



Public Health  
England

**Screening Quality Assurance visit report**  
NHS Cervical Screening Programme  
Royal Liverpool and Broadgreen University  
Hospitals NHS Trust

19 April 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 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 Royal Liverpool and Broadgreen University Hospitals NHS Trust screening service held on 19 April 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

Liverpool Clinical Laboratories (LCL) provides a cervical screening service to the following clinical commissioning groups (CCGs): Liverpool, South Sefton, Southport and Formby (North Sefton), and Knowsley.

LCL provides a cervical screening and reporting service for the colposcopy services delivered by Liverpool Women's NHS Foundation Trust (LWH) and Southport and Ormskirk Hospital NHS Trust. LCL provides histology services to LWH. LCL also undertake sample processing and human papilloma virus (HPV) testing for the Whiston laboratory.

In 2017, LCL converted to HPV primary screening, and has actively participated in the national HPV mitigation process, by providing assistance to Manchester and Winchester laboratories.

## Findings

The trust's previous QA visit was in June 2013. They successfully implemented all the recommendations from this visit. Since then, the trust has fully converted their local population to HPV primary screening. This process has been managed smoothly. They are also participating in the national HPV mitigation process.

### Immediate concerns

The QA visit team identified no immediate concerns.

### High priority

The QA visit team identified 2 high priority findings, as summarised below:

- the lead cytopathology has not been allocated sufficient time to carry out the role, nor is their appropriate cover arrangements, which jeopardises the postholder's ability to fulfil the role
- there is no report generator for the manipulation of data for the mandated national returns, which creates a greater risk of errors and requires additional time to complete the task

### Shared learning

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

- strong leadership in the lead roles
- demonstrated excellent communication with stakeholders
- smooth roll out of HPV primary screening to their whole local screening population
- clear separation of complex workloads covering the wider footprint

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Reinstate the cross programme operational group covering the laboratory footprint	National Service specification 25	6 months	Standard	Terms of reference, meeting schedule, minutes
2	Confirm the governance arrangements for Cervical Service Provider Lead (CSPL), including accountability and escalation route for areas of concern to trust board level and to linked trusts	National Service specification 25  NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Documents outlining accountability arrangements
3	Ensure that a 6-monthly CSPL report is formally discussed at the appropriate Trust governance meeting	National Service specification 25	6 months	Standard	CSPL report with circulation list

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Update trust incident policy to include reference to managing screening incidents in accordance with “Managing Safety Incidents in NHS Screening Programmes”	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Ratified policy
5	Utilise the Q-Pulse CAPA module to support CSPL operational oversight of all screening incidents	National Service Specification 25	3 months	Standard	Confirmation from the CSPL
6	Confirm the governance arrangements within the cytology laboratory management structure, including accountability and escalation route for areas of concern to Trust Boards	National Service specification 25	3 months	Standard	Documents outlining accountability arrangements
7	Ensure that the lead cytopathologist has appropriate sessional allowance for the role within their job plan and appropriate cover arrangements	National Service specification 25	3 months	High	Job plan and confirmation of cover arrangements
8	Revise the job description for the HPV testing service lead	National Service specification 25	6 months	Standard	Job description
9	Ensure there is a service level agreement for the provision of processing and HPV testing elements of the cervical screening services between Royal Liverpool and Broadgreen laboratory and Whiston Hospital laboratory	NHS standard contract	6 months	Standard	Agreed SLA between providers

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Review lead histopathologist role, to ensure there is an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	National Service specification 25	6 months	Standard	Job description/s, job plan/s

### Cytology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Reduce risk of transcription error and administrative burden from cross-checking of a single identifier between cytology and virology departments	National Service Specification 25	6 months	Standard	Confirmation from CSPL
12	Ensure that there is a report generator for the manipulation of data for the mandated national returns	National Service specification 25	6 months	High	Confirmation from the CSPL

### Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Update the Pathosys system and Telepath system within the Histology department to reduce the risk of duplicates	National Service specification 25	6 months	Standard	Confirmation from CSPL

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Produce and implement an action plan to improve the histology turnaround times to meet the expected standards	National Service specification 25	6 months	Standard	Action plan with turnaround time updates

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Clarify the chair of the MDT meetings	National Service Specification 25	3 months	Standard	Terms of reference
16	Facilitate all colposcopists attend a minimum of 50% of MDT meetings	NHSCSP 20	12 months	Standard	Confirmation from CSPL of changes to help facilitate colposcopist attendance
17	Facilitate the attendance of cytopathologists at the MDT meetings	National Service Specification 25	6 months	Standard	Attendance records



## 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