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England



Protecting and improving the nation's health

# Quality Assurance Report

## Coventry and Warwickshire Cervical Screening Programme

### University Hospitals of Coventry and Warwickshire NHS Trust Cervical Screening Programme visit on 9 March 2016

V1.0 / July 2016

**Public Health England leads the NHS Screening Programmes**

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## 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 four 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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[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

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# Purpose of the QA team visit

The purpose of the QA team visit is to:

1. Assess the performance and organisation of cervical screening programme services against NHS Cancer Screening Programmes national standards
2. Share the good practice observed in cervical screening services
3. Provide an opportunity for the QA Team to observe the facilities within which the service operates
4. Give staff an opportunity to raise any concerns or issues which they may have
5. Assess the links and communication between different parts of the cervical screening programme
6. Allow the QA Team to make recommendations as indicated through the data reviewed and the pertinent information gleaned before and at the visit.

The contents of this report and the data used have been taken from the following sources:

1. Standard cervical screening outcome measures data
2. Information from the QA Team visit pre-visit questionnaires which are completed by lead staff from each professional area of the cervical screening service prior to the QA Team visit
3. Additional information requested on the QA Team visit checklists supplied with the pre-visit questionnaire
4. Information from questionnaires sent to individual staff members
5. The findings from pre-visits and potential attendance at a cervical screening multi-disciplinary team (MDT) case discussion meeting
6. Information shared with the QA Team at the individual professional review meetings.

The effectiveness of the QA Team visit is dependent upon the openness of the service to share all necessary information in a frank and complete manner. At no time during the QA Team visit does the QA Team formally audit the everyday use of systems of work, policies and procedures.

QA Team visit reports will be sent to the appropriate chief executives and commissioners and should be considered at executive Board meetings, or equivalent, and at appropriate clinical governance fora.

Providers and commissioners are responsible for the satisfactory completion of all recommendations. The East and West Midlands Screening QA Service will follow up progress with achievement of the recommendations at regular intervals.

# Organisation and Participants

## Coventry and Warwickshire Hospitals NHS Trust

University Hospital  
Clifford Bridge Road  
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Coventry  
CV2 2DX

Area Team Representative      Ms Nina Morton, Screening and Immunisation Manager

Hospital Trust Representative      Mr Richard De Boer, Deputy Chief Medical Officer

<b>Professional Group</b>	<b>QA Team Representative(s)</b>	<b>Service Representative(s)</b>
Hospital-based Co-ordination	Ms Philippa Pearmain Miss Claire Lawlor	Mrs Valerie Ross-Gilbertson
Biomedical Science and HPV Testing	Mrs Angela Brown Dr Elizabeth Boxall	Mr Lee Gregory Mrs Clare McKay Ms Teresa Shepherd
Pathology	Dr Thomas Giles Ms Philippa Pearmain	Dr Sarah Read-Jones (Coventry) Dr Sri Mallur (Warwick)
Colposcopy	Mr Charles Redman Miss Claire Lawlor	Mr Mark Dunderdale
Colposcopy Nursing	Ms Joanne Underhill	Ms Lynn Connor
QA Team Visit Administration	Mrs Hannah Roman, QA Officer, Screening QA Service, Midlands and East.	
Screening QA Service Observers	Mrs Jane Woodland, Regional Head of Screening QA (Midlands and East) Ms Alison Mayer, QA Advisor (South)	

# Executive Summary

The findings in this report relate to the quality assurance (QA) review of the University Hospitals of Coventry and Warwickshire NHS Trust cervical screening programme held on 9 March 2016.

## 1. Description of local screening programme

The cervical screening programme delivered by the University Hospitals of Coventry and Warwickshire NHS Trust comprises two colposcopy clinics located at the University Hospital Coventry and Rugby St Cross Hospital sites. Cytology, human papilloma virus (HPV) and histopathology services are delivered on-site at University Hospital Coventry with histopathology also being undertaken at the Warwick Hospital. These laboratory services are provided by Coventry and Warwickshire Pathology which is hosted by the University Hospitals of Coventry and Warwickshire NHS Trust. The services delivered form part of the wider Coventry and Warwickshire Cervical Screening Programme which includes services provided by George Eliot Hospital NHS Trust and the South Warwickshire NHS Foundation Trust.

The NHS England (West Midlands) team has overall responsibility for commissioning the cervical screening activities carried out by the Trust.

## 2. Key findings

The findings from this QA visit demonstrate a well-established multi-disciplinary service across the programme. An active culture of quality improvement, scrutiny of performance and identification of areas for continuous improvement is apparent in many areas from the evidence submitted for the visit and the discussions that took place. There is a robust governance structure in place for the overall programme to facilitate escalation and reporting to the Trust. There are new arrangements for the histology service since the last QA visit, and these need further clarification (see below). There are a small number of recommendations that have been made that reflect the same or similar recommendations made at the last QA visit in April 2012, and it is important that these are addressed and the changes embedded into the service.

An overview of the short term recommendations made is included below. For a complete list of the detailed recommendations please refer to the table on pages 13 to 20.

### 2.1 Shared learning

There were many areas of good practice identified by the QA Team, which are detailed in full on pages 9 and 10, but in particular:

- the standardised approach to the role of hospital-based programme coordinator across the three hospital Trusts which form the Coventry and Warwickshire Cervical

Screening Programme, including the introduction of an innovative appraisal/role review template

- the laboratory has fully embedded ‘lean’ management principles
- the delivery of the HPV testing service within the cytology department is well embedded with active collaboration with the microbiology service
- the overall achievement of national colposcopy performance standards and the monitoring processes in place for the data related to colposcopy performance
- the colposcopy service delivers a Saturday clinic which offers increased flexibility for patients

### 2.2 Immediate concerns for improvement

There is one immediate recommendation made which is IT-related and refers to the lack of access to the colposcopy database for colposcopy staff. This creates a patient management and failsafe issue as well as an information governance risk. An immediate resolution needs to be identified and implemented and confirmation required by 29 March 2016.

### 2.3 High priority issues

Overall, the high priority issues for the service are IT-related and ensuring that the recommendations that are repeated or linked to recommendations made at the last visit are fully addressed, as well as the need to clarify the accountability, responsibility and leadership arrangements for the cervical histology service. The areas of focus are covered in the recommendations detailed in pages 13 to 20.

## 3. Key recommendations

17 recommendations are specified as short term (to be completed within three months) and a further nine (classified as medium term) should be completed within six months of the date of this report. The immediate and short term recommendations are detailed in full on pages 13 to 18 but are summarised in the table below:

<b>Timescale</b>	<b>Theme</b>	<b>Brief description of recommendation(s)</b>
Immediate and short term	Infrastructure and service delivery	Resolution to the issues identified with local access (for colposcopy staff) and remote access (for the Screening QA Service staff) to the colposcopy database (R1.1, R3.14)
Short term	Service delivery and quality	A review of the current arrangements for the resource and support to the hospital-based coordinator for work related to the invasive cervical cancer audit is required (R3.2)
Short term	Governance	The accountability and leadership arrangements for the cervical histology service need to be clarified along with the arrangements for assessing the suitability of locum histopathologists. Additionally, formal appointment of the lead colposcopist is required (R3.3, R3.4, R3.12)

<b>Timescale</b>	<b>Theme</b>	<b>Brief description of recommendation(s)</b>
Short term	Quality	Additional quality control checks within the cytology laboratory, in respect of sample labelling and slide preparation, are required (R3.7, R3.8)
Short term	Service delivery and quality	Updates to standard operating procedures and guidance documents is required (R3.10, R3.11, R3.15)
Short term	Service delivery and quality	Recommendations related to colposcopy MDT meetings include ensuring adequate attendance by all colposcopists and histopathology representation; processes for the overall organisation of the meetings and for identifying/selecting cases for the meetings (R3.5, R3.6, R3.13)
Short term	Governance	A robust mechanism for alerting the laboratory and the general practice in the event a trainee sample taker has not completed all elements of the required training within the specified period (R3.9)
Short term	Service delivery and quality	Validation of colposcopy data in respect of specific national standards, including minimum workload (R3.13, R3.16)

#### **4. Next steps**

The University Hospitals of Coventry and Warwickshire NHS Trust is responsible for developing an action plan to ensure completion of the recommendations contained within this report, in line with the specified deadlines. It is noted that the internal reporting structure for the cervical screening programme outlines that the hospital-based programme coordinator reports into the Trust's Quality Governance Committee which will have oversight of the action plans to address the issues raised.

The NHS England Screening and Immunisation Team will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented. The Screening QA Service, in conjunction with the QA professional and clinical advisors (PCAs), will work with the Trust and commissioners to support this process.