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| Local Action Plan for NBOCA State of the Nation Report 2024 recommendations |
| The provider should complete the following details to allow for ease of review |
| Audit title & aim: | National Bowel Cancer Audit (NBOCA)To assess the process of care and its outcomes in patients with bowel cancer |
| NHS organisation: |  |
| Audit lead: |  |
| Action plan lead: |  |

When making your action plan, make sure to keep the objectives SMART – Specific, Measurable, Assignable, Realistic, Time-related

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| **Key 1 (for the action status)** |
| 1. Awaiting plan of action
2. Action in progress
3. Action fully implemented
4. No plan to action recommendation (state reason)
5. Other (provide information)
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| **Key 2 (for the action priority)** |
| High: requires urgent attention (local audit)Medium: requires prompt action (consider local audit)Low: requires no immediate action (or local audit) |

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|  | **Action activities** |
| **No.** | **Recommendation** | **Suggested Actions** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)**  |
| **1** | Providers to improve data completeness of key items in nationalcancer registration datasets to allow risk-adjustment ofperformance indicators. Data items of focus: tumour,node and metastases (TNM) stage, American Societyof Anaesthesiologists’ (ASA) grade and performancestatus. | * *Providers to identify a data lead responsible for ensuring the quality of national data submissions.*
* *National Disease Registration Service (NDRS) regional Data Liaison Managers to support trusts/multidisciplinary teams (MDTs) with coding, data entry, and quality assurance for the Cancer Outcomes and Services Dataset (COSD).*
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|  | **Action activities** |
| **No.** | **Recommendation** | **Suggested Actions** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)**  |
| **2** | Providers to increase the proportion of people who are offered mismatch repair (MMR) assessment to identify those with Lynch syndrome and inform surgical decision making, and systemic treatments. | * *Providers to ensure timely access to assessment of MMR status as part of the NHS England Lynch syndrome testing and surveillance pathways. Providers to identify and address barriers to timely MMR assessment.*
* *Ensure that documentation at MDT meetings includes whether people are offered an MMR assessment and their MMR status, along with detailed reasons for not offering the assessment.*
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| **3** | Providers to increase the proportion of people who have their ileostomy closed within 18-months of anterior resection for rectal cancer. | * *Providers to identify system-level (e.g. access to theatre/radiological investigations) and patient-level drivers of delayed ileostomy closure.*
* *Providers to participate and engage with the local and national quality improvement initiatives to enable more timely reversal of ileostomy. Quality improvement initiatives should provide a streamlined pathway for timely and safe ileostomy closure with regular feedback on performance to the wider MDT.*
* *Quality improvement initiatives should be designed using a framework such as the Plan-Do-Study-Act cycle. Further quality improvement resources can be found* [*here*](https://www.nboca.org.uk/quality-improvement/)*.*
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|  | **Action activities** |
| **No.** | **Recommendation** | **Suggested Actions** | **Responsible individual(s)** | **Agreed deadline** | **Status (Key 1)** | **Priority (Key 2)**  |
| **4** | Reduce variation between trusts/MDTs in the use of chemotherapy for people with Stage 3 colon cancer to optimise cancer survival while maintaining low levels of acute severe toxicity.  | * *Trusts/MDTs to ensure evidence-based chemotherapy policies are in place.*
* *Providers to identify and address barriers to timely access to adjuvant chemotherapy.*
* *Encourage the utilisation of appropriate risk stratification tools for severe acute toxicity from chemotherapy including frailty scoring, and integration of geriatric expertise and rehabilitation into shared chemotherapy decision making.*
* *Ensure documentation of whether patients eligible for SACT are offered it and reasons for not offering, if appropriate.*
* *Support the delivery of acute oncology services to optimise the care delivered to people who experience acute toxicity.*
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| **5** | Understand variation in the utilisation of neo-adjuvant radiotherapy for people with rectal cancer to optimise their outcomes. | * *Cancer Alliances to develop standardised evidence-based neo-adjuvant treatment protocols based on high-quality radiological staging. This will aid decision making and take into account locoregional approaches to neoadjuvant therapy, incorporating organ preservation techniques and participation in clinical trials.*
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The NBOCA welcome your feedback on this quality improvement template to be used in conjunction with the NBOCA State of the Nation Report 2024 provider level results and quality improvement resources presented on our website.

Please contact the NBOCA team nboca@rcseng.ac.uk if you have any questions related to your results, data collection or service improvement.

**References**

1. National Bowel Cancer Audit (NBOCA) State of the Nation Report 2025 London: National Cancer Audit Collaborating Centre, Royal College of Surgeons of England, 2025.