



Public Health  
England

# **Screening Quality Assurance Visit Report**

## **NHS cervical screening programme The Rotherham NHS Foundation Trust**

25 January 2018

**Public Health England leads the NHS screening programmes**

# About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

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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 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. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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## Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
<b>Underpinning functions</b>		
<b>Uptake and coverage</b>	No	To be addressed in report on call and recall
<b>Workforce</b>	Yes	
<b>IT and equipment</b>	Yes	
<b>Commissioning</b>	No	
<b>Leadership and governance</b>	Yes	
<b>Pathway</b>		
<b>Cohort identification</b>	No	To be addressed in report on call and recall
<b>Invitation and information</b>	No	To be addressed in report on call and recall
<b>Testing</b>	Yes	
<b>Results and referral</b>	Yes	
<b>Diagnosis</b>	Yes	
<b>Intervention / treatment</b>	Yes	

## 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 (QA) visit of The Rotherham NHS Foundation Trust screening service held on 25 January 2018.

### Quality assurance purpose and approach

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, commissioner and external organisations
- information shared with the North regional SQAS as part of the visit process

### Local screening service

The Rotherham NHS Foundation Trust serves a population of more than 320,000 people. NHS England North (Yorkshire and the Humber) South Yorkshire and Bassetlaw Locality Team has the commissioning responsibility for the cervical screening programme at the trust. NHS Rotherham Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Colposcopy and histology reporting services are provided at Rotherham Hospital.

### Findings

The previous QA visit to the programme was in February 2013. The service is well organised with an engaged and motivated workforce within each department. The histopathology service has been under pressure with workforce capacity issues; however, NHS cervical screening programme (NHSCSP) performance standards have continued to be met and an annual audit schedule maintained.

## High priority

The QA visit team identified 9 high priority findings which related to 3 main themes: governance, accommodation and policy within the service. These are summarised below:

- lack of clarity about the governance arrangements and intended future provision for the pathology service within the Barnsley and Rotherham Integrated Laboratory Service
- excisional treatment at first visit for women with a high grade cytology referral is not available at the Greenoaks site
- no permanently sited colposcope, separate waiting area or refreshments available at the colposcopy clinic within the endoscopy suite
- formalisation of roles and available capacity for lead histopathologist and lead nurse for colposcopy
- clinical guidelines are not in line with current practice and do not meet the national NHSCSP guidelines

## Shared learning

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

- pre-visit risk assessment undertaken with trust clinical governance team
- comprehensive histopathology induction pack
- proactive approach to health promotion involving liaison with local media and raising profile of cervical screening within the trust

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Make sure that the formal process for ratification at trust governance board is completed for hospital-based programme co-ordinator report	6	3 months	High	Hospital-based programme co-ordinator's report with circulation list
2	Make sure the lead histopathologist has a defined job description for the lead role	6	6 months	High	Job description

### Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Provide clarity on the governance arrangements within Barnsley and Rotherham Integrated Laboratory Services for pathology services	6	3 months	High	Governance arrangements, pathology workforce and service risks
4	Document the procedure for the assessment and acceptance of locum staff prior to appointment	5	6 months	Standard	Policy

## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Update standard operating procedure(s) to define use of levels on cervical specimens	7	3 months	Standard	Standard operating procedure

## Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review colposcopy service capacity and develop workforce plan to sustainably meet current and predicted future demand	6	6 months	Standard	Workforce plan
7	Make sure that the lead nurse colposcopist has sufficient capacity to undertake her NHSCSP role in full	6	3 months	High	Agreed action plan
8	Ensure colposcopy IT database can capture key performance indicators	6	12 months	Standard	Individual colposcopy data
9	Reduce manual administrative processes to include an interface with trust patient demographic system	6	12 months	Standard	Confirmation of interface upgrade to trust IT system
10	Update the local colposcopy clinical guidelines to fully detail current trust practice in line with NHSCSP guidance	8	3 months	Standard	Ratified updated guidelines
11	Implement standard operating procedures for colposcopy administrative processes for triage of referrals into appointment slots	6	3 months	High	Standard operating procedures

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Review clinic facilities to ensure equity of service provision for women, including access to 'see and treat' and television-monitoring facilities	6	6 months	High	Review outcome and action plan
13	Ensure women receive their results within 4 weeks of the colposcopy clinic receiving a diagnostic biopsy report	6	6 months	Standard	Agreed action plan with evidence of regular monitoring
14	Complete clinical audits on rate of see-and-treat, depth-of-loop excision and residual disease looking at individual colposcopist data and take action to meet national standards	8	6 months	High	Complete audit and action plan
15	Update trust patient letters to include a named contact and colposcopy clinic number	10	3 months	Standard	Revised ratified letter
16	Update trust patient leaflets and trust post-treatment patient leaflets	10	3 months	Standard	Revised ratified leaflet including accurate reflection of clinic facilities, standardised translated text offering information in other languages and out-of-hours contact
17	Ensure that all colposcopy facilities meet NHSCSP requirements	8	12 months	High	Action plan for addressing issues with facilities
18	Conduct risk assessment for lack of earth reference bar for mains supply	9	3 months	Standard	Outcome of risk assessment

## Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Update standard operating procedure for case selection for the multidisciplinary team (MDT) meetings	8	3 months	Standard	Ratified standard operating procedure
20	Ensure histopathology representation at MDT meetings	8	12 months	High	MDT attendance records January 2018 to December 2018

## Next steps

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

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.