



Public Health  
England



# **Screening Quality Assurance visit report**

## **NHS Cervical Screening Programme Leeds Teaching Hospitals NHS Trust**

**Public Health England leads the NHS Screening Programmes**

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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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## 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 Leeds Teaching Hospitals NHS Trust screening service held on 9 and 10 May 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 shared with the North regional SQAS as part of the visit process

### Local screening service

The area served by Leeds Teaching Hospitals NHS Trust has an eligible population of approximately 210,000 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation.

NHS England North (Yorkshire and the Humber) West Yorkshire Locality Team has the commissioning responsibility for the cervical screening programme at Leeds Teaching Hospitals NHS Trust. NHS Leeds Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Cytology screening and histology are provided at St James's University Hospital. The trust provides colposcopy services at St James's University Hospital and Wharfedale Hospital.

## Findings

The previous QA visit to the programme was in September 2013. The service is well organised with an engaged and motivated workforce within each department. The cytology service has been experiencing high volume of cytology samples, this is reflected nationally. There are challenges with workforce capacity to achieve the 14 day turnaround times and due to the uncertainties in the future implementation of human papilloma virus (HPV) primary screening, it is difficult for the service to make workforce plans.

All recommendations have been addressed since the last visit.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 13 high priority findings which related to 5 main themes: governance and lead roles, staffing, adequate IT, performance and policy within the service. These are summarised below:

- no clear lines of accountability for colposcopy lead role and designated NHS Cervical Screening Programme (NHSCSP) sessional commitment for lead histopathologist
- the cytology service are not meeting key performance indicators for 14 day turnaround of cervical samples
- inconsistent and infrequent clinic sessions and facilities at Wharfedale Hospital
- colposcopists that are not meeting standard for NHSCSP new referrals
- level of clinic nursing support staffing does not consistently adhere to NHSCSP guidance
- inadequate colposcopy IT database for data capture of key performance indicators
- no documented colposcopy administration procedures including roles and responsibilities
- colposcopy service adherence to NHSCSP triage and test of cure guidance and NHSCSP 20 for follow up of women and proportionate biopsy rates

## Shared learning

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

- strong oversight and leadership in cervical screening provider role
- cervical screening provider lead attends the Leeds Screening Promotions Group
- cytology and pathology dashboards for monitoring performance
- high quality histopathology tracking system for cervical specimens

## 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 the arrangements for cervical screening provider lead role meet the requirements of national guidance	3	6 months	Standard	National guidance has been reviewed and any change requirements identified
2	Make sure the cervical screening provider lead has accountability to the chief executive officer	3	6 months	High	Accountability structure
3	Ratify invasive cervical cancer audit disclosure policy and complete a prospective audit to demonstrate offer of disclosure of invasive cervical cancer audit	12	6 months	Standard	Policy and audit
4	Develop and implement a whole trust annual audit schedule for cervical screening services	4	12 months	Standard	Annual audit schedule covering cytology, HPV testing, colposcopy and histopathology
5	Update trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	11	6 months	Standard	Ratified policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Make sure the lead cytopathologist for cervical screening has designated sessions to fulfil the role	4	6 months	High	Job plan with dedicated professional activity allocation
7	Formally document medical cover arrangements for the working week	6	3 months	High	Protocol
8	Appoint a laboratory lead for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHSCSP standards are met	4	6 months	Standard	Job description, job plan with dedicated professional activity allocation
9	Make sure the lead histopathologist for cervical screening has designated sessions to fulfil the role	4	6 months	Standard	Job plan with dedicated professional activity allocation
10	Ensure that the lead colposcopist has a clear job description in place with lines of accountability and formal deputisation	9	6 months	Standard	Job description and confirmation of formal deputisation
11	Ensure that there is a process to disseminate colposcopy meeting information to nursing staff at Wharfedale Hospital	9	3 months	Standard	Confirmation on meeting distribution list

## Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Make sure there are processes to securely obtain histopathology results from Bradford Teaching Hospitals NHS Foundation Trust	4	3 months	Standard	Protocol
13	Update direct referral protocol to include daily confirmation of receipt of referrals and numbers received	4	3 months	Standard	Protocol
14	Implement and monitor a plan to achieve 14 day turnaround times for cervical screening results	4	6 months	High	Recovery plan supported by data submission
15	Update monitoring staff performance policy to reflect current practice	6	3 months	Standard	Policy

## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Develop a a local protocol for the assessment and induction of locum pathologists to ensure suitability for work within the NHSCSP	5	3 months	Standard	Protocol
17	Develop a plan to achieve national target turnaround times for NHSCSP cervical specimens	7	6 months	Standard	Plan and data submission
18	Ensure that any plans for transfer to digital histology for NHSCSP cervical specimens is in line with national guidance	7	12 months	Standard	Confirmation plan for NHSCSP specimens

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Complete implementation for systematised nomenclature of medicine clinical terms – clinical terms (SNOMED-CT) coding	7	6 months	Standard	List of SNOMED-CT codes used for NHSCSP specimens

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Ensure that all colposcopists have a qualified nurse in each colposcopy room with a second trained member of staff within the department available at all times	10	6 months	High	Confirmed appropriate nursing staff
21	Ensure cross cover arrangements are in place for colposcopy administration staff	10	6 months	Standard	Confirmation of cross cover arrangements
22	Complete the planned implementation of the new colposcopy database to capture key performance indicators outlined in National Service Specification 25	4	12 months	High	Updates on progress and implementation date.
23	Develop a standard operating procedure for the production and validation of KC65 data	10	6 months	Standard	Standard operating procedure (SOP)
24	Ensure that all relevant colposcopy staff have access to Open Exeter	10	3 months	Standard	Confirmation of access
25	Update the local colposcopy clinical guidelines to fully detail current trust practice and NHSCSP guidance	10	3 months	High	Ratified updated guidelines

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	10	6 months	High	Audit to demonstrate compliance data April 2017 to September 2017
27	Review new to follow-up patient ratio and biopsy rates to ensure compliance with NHSCSP pathways for the local population	10	6 months	High	Audit of results and actions taken following review of data April 2017 to September 2017
28	Develop and implement a policy for poor performance in colposcopy	9	6 months	Standard	Policy
29	Ensure that standard operating procedures are in place for colposcopy administration processes including roles and responsibilities	9	3 months	High	Copies of SOPs
30	Review the sustainability of the Wharfedale colposcopy service to ensure that there are consistent and regular clinics in place to meet the needs of local women	9	12 months	High	Review report
31	Review colposcopy staffing structure to ensure that all colposcopists meet minimum of 50 new NHSCSP referrals	9	6 months	High	Review report
32	Ensure that leaflets for women who Wharfedale hospital are updated in line with national guidance	10	6 months	Standard	Updated examples
33	Develop a local colposcopy service leaflet	10	6 months	Standard	Copy of leaflet
34	Review standard letter templates of patient letters to make sure they are high quality, correct terminology and meet with NHSCSP guidelines	10	6 months	Standard	Copies of standard letters

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Ensure the facilities at Wharfedale Hospital are risk assessed against national guidance	9	6 months	Standard	Risk assessment report

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Ensure that the MDT selection criteria separates core cases from additional cases for learning	9	3 months	Standard	Policy
37	Ensure all colposcopists attend a minimum of 50% of multidisciplinary team meetings	9	12 months	Standard	MDT attendance records April 2018 to March 2019