



Public Health
England



Screening Quality Assurance visit report

**NHS Cervical Screening Programme
Bradford Teaching Hospitals NHS
Foundation Trust**

19 June 2018

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

Tel: 020 7654 8000 www.gov.uk/phe

Twitter: [@PHE_uk](https://twitter.com/PHE_uk) Facebook: 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 better 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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Prepared by: Screening QA Service (North).

For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net



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Executive summary

The NHS Cervical Screening Programme invites women between the ages of 25 and 64 for regular cervical screening. This aims to detect abnormalities within the cervix that could, if undetected and untreated, develop into cervical cancer.

The findings in this report relate to the quality assurance visit of the Bradford Teaching Hospitals NHS Foundation Trust screening service held on 19 June 2018.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in cervical 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 North regional SQAS as part of the visit process

Local screening service

The area served by Bradford Teaching Hospitals NHS Foundation Trust has an eligible population of approximately 129,000 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation. 63.9% of the population in Bradford identify themselves as White British, compared with the England average of 79.8%. The second largest ethnic group is Pakistani (20.3%).

NHS England North (Yorkshire and the Humber) West Yorkshire Locality Team has the commissioning responsibility for the cervical screening programme at Bradford Teaching Hospitals NHS Foundation Trust. NHS Bradford District Clinical Commissioning Group (CCG) and NHS Bradford City CCG are the contract holders for colposcopy services.

Colposcopy and histology service are provided at Bradford Royal Infirmary Hospital.

Findings

This is the fifth QA visit to this service. The service is well organised and the team members are engaged and motivated.

The service has experienced some challenges with staffing and capacity, but they have implemented effective processes for monitoring and escalation to improve performance against standards.

One recommendation from the previous visit has not yet been addressed. This relates to an audit schedule in histopathology.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 15 high priority findings, which related to 5 main themes. These are summarised below:

- inadequate colposcopy IT database and pathology IT system for data capture of key performance indicators
- commissioned pathway arrangements for NHSCSP test of cure cervical sampling requires review
- lack of formalisation of role and sessional commitment for lead histopathologist and designated sessional commitment for lead colposcopy nurse
- histopathology service are not meeting key performance indicators for turnaround times for cervical histology specimens
- colposcopy service are not meeting key performance indicator for the offer of a colposcopy appointment within 6 weeks of referral

Shared learning

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

- NHS England commissioners have quarterly public health specific contract meeting with the Trust
- screening and Immunisation Team have locality based health inequality plans working with NHS and local authority partners
- lead colposcopy nurse is engaged with improving screening coverage in primary care and training sample takers

- colposcopy audit schedule is focused, with outcomes that lead to real change and quality improvement
- high quality histopathology tracking system for cervical specimens
- good colposcopy administration procedures in place

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	NHS England commissioner should review the pathway for test of cure cervical sampling with the CCG commissioners and service provider to ensure that it best meets the needs of the local population	6	6 months	High	Outcome of review
2	Make sure the cervical screening provider lead has accountability to the chief executive officer	3	6 months	High	Accountability structure
3	Make sure the arrangements for cervical screening provider lead role meet the requirements of national guidance	3	6 months	Standard	National guidance has been reviewed and any change requirements identified
4	Ensure that the national invasive cancer audit data collection is up to date	4	6 months	High	Register backlog of cases and completion of cases for time period April 2015 to December 2017
5	Establish a protocol for the completion of the invasive cervical cancer audit	4	6 months	Standard	Protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit and audit offer of disclosure	8,4	6 months	Standard	Ratified policy, audit results and any actions taken
7	Make sure that all staff including those in histopathology working within the NHS Cervical Screening Programme are aware of and have signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	6	3 months	Standard	Evidence of sign up
8	Audit pathway for women offered opportunistic cervical sampling within the Trust and ensure that there is a process for the issue of results letter	8	6 months	High	Audit and protocol
9	Update Trust incident policy to include reference to managing screening incidents in accordance with 'Managing Safety Incidents in NHS Screening Programmes'	5	6 months	Standard	Ratified policy
10	Clarify the CPA/UKAS accreditation status for histopathology laboratory	7	3 months	Standard	Confirmation of accreditation
11	Ensure that the NHS Cervical Screening Programme (NHSCSP) lead histopathologist has a job description with defined sessional allocation within the job plan for the role	6	3 months	High	Job description and sessional allocation in job plan
12	Define the lines of accountability for the histopathology service	6	3 months	High	Departmental organisation chart
13	Ensure that the lead colposcopist has a clear job description in place with lines of accountability	6	6 months	Standard	Job description

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Make sure the lead colposcopy nurse for cervical screening has designated sessions to fulfil the role	6	6 months	Standard	Confirmation of agreed sessions

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Document the procedure for local induction for locum histopathology staff	7	6 months	Standard	Standard operating procedure
16	Implement a plan to sustainably improve and maintain turnaround times for NHSCSP samples	7	12 months	High	Plan
17	Develop a policy to check the suitability of any outsource provider to complete NHSCSP work	6	6 months	High	Policy
18	Ensure that the replacement pathology IT system can generate the NHSCSP key performance indicators and individual performance data	6	12 months	High	Project plan and projected timeline for implementation of IT system
19	Ensure there is a documented process to securely provide histopathology results to Leeds cytology laboratory	7	3 months	High	Standard operating procedure
20	Update the histopathology reporting standard operating procedure with systematised nomenclature of medicine clinical terms (SNOMED) coding	7	3 months	Standard	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Develop and implement a formal annual audit schedule for NHSCSP work in histopathology	7	6 months	Standard	Schedule of audits
22	Define a policy on how to incorporate new guidance into laboratory practice	25	3 months	Standard	Policy

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure that all colposcopists have a qualified nurse in each colposcopy room with a second trained member of staff within the department available at all times	8	6 months	Standard	Confirmed appropriate nursing staff
24	Review nurse-led test of cure cervical sampling clinics to agree best future pathway with the CCG and NHS England commissioner	8	6 months	Standard	Outcome of review
25	Ensure cross cover arrangements are in place for colposcopy administration staff	6	6 months	Standard	Confirmation of cross cover arrangements
26	Make sure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25	6	12 months	High	Implementation date of new colposcopy IT system
27	Update the local colposcopy clinical guidelines to fully detail current Trust practice and NHSCSP guidance	8	6 months	Standard	Ratified updated guidelines
28	Audit outcomes of women with CIN2 who have been conservatively managed	8	6 months	High	Results of audit and any actions taken

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Increase detail in documentation about local safety standards for invasive procedures in colposcopy checklists	10	3 months	High	Revised standard operating procedure
30	Make sure colposcopy discharge notifications are sent to PCSE at least monthly	11	3 months	Standard	Standard operating procedures, submission dates
31	Make sure there is a process to inform the cytology laboratory of women who did not attend colposcopy	6	3 months	Standard	Standard operating procedures
32	Ensure all colposcopists are following the national HPV triage and test of cure protocol	8	12 months	Standard	Audit to demonstrate compliance, data September 2018 to March 2019
33	Implement and monitor a plan to achieve 99% all referrals offered a colposcopy appointment within 6 weeks of referral for colposcopy waiting times	6	12 months	High	Agreed action plan with evidence of regular monitoring
34	Make sure women consistently receive their results within 8 weeks of their attendance	8	6 months	Standard	Agreed action plan with evidence of regular monitoring, data April 2018 to September 2018
35	Update Trust patient leaflets and Trust post-treatment patient leaflets to include standardised translated text in other languages and named contact in colposcopy	9	6 months	Standard	Revised ratified leaflets

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Develop a Trust MDT policy to define processes, including case selection criteria	8	3 months	High	Policy