Public Health England

NHS

Screening Quality Assurance visit report

NHS Cervical Screening Programme
Colchester Hospital University NHS Foundation Trust

2 November 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

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 Colchester Hospital University NHS Foundation Trust (CHUFT) screening service held on 2 November 2017.

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 Midlands and East regional SQAS as part of the visit process

Local screening service

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

Colchester Hospital University NHS Foundation Trust cervical screening programme (the programme) provides screening services for women served by NHS North Essex clinical commissioning group (CCG). The eligible cervical screening population (25 to 64 year old women) for Colchester is approximately 80,000 women.

Colchester Hospital University NHS Foundation Trust provides colposcopy services as part of the NHS Cervical Screening Programme. Cambridge University Hospitals Cytology Network provides the cervical cytology and human papillomavirus (HPV) testing for the programme. The histology service is provided by North East Essex and Suffolk Pathology Services (NEESPS).

The Trust is taking part in the government's Sustainability and Transformation Plan (STP) process. This is a 5 year plan which sets out steps through which local organisations should deliver sustainable, transformed health services. Colchester Hospital University NHS Foundation Trust is working with Ipswich Hospital NHS Trust and West Suffolk NHS Trust to develop the STP for the area. The NHS trust boards of Ipswich and Colchester Hospitals have recently agreed to develop plans for a single combined organisation to care for patients. As and when a new organisation is created, new arrangements will be needed to ensure a single cervical screening service is provided across both hospitals within the newly formed organisation.

Findings

There is a need to formalise governance and accountability arrangements related to this Trust and its associated services, including arrangements for lead roles, incident reporting, escalation and reporting within the Trust.

The Trust should ensure that comprehensive guidelines, covering all aspects of the service provided, are agreed and documented.

The Trust should ensure the provision of timely results to women attending colposcopy. Both pathology turnaround times and colposcopy administration issues are affecting achievement of these standards. Designated cover for the full range of colposcopy administration functions should be in place.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 13 high priority findings as summarised below:

- there is no service level agreement (SLA) for the hospital-based programme co-ordination (HBPC) function provided by Cambridge University Hospitals or a Trust job description for the role which details all responsibilities, time, accountability and allocation of administrative support
- annual and 6 monthly reporting to a high-level Trust governance committee has not been established
- there is no Trust protocol for the audit and disclosure of the invasive cervical cancer audit
- not all cervical screening staff are aware of how to identify incidents or potential incidents and that they need to bring them to the attention of the HBPC

- there is no process to ensure cervical screening risks are placed on the relevant risk registers
- the organisational accountability structure for the newly formed pathology service including the escalation routes for governance and performance issues is unclear
- there is no SLA in place covering the quality requirements for the external reporting of cervical histology specimens
- there is no protocol covering the employment of locum staff in histology
- national standards for turnaround of cervical histology specimens are not met

Shared learning

The QA visit team identified 2 areas of practice for sharing, including:

- the provision of an outreach colposcopy service at Clacton-on-Sea covering a deprived population
- clear and detailed multi-disciplinary team (MDT) meeting documentation which shows full recording of reasons for MDT referral, patient history, slide numbers, slide reviewer and review findings, meeting discussions, agreed outcomes and management plans

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Put in place an SLA (or similar) for the HBPC function provided by Cambridge University Hospitals NHS Foundation Trust	1	3 months	High	Copy of the SLA
2	Ensure HBPC has an agreed Trust job description, including accountability through to the chief executive, dedicated time and administrative support	1	3 months	High	Copy of the approved job description encompassing time allocation, clear accountability and administrative support
3	Ensure routine representation from all service leads involved in the Trust cervical screening programme at the business meeting	1	6 months	Standard	Minutes of the meetings
4	Develop an organisational accountability structure for cervical screening activities within the Trust, including details of escalation routes for governance and performance issues	1	3 months	Standard	A copy of the organisational structure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Establish annual and 6 monthly reporting to a senior Trust governance committee	1	3 months	High	Documents detailing the arrangement agreed, a copy of the first report given and minutes of the meeting where it was presented.
6	Establish a Trust protocol for completion of the national invasive cervical cancer audit	2	3 months	High	A copy of the protocol
7	Ensure the invasive cancer audit is up to date	2	6 months	Standard	Completion of registered cases
8	Implement a ratified Trust policy for the offer of disclosure of invasive cervical cancer audit	2	3 months	High	A copy of the policy
9	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	2	12 months	High	A copy of the audit
10	Manage all screening patient safety incidents and serious incidents in accordance with national guidance	3	3 months	High	All staff trained in incident reporting
11	Establish a process for ensuring that all risks are recorded on relevant Trust risk registers	1	3 months	High	Details of the process in place
12	Develop and implement a whole Trust annual audit schedule for the cervical screening service	1	3 months	Standard	A copy of the schedule
13	Revise the job description for the lead pathologist to ensure it covers cervical screening responsibilities and has suitable time allocated and a named deputy	1	3 months	Standard	A copy of the job description

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Develop an organisational accountability structure for the pathology service including details of escalation routes for governance and performance issues	1	3 months	High	Details of the structure in place
15	Establish formal meeting arrangements covering the cervical pathology service	4	3 months	Standard	Minutes of the meetings
16	Implement a job description for the lead colposcopist role, including the time allocated	1 & 5	3 months	Standard	Copy of the job description
17	Revise the job description for the colposcopy lead nurse, to include specific roles and responsibilities and the name of the nominated deputy	1 & 5	3 months	Standard	Copy of updated job description
18	Document the colposcopy operational meetings and ensure representation from all colposcopy staff	5	3 months	Standard	A copy of the terms of reference, including attendees, along with the minutes of the meetings occurring since the QA visit and dates of meetings for the next 12 months

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update the standard operating procedure (SOP) for reporting to cover first diagnosis of malignancy and difficult cases	4	3 months	Standard	Copy of the SOP
20	Include the Royal College of Pathologists (RCPath) data set in all pathology reports	6	6 months	Standard	Audit of results and actions taken
21	Complete an audit on the use of levels on cervical screening specimens to demonstrate compliance with national guidance	7	6 months	Standard	Copy of the audit and actions taken in response to the findings
22	Implement a SOP for management of poor performance	4	6 months	Standard	Copy of the SOP
23	Document the procedure for the assessment and acceptance of locum staff prior to appointment	4	3 months	High	Copy of the SOP
24	Ensure there is an SLA in place covering the quality requirements for the external reporting of cervical histology specimens	4	3 months	High	Copy of the SOP
25	Implement a process to provide regular performance data to pathologists	4	6 months	Standard	Document detailing the process agreed
26	Agree an action plan to maximise achievement of national cervical histology turnaround times standards	4	3 months	High	Copy of the action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Demonstrate achievement of national specimen turnaround times	7	12 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
28	Ensure that all colposcopy clinics are staffed by at least 2 nurses	5	3 months	Standard	Confirmation of nurse staffing
29	Make sure there are enough colposcopy administrative staff to meet the requirements of the NHS Cervical Screening Programme (NHSCSP)	1 & 5	3 months	Standard	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
30	Ensure all colposcopists have access to the national Open Exeter system to access the patient full screening history and produce cytology request forms	1 & 5	3 months	Standard	Confirmation of access arranged
31	Update the local Trust colposcopy clinic guidelines to reflect current NHSCSP guidance	5	3 months	Standard	Copy of the guidelines
32	Implement nursing SOPs for colposcopy clinic arrangements	1 & 5	3 months	Standard	Copy of the SOPs
33	Update SOPs for colposcopy administrative processes	1 & 5	3 months	Standard	Copy of the revised SOPs

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Ensure all colposcopists meet the annual throughput requirements for 50 new NHSCSP referrals a year	5	6 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period 1 April 2017 to 31 March 2018
35	Ensure all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	5	6 months	Standard	Audit to demonstrate compliance data
36	Ensure women receive their results according to NHSCSP standards	1 & 5	6 months	Standard	Agreed action plan with evidence of regular monitoring
37	Implement and monitor a plan to ensure that 90% of women have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result	1 & 5	6 months	Standard	Agreed action plan with evidence of regular monitoring
38	Complete an audit of colposcopies undertaken using general anaesthetic at service and individual clinician level	5	6 months	Standard	Copy of the audit and action plan
39	Update Trust patient letters to include the result and invitation letters to cover patients attending the Clacton Hospital	8	3 months	Standard	Copy of the letters
40	Implement a Trust colposcopy information leaflet for new patients	8	3 months	Standard	Copy of the leaflet

No.	Recommendation	Reference	Timescale	Priority	Evidence required
41	Ensure trained interpreters are available during appointments for women who cannot speak English along with appropriate written information	1	3 months	Standard	Details of the arrangements in place
42	Complete an annual user survey of colposcopy services that covers both Trust colposcopy clinics	1	6 months	Standard	Outcome of survey and evidence of review of results
43	Ensure that equipment safety and emergency guidelines are up to date and easily accessible in both colposcopy clinics	5	6 months	Standard	Copy of revised guidelines and confirmation of access

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
44	Develop and implement a Trust SOP for case selection for MDT meetings	1 & 5	3 months	Standard	Copy of the SOP
45	Complete an audit to check that all cases indicated by national guidelines have been identified and discussed at the MDT meetings	1 & 5	6 months	Standard	Completed audit and action plan

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.