Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme
Bedford Hospital NHS Trust

7 February 2017

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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Executive summary

Women between the ages of 25 and 64 are invited for regular cervical screening under the NHS Cervical Screening Programme (NHS CSP). This is intended 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 (QA) review of the Bedford Hospital NHS Trust cervical screening service held on 7 February 2017.

Quality assurance purpose and approach

QA aims to maintain minimum 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

Since April 2013, commissioning of cervical screening for the Bedford population has been undertaken by the Midlands and East (Central Midlands) Screening and Immunisation Team (SIT).

The Bedford Hospital NHS Trust cervical screening programme (the programme) provides screening services for women served by the Bedfordshire clinical commissioning group (CCG). The cervical screening eligible population (25 to 64 year old women) for Bedfordshire is approximately 130,000.

Bedford Hospital NHS Trust provides cervical cytology, human papillomavirus (HPV) testing, histopathology and colposcopy services as part of the NHS Cervical Screening Programme. The cytology, HPV and histology services at Bedford Hospital are delivered by Viapath with all the laboratory staff, screening staff and administrative staff

employed by the private company. The consultant staff are employed by Bedford Hospital NHS Trust.

The cytology and HPV service also makes direct colposcopy referrals to one other local Trust, Luton and Dunstable University Hospital NHS Foundation Trust.

The Trust is taking part in the government's Sustainability and Transformation Plan (STP) process. This is a five-year plan, which sets out steps through which local organisations should deliver sustainable, transformed health services. Bedford Hospital NHS Trust is working with Luton and Dunstable University Hospital NHS Foundation Trust and Milton Keynes University Hospital NHS Foundation Trust to develop the STP for the area. It is currently unclear what impact this re-structuring may have on the cervical screening programme at Bedford Hospital NHS Trust.

Findings

This is a cervical screening service with a team of proactive and engaged staff working collaboratively across all disciplines to provide a good quality and reliable service, as evidenced by performance against the majority of national cervical screening standards.

However, the colposcopy service is about to experience the loss of two key members of staff which raises imminent colposcopy service leadership and service provision issues. This requires urgent attention by the Trust.

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 9 February 2017 asking that the following item be addressed within seven days. Action plan describing how the colposcopy service will be provided, and led from the beginning of March 2017 to include:

- lead colposcopist role
- lead colposcopy nurse role
- clinical provision (including staffing schedules, induction/training arrangements and provision for multi-disciplinary team (MDT) attendance)
- management and administration activities carried out by the service leads and plans for time allocations, handover and training

A response was received within seven days, which provided information on the Trust plans to mitigate the identified risk. The QA team has requested further evidence, some of which is still awaited at the time of publication of this report. The immediate recommendation is therefore not complete.

High priority

The QA visit team identified eight high priority findings as summarised below:

- annual and six monthly reporting to a senior Trust governance committee has not been established
- an invasive cervical cancer audit and disclosure policy has not been established
- not all colposcopy staff are aware of how to identify incidents or potential incidents and that they need to bring them to the attention of the hospital-based cervical screening programme co-ordinator (HBPC)
- there is no process to ensure colposcopy risks are placed on the relevant risk registers
- national standards for turnaround of cervical histology specimens are not met
- the need to establish adequate trained colposcopy provision to mitigate the departure of the nurse colposcopist and to cover the lead colposcopist's secondment (linked to the immediate recommendation)
- there are no call bells within the colposcopy clinic area in case of emergency
- colposcopy attendance at MDT meetings does not meet the national standard

Shared learning

The review team identified several areas of practice that are worth sharing:

- the Trust has incorporated the national screening incident management policy into its local incident policy
- there is a streamlined governance structure linking Viapath and the Bedford Hospital NHS Trust
- there are daily multi-headed microscope sessions in histology to review cancers and difficult cases
- there is a clear audit trail maintained of the person involved and the microtome used when cutting histology specimens
- there are minuted daily cytology huddle meetings with prompt escalation of issues
- comprehensive data checking of cervical screening results sent to the call and recall office is in place
- there is a proactive approach to multi-skilling cytology staff to improve staff retention
- active assessment of quality control for HPV testing is embedded and appropriate actions taken on results
- digitally-enhanced films from colposcopy examinations are shown at the MDT meeting to aid decision making
- innovative colposcopy audits have taken place
- there is a comprehensive tracking system for colposcopy specimens between the clinic and the laboratory

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.1	Establish annual and 6 monthly reporting to a senior Trust governance committee	1	3 months	High	Documents detailing the arrangements agreed, a copy of the first report given and minutes of the meeting where it was presented
R3.2	Establish a Trust policy on the audit and disclosure of invasive cervical cancer audit results to women	2	3 months	High	Copy of the Trust-ratified audit and disclosure policy
R12.1	Disclosure of invasive cervical cancer audit in place	2	12 months	High	Copy of the report from the first annual disclosure audit undertaken. The findings and any actions taken as a result
R3.3	Ensure that all colposcopy staff are aware of the mechanism for identifying and reporting incidents or potential incidents related to cervical screening activities and bringing them to the attention of the hospital-based programme co-ordinator (HBPC)	1	3 months	High	Documentation such as standard operating procedures (SOPs), demonstrating the agreed process and meeting minutes at which staff have been made aware
R3.4	Establish a process for ensuring that all risks are captured on relevant Trust risk registers	1	3 months	High	Documents detailing the process agreed

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.5	Nominate a deputy for the lead histopathologist role	1	3 months	Standard	Details of nominated deputy
R3.6	Identify human papilloma virus (HPV) pathway manager and document in job description	1	3 months	Standard	Name of HPV pathway manager and copy of job description
R3.7	Nominate a deputy for the lead nurse role	1	3 months	Standard	Details of nominated deputy
R3.8	Lead colposcopist job description approved by the Trust, including a designated time allocation	3	3 months	Standard	Copy of the approved lead colposcopist job description
R3.9	Update organisational chart showing colposcopy accountability within the Trust	1	3 months	Standard	Copy of the revised chart

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.10	Update back up policy for laboratory computer system	4	3 months	Standard	Copy of the updated back up procedure
R3.11	Update the poor performance procedure to be more specific on definitions and actions taken	4	3 months	Standard	Copy of the updated poor performance procedure
R3.12	Update Bedford Hospital NHS Trust service level agreement for collecting cervical samples from GP practices	1	3 months	Standard	Copy of the updated service level agreement

Sample taker register

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.13	Commissioners and the laboratory to document the responsibilities and arrangements for the sample taker register	1	3 months	Standard	Documentation detailing responsibilities and arrangements for sample taker register
R6.1	Provide feedback by individual sample taker on reporting profiles, workload, and error rates	1	6 months	Standard	Documents showing that individual sample taker feedback is provided

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R3.14	Audit the usefulness of 2 levels on loop excisions as it is in excess of the national guidance	5	3 months	Standard	The audit report and details of the action taken as a result
R3.15	Demonstrate that proforma for loop excision specimens contains all the data items in the national guidance and audit a selection of cases to ensure the standard is met	6	3 months	Standard	Proforma containing all data items in line with national guidance and copy of audit
R3.16	Prioritise cervical histology specimens and take action to meet national turnaround time standards (80% of specimens reported in 7 days and 90% in 10 days)	5	3 months	High	Data showing that cervical histology specimens are being reported in line with national standards
R6.2	Cervical histology specimen turnaround times meet national standards	5	6 months	High	Data showing that cervical histology specimens are being reported in line with national standards and this is being maintained

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R1.1	Action plan describing how the colposcopy service will be provided and led from the beginning of March 2017	3	1 week	Immediate	Copy of agreed action plan effective from the beginning of March 2017
R3.17	Establish appropriate level of trained colposcopists and nursing support to run the colposcopy service so that it meets national standards. Along with clear clinical and nursing leadership arrangements, including induction	3	3 months	High	QA visit dataset showing that colposcopy standards are being met by the service and individuals. Details of finalised leadership arrangements and induction processes
R3.18	All colposcopy clinics to be staffed by 2 nurses (excluding the colposcopist) and contingency plans in place to ensure the provision of adequate nursing cover during periods of leave	3	3 months	Standard	Documentation of colposcopy nursing cover arrangements. Evidence of clinic staffing over a 3 month period which shows that all clinics were staffed by 2 nurses
R3.19	Ratify updated colposcopy guidelines and include the conservative management of cervical intraepithelial neoplasia (CIN)2	3	3 months	Standard	Copy of ratified colposcopy guidelines
R3.20	Allocate all colposcopy clinics on hospital administrative systems to colposcopists practicing at the Trust	3	3 months	Standard	Data showing that all clinics are allocated to a colposcopist practicing at the Trust
R3.21	Document colposcopy clinic nursing and operational arrangements in local guidelines, including arrangements for handling emergencies in clinic	3	3 months	Standard	Copy of the local guidelines

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.3	Meet and maintain the standard that 90% of results are sent to women within 4 weeks and 100% within 8 weeks of their colposcopy appointment	3	6 months	Standard	Data demonstrating sustained achievement of the standards for issuing colposcopy results
R6.4	Carry out audits against national standards for: • proportion of women treated at first visit with evidence of high grade disease • biopsies taken in women with persistent low grade cytology over 2 years • proportion of women biopsied who have treatment within 4 and 8 weeks	3	6 months	Standard	Audit reports and details of the actions taken as a result
R3.22	Include the cervical screening result in patient invitation/appointment letter	7 and 8	3 months	Standard	Copies of the letters
R3.23	Provide emergency call bells in changing and recovery areas	3	3 months	High	Confirmation that call bells have been installed

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
R6.5	Each colposcopist attends at least 50% of colposcopy MDT meetings	3	6 months	High	Copies of MDT attendance registers for 6 months
R3.24	Ratify the draft MDT protocol/guidelines	3	3 months	Standard	Copies of the ratified guidelines
R6.6	Audit the correlation between laboratory and colposcopy case identification to ensure all cases are being discussed	3	6 months	Standard	A copy of the audit and actions taken as a result

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within this report.

SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months following the issuing of the final report. After this point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.