Public Health England

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Screening Quality Assurance visit report

NHS Cervical Screening Programme
Ipswich Hospital NHS Trust

7 December 2017

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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 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 relate to the quality assurance visit of the Ipswich Hospital NHS Trust screening service held on 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 Midlands and East regional SQAS as part of the visit process

Local screening service

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

Ipswich Hospital NHS Trust cervical screening programme (the programme) provides screening services for women served by NHS Ipswich and East Suffolk clinical commissioning group. The eligible cervical screening population (25 to 64-year-old women) for Ipswich is around 96,000 women.

Ipswich Hospital NHS Trust provides colposcopy services as part of the NHS Cervical Screening Programme. Cambridge University Hospitals Cytology Network provides the cervical cytology and human papillomavirus 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. Ipswich Hospital NHS Trust is working with Colchester Hospital University NHS Foundation 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

Since the last QA visit the service has successfully managed the transfer of the cervical cytology service to Cambridge University Hospitals Cytology Network and also reorganised the pathology provision for the programme, which is now provided by NEESPS.

There is a need to formalise the internal governance arrangements, including arrangements for lead roles, cervical screening business meetings, escalation and reporting within the Trust and incident reporting.

It is encouraging that the team took the opportunity of the QA visit to review some of the arrangements for cervical screening and to start making some changes. Implementing the recommendations in this report will be an important element in making the improvements the service needs to comply with national guidance.

The colposcopy service should ensure that comprehensive guidelines, covering all aspects of the service provided, are agreed and documented. There is a need to establish processes to routinely assess and audit the service, individual colposcopist performance and the effectiveness of multi-disciplinary team (MDT) meetings.

Immediate concerns

The QA visit team identified 1 immediate concern. A letter was sent to the chief executive on 8 December 2017 asking that the following item was addressed within 7 days:

- undertake a risk assessment of the electrical safety of the colposcopy clinic and submit an action plan if necessary

A response was received within 7 days that assured the QA visit team the identified risk had been mitigated and no longer posed an immediate concern.

High priority

The QA visit team identified 20 high priority findings as summarised below:

- there is no Trust agreed job description including accountability, through to the medical director and administrative support in place for the Hospital Based Programme Co-ordinator (HBPC)
- an organisational accountability structure for cervical screening activities within the Trust, including details of escalation routes for governance and performance issues and reporting is not established
- quarterly cervical screening business meetings chaired by the HBPC with representation from all service leads and annual and 6 monthly reporting to a high-level Trust governance committee are not in place
- the invasive cancer audit has a significant backlog and an invasive cancer audit and disclosure policy has not been implemented so women are not being offered their audit results
- 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
- documented 3 monthly colposcopy operational meetings encompassing all colposcopy staff are not in place
- staffing within the colposcopy service does not always allow the service to meet national standards
- there is a need to develop protocols within colposcopy to cover all aspects of the administrative and nursing provision
- there is no standard operating procedure in place for the production, validation and discussion of internal performance monitoring data and no action is taken on any standards that are not met
- national standards for turnaround of cervical histology specimens are not met
- MDT meeting attendance, case selection, documentation and management outcomes do not always meet national standards

Shared learning

The QA visit team identified 3 areas of practice for sharing, including:

- patient wristbands are in place to clearly identify those who require an invasive procedure along with a patient safety procedure checklist
- the introduction of a colposcopy result proforma for each colposcopist to identify cases for MDT so that a conscious decision is made for inclusion
- the histology service has adopted ‘Lean’ methodology and daily huddle meetings

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 hospital-based programme coordinator (HBPC) has an agreed Trust job description, including accountability, through to the medical director and administrative support	1	3 months	High	Copy of the approved job description encompassing time allocation, clear accountability and administrative support
2	Develop an organisational accountability structure for all cervical screening activities within the Trust, including details of escalation routes for governance and performance issues and reporting	1	3 months	High	A copy of the organisational structure
3	Establish a mechanism to ensure all service leads receive feedback from Programme Board meetings	1	3 months	Standard	Documentation such as a standard operating procedure (SOP) demonstrating the agreed process

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Set up quarterly cervical screening business meetings chaired by the HBPC with representation from all service leads	1	3 months	High	Copy of the terms of reference along with the minutes of the meetings occurring since the QA visit and dates of meetings for next 12 months
5	Establish annual and 6 monthly reporting to a senior Trust-wide 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	Make sure that the invasive cancer audit is up to date	2	6 months	High	Completion of registered cases
7	Complete an audit to demonstrate offer of disclosure of invasive cervical cancer audit	2	12 months	High	A copy of the audit
8	Confirm that all staff working in cervical screening are aware of national guidance on screening incidents and that the HBPC is informed of all incidents and potential incidents	3	3 months	High	Documentation such as SOPs, demonstrating the agreed processes in histology and the meeting minutes at which staff have been made aware
9	Establish a process for ensuring that all risks are recorded on relevant Trust risk register	1	3 months	High	Documents detailing the process agreed
10	Develop and implement a whole Trust annual audit schedule for cervical screening services	1	3 months	Standard	A copy of the annual audit schedule and minutes of meeting where it was agreed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Appoint a lead colposcopy nurse with oversight and involvement with the day to day running of the service	1 & 4	3 months	High	Details of the appointment and a copy of the job description which shows clear roles and responsibilities within colposcopy
12	Set up documented 3 monthly colposcopy operational meetings encompassing all colposcopy staff	1 & 4	3 months	High	A copy of the terms of reference, including attendees, along with 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
13	Audit reporting of loop specimens against the Royal College of Pathology dataset and implement an annual audit programme for cervical screening histology as part of the Trust's cervical screening audit schedule	5	6 months	Standard	A copy of the audit and details of the action taken as a result, together with a copy of the annual audit programme
14	Demonstrate achievement of cervical histology turnaround time standards	6	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
15	Make sure that all colposcopy clinics are staffed by at least 2 nurses	4	3 months	High	Confirmation of nurse staffing
16	Make sure there are enough colposcopy administrative staff to meet the requirements of the NHS Cervical Screening Programme (NHSCSP)	4	3 months	High	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
17	Make sure all colposcopists use Open Exeter to check eligibility before taking a cytology screen	7	3 months	Standard	Copy of SOP and evidence that all staff are aware
18	Update colposcopy SOPs to reflect compliance with national guidance	4	3 months	Standard	Copy of revised SOPs covering use of punch biopsies, diathermy and discharge to routine recall
19	Implement nursing SOPs for colposcopy clinic arrangements	4	3 months	High	Copies of SOPs covering all aspects of colposcopy clinic arrangements and including the protocol for the presence of a friend or relative to support the woman

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Implement SOPs for colposcopy administrative processes	4	3 months	High	Copy of SOPs covering the all administrative procedures followed including those for GP or clinical referrals, production of the KC65 return, the direct referral process, failsafe and clinical validation of colposcopy discharge lists
21	Make sure all colposcopists meet the NHSCSP requirement to see 50 new abnormal screening referrals per year	4	6 months	Standard	Data submission showing number of new NHSCSP referrals for each colposcopist in the period 1 April 2017 to 31 March 2018
22	Demonstrate achievement of national standards for waiting times for women with high grade referrals and production of result letters	4	3 months	Standard	Agreed action plan with evidence of regular monitoring
23	Implement a SOP for the production, validation and discussion of internal performance monitoring data	4	3 months	High	A copy of the SOP
24	Create a performance dataset and report on actions taken on any standards that are not met	4	6 months	High	A validated copy of the performance dataset for the period 1 April 2017 to 31 March 2018
25	Implement an annual schedule for colposcopy as part of the Trust cervical screening audit schedule	4	6 months	Standard	A copy of the schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Update patient invitation and result letters to include the test result	8	3 months	Standard	Copies of the revised letters
27	Complete an annual user survey of the colposcopy service	1	6 months	Standard	Outcome of survey, evidence of review of results and SOP showing incorporation of survey into annual activities
28	Ensure that equipment safety and emergency guidelines are up-to-date and easily accessible in the colposcopy clinics	4	6 months	Standard	Confirmation that guidelines are available in the clinics
29	Undertake a risk assessment of the electrical safety of the colposcopy clinic and submit an action plan if necessary	9	7 days	Immediate	A copy of the risk assessment and action plan

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Ensure all colposcopists attend the full duration of a minimum of 50% MDT meetings	4	6 months	High	Copies of MDT attendance registers for 6 months and evidence of attendance for the full duration of the meeting
31	Develop and implement a SOP for case selection for the MDT meetings	1	3 months	High	Copy of the SOP covering cytology, histology and colposcopy identification of cases

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Complete an audit that all cytology/histology/colposcopy cases indicated in national guidelines have been identified and discussed at MDT meetings	1	3 months	High	Completed audit for the period 1 January 2017 to 31 December 2017 and action plan
33	Complete an audit of the clinical management plans agreed at the MDT meetings according to national guidelines and the outcomes	1	3 months	High	Completed audit for the period 1 July 2017 to 31 December 2017 and action plan

Next steps

The screening service provider is responsible for developing an action plan together with the commissioners to complete the recommendations in 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, SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.