Public Health England

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Screening Quality Assurance visit report

NHS Cervical Screening Programme
University Hospitals of Leicester NHS Trust

28 and 29 October 2019

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 conclude to the quality assurance visit of the University Hospitals of Leicester NHS Trust screening service held on 28 and 29 October 2019.

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

University Hospitals of Leicester NHS Trust (UHL) provides NHS cervical screening services to an eligible population of around 186,000 women. The service is commissioned by NHS England and NHS Improvement Midlands supported by the Midlands Screening and Immunisation Team (SIT).

The service screens women covered by 3 clinical commissioning groups (CCGs). These are:

- NHS West Leicestershire CCG
- NHS East Leicestershire and Rutland CCG
- NHS Leicester City CCG

UHL provides cytology and human papillomavirus (HPV) testing, colposcopy and histology services as part of the cervical screening programme from the Leicester Royal Infirmary Hospital (LRI). Colposcopy is also provided at Leicester General Hospital (LGH).

The cytology and HPV testing service at UHL is transferring to the University Hospitals Derby and Burton NHS Foundation Trust on 4 November 2019 as part of the national roll out of HPV primary screening across England by the end of December 2019. As a result, the cervical cytology and HPV testing service provided by the laboratory at LRI underwent a limited QA assessment only.

Findings

There have been improvements in all aspects of the service since the last QA visit in 2014. Implementation of the PHE colposcopy database has significantly improved the arrangements for data collection and therefore the ability of the Trust to monitor its service quality and performance. However, further work is needed for the service to make use of the full functionality of the database and use it more efficiently. There is also a need to establish processes to routinely assess and audit the service, individual colposcopist performance and the effectiveness of multi-disciplinary team meetings.

In April 2019, the laboratory had its UK Accreditation Service (UKAS) accreditation suspended, which is a mandatory requirement for delivering NHS screening services. Suspension was based on a lack of staff resource to meet turnaround times and the maintenance of the quality management system. The trust is taking appropriate action to address the issues. It should continue to be a high priority to regain accreditation and ensure the investments needed are made and maintained.

Colposcopy clinics are staffed by 1 health care assistant. This does not meet the national guidance which states there must be at least 2 members of the nursing team, at least 1 of whom is a registered nurse. This was a recommendation made at the previous QA visit in 2014 and is a matter that the trust should urgently address.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- there is no risk management process in place for the cervical screening service
- not all staff are aware of how to identify potential screening incidents and who they should be escalated to
- the laboratory is not UKAS accredited as required for all screening services
- the lead cervical screening histopathologist has not been officially appointed, does not have a job description and does not have time allocated in a job plan

- national standards for turnaround of cervical histology specimens are not being met
- colposcopy clinics are not being staffed by at least 2 nurses, at least 1 of whom is a registered nurse
- not all colposcopy failsafe processes are documented and the failsafe system has not been audited
- there is no standard operating procedure in place for the production, validation and discussion of internal performance monitoring data
- the standards for colposcopy referral waiting times and treatment after biopsy are not being met
- multidisciplinary team meetings need to continue to meet national requirements after the transfer of the cytology service to a new trust

Shared learning

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

- the SIT has set up collaborative screening inequalities working groups to promote work across all adult screening programmes and maintains an ongoing list of all activities taking place to improve attendance in screening
- the colposcopy service has provided community and hospital screening clinics to encourage attendance and reduce health inequalities

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Appoint a cervical screening provider lead, in line with the national guidance, with an agreed job description that includes accountability to the chief executive officer, dedicated time and administrative support, and nominate a deputy	1 & 2	3 months	Standard	Confirmation of appointment, trust job description, job plan and time allocation
2	Update trust protocol for the completion of the invasive cervical cancer audit	3	3 months	Standard	Invasive cancer audit protocol
3	Develop and implement a whole trust annual audit schedule for cervical screening services	1	3 months	Standard	The annual audit schedule covering colposcopy and histopathology and minutes of the meeting at which it was agreed
4	Update trust incident policy to include correct reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes	4	6 months	Standard	Trust incident policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Ensure all staff are aware of the national 'Managing Safety Incidents in NHS Screening Programmes' guidance	4	3 months	High	Updated standard operating procedures (SOPs) and meeting minutes at which staff have been made aware
6	Put in place a risk management process	1 & 2	3 months	High	Details of the process
7	Demonstrate achievement of UK Accreditation Service accreditation	1	3 months	High	Confirmation of accreditation
8	Appoint a lead histopathologist for cervical screening with appropriate time allocation and responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme (CSP) standards are met and nominate a deputy	1	3 months	High	Job description including accountability, job plan with time allocation and name of nominated deputy
9	Revise the job description for the lead colposcopist to include the complete role description and time allocation	1	3 months	Standard	Job description and job plan
10	Put in place 3 monthly colposcopy operational meetings with full representation from the whole team	5	3 months	Standard	Terms of reference and minutes of meetings

Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Make sure there are enough histopathology administrative staff to meet the requirements of the NHS CSP	1	6 months	Standard	Details of improved staffing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Ensure that histopathologists have access to cervical screening results	6	3 months	Standard	Arrangements for access to cervical screening results in place and copy of SOP
13	Put in place a SOP that defines the criteria for adequacy of biopsies	6	3 months	Standard	Copy of SOP
14	Implement a SOP to provide regular performance data to pathologists	6	3 months	Standard	Copy of SOP
15	Agree an action plan to achieve national cervical histology turnaround times standards	1	3 months	High	Action plan and action taken to date
16	Demonstrate sustained achievement of key performance indicators for specimen turnaround times	1	12 months	High	Data submission and evidence of achievement

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure sure that all colposcopy clinics are staffed by at least 2 nurses, at least 1 of whom is registered	5	3 months	High	Confirmation of nurse staffing and qualifications
18	Ensure all colposcopy staff have access to screening history information	5	3 months	Standard	Confirmation from lead colposcopist

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update the local trust colposcopy clinical guidelines to reflect current NHS CSP guidance	5 & 7	3 months	Standard	Colposcopy guidelines and SOP including human papillomavirus (HPV) primary screening, conservative management of cervical intraepithelial neoplasia grade 2, multi-disciplinary team meetings (MDT) and induction of colposcopists
20	Ensure all colposcopists are following the national HPV primary screening protocol including discharge to primary care for follow-up	5 & 7	12 months	Standard	Audit to demonstrate compliance data
21	Update the trust colposcopy nursing guidelines	5	3 months	Standard	Copy of updated documentation including arrangements for the presence of friends, relatives and non-essential personnel in the colposcopy clinic and use and availability of Monsel's solution within clinic, along with evidence of its ratification
22	Document the process for results and referral for cervical samples taken in the trust but outside of colposcopy	1	3 months	Standard	Copy of SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Implement a set of detailed SOPs and work instructions covering all aspects of the colposcopy administration processes	1 & 8	6 months	Standard	Ratified SOPs and work instructions
24	Complete an audit of failsafe processes in the colposcopy service	8	3 months	High	Audit and evidence of actions taken
25	Implement a SOP for the production, validation and discussion of performance monitoring data to ensure data accuracy	5	3 months	High	Copy of ratified SOP
26	Implement and monitor a plan to achieve national standards for colposcopy waiting times	1	6 months	High	Agreed action plan with evidence of regular monitoring
27	Ensure women receive result letters within national standards	1	6 months	High	Data submission and evidence of achievement
28	Carry out an audit of individual colposcopist and departmental performance data and ensure action is taken where standards are not met	5	3 months	Standard	Audit for the period 1/4/2018 to 31/3/2019 and action taken
29	Implement and monitor a plan to ensure women receive treatment within national standard timeframe following receipt of biopsy	1 & 5	6 months	High	Agreed action plan with evidence of regular monitoring
30	Update trust patient information leaflets and letters to reflect new HPV primary screening protocol	9	3 months	Standard	Revised letters and leaflets

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Ensure MDT meetings meet national requirements following laboratory transfer, including updated documentation	5	3 months	High	Updated MDT policy and SOPs
32	Develop and implement a SOP for case selection in histology for the MDT meetings	1, 5 & 6	3 months	Standard	Copy of ratified SOP
33	Complete an audit to check that all cytology, histology and colposcopy cases indicated in national guidelines have been identified for MDT discussion and that agreed MDT outcomes take place	1	12 months	Standard	Audit and evidence of actions taken

Next steps

The screening service provider is responsible for developing an action plan together with the commissioners to complete the recommendations of this report.

SQAS will work with commissioners to monitor activity and 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.