency
Invitation plans.	Check processes for management of invitation plans and engagement with screening centres.	At QA visits
Timeliness of invitations.	Check invitations are sent within standard timeframe of +/- 6 weeks of due date (monitored by screening centre).	Quarterly and at programme boards (PBs)
Management of ceasing and opt-outs.	Check processes and annual audit.	Annually and at QA visits
Management of posting services.	a) Check processes for contract monitoring and governance arrangements for outsourced posting.	Annual self assessment and at QA visits

Pathway element: Invitation and reminders (hub)	SQAS activities	Frequency
	b) Check quality procedures for in-house service.	
Kit reading turnaround times.	Assessment against programme standard.	Quarterly and at PBs
E-comms.	Monitoring the percentage of GPs receiving e-comms.	At QA visits and hub PBs

Pathway Element: Primary screening (screening centre) Faecal occult blood test/ Faecal immunological testing (FOBt/FIT in hubs	SQAS activities	Frequency
Leadership of the programme.	Review of job plan/job description for hub director, manager, laboratory lead and other key staff.	At QA visits
Staffing.	a) Review of workforce levels, vacancy rates for laboratory and helpline staff. b) Training and competency records.	Annual prioritisation review and at QA visits
Timely kit reading.	a) Monitoring against standard via Oracle Business Intelligence Enterprise Edition (OBIEE). b) Check processes for reading undated and out of date samples. c) Check processes for prioritising samples.	Quarterly monitoring and at PBs
Quality management system (QMS).	Review evidence submitted for QA visits and follow up at visit as appropriate.	At QA visits
Quality of kit reading/analysis encompassing FIT/FOBt.	a) Check monitoring of individual kit reader performance and processes in place to feedback.	At QA visits

Pathway Element: Primary screening (screening centre) Faecal occult blood test/ Faecal immunological testing (FOBt/FIT in hubs	**SQAS activities**	**Frequency**
	b) Check quality control/monitoring of analysers.	
Audits.	Review evidence of vertical audits to test hub pathway.	Annual self assessment and at QA visits
Participation in external quality assessment (EQA).	Check appropriate participation/accreditation external quality assessment/United Kingdom Accreditation Service (EQA/UKAS).	At QA visits and annual review
Helpline.	a) Check training records and processes. b) Helpline answer rate: collect data from hubs to compare with a shadow standard and discuss with each hub. c) Review information available to the public to meet individual needs. d) Evidence of call monitoring, learning and feedback to staff.	a) Annual review and at QA visits b) Quarterly, discussed at hub operations meetings, PBs c) At QA visits d) At QA visits

Pathway element: Screening centre (assessment and diagnostics)	**SQAS activities**	**Frequency**
Leadership of the programme.	Job plan/job description review at visit for clinical director.	At QA visits
Staffing.	a) Workforce levels – programme management, administration, specialist screening practitioners (SSPs), endoscopists, radiologists, radiographers, pathology. b) Training of SSPs.	a) At QA visits and PBs b) At QA visits

Pathway element: Screening centre (assessment and diagnostics)	**SQAS activities**	**Frequency**
Diagnostic procedure uptake/non-completion of pathway for abnormal screening result.	a) Audit organised by national SQAS. b) Regional SQAS to review processes in place for decreasing DNAs and improving access and make recommendations appropriate to each screening centre.	a) Annual review will inform prioritisation b) Visits and follow up of annual review
Clinic accommodation and equipment, including resuscitation arrangements.	Joint advisory group (JAG) assessment. QA role is to check accreditation status. Suitability of SSP clinic accommodation and equipment forms part of the SSP/admin questionnaire.	At QA visits
Data quality.	Check processes in place and that the data is audited.	At QA visits and when SQAS uses BCSS data for purposes such as network meetings and reports
Quality of diagnostic test: a) endoscopy b) radiological c) pathology (histology)	Individual and centre performance compared with endoscopy, radiology and pathology quality standards.	Quarterly and annually
Right results assessment.	Right results process: screening centres complete a self-assessment tool as a learning process QA's role is to support centres in meeting identified gaps.	Annual review that informs annual prioritisation exercise
Patient experience.	Access to 30 day questionnaire results from OBIEE and make sure that it is discussed at programme boards and QA visits.	At QA visits and PBs
Health promotion and screening inequalities.	Check SSP involvement in activities to improve uptake, coverage and improve access to screening for underserved groups.	At QA visits
Consent.	Check there is guidance for obtaining consent that meets the accessible information standard, for example providing information in different formats and for people and settings with additional requirements like prisons. Check that it is followed.	At QA visits

Pathway element: Multi-disciplinary teams (only issues relating to obtaining a diagnosis of cancer or ruling it out will be considered as part of the screening pathway)	**SQAS activities**	**Frequency**
Timely referrals.	Check that commissioners monitor performance issues at programme boards and follow up if required at QA visits. Performance issues to be looked at include 62 day pathway breaches and JAG assessments.	At QA visits and PBs
Pathway for referral to multi-disciplinary teams (MDTs) that are not part of trust where colonoscopy took place.	Check at QA visit, review as part of annual prioritisation.	At QA visits and annual prioritisation
Outcomes from MDT are available for SSPs to input into BCSS.	Review number of open episodes on BCSS and evidence submitted for QA visit.	At QA visits
Timely entry of cancer diagnosis onto cancer data sets.	Review at annual prioritisation and QA visits.	Annual prioritisation and QA visits

Pathway element: Histopathology	**SQAS activities**	**Frequency**
Workload.	Review activity data available from OBIEE and evidence submitted for QA visit and follow up as needed.	Quarterly, annually and at QA visits
Evidence of standard use of appropriate minimum data set items.	Review evidence submitted for QA visit and follow up at visit as required.	At QA visits
Clear communication of results, supplementary reports and changed reports.	Review evidence submitted for QA visit and follow up at QA visit as required.	At QA visits
Clear process for getting second opinions and discussion of difficult cases.	Review evidence submitted for QA visit and follow up at visit as required.	At QA visits
Classification of polyps, individual.	Review morphology of polyp’s data available from OBIEE and discuss at QA visit.	At QA visits

Pathway element: Histopathology	SQAS activities	Frequency
Accurate final histology.	Review data available from OBIEE, evidence submitted and discuss at QA visit.	At QA visits
Turnaround times.	Review data from OBIEE and evidence submitted for annual prioritisation. Follow up as required.	Quarterly and annually
Participation in a national EQA scheme encompassing bowel specimens.	A Review evidence submitted for QA visit and follow up at the QA visit as required.	At QA visits

Pathway element: Programme management and governance. Screening centres	SQAS activities	Frequency
Manager and clinical director with adequate time for role and job description (JD) to cover the role; appropriate service level agreements (SLAs) in place if not provided by local trust.	Review evidence and follow up as needed at QA visit.	At QA visits
Lines of accountability to trust board.	Review evidence and follow up as needed at QA visits.	At QA visits
Organisational chart for the programme	Review evidence and follow up as needed at QA visits.	At QA visits
Risk assessments and management: a) business continuity and succession plans b) demand and capacity management	Review evidence and follow up as needed at QA visits.	At QA visits
Clinical governance, escalation processes and integration into trust systems.	Review evidence and follow up as needed at QA visits.	At QA visits
Programme management meeting arrangements: a) terms of reference and frequency	Review evidence and follow up as needed at QA visits.	At QA visits

Pathway element: Programme management and governance. Screening centres	**SQAS activities**	**Frequency**
b) appropriate representation		
Clinical meeting arrangements to encompass all scopists, looking at individual performance data.	On-going data monitoring assessed at annual prioritisation and QA visits.	At QA visits, annually and on-going
Information governance (IG)	Check for trust annual submission of IG toolkit and question as needed.	At QA visits and part of right results self assessment
Annual reports presented to trust(s) via governance structures and to commissioners	Review evidence and follow up as needed at QA visits.	At QA visits and annually
Incident identification and management	Routine QA work, review of evidence and question at QA visit.	At QA visits and ongoing
Meeting the screening needs of population groups that are underserved and/or experience barriers to accessing screening. For example, people with learning disability, physical disability, serious mental illness, people in mental care settings and prisons.	Check that commissioner and host provider work strategically to improve access to screening with collection of ethnicity data, equity audit, action plans and processes for making reasonable adjustments. Review evidence and question at QA visit.	At QA visits

Pathway element: Programme management and governance. Hubs	**SQAS activities**	**Frequency**
Identified programme manager and clinical director with time and JD to cover the role; appropriate SLAs in place if not provided by local trust.	Review evidence and follow up as needed at QA visits.	At QA visits

Pathway element: Programme management and governance. Hubs	**SQAS activities**	**Frequency**
Lines of accountability to trust board.	Assess hub participation in trust meetings relating to accountability at QA visit.	At QA visits
Organisational chart for the Programme.	Assess lines of reporting at the QA visit.	At QA visits
Risk assessments and management.	Assess datix reporting and management/participation in risk management meeting.	At QA visits
Business continuity and succession plans.	Review evidence and question as needed at QA visits.	At QA visits
Clinical governance, escalation processes and integration into trust systems.	Assess lines of reporting.	At QA visits
Programme management meeting arrangements: a) terms of reference and frequency b) appropriate representation	Review evidence and question as needed, including appropriateness of information provided to commissioners.	At QA visits
IG	Check that the trust has submitted annual IG checklist and question as needed at QA visits.	At QA visits.
Annual reports to commissioners, presented to trust(s) boards.	Assess how report is disseminated and reviewed, question as needed at QA visits.	At QA visits.
Incident identification and management.	Assess trends and number of submissions to QA team.	Each QA visit, quarterly hub operations meeting or PB.
Meeting the screening needs of population groups that are underserved and/or experience barriers to accessing screening. For example, people with learning disability, physical disability, serious	Check that commissioner and provider work strategically to improve access to screening with equity audit, action plans and processes for making reasonable adjustments.	At QA visits.

Pathway element: Programme management and governance. Hubs	**SQAS activities**	**Frequency**
mental illness, people in mental care settings and prisons.		
Meeting the accessible information standard of the Equality Act.	Check that provider meets the accessible information standard with use of text, email, braille, translation services, use of translations, easy read and large font versions of written information. A participant's additional communication/information needs should be identified, met and recorded in his/her episode notes.	At QA visits.