

Herefordshire & Worcestershire Bowel Cancer Screening Programme Operational Policy

Key Document code:	WAHT-KD-021	
Key Documents Owner:	Emma Duggan	Bowel Cancer Screening Programme Manager
Accountable Director	Mr Stephen Lake	Screening Director
Approved by:	Bowel Cancer Screening Programme Operational Group, SCSD Governance Meeting	
Date of Approval:	4 th September 2024	
Date of review: This is the most current document and should be used until a revised version is in place	4 th September 2027	

Key Amendments

Date	Amendment	Approved by
November 2014	Document Created	Siân Webley
May 2015	Inclusion of monitoring arrangements and references for WHAT-BCS-029	Siân Webley
June 2015	Inclusion of new job roles in BCSP	Siân Webley
February 2016	Full review of document, inclusion of Bowel Scope Screening and exclusion of key controls for all BCSP policies	Siân Webley
19th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27th July 2020	Documents extended for 6 months during COVID-19 period	QGC/ Gold Meeting
1st March 2021	Document extended for 6 months as per Trust agreement 11/02/2021	
16th July 2021	Documents extended for 6 months whilst review and approval is processed	Emma Duggan/ Mr Stephen Lake
August 2021	Full review	Emma Duggan
29th December 2021	Document approved for 3 years	BCSP Operational Group, SCSD Governance Meeting
August 2024	Minor change - Inclusion of age extension and Lynch Syndrome Surveillance	Emma Duggan

Policy Overview:

This document outlines the service processes followed in the Herefordshire & Worcestershire Bowel Cancer Screening Programme in line with national guidelines. This policy applies to all staff working within the Herefordshire & Worcestershire Bowel Cancer Screening Programme.

This document supports the national guidelines, service specification for the NHS Bowel Cancer Screening Programme and the local quality management system for the Herefordshire & Worcestershire Bowel Cancer Screening Centre.

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

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1. Introduction

Scope of this document

This policy applies to all those involved in the Herefordshire & Worcestershire Screening Centre processes. The policy is supported by and linked to the local screening centre guidelines, national guidelines and service specification for the Bowel Cancer Screening Programme.

The Operational Policy includes activity undertaken at all colonoscopy and clinic venues stated in section 1.5 of this policy.

2. Definitions

BCSP	Bowel Cancer Screening Programme
Screening	Screening is a process of identifying apparently healthy people who may be at risk of a disease or condition.
SSP	Specialist Screening Practitioner
AVI	Adverse Incident
FOBT	Faecal Occult Blood Test Kit
FIT	Faecal Immunochemical Test
JAG	Joint Advisory Group on Gastro-Intestinal (GI) Endoscopy
QA	Quality Assurance
QARC	Quality Assurance Reference Centre
Datix	Incident Reporting System (Electronic)
WAHT	Worcestershire Acute Hospitals NHS Trust
BCSP Shared Drive	IT Folder for the Bowel Cancer Screening Programme on Worcestershire Acute IT System. Permission has to be granted by a member of Programme Management for any employee to access this file.
CTC	Computerised Tomography (CT) Colonoscopy virtual (enema)
QMS	Quality Management System
BCSS Open Exeter	Bowel Cancer Screening System (IT System)

3. Responsibility and Duties

The duties of directors, committees, clinical, health and administration staff with responsibility for managing to processes of the screening centre are outlined below;

- Programme Board**
 The BCSP Programme Board consists of Programme Management, Public Health England Screening & Immunisations Manager and Co-ordinator, BCSP Hub Director and QA. The BCSP Programme Board and responsible for the performance monitoring of the service, service compliance and developments.
- Operational committee**
 The BCSP Operational committee consists of all Programme Management, Programme Manager, SSP's, BCSP Admin Team, Lead Histopathologist, Lead Radiologist and BCSP Hub Director. The committee meet every 6 months to discuss performance monitoring and

all operational issues. The Operational committee are responsible for reviewing and approving all BCSP policies and procedures / QMS.

- **BCSP Screening Director / Lead Colonoscopist**

The Screening Director is responsible for the management and smooth running of the screening programme, ensuring that:

- Patient pathways are in place
- Regular meetings are held with clinical leads to ensure that screening is delivered in accordance with common agreed protocols
- Screening outcomes are monitored
- Adverse incidents are reported to National Office and Quality Assurance Reference Centre.
- Screening Centre staff comply with the requirements of the NHS Cancer Screening Programmes for confidentiality and data security.
- All staff changes are notified to National Office.
- Close liaison with the Hub
- Leads QA activities at the Screening Centre.
- Developing standard operating guidelines to an agreed or organisational or national standard.
- Takes responsibility for the quality of colonoscopy for all screening patients in the centre, ensuring that NHSBCSP standards are met and if sedation is required during the endoscopic procedure, local Guidelines for Conscious Sedation Practice in Adult Endoscopy should be adhered to.
- Manages the designated Screening colonoscopy lists to ensure smooth flow of patients from SSP clinics and on to treatment services where necessary.
- Advice is available to SSP's on patients who are of uncertain fitness for colonoscopy

- **Lead Radiologist**

The BCSP Lead Radiologist is responsible for ensuring;

- Radiology support for the screening programme meetings NHSBCSP standards
- Appropriate arrangements are in place to offer alternative investigations in a timely manner to patients in whom colonoscopy has failed or who are not suitable for colonoscopy, i.e. CTC.
- Regular meetings with other screening radiologists in the screening centre to discuss screening outcomes.

- **Lead Histopathologist**

The BCSP Lead Histopathologist is responsible for ensuring;

- The quality of pathology support for the screening programme and ensuring that NHSBCSP standards are met.
- Pathology results are available in a timely manner for patients who have had a tissue sample taken at colonoscopy.
- Developing a special interest in bowel cancer pathology.

- **Directorate Manager for BCSP**

The Directorate Manager is responsible for the BCSP budget management. Their role also supports the Screening Co-ordinator with capacity and demand planning and service developments.

- **Matron for BCSP**
The Matron is responsible for the line manager of all SSP's to include the recruitment, retention and development of staff.
- **Bowel Cancer Screening Programme Manager**
The Programme Manager is responsible for the management of the Bowel Cancer Screening Programme including co-ordination of service activity to ensure the programme is working in line with National Targets. The Programme Manager is responsible for the overall capacity and demand of the service. The Programme Manager is responsible for the line management of the Admin Team. The BCSP Programme Manager is responsible for the evaluation of this policy and all administration guidelines. The Programme Manager supports the Directorate Manager with the BCSP budget management.
- **Lead Nurse**
The Lead Nurse is responsible for the operational line management and supervision of Specialist Screening Practitioners. The Lead Nurse is responsible for various audits and establishing clinical guidelines alongside their SSP colleagues. The Lead Nurse also undertakes Clinical SSP activity. The duty rota is completed by the Lead Nurse alongside the Programme Manager.
- **Bowel Screening Co-ordinator**
The Bowel Screening Co-ordinator is responsible for the day to day management of Bowel Cancer Screening administration.
- **Specialist Screening Practitioners (SSPs)**
SSPs are responsible for the patients care throughout their screening episode, through documentation and clinical responsibility. Other responsibilities include undertaking training as required and as agreed, adherence to clinical guidelines and participating in audit and health promotion as and when required.
- **Administration staff**
Administration staff are responsible for ensuring all paper and electronic records are accurately updated and ensure that all administration guidelines are adhered to.

Duties external to the organisation

External bodies have a role in providing external quality assurance, protocol guidance, and programme management of the screening service. These bodies include;

- NHS England/Public Health England
- NHS Screening Programme Committees
- Regional / National Quality Assurance

4. Policy Detail

4.1 Policy Statement

Bowel Cancer is the third most common cancer in the UK and the second leading cause of cancer deaths. Around one in twenty people will develop Bowel Cancer in their lifetime. Regular Bowel Cancer Screening has been shown to reduce the risk of dying from Bowel Cancer by 16%.

The NHS Bowel Cancer Screening Programme offers screening to men and women aged 50 – 74 every two years using a Faecal immunochemical test (FIT). Subjects aged 75 and over can request to opt in and receive a FIT kit. On testing of the kit, if the subject is found to have an abnormal result they are invited to have a clinic appointment with a Specialist Screening Practitioner (SSP) to discuss and assess suitability for a screening colonoscopy. If the patient is deemed unsuitable for colonoscopy on assessment they will be offered a CTC. Depending on the findings, the patient will be offered either screening again in 2 years with a FIT kit, entered into a polyp surveillance programme as part of the screening programme or referred for treated at their local hospital.

The Herefordshire & Worcestershire Bowel Cancer Screening Programme provide Screening covering a population of 736,700 in Herefordshire & Worcestershire across 6 Clinical Commissioning Groups/Local Health Boards, NHS Herefordshire CCG, NHS South Worcestershire CCG, NHS Redditch & Bromsgrove CCG, NHS Wyre Forest CCG, Powys and Aneurin Bevan Teaching & Local Health Boards. Subjects aged 60 – 74 who are registered with GP are invited to take part in the screening programme.

4.2 Screening Centre Staffing

The Screening Centre is staffed as detailed in Section 4.15 Workforce.

4.3 Screening Centre Activity and Locations

The base of the Herefordshire and Worcestershire Bowel Cancer Screening Programme is Worcestershire Royal Hospital. Specialist Screening Practitioner clinic appointments are held via telephone. Screening colonoscopies are carried out at Malvern Community Hospital, Alexandra Hospital Redditch and Hereford County Hospital. All sites providing screening diagnostic tests are JAG accredited. The Screening Centre timetable can be found in Appendix 1.

4.4 BCSP Organisation Structure

Worcestershire Acute Hospitals NHS Trust has five countywide divisions, the Bowel Cancer Screening Programme sits within the division of Specialist Clinical Services Division (SCSD), along with Endoscopy. Please see appendix 2.

4.5 Screening Centre Opening Times

The Screening Centre consists of one open plan office. The administration support is open Monday – Friday 08:00 – 16:00 and the SSP support is open Monday – Friday 08:00 – 18:00. In the event that either is left unmanned during these hours, telephone lines are diverted answerphone.

4.6 BCSP Programme Board and Operational Meetings

Programme Board and Operational Meetings are held every 6 months with interim touchpoint meetings in between. These meetings are planned in advance by the Programme Manager and the Screening Director.

Programme Board meetings are chaired and minutes are taken by Public Health England, a copy of the meeting terms of reference is available in Appendix 3.

The BCSP Operational Meeting is chaired by the Screening Director, a copy of the meeting terms of reference is available in Appendix 6. Minutes of the Operational meeting are taken by the BCSP Admin Team. Minutes of both Programme Board and Operational meetings are available of the BCSP Shared drive.

4.7 Quality Management System (QMS)

In accordance with QA requirements the BCSP has a quality management system, containing all screening centre policies. The QMS can be found in the BCSP Shared file under "policies and procedures". All BCSP team members are expected to be actively involved in the creation and implementation of these policies. Many of the policies will be referenced throughout this Operational Policy, details of these policies can be found in the reference section.

4.8 Patient pathway

A flow chart showing the patient pathway throughout BCSP can be found in Appendix 4.

4.9 First Positive Assessment Clinic

Following a positive FIT result patients are booked into a First Positive Assessment clinic by the Hub. The patient is booked a telephone assessment. At the clinic appointment an SSP will discuss the colonoscopy examination with the patient and assess their suitability. If the patient is deemed fit for colonoscopy they will be booked onto a BCSP Colonoscopy list during consultation. If the patient is deemed unfit or the SSP requires further advice from a Screening Colonoscopist the patient will require a clinical review and may be considered for a CTC. Further information about the First Positive Assessment clinic, assessment for and suitability for colonoscopy can be found in the BCSP policies. Please see the reference section for policy details.

4.10 Consent

Prior to any procedure taking place, all patients must sign a consent form before entering the procedure room. Worcestershire Acute Hospitals use E-Consent and Wye Valley Trust Hospitals use paper copies of consent forms. Consent forms are handed to the patient at the time of booking an examination, the patient is asked to bring the consent form with them to their appointment. Further information regarding to Consent process can be found in the BCSP policies. Please see the reference section for policy details.

Consent forms are scanned or filed into the patients' hospital notes.

4.11 Colonoscopy

The BCSP has designated colonoscopy lists as detailed on the Screening Centre timetable. Accredited Screening Colonoscopists are used to deliver the specified endoscopic procedure, if sedation is utilised, the local Trust level guidelines on conscious sedation practice should be adhered to (WHAT 2017). Endoscopy staff at the relevant unit are responsible for the admission and discharge for BCSP patients. An SSP is in attendance at the colonoscopy list and will record data throughout the procedure. The SSP will have a discussion with the patient to confirm findings once the patient has recovered. The patient will be given a copy of their colonoscopy report and any other appropriate patient literature in relation to any findings to take home. A copy of the colonoscopy report is also posted to the GP by the endoscopy unit. In the event that histopathology has been taken the results will be available to the SSP within 7 days of the colonoscopy date. All patients receive a courtesy call from an SSP 24 hours post colonoscopy and should receive their histology results within 7 days post colonoscopy. Further information about the colonoscopy process can be found in the BCSP policies. Please see the reference section for policy details.

4.12 Surveillance

A proportion of patients will require surveillance, dependant on the size, quantity and histology results of polyps retrieved at colonoscopy. For further information please see the BCSP Surveillance Patients policy & Lynch Syndrome Surveillance SOP.

4.13 Adverse Incidents (AVI)

Any adverse incidents that occur within the BCSP will be reported in accordance with the WAHT Incident Reporting Policy. As detailed in the policy, in accordance with the Quality Assurance requirements of the Bowel Cancer Screening Programme all adverse incidents should be recorded and submitted to BCSP National Office and Quality Assurance Reference Centre. Further information about the colonoscopy process can be found in the BCSP policies. Please see the reference section for policy details.

4.14 30 Day Patient Questionnaires

Every patient will receive a patient questionnaire 30 days following closure of their screening episode as part of the NHS BCSP. Each questionnaire is reviewed and input by a member of the Administration team. All patient questionnaires are reviewed at quarterly Programme Board meetings. Further information about the 30 day patient questionnaires can be found in the BCSP policies. Please see the reference section for policy details.

4.15 Workforce

Structure detailed in Appendix 2.

There are named individuals within the BCSP who are responsible for managing the rostering of staff to meet service needs. The BCSP team use eRostering to record staff rotas, all staff leave, including sickness is recorded on eRostering. All sickness episodes will be managed in accordance with the WAHT Health, Well Being and Sickness Policy. The workbase for all staff is Worcestershire Royal Hospital, however staff are expected to work across sites within WAHT and Wye Valley Trust.

Every member of staff receives an annual personal development review (PDR) with their line manager as and are require to undertake annual mandatory training requirements per the WAHT PDR Policy.

Screening Colonoscopists undertake competency based training and take an exam to gain BCSP Accreditation. Following accreditation, all new screening Colonoscopists will undertake two screening lists with the Screening Director. Screening Colonoscopists must start BCSP colonoscopies within 6 months following accreditation. All Screening Colonoscopists are expected to perform 120 screening colonoscopies per annum.

4.15 Commissioner Communication

For guidance on the communication process between commissioners and the screening centre, please see communication protocol in Appendix 5.

4.16 Complaints

The BCSP adheres to the WAHT Complaints Policy, although complaints can also be received through the 30 day patient questionnaires. Please see details of both policies within the reference section.

4.17 Service Specification / Continual Service Improvement Plan

The BCSP Service Specification is in place to outline the service and quality indicators as expected by the National Screening Programme. A Continual Service Improvement Plan has been put in place to indicate service changes and improvements required to be made during the service specification period. This plan can be found on the Bowel Cancer Screening shared drive.

5. Implementation

5.1 Plan for implementation

- Consultation with BCSP Teams to be held in Team Meetings.
- Consultation at BCSP Operational Meeting.
- Policy will be available in electronic format on the BCSP Shared Drive and WAHT Intranet.

5.2 Dissemination

This policy will be distributed to all team members through team meetings and BCSP Operational Meeting.

5.3 Training and awareness

All BCSP team members are required to attend Mandatory Training once a year in accordance with the WAHT Mandatory Training Policy. All BCSP staff who use BCSS Open Exeter (IT system) attend a 2 day training course before being supplied with a username and password for the system. BCSP Team members are encouraged to attend QA annual conferences to keep up to date with service news and developments.

6. Monitoring and compliance

Monitoring and compliance against this policy is the responsibility of the Bowel Cancer Screening Programme Operational Group.

Monitoring and compliance of the programme will be carried out as per the monitoring tools of the individual policies within the Quality Management System, as listed in the reference section.

7. Policy Review

This policy will be reviewed on an annual basis by the Programme Manager with input from the Screening Director and Directorate Manager. Once reviewed the policy will be presented to the BCSP Operational Group for individuals to have the opportunity to comment on any amendments made to the policy and agree a final version.

8. References –

NHS Bowel Cancer Screening Programme Website, Public Health England 2013

UK National Screening Committee Website, Public Health England 2013

Guidebook v3

9. Background

9.1 Consultation

For the purpose of the consultation process this policy has been presented to the Screening Director, Directorate Manager, Matron and BCSP Operational Group.

9.2 Approval process

The policy will then be sent for WAHT Divisional approval.

9.3 Equality requirements

Please see equality assessment in Supporting Document 1.

9.4 Financial risk assessment

Please see financial risk assessment in Supporting Document 2.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resource

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	None

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

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Contribution List

Key individuals involved in developing the document

Name	Designation
Avril Turley	Lead Specialist Screening Practitioner (SSP)
Emma Duggan	BCSP Programme Manager
Mr S Lake	BCSP Screening Director
Lynne Mazzocchi	Directorate Manager

Circulated to the following individuals for comments

Name	Designation
Mr S Lake	BCSP Screening Director

Circulated to the following CD's/Heads of dept for comments from their directorates / departments

Name	Directorate / Department
Mr S Lake	BCSP Screening Director

Circulated to the chair of the following committee's / groups for comments

Name	Committee / group
Mr S Lake	BCSP Operational Group
Dr R Lovegrove	Endoscopy & BCSP Directorate Meeting

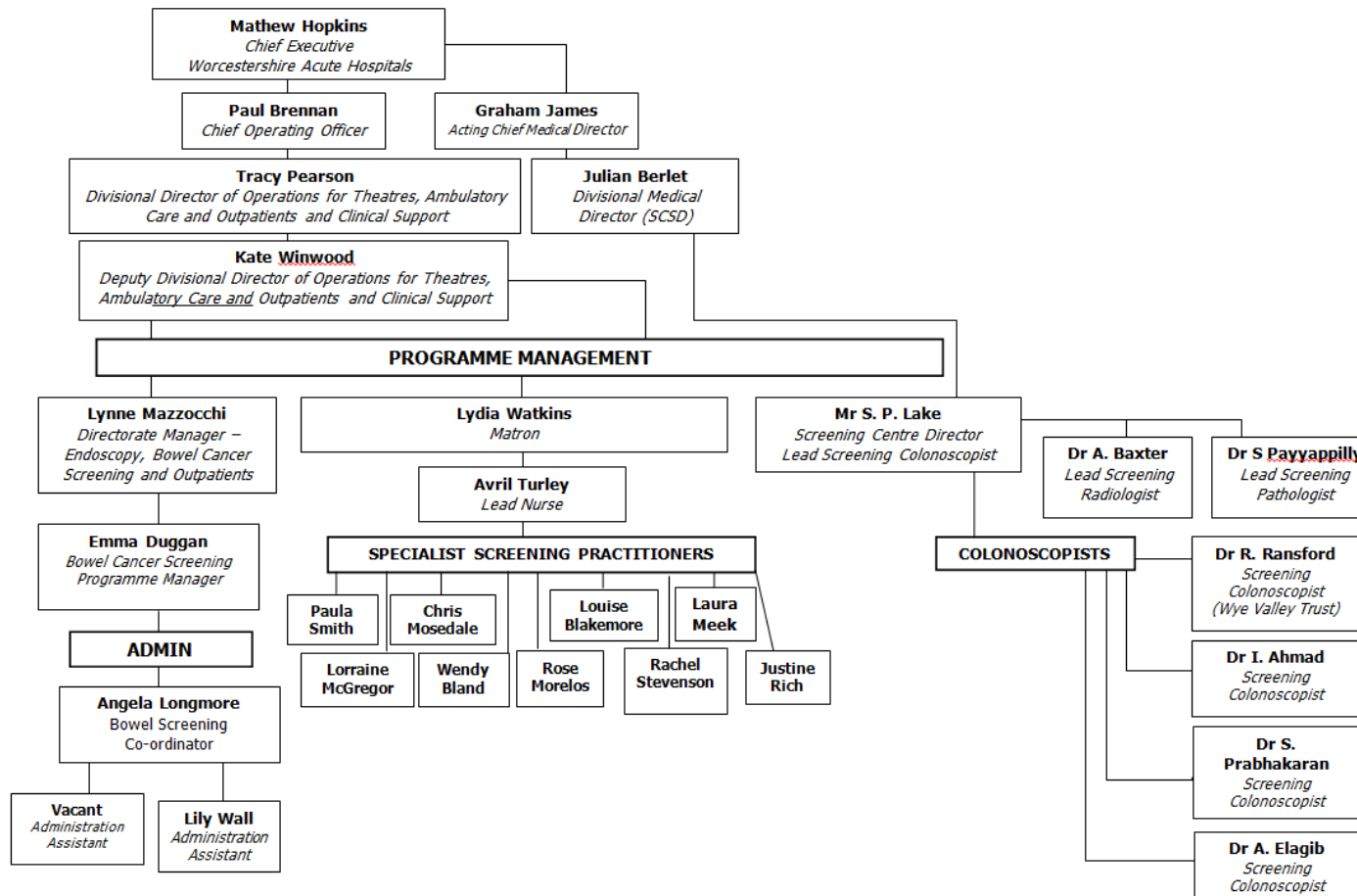
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Appendix 1 – Screening Centre Timetable

Monday	Tuesday	Wednesday	Thursday	Friday
Malvern am SPL 1 x SSP	Malvern am SPL 1 x SSP		Alex am SP 1 x SSP	Malvern am AE 1 x SSP
Malvern pm SPL 1 x SSP	Malvern pm SPL 1 x SSP		Alex pm SP 1 x SSP	Malvern pm AE 1 x SSP
		Hereford pm RR 1 x SSP	Hereford am RR 1 x SSP	Alex am IA 1 x SSP
			Hereford pm RR 1 x SSP	
	MDT (WRH)	MDT (HFD)		
SSP Clinic x2 1x SSP (4pts) 1x SSP (4pts)	SSP Clinic x3 1x SSP (4pts) 1x SSP (4pts)	SSP Clinic x3 1x SSP (4pts) 1x SSP (4pts)	SSP Clinic x2 1x SSP (4pts) 1x SSP (4pts)	SSP Clinic x1 1x SSP (4pts) Surv Clinic x1 1x SSP (4pts)

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Appendix 2 – Herefordshire & Worcestershire Bowel Cancer Screening Programme Management Structure



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**Appendix 3 – Herefordshire & Worcestershire Bowel Cancer Screening Programme
Board Meeting Terms of Reference**

TERMS OF REFERENCE

HEREFORDSHIRE & WORCESTERSHIRE BOWEL CANCER SCREENING

PROGRAMME BOARD

1. Background:

The Herefordshire and Worcestershire Bowel Cancer Screening Programme Board meet quarterly to monitor the performance and quality of the Herefordshire and Worcestershire Bowel Cancer Screening Programme.

2. General Responsibilities of Programme Board:

- To develop a co-ordinated multi-disciplinary approach to the delivery of the local Bowel Cancer Screening Programme.
- To monitor performance of the Bowel Cancer Screening Programme against national and local standards.
- To identify and act on risks associated with the delivery of the Bowel Cancer Screening Programme.
- To ensure appropriate local operational policies are in place with mechanisms in place for responding to new NHS Bowel Cancer Screening Programme national and regional guidance.
- To identify the future development needs and priorities of the bowel cancer screening programme and to advise the commissioners of investment requirements.
- To review recommendations and actions required as a result of the QA team visits and agree an action plan with timescales to address all issues raised.
- To monitor implementation of the agreed action plan for achievement of all QA recommendations within expected timescales.
- To agree an annual report of the Bowel Cancer Screening Programme for distribution to all stakeholders
- To review the contents of the service specification and recommend its agreement via the NHS England/ Acute Trust Contract Management Performance Board.

- To identify the marketing needs of the Bowel Cancer Screening service to ensure adequate programme coverage.

Disclaimer:

Data and information discussed at Programme Board meetings is confidential and is not to be shared outside the responsible commissioning and provider organisations or to be released into the public domain.

3. Accountability and reporting framework:

Key issues of underperformance, risks and incidents that cannot be resolved by the Programme Board will be escalated for action via the appropriate NHS England contract monitoring structures with the lead provider (University Hospitals Coventry & Warwickshire Trust).

Issues relating to the treatment element of the screening pathway will be notified to the appropriate commissioners.

Programme quality and performance will be made available for scrutiny by the Local Authority Director of Public Health.

4. Membership:

The Core Membership of the group will consist of:-

Name	Role/organisation	Email address
Mr Stephen Lake	Consultant surgeon - Worcestershire Acute Hospital Trust	stephen.lake1@nhs.net
Mr Rupert Ransford	Consultant surgeon - Herefordshire Hospitals NHS Foundation Trust	Rupert.ransford@wvt.nhs.uk
Angela Little	Hub Manager - Director Midlands & NW BCSP Hub	Angela.Little@uhcw.nhs.uk
Jasbinder Sangha	Screening and Immunisation Manager- Public Health England	Jasbindersangha@nhs.net
Emma Duggan	Bowel cancer programme manager - Worcestershire Acute Hospital Trust	Emma.Duggan2@nhs.net
Rebecca Whittingham	Senior QA Advisor – Public Health England	Rebecca.Whittingham@phe.gov.uk
Sherin Jos Payyappilly	Consultant Histopathologist - Worcestershire Acute Hospital Trust	sherin.jospayyappilly@nhs.net
Lydia Watkins	Matron - Worcestershire Acute Hospital Trust	lydiawatkins@nhs.net
Avril Turley	Lead Specialist Screening Practitioner	avril.turley@nhs.net
Dr Ash Banerjee	Screening and Immunisation Lead – Public Health England	ashisbanerjee@nhs.net
Jane Fletcher	Screening and Immunisation Coordinator – Public Health England	jane.fletcher5@nhs.net

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Lynne Mazzocchi	Directorate Manager - Endoscopy Service WAHT.	Lynne.mazzocchi@nhs.net
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Other members will be co-opted as and when appropriate:

Dr Sudhakaran Prabhakaran (Prab)	Screening Colonoscopist - Worcestershire Acute Hospital Trust	Sudhakaran.Prabhakaran@ nhs.net
Andy Baxter	Radiologist – Worcestershire Acute Hospital Trust	Andrew.baxter@ nhs.net
Dr. Ishfaq Ahmed	Screening Colonoscopist - Worcestershire Acute Hospital Trust	Ishfaq.Ahmad@ nhs.net
Dr Amul Elagib	Screening Colonoscopist - Worcestershire Acute Hospital Trust	a.elagib@nhs.net

5. Chaired by:

The meeting will be chaired by the Screening and Immunisation Lead or nominated member of the Public Health England Screening and Immunisation Team.

6. Frequency of Meetings:

The group will meet every three months

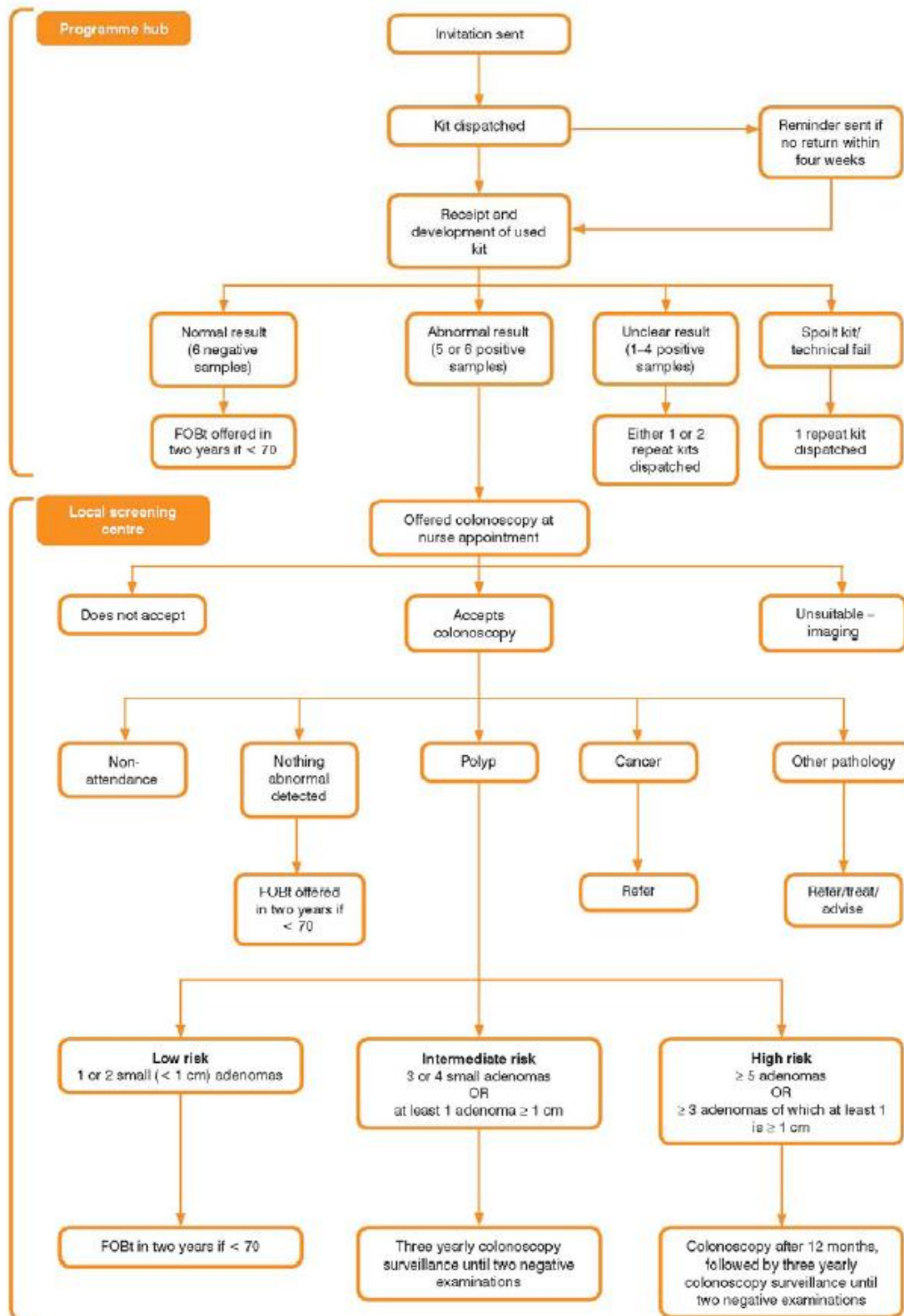
7. Standing Agenda:

- Introductions and Apologies
- Minutes of last meeting / Matters arising
- Provider Performance Reports
 - Performance and Quality Data
 - Compliments and complaints
 - Incidents
 - Update on Service Development Improvement Plans / CQUINs
- QA Update and Recommendations
- Operational Issues
- Risk Register
- Any Other Business
- Date of next meeting

Updated 08/05/201

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Appendix 4 – Bowel Cancer Screening Programme Patient Pathway



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Appendix 5

Herefordshire and Worcestershire Bowel Screening Programme Communication Protocol

Introduction

This protocol sets out the communication arrangements between commissioners and providers of the Herefordshire and Worcestershire Bowel Screening Programme.

Key aim

- Establish openness and transparency in all communication
- Identify escalation processes for programme quality and performance purposes

Roles and Responsibilities

Bowel Screening Programme Manager:

- To report serious incidents to commissioners in line with *Managing Incidents in National NHS Screening Programmes* (<http://www.screening.nhs.uk/incidents>).
First point of contact will be the Screening and Immunisation Team.
- To raise any quality concerns and risks in a timely manner.
- To prepare and report the KPI and Quality Assurance and risk data at the programme board.
- To ensure commissioners are made aware of action plans produced for the Quality Assurance Reference Centre and processes are in place to update on progress.
- To liaise with commissioners regarding service development.

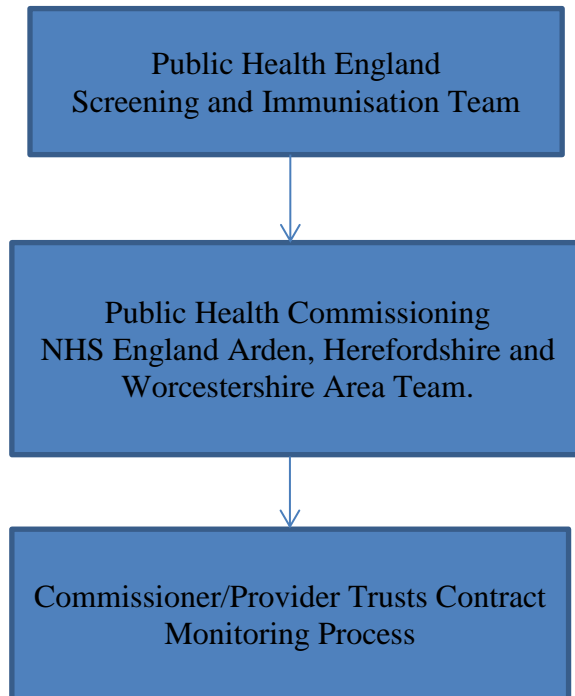
Screening and Immunisation team - Public Health England:

- To work with the Bowel Screening Programme Manager and screening team to resolve any quality concerns.
- To seek feedback on progress of recommendations made by the Quality Assurance Team.
- To ensure serious incidents are reported to the appropriate partners.
- To ensure the programme meets KPI and Quality Assurance standards
- To ensure actions are in place to address quality and performance issues.
- To ensure that NHS England Area Teams are informed of any issues and risks.

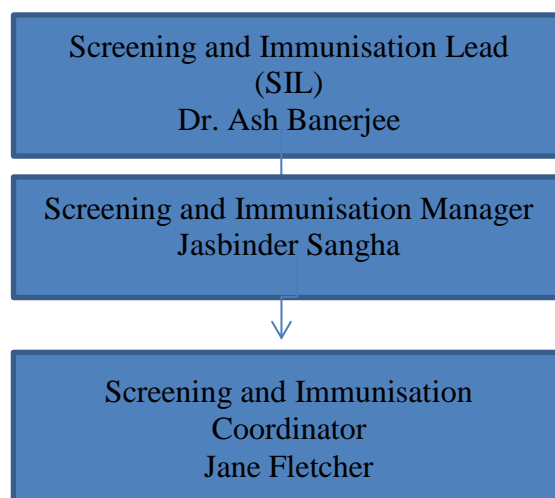
Bowel Screening Programme Board

The Herefordshire and Worcestershire Bowel Screening Programme Board meet quarterly. The programme board is the main forum for formal communication between commissioner and provider. Terms of Reference are in place.

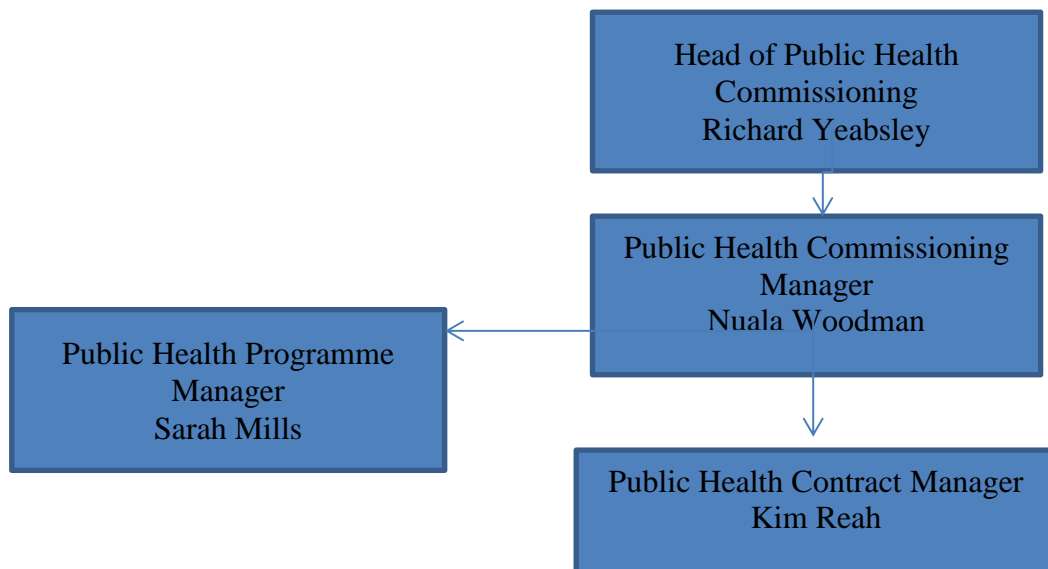
Escalation pathway for unresolved issues:



Team structure of Public Health England for screening and immunisation team:



NHS England Commissioners Team Structure:



Contact Details

Bowel Screening Programme Board

Name	Role	Email
Mr. Lake	Clinical Lead	stephen.lake1@nhs.net
Emma Duggan	Programme Manager	Emma.Duggan2@nhs.net

Public Health England

Wildwood, Wildwood Drive, Worcester, WR5 2LG

Name	Role	Email
Dr Ash Banerjee	Screening and Immunisation Lead	ashisbanerjee@nhs.net
Jasbinder Sangha	Screening and Immunisation Manager- Public Health England	Jasbindersangha@nhs.net
Jane Fletcher	Screening and Immunisation Coordinator	jane.fletcher5@nhs.net

NHS England

Wildwood, Wildwood Drive, Worcester, WR5 2LG

Name	Role	Email
Richard Yeabsley	Head of Public Health Commissioning	Richard.yeabsley@nhs.net
Nuala Woodman	Public Health Commissioning Manager	Nuala.woodman@nhs.net
Sarah Mills	Public Health Programme Manager	Sarahmills8@nhs.net
Kim Reah	Public Health Contracts Manager	Kimberley.reah@nhs.net

Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information and/or Key Document intranet page, which will provide approval and review information.

Appendix 6

HEREFORDSHIRE & WORCESTERSHIRE BOWEL CANCER SCREENING PROGRAMME OPERATIONAL GROUP

TERMS OF REFERENCE

Purpose

The purpose of this group is to work collaboratively in the delivery of the Bowel Cancer Screening Programme to the eligible population of Herefordshire and Worcestershire.

Aims

The aims of the group are:

- To ensure the Herefordshire and Worcestershire Bowel Cancer Screening Centre operates in accordance with the guidance and Quality Assurance (QA) standards of National Cancer Screening Programmes.
- To review quarterly performance monitoring data against the QA standards, discussing reasons for any deviance and agreeing any necessary actions.
- To undertake a multi-disciplinary discussion of unusual cases.
- To review and implement updated guidance from the National Cancer Screening Programmes.
- To review and update the Quality Management System (QMS) of the Herefordshire and Worcestershire Screening Centre.
- To discuss any issues felt to be appropriate to the screening centre.

Membership

The current membership is:-

Member	Role
Mr Stephen Lake	Screening Centre Director / Lead Screening Colonoscopist
Dr Ishfaq Ahmad	Screening Colonoscopist
Dr Sudhakaran Prabhakaran	Screening Colonoscopist
Dr Rupert Ransford	Screening Colonoscopist
Dr Andrew Baxter	Lead Radiologist for BCSP
Sherin Jos Payyappilly	Lead Histopathologist for BCSP
Mrs Lynne Mazzocchi	Directorate Manager – Endoscopy & Bowel Cancer Screening

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Lydia Watkins	Matron for BCSP
Emma Duggan	BCSP Manager
Mrs Avril Turley	Lead Specialist Screening Practitioner (SSP)
Mrs Paula Smith	Specialist Screening Practitioner (SSP)
Miss Lorraine McGregor	Specialist Screening Practitioner (SSP)
Mrs Louise Blakemore	Specialist Screening Practitioner (SSP)
Mrs Chris Mosedale	Specialist Screening Practitioner (SSP)
Mrs Justine Rich	Specialist Screening Practitioner (SSP)
Mrs Rachel Stevenson	Specialist Screening Practitioner (SSP)
Mrs Rose Morelos	Specialist Screening Practitioner (SSP)
Mrs Angela Longmore	BCSP Co-ordinator
Miss Lily Wall	BCSP Administration Assistant

Other staff may be invited to attend as required.

Frequency

The group will meet on a 6 monthly basis. Ad hoc meetings can be scheduled as necessary.

Record of Business

Minutes of Operational Meetings shall be produced and circulated to members of the Operational Group following each meeting.

Agendas and associated papers shall be sent out approximately 7 working days before the meeting.

Review Period

The membership and terms of reference will be reviewed in line with the operational policy.

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