



Public Health  
England

# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Bolton NHS Foundation Trust**

8 December 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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## 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 (QA) visits of the Bolton NHS Foundation Trust screening service held on 8 December 2016 and the 3 February 2017.

### Purpose and approach to quality assurance (QA)

Quality assurance 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 of 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

### Description of local screening service

Bolton NHS Foundation Trust provides a range of services to a local population of over 278,984. Acute services are provided at the Royal Bolton Hospital which serves people across Bolton, Wigan, Salford and Bury. The service is provided on behalf of NHS England - North (Greater Manchester) who have the lead commissioning responsibility for the cervical screening programme at Bolton NHS Foundation Trust. Bolton Clinical Commissioning Group (CCG) are the contract holders for colposcopy and histology services.

### Findings

This is the fourth QA visit to this service. The service is well organised with strong leadership from the lead Colposcopist supported by the nurse colposcopist, with evidence of good communication links across the pathway. The service has well developed plans to continue improving.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 10 high priority findings as summarised below:

- establish trust level operational team meetings, with approved terms of reference, standing agenda items, documented minutes and clear links into other trust forums
- formal appointment of a Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation, administrative support and direct reporting to the Chief Executive Officer
- finalise the local invasive cervical cancer audit policy including outlining the process for submitting cases to the trust governing body and accountability arrangements
- develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues
- develop an SOP for reporting, documenting, reviewing and auditing histology discrepancies
- review the clinic template and local pathways for 'See and Treat' at first appointment
- develop and implement local pathways for follow-up of women with treated and un-treated CIN and women referred to colposcopy with normal or abnormal findings
- escalate diathermy equipment replacement up the trust risk register
- develop an SOP for using the trust diathermy equipment
- all colposcopists must attend at least 50% of MDT meetings

## Shared learning

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

- the service have a proactive process for the completion of the invasive cancer audit
- daily downloads are received from the trust cancer intelligence department which enables timely and complete collation of the audit

## Table of consolidated recommendations

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.0	Regular attendance at the Manchester programme board by the HBPC or nominated deputy	NHSCSP 20	3 months	S	Meeting minutes confirming attendance
1.1	Establish trust level operational team meetings, with approved terms of reference, standing agenda items, documented minutes and clear links into other trust forums	NHSCSP 20 National Service Specification 25	3 months	H	Terms of reference, agenda and meeting minutes
1.2	Formally appoint a Hospital Based Programme Co-ordinator (HBPC) with a defined job description, time allocation, administrative support with direct reporting to the Chief Executive Officer	NHSCSP 20	3 months	H	Written confirmation of formal appointment of HBPC  HBPC and administrative job plan  Flow chart of reporting structure
1.3	Complete and circulate the HBPC annual report as described within national service specification	National service specification 25	6 months	S	HBPC annual report  Written confirmation of circulation list
1.4	Finalise the local invasive cervical cancer audit policy including outlining the process for submitting cases to the trust governing body and accountability arrangements	NHSCSP 28	6 months	H	Ratified invasive cervical cancer audit policy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1.5	Develop and implement a formal service wide audit schedule which includes colposcopy and histopathology	NHSCSP 20 National service specification 25	6 months	S	Audit plan and associated audit reports
1.6	Ensure all colposcopy staff are aware of cancer screening incident guidance and escalation route for incidents	NHSCSP 20 National service specification 25	3 months	S	Flow chart of incident reporting structure  Confirmation of distribution and discussion of incident guidance
1.7	Develop an organisational accountability structure for colposcopy service including detail of escalation routes for governance and performance issues	National service specification 25	3 months	H	To submit accountability structure to SQAS (North)

### Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	All histopathologists to have access to Open Exeter	National Service Specification 25	3 months	S	Confirmation from programme
2.1	Develop an SOP for reporting, documenting, reviewing and auditing discrepancies in results	NHSCSP20	3 months	H	SOP
2.2	Develop a protocol for recording how blocks are processed	RCPATH guidance	3 months	S	Protocol/SOP

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.3	Reinstate the 2% of workload review audit	NHSCSP 28	6 months	S	Confirmation of reviews being undertaken
2.4	Macro photography equipment to be made available with training and support for its use	NHSCSP 28	6 months	S	Confirmation of equipment in use
2.5	Establish a range of recommended immuno peroxidase stains for cervical histology	RCPATH guidance	6 months	S	Confirmation from lead histopathologist
2.6	The lead histopathologist to review individual consultants reporting profile data quarterly and formally discuss and document the findings with colleagues	RCPATH guidance NHSCSP 10	6 months	S	Review meeting minutes
2.7	Install the down draft extraction benches in the specialist staining area	RCPATH guidance	6 months	H	Confirmation from lead histopathologist that these are in place

## Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.0	Review the clinic template and local pathways for 'See and Treat' at first appointment	NHSCSP 20 National service specification 25	6 months	H	Revised clinic template and local pathway

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.1	Review of administrative function to provide a dedicated deputy/assistant for the colposcopy administrator reducing reliance on the Nurse colposcopist providing administrative functions	NHSCSP 20  National service Specification	6 months	H	Evidence from the programme
3.2	Review the use of the external booking system to ensure safer, 'leaner' booking system	NHSCSP 20	3 months	H	Evidence of SOPS
3.3	Devise flow chart for dealing with patient enquiries in absence of administrator and nurse colposcopist	NHSCSP 20  National Service Specification	3 months	S	Evidence of flowchart
3.4	Develop and implement local pathways for follow-up of women with treated and un-treated CIN and women referred to colposcopy with normal or abnormal findings	NHSCSP 20  National service specification 25	6 months	H	Updated clinical guidelines  SOP
3.5	Fully implement the HR-HPV Test of cure protocol including referring women with treated CIN back into the community for test of cure sampling	NHSCSP 20	6 months	S	Confirmation from Trust



No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.6	Audit the colposcopic sensitivity for recognising high grade CIN against the biopsy rate	NHSCSP 20	6 months	S	Audit report
3.7	Review the eligible population's language groups ensuring appropriate patient literature and translation services are available for the local demography	National service specification 25	6 months	S	Confirmation from programme Trust ratified patient literature
3.8	Develop patient information leaflets for women post biopsy which include version control, date of issue and a revision date	NHSCSP 20	6 months	S	Trust ratified patient information leaflet
3.9	Escalate diathermy equipment replacement up the Trust risk register	NHSCSP 20	3 months	H	Confirmation from Trust
3.10	Develop an SOP for using the Trust diathermy equipment	NHSCSP 20	3 months	H	SOP

### Multi-disciplinary team

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.0	All colposcopists must attend at least 50% of MDT meetings. SOPs for MDT meetings should reflect this	NHSCSP 20	12 months	H	MDT SOPs MDT attendance records

I = Immediate  
H= High  
S = Standard

## 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.