



Public Health  
England



# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Stockport NHS Foundation Trust

7 February 2019

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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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 Stockport NHS Foundation Trust screening service held on 07 February 2019.

### 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

Stockport NHS Foundation Trust's (SFT) main hospital is Stepping Hill Hospital, which looks after a population of approximately 350,000 people. Greater Manchester Health and Social care partnership (GMHSCP) has the lead commissioning responsibility for the cervical screening programme at SFT. Stockport Clinical Commissioning Group are the contract holders for colposcopy services.

### Findings

The previous QA visit to the programme was in March 2014. Since then, the trust has appointed a new lead colposcopist and recruited and trained an additional nurse colposcopist. The service also holds extended hours clinics with early morning appointments to increase access to their service.

## Immediate concerns

The QA visit team identified an immediate concern. A letter was sent to the chief executive on 09 February 2019, asking that the concern is addressed within 7 days.

The colposcopy examination rooms is very cramped unable to accommodate the minimum requirements for nursing and support staff, as outlined in NHSCSP 20, and the new DySIS equipment. It is unclear, if an emergency were to arise, whether the emergency team would be able to work safely and effectively. If unaddressed, this could result in an increased risk of harm to patients seen by the service.

A response was received, and actions taken to partially mitigate the immediate risks within the programme.

## High priority

The QA visit team identified 4 high-priority findings, summarised below.

1. The CSPL has not been formally appointed, the job description does not specifically detail the CSPL role, and the post holder does not have dedicated time or administration support.
2. The histology service does not have a restricted list of SNOMED coding to ensure consistency of data input for NHSCSP samples.
3. There is no documented process to ensure that locum pathology staff are suitable for work within the NHSCSP.
4. The pathology accommodation is cramped and there has been no risk assessment to ensure it is safe and functional for staff to continue to deliver the NHSCSP.

## Shared learning

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

- high-quality job description for lead histopathologist with inclusion within the job plan
- use of a sticker in the notes to record verbal consent for reference images and/or student presence
- proforma reporting for NHSCSP histopathology samples

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	NHS England commissioner to define roles and responsibilities and agree contract monitoring and escalation arrangements with the CCG commissioner for the NHSCSP programme including colposcopy	Public Health Section 7a Commissioning Intentions 2018/19  National Service Specification 25	6 months	Standard	Documented roles and responsibilities, confirmation of monitoring process, and escalation flowchart
2	NHS England commissioner to complete planned work to implement HPV test of cure within the community setting	NHSCSP 20	6 months	Standard	Confirmation from services and NHS England
3	Formally appoint a Cervical Screening Provider Lead (CSPL) with an agreed job description that includes reference to the role and responsibilities of the CSPL, accountability to the Chief Executive Officer, dedicated time and administrative support	NHS Cervical Screening Programme: the role of the cervical screening provider lead (CSPL guidance)	6 months	High	Confirmation of appointment, job description, job plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Formally appoint a deputy CSPL	CSPL guidance	3 months	Standard	Copy of deputy's job description and job plan
5	Formalise the NHSCSP lead roles in an organisational structure, demonstrating accountability to the Chief Executive Officer	CSPL guidance National Service Specification 25	3 months	Standard	Revised organisation structure
6	Ensure regular attendance at external meetings by relevant leads, for example Quality Assurance Group (QAG) meetings, Greater Manchester Programme Board	National Service Specification 25	12 months	Standard	Evidence of attendance at meetings
7	Document the procedure for invasive cancer audit collation and finalise and implement the disclosure policy	NHSCSP 28	3 months	Standard	Ratified policies  Confirmation from the CSPL of implementation
8	Develop a whole trust audit schedule for the NHSCSP	National Service Specification 25	3 months	Standard	Audit schedule
9	Complete an annual report and 6-monthly update and ensure this is discussed at the appropriate trust governance meeting and shared with relevant stakeholders	National Service Specification 25  CSPL guidance	6 months	Standard	CSPL report

<b>No.</b>	<b>Recommendation</b>	<b>Reference</b>	<b>Timescale</b>	<b>Priority</b>	<b>Evidence required</b>
10	Update trust incident risk guidance to ensure that there is reference to the national screening incident policy	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Copy of ratified trust policy
11	Develop and implement a process to ensure that the CSPL is informed of any incidents which occur within the NHSCSP (including histology)	CSPL guidance and Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Confirmation from CSPL
12	Ensure that there is adequate dedicated sessional time in the lead histopathologist's job plan to deliver all aspects of the role	National Service Specification 25	6 months	Standard	Revised job plan for lead histopathologists
13	Ensure that there is adequate dedicated sessional time in the lead colposcopist's job plan to allow attendance at external meetings	NHSCSP 20  National Service Specification 25	6 months	Standard	Evidence of attendance at meetings and lead colposcopist's job plan
14	Ensure that there is dedicated administration support for the lead roles	NHSCSP 20	6 months	Standard	Confirmation from the CSPL about all the leads

## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Define within departmental guidance the scope of BMS when performing cut ups	RCPath	3 months	Standard	Ratified policy
16	Document a process to ensure that locum pathology staff are suitable for work within the NHSCSP	NHS employers: Guidance on the appointment and employment of NHS locum doctors	3 months	High	Ratified policy with evidence of implementation
17	Implement a restricted list of SNOMED coding to ensure consistency of data input to external stakeholders for NHSCSP samples	NHSCSP 10	6 months	High	Standard operating procedure
18	Review staffing, workflow allocation and individual performance to ensure that the expected KPI for TATs for NHSCSP specimens are met	NHSCSP 20 National Service Specification 25	6 months	Standard	Workforce plan
19	Audit individual workload to make sure that there is consistency in the reporting of NHSCSP samples	RCpath NHSCSP 10	12 months	Standard	Evidence of audit
20	Risk assess the pathology accommodation to ensure that it is safe and functional for staff to continue to deliver the NHSCSP	National Service Specification 25	3 months	High	Outcome of risk assessment



No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Assess the on-site specimen store and act to prevent water damage to stored materials	National Service Specification 25	3 months	Standard	Risk assessment

### Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Produce a specific induction checklist for new starters and locums joining colposcopy	National Service Specification 25	6 months	Standard	Checklist
23	Make sure that the colposcopy guidelines cross reference other SOPs and guidelines for signposting	NHSCSP 20	6 months	Standard	Revised colposcopy guidelines
24	Document a SOP for the use of diathermy and cold coagulation equipment	NHSCSP 20	6 months	Standard	Revised SOP
25	Develop a protocol for the use of DySIS and complete audit of use	NHSCSP 20	6 months	Standard	Ratified protocol
26	Document a policy to confirm LocSSIPs compliance in colposcopy	NHSCSP 20	3 months	Standard	SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Ensure that the lead colposcopist has assurance that the discharge information and NTDD is correctly allocated	NHSCSP 20	3 months	Standard	Revised SOP
28	Document administration processes into a SOP including direct referral	NHSCSP 20	6 months	Standard	Revised SOP
29	Update the failsafe guidance to ensure it reflects national guidance and local practice	Cervical screening: cytology reporting failsafe	6 months	Standard	Evidence of ratified policy
30	Document the process for collating and validating the KC65	National Service Specification 25	6 months	Standard	SOP
31	Ensure that there is capacity to meet the KPI for 2/6-week referrals (yr HPV primary)	National Service Specification 25 NHSCSP 20	12 months	Standard	Improved KPIs
32	Repeat the audit of LLETZ depth and CGIN treatment to demonstrate improvement against previous results	NHSCSP 20	12 months	Standard	Audit report
33	Implement use of Compuscope standard template letters to reduce variation in content and administrative burden	National Service Specification 25	3 months	Standard	Confirmation from lead colposcopist
34	Complete an annual colposcopy patient satisfaction survey	National Service Specification 25	12 months	Standard	Patient satisfaction survey

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Risk assess the colposcopy examination rooms to ensure that they meet the requirements of the NHSCSP 20, can accommodate the required 2 nurses within the room, is safe to manage an emergency and offers equality of access to DySIS	NHSCSP 20	3 months	Immediate	Confirmation from lead colposcopist and CSPL regarding risk assessment and revised working arrangements

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
36	Complete ratification of MDT terms of reference SOP	NHSCSP 20	3 months	Standard	SOP
37	Evidence that all CGIN cases are discussed at the MDT	NHSCSP 20	6 months	Standard	Revised MDT criteria
38	Implement a process to ensure that actions from the MDT meetings are completed and documented	NHSCSP 20	6 months	Standard	Revised documentation

## 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 and 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 the progress made and will outline any further action(s) needed.