Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Cervical Screening Programme
University Hospitals of Derby and Burton NHS Foundation Trust

08 November 2018

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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 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 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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Prepared by: Screening QA Service (Midlands and East)
For queries relating to this document, please contact: PHE.MidsAndEastQA@nhs.net

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Executive summary

The NHS Cervical Screening Programme (CSP) invites women between the ages of 25 and 64 for regular cervical screening. This aims to detect abnormalities within the cervix that could develop into cervical cancer if undetected and untreated.

The findings in this report relate to the quality assurance visit to University Hospitals of Derby and Burton NHS Foundation Trust screening service (UHDB) held on 8 November 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-visits to the Derby Royal Hospital, UHDB on 23 October 2018
- information shared with the Midlands and East regional SQAS as part of the visit process

Local screening service

Since 2015, commissioning of cervical screening for the Derbyshire, Nottinghamshire and South Staffordshire populations has been the responsibility of the NHS England (North Midlands) Section 7a commissioning team. The North Midlands Screening and Immunisation Team (SIT) is responsible for ensuring UHDB meets the national cervical screening specification.

UHDB provides screening services for women served by the NHS Derbyshire County, Derby City, Nottingham City, Nottinghamshire County and South Staffordshire clinical commissioning groups. The eligible population for cervical screening across these areas is approximately 670,000 women. UHDB also provides a service for the Lincolnshire CCG population of approximately 187,000 women which is the responsibility of the NHS England (Central Midlands) team. The NHS England (North

Midlands) team remains the lead commissioner for the Derby cervical screening service but works with the Central Midlands SIT in relation to cervical screening for the Lincolnshire population.

The cytology and virology services for UHDB are provided at the Royal Derby Hospital. Histology services for Derby's pathology is provided by Derbyshire Pathology, hosted by UHDB. Histology for Queen's Hospital Burton and Sir Robert Peel Community Hospital is provided by Coventry and Warwickshire Pathology, hosted by University Hospitals Coventry and Warwickshire. Colposcopy services for the programme are provided at the Royal Derby Hospital, Queen's Hospital (Burton) and the Sir Robert Peel Community Hospital (Tamworth). The Queen's Hospital and Sir Robert Peel Community colposcopy service were assessed on 25 January 2018 as part of the Burton Hospitals NHS Foundation Trust QA visit. That visit took place prior to the merger of Derby Teaching Hospitals NHS Foundation Trust and the Burton Hospitals NHS Foundation Trust in July 2018. This QA visit has focussed on the services provided at the Royal Derby Hospital.

Findings

Since the last QA visit in 2014, the Derbyshire/Nottinghamshire cervical screening programme has undergone several significant changes and challenges. The cytology service has taken responsibility for screening the Lincolnshire population, in addition to Derbyshire, Nottinghamshire and South Staffordshire. Managing the increased cytology workload without sufficient cytology workforce has been challenging for the service and staff have worked hard to manage the service under these circumstances. Measures are now in place that are improving screening sample turnaround times.

Overall, there is evidence of a high-quality cervical screening service offered at Derby. Data across all professional areas demonstrates good performance against national standards, with the exception of the cervical screening test turnaround times.

This QA visit was undertaken shortly after the merger of the 2 Trusts that now make up UHDB. The timing of this visit has created an opportunity to put in place Trust-wide arrangements for cervical screening across the newly merged organisation.

The priorities will be to appoint Trust-wide lead roles and integrate consistent protocols, procedures and practice across all sites so there is equity of experience for all service users. The complexity of the new and enlarged service should be recognised in the resources allocated to lead roles.

Where appropriate, outstanding recommendations from the 2017 visit to the Burton cervical screening programme have been included in this report so they can be followed-up by the newly formed Trust.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 13 high priority findings as summarised below:

- the new national guidance on the cervical screening provider lead role has not yet been implemented across the new Trust
- a quarterly cervical screening management group meeting is not yet in place across the new organisation
- a UHDB-wide ratified policy and protocol for the audit of all cervical cancer cases and offer of disclosure to women is not yet in place
- not all staff appear to be able recognise screening incidents in accordance with national screening incident guidance
- a Trust-wide lead colposcopist and lead colposcopy nurse are not in place
- colposcopy clinical guidelines to cover the new Trust and that demonstrate consistent clinical practice on all sites have not yet been developed
- there is no documentation for colposcopy administrative arrangements demonstrating consistent practice across all Trust sites
- the data show that the national clinical management pathway for human papilloma virus (HPV) triage and test of cure is not being followed
- not all colposcopists meet the annual workload requirements to practice in the NHS cervical screening programme
- a single cervical screening multi-disciplinary team (MDT) meeting has not yet been established across UHDB
- not all colposcopists meet the national standard for attendance at MDT meetings and not all meetings were attended by a histopathologist

Shared learning

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

- activity by the SIT to improve cervical screening attendance and reduce inequalities including a project for women with learning disabilities, work to improve screening attendance with general practices and other partners, active promotion of the PHE general practice coverage data tool and visiting general practices with less than 70% coverage to provide training

- the SIT has ensured arrangements are in place to offer cervical screening for the Derbyshire women's prison population
- there is visual representation of the reduction in the cervical screening test backlog in the cytology laboratory to motivate staff
- that barcodes are in use in the cytology service to validate specimens to ensure that they are matched with the correct patient
- there has been an in-house validation to compare the 2 HPV testing systems in use in the laboratory which has shown good correlation
- the histopathology department is supporting biomedical scientists to train for the advanced specialist diploma in histopathology reporting
- cervical histology reports automatically include all required information due to an innovative IT solution
- daily multi-headed microscope sessions take place between pathologists to aid decision making and improving knowledge on difficult cases
- comprehensive arrangements are in place to monitor the performance of pathologists. Real time individual data are available and any variation is managed prospectively
- there is a proactive approach to booking interpreters by the colposcopy appointment staff, who will automatically book an interpreter if they note that women have a language difficulty when on the telephone
- there are active links between the colposcopy department and a learning disability nurse to support patients attending with special needs
- there is a health promotion display encouraging attendance for cervical screening in the gynaecology department

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	The commissioner should ensure a signed contract is in place for the University Hospitals of Derby and Burton NHS Foundation Trust (UHDB)	1	6 months	Standard	Confirmation that a single signed contract for 2019/20 is in place
2	The commissioner should revise the terms of reference for the Notts/Derbyshire programme board to reflect the UHDB Trust	1	3 months	Standard	Terms of reference
3	Implement the new national guidance on the cervical screening provider lead (CSPL) role for UHDB	2	3 months	High	Updated job description and evidence of appointment to Trust-wide CSPL Gap analysis against the guidance with evidence of action taken to address any gaps Accountability chart showing links to Trust Board
4	Establish a quarterly UHDB-wide cervical management group meeting	1,2	3 months	High	Terms of reference Membership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	chaired by the CSPL with representation from all cervical screening service leads				Meeting schedule Minutes of meetings taken place since the quality assurance (QA) visit
5	Develop and implement a whole Trust-wide audit schedule for cervical screening services	1,2	3 months	Standard	Copy of the audit schedule and the minutes of the meeting where it was approved
6	Implement a UHDB-wide ratified policy for the audit and offer of disclosure of invasive cervical cancer audit	3,4	6 months	High	Receipt of the UHDB-wide policy
7	Ensure failsafe arrangements are documented across the Trust and are in line with national guidance	5	3 months	Standard	Copy of gap analysis and updated Trust failsafe document
8	Recognise and manage all screening patient safety incidents and serious incidents in accordance with ‘Managing Safety Incidents in NHS Screening Programmes’ and ensure staff awareness	1,6	3 months	High	Evidence of process in place and that all staff have been made aware
9	Update the Trust serious incident management policy with reference to the national screening incident guidance (2017)	1,6	6 months	Standard	Updated policy with links to new guidance
10	Put in place a Trust-wide risk management process	1	6 months	Standard	Receipt of standard operating procedure (SOP)
11	Nominate a deputy for the lead biomedical scientist	1	6 months	Standard	Name of nominated deputy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Establish a service level agreement (SLA) including the quality requirements for the histology service provided by Coventry and Warwickshire Hospitals for the Queen's (Burton) and Sir Robert Peel Community (Tamworth) Hospitals	1	3 months	Standard	Cervical histology SLA with quality requirements included
13	Appoint a Trust-wide lead colposcopist with responsibility for ensuring good practice, compliance with protocols and NHS Cervical Screening Programme (CSP) standards are met, and nominate a deputy	1,7	3 months	High	Evidence of approved job description and job plan with dedicated time allocation Name of nominated deputy
14	Appoint a Trust-wide lead colposcopy nurse with responsibility for ensuring good practice, compliance with protocols and NHS CSP standards are met, and nominate a deputy	1,7	3 months	High	Evidence of approved job description and job plan with dedicated time allocation Name of nominated deputy
15	Put in place 3 monthly Trust-wide colposcopy operational meetings	7	3 months	Standard	Terms of reference and minutes of the meetings that have occurred since the QA visit

Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Update the SLA for cervical specimen transport to ensure samples are delivered promptly to the laboratory	1	3 months	Standard	Copy of the SLA
17	Ensure that all aspects of the national sample acceptance policy are in place	8	3 months	Standard	Copy of SOP
18	Ensure that women with human immunodeficiency virus are given the appropriate 12 month repeat interval when results are sent to the call and recall service	8	12 months	Standard	Copy of SOP
19	Ensure all work processes are fully documented	9	6 months	Standard	Copy of SOP encompassing checks that referred cases are accurately shown on the direct referral list Copy of SOP for the production of cytology data

Human Papilloma Virus (HPV) testing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Update the SLA to include quality requirements for the virology support provided by Sheffield to the cytology department	1	3 months	Standard	Copy of SLA with quality requirements
21	Ensure there are clearly defined protocols that all staff are aware of to reduce risks of contamination	10	3 months	Standard	Copy of SOPs and minutes where cross-contamination protocols have been discussed in the laboratory

Sample taker register

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	The commissioner should ensure documented processes are in place for the running of the sample taker register for its population	1	3 months	Standard	Copy of SOP including: • quality requirements of register provider • communication expected between the provider and UHDB laboratory, including dealing with queries and escalation of issues • arrangements for commissioners to deal with potential sample taker performance concerns

23	Provide individual sample taker information in line with national guidance	1	3 months	Standard	Copy of sample taker information and SOP

Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Develop the cervical histology clinical audit programme to adapt audit topics to service needs and link with the Trust-wide audit schedule	2	3 months	Standard	Evidence of the audit schedule and the minutes of the meeting where it was approved
25	Demonstrate achieving and sustaining national turnaround time standards for histology reporting	11,12	12 months	Standard	Data showing that cervical histology specimens are being reported in line with national standards and that this is being maintained

Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Update colposcopy guidelines to fully cover HPV primary screening and arrangements for patients bringing friends or relatives to clinic	7	3 months	Standard	Updated guidelines
27	Update colposcopy clinical guidelines to cover the new Trust and demonstrate consistent clinical practice on all sites	7	6 months	High	Copy of ratified UHDB-wide guidelines

28	Ensure colposcopy slots are not available for choose and book referrals (Burton)	7	3 months	Standard	Confirmation of arrangements
29	Update and compile all administrative arrangements for the colposcopy service into a single document to ensure consistent practice across all Trust sites	7	6 months	High	Copies of documentation
30	Put in place business continuity arrangements for all colposcopy administrative processes	1	3 months	Standard	Copy of data validation SOP and business continuity arrangements
31	Implement a protocol for training and allocating personal identification numbers to hospital staff taking cervical samples (Burton)	1,7	6 months	Standard	Copy of SOP
32	Demonstrate that all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	7,13	6 months	High	Copy of audit report and any action taken
33	Put in place arrangements which ensure all colposcopists meet the requirements for British Society for Colposcopy and Cervical Pathology accreditation and NHS CSP workload levels	7	6 months	High	Document detailing SOP in place
34	Ensure colposcopy waiting time standards are met routinely	7	3 months	Standard	Evidence of achievement and maintenance of waiting time standards
35	Audit colposcopy data quality and achievement of national standards by individuals on all sites and implement	7	6 months	Standard	Copy of audit results and details of the actions taken

	and monitor a plan to address any issues found				
36	Develop the colposcopy clinical audit programme to adapt audit topics to service needs and link with the Trust-wide audit schedule	1,7	3 months	Standard	Evidence of the audit schedule and the minutes of the meeting where it was approved
37	Invitation letters need to include the screening test result and the HPV primary screening leaflet where applicable	14	3 months	Standard	Copies of template letters and SOP for letter and leaflet use
38	Complete an annual colposcopy user survey across the Trust	1,7	12 months	Standard	Outcomes from UHDB-wide survey and details of the actions taken

Multi-disciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Establish UHDB-wide MDT meetings	1	3 months	High	Terms of reference Membership Meeting schedule
40	Ensure histopathologist attendance at 100% of MDT meetings	11	3 months	High	Attendance records for MDT meetings after the QA visit showing the standard is met
41	Ensure all colposcopists attend a minimum of 50% of MDT meetings	7	3 months	High	Attendance records for MDT meetings after the QA visit showing the standard is met

42	Demonstrate that all relevant cases are identified and discussed at the MDT meeting and outcomes are followed up	1,2, 7,9,11	6 months	Standard	Completed audit, findings and action taken

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. 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.