Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

5 July 2017

Public Health England leads the NHS Screening Programmes

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG
Tel: 020 7654 8000 www.gov.uk/phe
Twitter: @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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Twitter: @PHE_Screening Blog: phescreening.blog.gov.uk
Prepared by: Screening QA Service (North).
For queries relating to this document, please contact: phe.screeninghelpdesk@nhs.net

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Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	No	To be addressed in report on call/recall due in 2017
Workforce	Yes	
IT and equipment	Yes	
Commissioning	No	To be addressed in report due in 2017
Leadership and governance	Yes	
Pathway		
Cohort identification	No	To be addressed in report on call/recall due in 2017
Invitation and information	No	To be addressed in report on call/recall due in 2017
Testing	No	Addressed in Sheffield Teaching Hospitals NHS Foundation Trust cervical screening QA visit report 10 May 2017
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

Executive summary

The NHS Cervical Screening Programme (NHSCSP) 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 (QA) visit of the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust screening service held on 5 July 2017.

QA purpose and approach

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 collected during pre-review visit to the hospital based programme co-ordinator on 20 June 2017
- information shared with the North regional SQAS as part of the visit process

Local screening service

The area served by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust has an eligible population of approximately 105,000 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation.

The programme is provided by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. It is commissioned by NHS England North – South Yorkshire and Bassetlaw Locality Team. The colposcopy service is contracted by Doncaster Clinical Commissioning Group (CCG).

There are 2 colposcopy clinics within the trust located at Doncaster Royal Infirmary and Bassetlaw Hospital. The histopathology service is delivered from Doncaster Royal Infirmary.

Findings

This is the fourth QA visit to this service. The cervical screening service provided by colposcopy has received positive patient feedback. There are several areas within governance and trust management that were highlighted at the QA visit in 2013 that still need improvement. The trust have recently appointed a new hospital based programme coordinator (HBPC) and the trust anticipate that this appointment will support the implementation of stronger governance processes.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 9 high priority findings as summarised below:

- ensure the hospital based programme co-ordinator (HBPC) has an agreed job description that includes accountability to the chief executive officer, dedicated time and administrative support
- establish a protocol for the completion of the invasive cervical cancer audit
- implement a ratified policy for the offer of disclosure of invasive cervical cancer audit and patient information leaflet
- define the lead gynaecological histopathologist role with job description and sufficient dedicated time
- develop an organisational accountability structure for colposcopy and histopathology services, including details of escalation routes for governance and performance issues
- develop and implement a workforce plan for cervical screening services
- make sure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP
- ensure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25
- make sure there is suitable videoconferencing equipment in place to enable attendance for all multidisciplinary team members

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1.	Ensure the hospital based programme co-ordinator (HBPC) has an agreed job description that includes accountability to the chief executive officer, dedicated time and administrative support	5	3 months	High	Job description including accountability, job plan
2.	Attend HBPC training course for understanding of the requirements for the role	5	12 months	Standard	Course attendance
3.	Establish quarterly cervical business meetings chaired by the hospital based programme co-ordinator with representation from all cervical screening service leads	5	3 months	Standard	Terms of reference, meeting schedule
4.	Complete a 6 monthly hospital based programme co-ordinator report and ensure this is discussed at the appropriate trust governance meeting	5	6 months	Standard	Hospital based programme co-ordinator report with circulation list
5.	Establish a protocol for the completion of the invasive cervical cancer audit	12	3 months	High	Protocol
6.	Ensure the national invasive cancer audit data collection is up to date	12	6 months	Standard	Completion of registered cases for time period Feb 2016 to April 2017

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7.	Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit and patient information leaflet	12	3 months	High	Policy and patient information leaflet
8.	Make sure staff working within the NHS Cervical Screening Programme are aware of and have signed up to the NHS Cancer Screening Programmes Confidentiality and Disclosure Policy	5	3 months	Standard	Evidence of sign up
9.	Develop and implement a whole trust annual audit schedule for cervical screening services	5	6 months	Standard	Annual audit schedule covering colposcopy and histopathology
10.	Update trust incident policy to reference Managing Safety Incidents in NHS Screening programmes	11	6 months	Standard	Submission of revised policy
11.	Complete an audit of cervical Datix incidents	11	6 months	Standard	Audit report April 2016 – March 2017
12.	Define the lead gynaecological histopathologist role with job description and sufficient dedicated time	5	6 months	High	Signed job description
13.	Develop an organisational accountability structure for colposcopy and histopathology services including details of escalation routes for governance and performance issues	5	6 months	High	Organisational structures
14.	Ensure lead colposcopist has sufficient dedicated time to fulfil the role to ensure good practice, compliance with protocols and that NHSCSP standards are met	6	3 months	Standard	Job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15.	Ensure the lead colposcopist has access to sufficient administrative support to fulfil their role	5	3 months	Standard	Confirmation of administration support
16.	Make sure colposcopy nurses are invited to the colposcopy operational group	5	3 months	Standard	Terms of reference, minutes

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17.	Develop and implement a workforce plan for cervical screening services	5	6 months	High	Workforce plan
18.	Make sure pre-employment checks are in place to determine eligibility to undertake NHSCSP work	4, 5	3 months	Standard	Policy
19.	Obtain access to Open Exeter for the histopathology department	5	3 months	Standard	Confirmation of access
20.	Make sure there are enough colposcopy administrative staff to meet the requirements of the NHSCSP	6	3 months	High	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
21.	Ensure colposcopy IT system can produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification 25	5	12 months	High	Audit of KC65 and KPIs

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22.	Define a policy on how to incorporate new guidance into laboratory practice	5	3 months	Standard	Policy
23.	Update large loop excision of the transformation zone (LLETZ) biopsy cut up standard operating procedure to clearly define measurements required and the maximum pieces of tissue per cassette	5, 9	3 months	Standard	Standard operating procedure
24.	Make sure there is chain of custody of specimens from colposcopy to the laboratory	5	6 months	Standard	Protocol
25.	Complete an audit for the quality reporting of specimens that are outsourced	5	6 months	Standard	Audit
26.	Implement regular review of performance monitoring data on cervical screening work for individual histopathologists	5	6 months	Standard	Anonymised monitoring data
27.	Develop and implement policy for the management of poor performance in histopathology	5	6 months	Standard	Policy
28.	Update trust poor performance policy	5	3 months	Standard	Policy

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29.	Update the local trust colposcopy clinical guidelines to reflect current NHSCSP guidance	6	6 months	Standard	Ratified guidelines with evidence of implementation
30.	Ensure all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	6	6 months	Standard	Audit to demonstrate compliance data
31.	Implement a standard operating procedure for the production and validation of KC65 data	6	3 months	Standard	Standard operating procedure
32.	Implement a standing operating procedure for the production, validation and discussion of internal performance monitoring data	6	3 months	Standard	Standard operating procedure
33.	Implement and monitor a plan to achieve key performance indicators for colposcopy waiting times	5	6 months	Standard	Sustained improvement in key performance indicators (KC65)
34.	Ensure all colposcopists see a minimum of 50 new NHSCSP referrals per year	6	12 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period April 2017- March 2018
35.	Update trust patient letters to include a named contact and clinic times	10	3 months	Standard	Updated example
36.	Update trust patient information leaflets with the correct telephone number for Bassetlaw Hospital	10	3 months	Standard	Updated example

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37.	Make sure there is suitable videoconferencing equipment in place to enable attendance for all multidisciplinary team (MDT) members	5	3 months	High	Confirmation suitable videoconferencing equipment is in place
38.	Update the case selection criteria and slide review processes in the multidisciplinary team operational policy	6	3 months	Standard	Policy
39.	Make sure there is adequate administration support for MDT organisation and minute taking	6	3 months	Standard	Confirmation of administration support
40.	Ensure all colposcopists attend a minimum of 50% of multidisciplinary team meetings	6	12 months	Standard	MDT attendance records April 2017 – March 2018

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 after the report is published. 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.