



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme North Cumbria University Hospitals NHS Trust

6 and 7 December 2017

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About PHE screening

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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 North Cumbria University Hospitals NHS Trust screening service held on 6 and 7 December 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 North regional SQAS as part of the visit process

Local screening service

North Cumbria University Hospitals NHS Trust serves a population of over 320,000 people. NHS Cumbria and North East has the lead commissioning responsibility for the cervical screening programme at North Cumbria University Hospitals NHS Trust. NHS Cumbria Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Findings

The previous QA visit to the programme was in March 2013. Since the visit, progress has been made in a number of areas. In particular, the programme has maintained key performance indicators for 2 and 6 week waits, maintained a low DNA rate for a service located in a predominately rural area, trained a nurse colposcopist and maintained a strong focus of training within the service. The recent patient satisfaction survey reported positive results.

Immediate concerns

The QA visit team identified 5 immediate concerns. SQAS sent a letter to the chief executive on 11 December 2017 asking that the service address the following items within 7 days:

- ensure future colposcopy facilities meet NHSCSP 20 requirements
- update the local trust colposcopy clinical guidelines to reflect current NHSCSP 20 guidance, including guidance on HPV primary pathways
- these must be ratified and version controlled in accordance with the trust governance
- implement the use of the national discharge template notification to Primary Care Services England (Call/Recall)
- develop and implement a standard colposcopy multidisciplinary team (MDT) meeting procedure, with a terms of reference and guidance on case selection, in line with NHSCSP 20 requirements
- ensure histopathology representation at MDT meetings

A response was received, which included an action plan that will partially mitigate the immediate risks within the programme.

High priority

The QA visit team identified 15 high priority findings, which related to 4 main themes: Governance, policy, incidents management, and communication within the service. Further details are provided below:

1. The governance processes within the colposcopy service require review. There is no formal escalation route for performance issues to the Trust board. The lead clinicians for the service do not have formalised job descriptions and, whilst planned activity sessions are outlined within their job plans, post holders do not have dedicated sessions within which to undertake the requirements of the role.
2. Many of the policies for the service require updating to ensure that they reflect current practice and are in line with the national NHSCSP guidelines. In addition, there does not appear to be a formal ratification process for guidelines within the service, and there is no evidence of version control on the guidelines.
3. There is limited evidence of formal communication between the different disciplines within the service and trust management. Communication with the patients via letter is also a high priority issue. The service does not use an agreed set of letters to inform patients of their results. Patient leaflets also require updating.

4. Recommendations relating to the high priority findings are included in the recommendations table.

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 3 monthly colposcopy operational meetings with up-to-date terms of reference, and ensure that information is fed back to all service staff	NHSCSP 20	3 months	High	Terms of reference, minutes, confirmation from service leads
2	Ensure the hospital based programme co-ordinator (HBPC) role has an agreed job description that includes accountability to the chief executive, dedicated time and administrative support	National service specification 25 NHSCSP 20	3 months	High	Job description including accountability, job plan, confirmation of administrative support
3	Develop an organisational accountability structure for the colposcopy service including detail of escalation routes for governance and performance issues	National service specification 25	3 months	High	Organisational structure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Complete an annual HBPC report and ensure this is discussed at the appropriate Trust governance meeting and shared with commissioners	National service specification 25	6 months	Standard	HBPC's report with circulation list
5	Develop and implement a whole trust annual audit schedule for cervical screening services, including histopathology audits	National service specification 25	6 months	Standard	Annual audit schedule including colposcopy and histopathology
6	Ensure all completed audits have action plans with completion dates and responsible persons	National service specification 25	12 months	Standard	Evidence of audits with action plans
7	Produce and implement guidance for the assessment, acceptance and use of locum staff, including those working in histology	NHS employers guidance on the appointment and employment of doctors	3 months	High	Policy
8	Ensure the HBPC has whole programme oversight of incidents and escalates incidents appropriately within the Trust	National service specification 25	3 months	High	Incident reporting flowchart

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Ensure that screening related histology incidents are managed in line with national guidance and local trust policy	National service specification 25	3 months	Standard	Evidence from Datix and confirmation from the HBPC
10	Update colposcopy guidelines to include notification of incidents to HBPC	National Service specification 25	3 months	Standard	Colposcopy guidelines
11	Appoint a lead histopathologist for cervical screening with an agreed job description and a job plan including dedicated time and administrative support	National service specification 25	3 months	High	Job description including accountability, job plan
12	Ensure all staff sign up to, and adhere to, NHSCSP Confidentiality and Disclosure policy	National service specification 25	3 months	High	Confirmation from the HBPC
13	Ensure the national invasive cancer audit data collection is up to date with all elements included	NHSCSP 20	12 months	Standard	Completion of registered cases
14	Implement a ratified policy for the offer of disclosure of the invasive cervical cancer audit	NHSCSP 20	6 months	Standard	Policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure the lead colposcopist has an agreed job description and job plan, including dedicated time and administrative support	National service specification 25	3 months	High	Job description including accountability, job plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop a workforce plan for a sustainable histopathology service	National service specification 25 NHSCSP 20	6 months	Standard	Workforce plan
17	Develop and implement a workforce plan for colposcopy to manage capacity	National service specification 25 NHSCSP 20	6 months	Standard	Workforce plan
18	Update the Infoflex system	NHSCSP 20	6 months	Standard	Confirmation from HBPC

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Implement a process to incorporate revised national guidance into local protocols	National service specification 25	3 months	Standard	Policy
No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Update standard operating procedures (SOPs) for the handling of cervical screening samples to reflect current practice	National service specification 25 NHSCSP 20	6 months	Standard	SOPs

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Update the local trust colposcopy clinical guidelines to reflect current NHSCSP 20 guidance, including guidance on HPV primary pathways. These must be ratified and version controlled in accordance with the trust governance	National service specification 25 NHSCSP 20	3 months	Immediate	Ratified guidelines with evidence of implementation

22	Develop a colposcopy specific induction policy for colposcopists joining the service	National Service specification 25	6 months	Standard	Policy
23	Update and standardise Trust patient letters ensuring ratification, version control and that they are easily identifiable on the Inflex system	NHSCSP 20	6 months	High	Revised patient letters
No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Update Trust patient information leaflets to include appropriate contact numbers and ensure they are available in other languages. These should be ratified and version controlled	National service specification 25 NHSCSP 20	6 months	Standard	Revised patient information leaflets
25	Ensure future colposcopy facilities meet NHSCSP 20 requirements	NHSCSP 20	12 months	Immediate	Submission of plans for new facilities
26	Implement the use of the national discharge template notification to Primary Care Services England (Call/Recall)	NHSCSP call and recall: guide to administrative good practice Version 10 April 2017	3 months	Immediate	Confirmation from HBPC

27	Revise standard operating procedures for colposcopy administrative processes including KC65 data, failsafe and booking processes	National service specification 25	6 months	Standard	SOPs
28	Ensure all colposcopists attend a minimum of 50% of multidisciplinary (MDT) meetings	NHSCSP 20	6 months	Standard	Minutes confirming attendance, annual audit of attendance
No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Ensure the electrosurgical equipment guidelines reference the manufacturer's recommended settings	NHSCSP 20	6 months	High	Copy of the guidelines
30	Implement a process for electrical safety testing	NHSCSP 20	6 months	High	Electrical safety checklist
31	Replace diathermy equipment at Cumberland Infirmary	NHSCSP 20	6 months	High	Confirmation from HBPC, Trust risk register
32	Escalate replacement of theatre colposcope on the Trust risk register at Cumberland Infirmary	NHSCSP 20 National service specification 25	6 months	High	Confirmation from HBPC, Trust risk register

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence
33	Develop and implement a standard colposcopy MDT procedure, with terms of reference and guidance on case selection, in line with NHSCSP 20 requirements	NHSCSP 20 National service specification 25	3 months	Immediate	SOP, ratified terms of reference
34	Ensure formal minutes are taken at MDT meetings, including a record of attendance, an action log with completion dates and responsible persons	NHSCSP 20	3 months	High	Minutes, action log
35	Ensure the MDT meeting SOP includes the logging of interim decisions and completion of histology and cytology reviews	NHSCSP 20	3 months	High	MDT SOP
36	Ensure that cytology and histopathology images can be directly compared	NHSCSP 20 National service specification 25	3 months	Standard	MDT SOP, confirmation from HBPC
37	Ensure histopathology representation at MDT meetings	NHSCSP 20	3 months	Immediate	Minutes

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. This will include SQAS revisiting the service after 6 months from the initial visit to observe their progress and attend a multidisciplinary team meeting. After the 12-month point, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.