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Screening Quality Assurance visit report

NHS Cervical Screening Programme
Burton Hospitals NHS Foundation Trust

25 January 2018

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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 relate to the quality assurance visit of the Burton Hospitals NHS Foundation Trust screening service held on 25 January 2018.

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 collected during pre-review visits to Burton Hospitals NHS Foundation Trust on 13 November 2017
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

Since 2013 commissioning of cervical screening for the East Staffordshire population has been undertaken by the Midlands and East (North Midlands) Screening and Immunisation Team (SIT). The Burton Hospitals NHS Foundation Trust cervical screening programme (the programme) provides screening services for women served by the NHS East Staffordshire clinical commissioning groups (CCGs). The eligible population (25 to 64-year-old women) for cervical screening in East Staffordshire is approximately 212,719.

The Trust provides a colposcopy service at the Queen's Hospital, Burton and the Sir Robert Peel Hospital, Tamworth.

The cytology laboratory which refer women to the programme is located at the Royal Derby Hospital, Derby Teaching Hospitals NHS Foundation Trust. Human papilloma virus (HPV) testing is also undertaken by the cytology laboratory at the Royal Derby Hospital. Cytology and

HPV testing undertaken by the Royal Derby Hospital were reviewed as part of a QA visit to the Derby Teaching Hospitals NHS Foundation Trust in May 2014. Histology services have been undertaken since 2015 to 2016 by Coventry and Warwickshire Pathology which is hosted by the University Hospitals of Coventry and Warwickshire NHS Trust. The cervical histology was reviewed as part of a QA visit to the University Hospitals of Coventry and Warwickshire NHS Trust in March 2016.

There is a plan for the Burton Hospitals NHS Foundation Trust and the Derby Teaching Hospitals NHS Foundation Trust to merge to form a new organisation in the first half of 2018. When this happens, new arrangements will be needed to ensure a single cervical screening service is provided across all 3 hospital sites within the newly formed organisation.

Findings

Overall, this is a programme that has experienced some service changes since the last visit in March 2014 including the transfer of the histology service to the Coventry and Warwickshire pathology network. There is evidence of good communication and the arrangement appears to be working well. However, the details of the quality requirements expected of the provider are unclear.

Whilst there has been some progress with the recommendations made from the last visit, the main issue is that there still appears to be 2 independent colposcopy services operating. Although recommendations were made at the last visit, the findings at this visit indicate that very few changes have been made to establish a single Trust-wide service. This is now very important in light of the impending Trust merger with the Derby Teaching Hospitals NHS Foundation Trust. A number of short-term recommendations have been made to address this issue so that there are consistent processes in place across the Trust prior to the merger.

The high priority issues are summarised below as well as a number of areas of shared learning. For a complete list of recommendations please refer to the table of all recommendations or to the related section within the full report.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the time allocation and administrative support arrangements for the hospital-based programme co-ordinator (HBPC) role is not documented

- there is no evidence of a service level agreement (or similar) detailing the quality requirements for the cervical histology service provided by Coventry and Warwickshire Hospitals
- there is no documented risk management process
- there is no Trust-wide lead colposcopy nurse
- colposcopy administrative activities are not co-ordinated as a single process across the Trust
- there is no systematic audit of data quality of the colposcopy data collection which makes it hard to assess the performance of the Trust and individual colposcopists against national standards
- 'choose and book' slots are being allocated to colposcopy clinics and colposcopy clinics are being used for non-screening referrals which is affecting screening capacity and achievement of waiting time standards

Shared learning

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

- quarterly monitoring by the lead colposcopist of the number of cases seen and number of approved courses attended by each colposcopist
- a prospective annual audit schedule that is agreed with the Trust audit department
- active participation in Cervical Screening Awareness week to encourage women to attend for screening

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update the Hospital Based Programme Co-ordinator job description to include dedicated time and administrative support	1	3 months	High	Evidence of updated job description
2	Establish a service level agreement covering quality requirements for the histology service provided by Coventry and Warwickshire Hospitals	1	3 months	High	Evidence of signed service level agreement
3	Implement a ratified policy for the offer of disclosure of invasive cervical cancer audit	2	3 months	Standard	Policy
4	Update Trust serious incident management policy with references to new national screening incident guidance (2017)	1	3 months	Standard	Copy of the revised Trust serious incident management policy
5	Put in place a risk management process	1	3 months	High	Confirmation of process in place
6	Appoint a lead colposcopy nurse with responsibility for ensuring good practice, compliance with protocols and NHS Cervical Screening Programme (NHS CSP) standards are met	1,3	3 months	High	Job description, job plan with dedicated time allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Put in place 3 monthly colposcopy operational meetings	3	3 months	Standard	Terms of reference and minutes of the meetings that have occurred since the visit

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Update the colposcopy guidelines to include conservative management of cervical intraepithelial neoplasia grade 2	3	3 months	Standard	Ratified guidelines with evidence of implementation
9	Implement a protocol for training and allocating personal identification numbers to hospital staff taking cervical samples	1,3	3 months	Standard	Ratified standard operating procedure (SOP)
10	Make sure that colposcopy administrative activities are co-ordinated and encompass all the requirements of the NHS CSP, ensuring a single process across the Trust	3	3 months	High	Details of the arrangements in place
11	Document all aspects of the administration arrangements for the colposcopy service	3	3 months	Standard	Ratified SOPs

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Audit colposcopy data quality and implement and monitor a plan to address any issues found	3	3 months	High	Copy of the validated 2016/17 data with details of any actions required in relation to data quality or performance outside standard as appropriate for <ul style="list-style-type: none"> tissue depth of treatment specimens excisional specimens removed as 1 piece screening results from women treated 6 to 8 months previously
13	Ensure colposcopy clinic slots are not available for choose and book referrals	3	3 months	High	Confirmation of arrangements
14	National waiting time standards for first offered colposcopy appointment should be sustainably achieved	3	6 months	High	Performance data, for the period since the QA visit, indicating achievement of national waiting time standards
15	Validate the data for women who have definitive treatment for high grade disease within 4 weeks of the colposcopy clinic receiving the diagnostic biopsy result a biopsy and take action on the findings as required	3	3 months	Standard	Reasons established and agreed action plan as appropriate

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Ensure all colposcopists are following the national human papillomavirus triage and test of cure protocol including discharge to primary care for follow up	1,3	3 months	Standard	Audit demonstrating compliance and action plan as required
17	Update Trust patient letters to ensure that they meet NHS CSP requirements and are consistent across the Trust	3,4,5	3 months	Standard	Updated Trust invitation and result letters
18	Complete an annual colposcopy user survey across the Trust	1	6 months	Standard	Copy of the survey results and agreed action plan as appropriate

Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop and implement a standard operating procedure for case selection for the MDT meetings	1,3	3 months	Standard	Ratified SOP

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 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.