



Public Health
England

Screening Quality Assurance visit report

**NHS Cervical Screening Programme
Sheffield Teaching Hospitals NHS
Foundation Trust**

10 May 2017

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-class 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 are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 four 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 (NHSCSP) 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 Sheffield Teaching Hospitals NHS Foundation Trust screening service held on 10 May 2017.

Purpose and approach to quality assurance (QA)

Quality assurance 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 of 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

Description of local screening service

The area served by Sheffield Teaching Hospitals NHS Foundation Trust has an eligible population of approximately 137,000 women. This population is characterised by a mixed urban and rural setting with pockets of deprivation.

The programme is provided by Sheffield Teaching Hospitals NHS Trust. It is commissioned by NHS England North – South Yorkshire and Bassetlaw Locality Team. The colposcopy service is contracted by Sheffield Clinical Commissioning Group (CCG).

Cytology screening and histology are provided at Royal Hallamshire Hospital. There is a colposcopy clinic within the trust at Royal Hallamshire Hospital.

Findings

This is the fourth QA visit to this service. The service is well organised and the team members are engaged and motivated. The cervical screening services across the trust are highly involved in research and have a keen approach to innovation.

All but one recommendation had been addressed since the last visit.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority issues

The QA visit team identified six high priority issues as summarised below:

- hospital based programme coordinator (HBPC) to address the backlog of cervical invasive cancer audit cases
- conduct HBPC/laboratory manager appraisal, including assessment of capacity for different roles
- review job plan for lead cytopathologist to make sure it reflects current activity
- implement electronic interface between HPV testing technology and laboratory information management system for the transfer of results
- assess consultant staffing levels against Royal College of Pathologists points to understand capacity in gynae histopathology
- reduce manual intervention processes by clinical staff for colposcopy data capture to ensure time efficient and complete submission of KC65 returns

Shared learning

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

- HBPC focused on performance with quarterly reports to cervical screening programme board
- histopathology has proactive management of delayed specimens through internal prioritisation and alert systems
- innovative nurse-led post coital bleeding service to reduce demand on colposcopy service
- excellent invasive cervical cancer disclosure policy with clear lines of accountability, roles and responsibilities
- annual colposcopy report that includes colposcopists' performance, service performance, and actions arising to be addressed in the next year

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale		Evidence required
1.0	Conduct laboratory manager/HBPC appraisal, including assessment of capacity for different roles	National Service Specification 25	3 months	H	Confirmation of appraisal
1.1	Complete hospital based programme coordinator report and ensure that this is discussed formally at the appropriate Trust governance meeting	National Service Specification 25	3 months	S	Hospital based programme coordinators report with circulation list
1.2	Update invasive audit protocol making sure current organisations are referenced	NHSCSP 28	3 months	S	Protocol
1.3	Ensure that the national invasive cancer audit data collection is up to date	NHSCSP 28	6 months	H	Completion of registered cases for time period April 2015 to March 2017
1.4	Update trust incident policy to reference Managing Safety Incidents in NHS Screening programmes	National Service Specification 25	6 months	S	Trust incident policy
1.5	Update histopathology incident management policy to include notification of HBPC and reference to national guidance	National Service Specification 25	3 months	S	Incident management policy
1.6	Review job plan for lead cytopathologist to make sure it reflects current activity	National Service Specification 25	3 months	H	Job plan

No.	Recommendation	Reference	Timescale		Evidence required
1.7	Ensure that lead colposcopist has sufficient time allocation within job plan and access to administrative support to fulfil their role	National Service Specification 25	3 months	S	Job plan and confirmation of administrative support

Cytology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.0	Produce workforce plan for cytology staffing	National Service Specification 25	6 months	S	Workforce plan
2.1	Formalise medical cover arrangements when no consultant cytopathologists are on site	British Association for Cytopathology Code of Practice	3 months	S	Documented support/cover arrangements
2.2	Update referral and failsafe standard operating procedures to include processes for the Harlow and Jersey workload	National Service Specification 25	3 months	S	Standard operating procedures
2.3	Implement the national sample acceptance guidance	NHSCSP Guidance for acceptance of cervical screening samples in laboratories and pathways, roles and responsibilities	3 months	S	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
2.4	All primary screeners must see at least 3000 samples a year	British Association for Cytopathology Code of Practice	12 months	S	Primary screening workload figures
2.5	All checkers must see at least 750 referred samples a year	British Association for Cytopathology Code of Practice	12 months	S	Checking workload figures

HPV testing

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.0	Implement electronic interface between HPV testing technology and laboratory information management system for the transfer of results	National Service Specification 25	6 months	H	Confirmation electronic link implemented
3.1	Audit recording of HPV results to assure accuracy of interim manual results data entry	National Service Specification 25	3 months	H	Audit of recording of HPV results
3.2	Update 'HPV polymerase chain reaction on Cobas 4800 standard operating procedure' to reflect current laboratory practices and NHSCSP guidance on HPV test validity for HPV triage and test of cure	Cervical screening: approved HPV tests for HPV triage and test of cure	3 months	S	Standard operating procedure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
3.3	Include BD Totalys instrument and sample preparation area, including benches, door handles, sink area, in the environmental swabbing regime	NHS Cervical Screening Programme: laboratory quality control and assurance for human papillomavirus testing	3 months	S	Standard operating procedure
3.4	Provide evidence to show that a high percentage of invalid (beta globin negative) samples are still invalid on repeat to support the laboratory's decision not to retest these samples	NHSCSP 1	3 months	S	Audit data
3.5	Produce an annual report for both c4800 instruments, to include a summary of internal quality control (IQC) and internal quality assurance (IQA) monitoring, plus external quality assurance (EQA)	NHS Cervical Screening Programme: laboratory quality control and assurance for human papillomavirus testing	12 months	S	Report

Histology laboratory

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
4.0	Assess consultant staffing levels using the points system within the Royal College of Pathologists guidelines to ensure there is capacity to meet histopathology turnaround times	NHSCSP 10 and Guidelines on staffing and workload for histopathology and cytopathology departments	3 months	H	Outcome of staffing assessment
4.1	Implement a protocol for the assessment and acceptance of locum consultants prior to appointment	NHS Employers	3 months	S	Protocol
4.2	Define responsibilities for non-medical staff for cut-up practices in laboratory protocols	IBMS Supervision of Biomedical Support Staff (Assistant and Associate Practitioners)	3 months	S	Protocol
4.3	Develop and implement a protocol for performance monitoring of histopathologists	NHSCSP 10	6 months	S	Protocol
4.4	Develop and implement a formal annual audit schedule for NHSCSP work in histopathology	NHSCSP 10	6 months	S	Schedule of audits

Colposcopy

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5.0	Make sure that there are enough colposcopy administrative staff to meet the requirements of the NHSCSP	NHSCSP20	3 months	S	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
5.1	Ensure that the colposcopy IT system is able to produce reliable data for KC65 submission and key performance indicators outlined in National Service Specification	National Service specification 25	6 months	H	Audit of KC65 and KPIs
5.2	Update the local trust colposcopy clinical guidelines to reflect current NHSCSP guidance	NHSCSP 20	3 months	S	Ratified guidelines with evidence of implementation
5.3	Update trust patient information leaflets and letters to include a named contact, clinic times and clinic location information	NHSCSP 27 and NHSCSP 20	6 months	S	Updated example

MDT

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6.0	Update MDT policy to include NHSCSP guidance on case selection and representation	NHSCSP 20	3 months	S	Policy
6.1	All colposcopists must attend at least half the meetings	NHSCSP 20	6 months	S	MDT attendance record for 2017

I = Immediate

H= High

S = Standard

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to ensure completion of 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 following the issuing of the final report. 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.