NHS
Cancer Screening Programmes

Cervical Screening QA Team Visit Summary Report

Derbyshire and Nottinghamshire Cervical Screening Programme (Sherwood Forest Hospitals NHS Foundation Trust)

2 June 2014

About the NHS Cancer Screening Programmes

The NHS Cancer Screening Programmes are operated by Public Health England. Its role is to provide national management, co-ordination, and quality assurance of the three cancer screening programmes for breast, cervical, and bowel cancer.

About Public Health England

Public Health England's mission is to protect and improve the nation's health and to address inequalities through working with national and local government, the NHS, industry and the voluntary and community sector. PHE is an operationally autonomous executive agency of the Department of Health.

www.gov.uk/phe

Lead authors:

P.Pearmain / S.Askew / C.Lawlor and the members of the East and West Midlands Cervical Screening QA Team

Any enquiries regarding this publication should be sent to

philippa.pearmain@phe.gov.uk

Published: 18 July 2014

Contents

Purpose of the QA Team Visit

The purpose of the QA Team visit is to:

1. Assess the performance and organisation of cervical screening programme services against NHS Cancer Screening Programmes national standards
2. Share the good practice observed in East and West Midlands cervical screening services
3. Provide an opportunity for the QA Team to observe the facilities within which the service operates
4. Give staff an opportunity to raise any concerns or issues which they may have
5. Assess the links and communication between different parts of the cervical screening programme
6. Allow the QA Team to make recommendations as indicated through the data reviewed and the pertinent information gleaned before and at the visit.

The contents of this report and the data used have been taken from the following sources:

1. Standard cervical screening outcome measures data
2. Information from the QA Team visit pre-visit questionnaires which are completed by lead staff from each professional area of the cervical screening service prior to the QA Team visit
3. Additional information requested on the QA Team visit checklists supplied with the pre-visit questionnaire
4. Information from questionnaires sent to individual staff members
5. The findings from pre-visits and potential attendance at a cervical screening multi-disciplinary team (MDT) case discussion meeting
6. Information shared with the QA Team at the individual professional review meetings.

The effectiveness of the QA Team visit is dependent upon the openness of the service to share all necessary information in a frank and complete manner. At no time during the QA Team visit does the QA Team formally audit the everyday use of systems of work, policies and procedures.

QA Team visit reports will be sent to the appropriate chief executives and commissioners and should be considered at executive Board meetings, or equivalent, and at appropriate clinical governance fora.

Providers and commissioners are responsible for the satisfactory completion of all recommendations. The East and West Midlands Cervical Screening QA Reference Centre will follow up progress with achievement of the recommendations at regular intervals.

Organisations Involved

Sherwood Forest Hospitals NHS Foundation Trust

King's Mill Hospital
Mansfield Road
Sutton in Ashfield
Nottinghamshire
NG17 4 JL

01623 622515

Newark Hospital
Boundary Road
Newark
Nottinghamshire
NG24 4DE

01636 681681

Participants in the Cervical Screening QA Team Visit

Area Team Representative	Ms Claire Probert, Screening and Immunisation Manager, NHS England	
Hospital Trust Representative	Mr Dale Travis, Divisional General Manager	
Professional Group	**QA Team Representative(s)**	**Service Representative(s)**
Hospital-based Co-ordination	Ms Philippa Pearmain Mrs Sarah Askew	Dr Samiya Ibrahim
Pathology	Dr Steve Ferryman	Dr Samiya Ibrahim
Colposcopy	Mr Charles Redman Mrs Sarah Askew	Mr Clive Gie
Colposcopy Nursing	Mrs Phyllis Dunn Mrs Sarah Askew	Ms Salli Lawson Ms Sandra Moloney Dr Sonya Rees
Management Review (20 June 2014)	Ms Philippa Pearmain Mrs Sarah Askew	Dr Samiya Ibrahim, Hospital-based Co-ordinator Mr George Morgan, Consultant Colposcopist Ms Salli Lawson, Nurse Colposcopist Ms Linda Syson-Nibbs, Screening and Immunisation Lead, NHS England Derbyshire and Nottinghamshire Area Team
QA Team Visit Administration	Ms Claire Lawlor, QA Administration Manager, East and West Midlands Cancer Screening QA Reference Centre	

Management Review

This cervical screening QA Team visit is the second in a series of visits to all the services that make up the Derbyshire and Nottinghamshire Cervical Screening Programme during the Spring and early Summer of 2014. Commissioning and public health provision from the NHS England Derbyshire and Nottinghamshire Area Team (AT) and the cervical cytology activities carried out at the Derby Hospitals NHS Foundation Trust, both of which cover the whole area, were visited on 15 May 2014. The Sherwood Forest Hospitals NHS Foundation Trust provides cervical screening management, histology and colposcopy services as part of the overall local Programme.

The main priorities for the Sherwood Forest Hospitals NHS Foundation Trust are to establish clear governance arrangements for the cervical screening services it provides and appoint to the critical post of hospital-based cervical screening co-ordinator as the existing postholder is due to step down shortly. An essential part of providing a robust infrastructure for cervical screening activities is through clearly defining roles and responsibilities and accountability. This applies to the roles of hospital-based co-ordinator, the lead colposcopist (and designated deputy) and a Trust-wide lead colposcopy nurse and deputy which all need to be formally defined and agreed. Unfortunately, the Trust did not identify senior management/Board level representation, above the level of clinical director, to attend either the feedback session or management meeting elements of this QA Team visit. This raises concerns about Trust engagement in the visiting process and means that the visiting team is unable to identify by what governance mechanism the Trust will oversee completion of the recommendations made. Implementation of a number of recommendations could be challenging and are likely to require senior Trust support so this engagement is vital.

As mentioned above, new arrangements for hospital-based cervical screening co-ordination are required. This gives an opportunity to review and strengthen all the governance arrangements for the cervical screening service including an appropriate role description, time allocation, administrative support and accountability structure for the co-ordinator. Once in place, quarterly cervical screening business/management meetings can be formally established, along with six monthly meetings with the person to whom the co-ordinator will be accountable and formal twice-yearly reporting to an appropriate Trust-wide clinical governance committee which can deal with both gynaecology and laboratory issues. There are a number of policy documents that need to be developed or updated to support cervical screening activities and how they link in with the wider Trust. These include developing a policy to cover the retrospective audit of screening histories in women who are diagnosed with cervical cancer. This can involve disclosing information on things that may have gone wrong in the past and is therefore a high risk activity. In addition, the Trust serious incident policy should include a reference to following the national guidance on the management of screening incidents and a complimentary system is required to ensure that the hospital-based co-ordinator is systematically alerted to potential or actual cervical screening incidents occurring within the Trust so that the necessary action can be taken. In relation to confidentiality training, all staff have completed mandatory annual information governance training, but a system to ensure that they also receive an update on confidentiality in relation to the cancer screening programmes is also required by national guidance. The QA Reference Centre has a resource that can be used for this purpose.

The pathology service at the Trust has undergone major change following the transfer of cervical cytology services to the Derby Royal Hospital in March 2011. As a result, only histopathology services in relation to cervical screening are now provided on-site. It is essential that when reporting cervical histology specimens that pathologists have easy access to the full cytology report issued in Derby. An electronic system has been set up, but does not appear to be working. This needs immediate attention. The department is struggling with staffing levels and as a result, is sending a whole pathologist's work away for reporting in Nottingham. The service level agreement (SLA) governing this work was received after the QA Team visit and after review by the QA Team is considered inadequate. Whilst there is no suggestion of a quality problem with the work being reported at Nottingham, there is insufficient detail in the SLA on the quality and monitoring requirements for cervical specimens to be assured that the SLA would be robust enough to manage a situation should it arise. This needs to be addressed to ensure that work sent away is managed in line with national requirements for these specimens. Whilst outside the remit of this QA Team visit, it would be prudent for the Trust to review the SLA in the context of ensuring that quality standards are clear for all types of specimen sent away as part of this agreement.

Staffing shortfalls throughout the laboratory have led to delays in issuing reports, which has had a knock on effect for colposcopy in meeting national standards to inform women of their colposcopy results, however, this is now improved through the work sent away and also due to the cutting of additional histology levels when specimens are received. Turnaround times are now meeting the challenging national standards and there is comprehensive monitoring of performance in this area. Now that staffing is more stable, it should be possible to revert back to cutting a smaller number of levels, as indicated in national guidance. Cervical histology reports were reviewed as part of the QA Team visit and it is noted that not all the required dataset items are included. Use of a minimum data set checklist or proforma for reporting is needed in order to be compliant with national guidelines; this includes work sent away for reporting. Once implemented, reporting of the required dataset items should be audited to establish ongoing compliance. Of particular note within the laboratory is the use of "Lean" methodology and the system by which all issues that arise are logged onto a shared spreadsheet and discussed at a monthly meeting which involves the consultants and the quality manager. This latter process has not been seen by the QA Team in other laboratories and is to be particularly commended.

Monthly multi-disciplinary team (MDT) case discussion meetings take place and there is good attendance at these meetings, if sick leave is taken into account. A recommendation has been made in collaboration with the Derby Royal Hospital cytology service to standardise the paperwork used for these meetings which will ensure that all the relevant information is available. At present, cases at the Sherwood Forest Hospitals NHS Foundation Trust are predominantly identified by the colposcopy department. A system should be established to ensure that all histological cases that meet the national criteria for discussion are identified systematically by the laboratory so that it can be assured that cases are not missed.

Providing colposcopy services over more than one hospital site can generate challenges in ensuring that the clinics are consistent and clearly part of a single overall service for the women who attend. Although there is a single lead colposcopist for both sites and utilisation of a single in-house colposcopy database, in practical terms, the King's Mill and Newark Hospital colposcopy services operate independently. Two of the colposcopists travel between the sites, but nursing and administrative staff are based at the relevant site and there is little opportunity for communication and joint working. Mechanisms to work as a single team across the sites

should be developed. To further support development of a Trust-wide service, the draft clinical guidelines, a single set of operational guidelines for the clinics along with standard patient letters that are consistent with national guidance on content should be agreed between all members of the team. Further protocols should be developed or updated in relation to cervical sample taking within the hospitals (to ensure all involved have been suitably trained and results are managed appropriately) and the provision of discharge information to the East Midlands call and recall service where inclusion of unnecessary clinical details needs to be avoided.

It is a point of good practice that colposcopists enter data directly into the colposcopy database during the patient's consultation as this is the most efficient method of capturing the necessary information. However, at present a colposcopy audit programme, incorporating patient feedback along with clinical, nursing and administrative aspects is not in place and such a programme should be developed in collaboration with all parties. The audit plan should include assessment of national standards at both clinic and individual colposcopist level. Prior to the QA Team visit, in addition to the routine colposcopy data already available to the QA Team, a number of data reports were requested, the majority of which were provided. There needs to be further validation of the reports, and the 'did not attend' rates reported within the mandatory quarterly national "KC65' Korner returns, to establish the accurate position in relation to performance against the national standards. An action plan to address any areas of non-conformance will need to be agreed if the validated data demonstrate any issues.

Data are not collected at present in relation to the proportion of women offered treatment within four weeks of having a biopsy taken or the proportion of women who have a negative screening result within eight months of treatment (cyto-reversion). This needs to be incorporated into the routine data collection and audit process. National guidance is that the quarterly KC65 return should be provided at an individual clinic level so that any differences between sites can easily be identified and addressed. This has not happened at this Trust historically and so arrangements need to be made to enable production of two separate KC65 data returns in future.

Colposcopy clinic capacity at both hospitals is under pressure at present due to the non-recurrent increase in referrals caused by year two of the roll out of human papilloma virus (HPV) testing within the national cervical screening programme. This is being managed through extra clinics as required but performance is not quite reaching the national standard targets and is very variable for two week wait referrals which are high priority to see in a timely fashion. New standards for waiting times to colposcopy are now in place and there is an expectation from commissioners that these will be met by April 2015. Once the second year of HPV testing roll out is complete in September, workload should begin to fall and this will facilitate meeting the new waiting times. However, a significant proportion of women seen in the colposcopy clinic at present are referred due to non-urgent clinical indications, outside of the screening pathway. This should be reviewed as it is unlikely that many of these women require colposcopy and this will free up clinic slots. In addition, permanent arrangements for additional colposcopy clinics are likely to be required at the Newark Hospital site as under the new standards, many more women will need to be offered appointments within two weeks. This is not possible to achieve consistently with only a single weekly clinic and is likely to have an adverse effect on patient attendance and clinic capacity at King's Mill Hospital if Newark patients have to be offered appointments there instead. New arrangements for nursing support will be required at the King's Mill Hospital as at present, the clinic does not meet the national standard of having at least two nurses, one of whom must be qualified, available for all

colposcopy clinics. In order to meet the standard, both nurses need to be allocated to the clinic for its duration.

Overall, from a colposcopy perspective, the key issue is to develop a single service across both of the hospital sites where colposcopy is carried out.

The follow up management meeting took place on 20 June 2014 and this gave an opportunity to discuss the initial action taken on receipt of the immediate and three month recommendations. As mentioned earlier in this report, there was no senior management representation from the Trust which is disappointing. The screening and immunisation lead representing NHS England was present which was very helpful. From the discussions, positive action has begun in a number of areas which is encouraging. However, it is clear that recommendations made in respect of the single lead colposcopy nurse, nursing staffing within colposcopy clinics, management of capacity to meet new national waiting times and joint working across the two hospital sites may be challenging to achieve. Senior Trust input is likely to be needed to facilitate and support resolution of these issues. Input will also available from the commissioners and the QA Reference Centre as required.

Points of Good Practice

The visiting professional representatives would like to thank the teams at the **Sherwood Forest Hospitals NHS Foundation Trust** for their help in organising a valuable and productive QA Team visit and congratulate them on the following areas of good practice:

- A wide ranging cervical screening annual report is produced by the hospital-based co-ordinator.
- A comprehensive, easy to follow protocol has been developed to cover the process of auditing all cases of invasive cervical cancer.
- The laboratory has a comprehensive system in place to monitor specimen turnaround times on a monthly basis and has taken actions to ensure that the laboratory achieves the Royal College of Pathology (RCPath) target of reporting 80% of histology samples in seven days and 90% in 10 days.
- There is regular production and dissemination of individual pathologist workload, RCPath workload scores and turnaround data.
- The laboratory has implemented "Lean" methodology with small batch working and excellent visual management aids such as colour-coded cassettes for different types of samples or urgent samples together with codes on cassettes which indicate how many levels or spares should be cut.
- All cervical samples undergo a quality microscopy check before they are released to consultants to ensure that there is a complete epithelial surface allowing the case to be reported without the need for further levels in most cases.
- There is an innovative error logging system actively used throughout the laboratory. This is accessible by the quality manager on a shared drive and there is a flagging system to indicate which errors require further investigation. There are monthly meetings with the quality manager, including all consultants to discuss any issues raised.
- There is 100% attendance at the cervical screening multi-disciplinary team (MDT) by a consultant pathologist.
- Direct data entry is undertaken by all colposcopists which increases the efficiency of the colposcopy administrative process.

- There is an effective system is place for recording colposcopy data relating to patients who require treatment under general anaesthetic.

- A standard list of indications for selection of cases for discussion at the cervical screening case discussion meeting is in place.

- At Newark Hospital colposcopy service, the appointment administrator telephones patients directly in order to ensure that clinic slots are filled.

- Single-use equipment is utilised in the colposcopy clinic.

- At King's Mill Hospital, in conjunction with direct data entry, there is a pink manual backup form which records the colposcopy procedures undertaken as a failsafe should the database become unavailable and easily highlights any colposcopy episodes in the patient notes.

Summary of Immediate Recommendation

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With an Immediate Implementation Timescale
Pathology	R1.1	An operational process by which the histopathologists at the Sherwood Forest Hospitals NHS Foundation Trust can routinely access the cytology test reports at the Derby Hospitals NHS Foundation Trust should be implemented. Details of the system in place along with confirmation that remote access to cytology reports is available and in routine use by all pathologists should be provided to the QA Reference Centre by **16 June 2014.**

Summary of Short Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Short Term Implementation Timescale
Hospital-based Co-ordination	R3.1	A formal appointment to the role of hospital-based cervical screening co-ordinator should be made. Confirmation of the formal appointment, along with a copy of the role description, accountability structure, time and administrative support should be provided to the QA Reference Centre.
	R3.2	In conjunction with the Derby Hospitals NHS Foundation Trust and the hospital Trusts from the wider Derbyshire and Nottinghamshire cervical screening network, a standard format for multi-disciplinary team (MDT) meeting records should be introduced. This should include standardised summary minutes for each meeting. A copy of the of the revised MDT documentation, along with copies of the minutes of the meetings that have taken place since the QA Team visit should be provided to the QA Reference Centre.
Pathology	R3.3	The existing service level agreement (SLA) in place between the Sherwood Forest Hospitals NHS Foundation Trust and the Nottingham University Hospitals NHS Trust should be updated to reflect the specific arrangements in place for the outsourcing of pathology reporting for cervical specimens on behalf of the Sherwood Forest Hospitals NHS Foundation Trust. The SLA, or an addendum, should incorporate the required quality standards in line with NHS Cancer Screening Programme (NHSCSP)/Royal College of Pathologists (RCPath) guidance and in particular should include agreement that all pathologists use a standard proforma or minimum dataset list for the reporting of all cervical treatment specimens, as per R3.5. A copy of the updated, signed SLA or addendum should be provided to the QA Reference Centre.

Summary of Short Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Short Term Implementation Timescale
Pathology contd	R3.4	The number of levels carried out on cervical biopsy specimens should be revised to be consistent with the NHS Cancer Screening (NHSCSP)/Royal College of Pathologists (RCPath) guidance. Confirmation of the changes implemented should be provided to the QA Reference Centre.
	R3.5	All pathologists, including those reporting externally at the Nottingham University Hospitals NHS Trust, should use either a standard proforma or a minimum dataset list for the reporting of all cervical treatment specimens to ensure that all the nationally required elements are included. Details of the steps taken to ensure a standard format and content of reports, along with anonymised copies of the last 20 consecutive cervical treatment specimens reported prior to submission of the evidence to achieve these recommendations should be sent to the QA Reference Centre.
	R3.6	An audit to check that all histology cases that should be discussed at multi-disciplinary team (MDT) meetings (as defined in national guidance) are being included in the meetings should be undertaken. The outcome of the audit and details of any actions taken as a result should be provided to the QA Reference Centre.
Colposcopy	R3.7	Formal appointment of the lead consultant colposcopist should be confirmed by the Trust. There should be a clear role description and line of accountability and a deputy should be identified. Evidence of the formal appointment of the lead colposcopist and a signed copy of the role description and accountability arrangements, along with the name of the designated deputy lead colposcopist should be provided to the QA Reference Centre.

Summary of Short Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Short Term Implementation Timescale
Colposcopy contd	R3.8	The colposcopy clinical guidelines should be reviewed across the cervical screening multi-disciplinary team and formally approved and disseminated to all relevant staff. A copy of the approved colposcopy clinical guidelines along with the minutes of the meeting at which they were approved should be provided to the QA Reference Centre.
	R3.9	A Trust-wide protocol should be in place covering cervical sample taking in the colposcopy and gynaecology clinics ensuring that all cervical samples within the Trust are performed by clinicians who have been allocated a unique personal identification number (PIN). The protocol should include how the required training and PIN allocation is carried out and indicate how results are issued to women which are consistent with nationally required text. A copy of the protocol should be provided to the QA Reference Centre.
	R3.10	The colposcopy service should update the protocol for the colposcopy discharge information sent to the call and recall service to ensure that only the minimum relevant patient information is exchanged and that unnecessary patient information is not provided. A copy of the revised protocol should be provided to the QA Reference Centre.
	R3.11	Two separate 'KC65' colposcopy performance quarterly data returns, which reflect the King's Mill and Newark Hospital clinics should be generated in place of the current single data return. The individual reports for the period since the QA Team visit, and going forward, should be provided to the QA Reference Centre.

Summary of Short Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Short Term Implementation Timescale
Colposcopy contd	R3.12	Full validation of the colposcopy performance data submitted in advance of the QA Team visit should be completed and an action plan to address any non-conformance with national colposcopy performance standards should be devised. A copy of the fully validated colposcopy data along with the associated action plans should be provided to the QA Reference Centre.
Colposcopy Nursing	R3.13	A review of the arrangements for the Trust lead colposcopy nurse role should be undertaken so that the role encompasses both hospitals in which colposcopy is carried out. A suitable deputy Trust lead nurse should be identified. The arrangements established along with the name of the nominated deputy should be provided to the QA Reference Centre.
	R3.14	The colposcopy nursing and administration teams on both clinic sites should work jointly to ensure that a single Trust-wide colposcopy service is provided for women. The arrangements established should facilitate good communication and feedback systems for staff working in colposcopy across the Trust. Details of the arrangements established should be provided to the QA Reference Centre.
	R3.15	A document describing the operational arrangements for colposcopy on both hospital sites should be developed and agreed by the colposcopy team. A copy of the approved Trust colposcopy nursing operational guidelines along with the minutes of the meeting at which they were approved should be provided to the QA Reference Centre.
	R3.16	Patient letters across the colposcopy service should be updated to ensure that they comply with national guidance on letter text and to ensure there is consistency in letter content across the service. Copies of the revised colposcopy patient letters should be provided to the QA Reference Centre.

Summary of Medium Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Medium Term Implementation Timescale
Hospital-based Co-ordination	R6.1	A regular meeting (at least six monthly) for the hospital-based co-ordinator to meet with the person they are accountable to, to discuss cervical screening programme-related issues should be implemented. Dates of the meetings along with the notes from the first meeting should be provided to the QA Reference Centre.
	R6.2	Formal quarterly cervical screening business/management meetings chaired by the hospital-based co-ordinator and with representation from all disciplines across both hospital sites should be established. The meetings should have formal terms of reference to include standing agenda items and an appropriate reporting route for the group should be identified and approved. Standing agenda items should include: • cervical histology specimen turnaround times • colposcopy performance • audits • feedback from the Derby Hospitals NHS Foundation Trust cytology service • incidents and risks • new national and local guidelines A copy of the terms of reference, agreed reporting structure and meeting dates for the next twelve months should be provided to the QA Reference Centre along with the agendas and minutes of any meetings occurring since the QA Team visit.

Summary of Medium Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Medium Term Implementation Timescale
Hospital-based Co-ordination contd	R6.3	Formal six monthly reporting on cervical screening issues by the hospital-based co-ordinator to a Trust-wide clinical governance committee should be established. Confirmation of the arrangements put in place, dates of meetings where reports will be given and a copy of the first report and minutes demonstrating its presentation should be provided to the QA Reference Centre.
	R6.4	A policy on the disclosure of cervical screening audit results should be developed and formally approved by the Trust. A copy of the final approved Trust policy should be provided to the QA Reference Centre.
	R6.5	The Trust serious incident policy should be updated to include an appropriate reference to the national guidance on the management of incidents in screening. A copy of the updated policy should be provided to the QA Reference Centre.
	R6.6	A mechanism for identifying incidents or potential incidents related to cervical screening activities and bringing them to the attention of the hospital-based co-ordinator should be established. Details of the process put in place should be provided to the QA Reference Centre.

Summary of Medium Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendations With Medium Term Implementation Timescale
Hospital-based Co-ordination contd	R6.7	A system should be established to ensure that all staff involved in cervical screening across the hospital Trust have access to three yearly cancer screening-related confidentiality training. All staff should undertake this training and training registers evidencing training has been completed should be maintained. Details of the system established to ensure that all staff involved in cervical screening activity across the hospital Trust have undertaken cancer screening-related confidentiality training along with evidence that this training has taken place should be provided to the QA Reference Centre.
Pathology	R6.8	An audit of reporting against the NHSCSP/RCPath standard data set for cervical treatment specimens should be undertaken to ensure that pathologists are reporting in line with national standards. A copy of the audit and action plan to address any non-conformance should be provided to the QA Reference Centre.
Colposcopy	R6.9	Clinic capacity and the practice of allocating appointment slots to patients with non-urgent clinical indications should be reviewed and revised in order to ensure that across both the King's Mill and Newark Hospital clinics all women can be offered appointments within the new national waiting time standards of two and six weeks and that clinics are dedicated to colposcopy patients as required by national guidance. Evidence of the revised arrangements/clinic booking rules covering both colposcopy clinics and a progress report on achievement of the new national standard waiting times should be provided to the QA Reference Centre.

Summary of Medium Term Recommendations

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

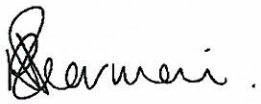
Professional Area		Details of Recommendations With Medium Term Implementation Timescale
Colposcopy contd	R6.10	Evidence of the outcome of the action plan to address areas of non-conformance against national standards (R3.12) should be provided to the QA Reference Centre.
	R6.11	Data on the proportion of women with high grade 'CIN' confirmed on biopsy and then offered an appointment for treatment within four weeks and the proportion of women who have negative screening results within eight months of treatment (cyto-reversion) should be routinely collected. A report using data covering the period since the QA Team visit should be provided to the QA Reference Centre.
Colposcopy/Colposcopy Nursing	R6.12	A routine colposcopy audit programme should be established covering all aspects of the clinical service (including service-wide and individual colposcopist performance against national standards, patient feedback and other topics of interest to the local team) and a process agreed for discussing the results of the audits in an appropriate forum. Details of the audit programme established and the procedure agreed for discussing the results of the audits should be provided to the QA Reference Centre.
Colposcopy Nursing	R6.13	Two nurses, one of whom is qualified, should be available for all colposcopy clinics, including the clinics of nurse colposcopists, as per national guidance. A review of the current nursing provision should be undertaken and an appropriate action plan devised. Details of the outcome of the review and the resulting action plan, and a progress report on the plan's implementation should be provided to the QA Reference Centre.
	R6.14	The patient information leaflet should be updated to remove out-dated text. A copy of the updated information should be provided to the QA Reference Centre.

Summary of Longer Term Recommendation

SERVICES VISITED: **Sherwood Forest Hospitals NHS Foundation Trust**

CHAIR OF VISITING TEAM: Ms P Pearmain **DATE OF VISIT:** 2 June 2014

Professional Area		Details of Recommendation With Longer Term Implementation Timescale
Colposcopy	R12.1	The results of the routine colposcopy audits undertaken since the QA Team visit, as detailed in R6.10, and the minutes of the meetings in which they were discussed should be provided to the QA Reference Centre.

Authorised by: 

Designation: Director of Cancer Screening Quality Assurance, West Midlands Date: 18/07/14