



Public Health  
England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
South Tees Hospitals NHS Foundation  
Trust

17 October 2019

## 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-leading 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 Social Care, and a distinct delivery organisation with operational autonomy. We provide government, local government, the NHS, Parliament, industry and the public with evidence-based professional, scientific and delivery expertise and support.

Public Health England, Wellington House, 133-155 Waterloo Road, London SE1 8UG

Tel: 020 7654 8000 [www.gov.uk/phe](http://www.gov.uk/phe)

Twitter: [@PHE\\_uk](https://twitter.com/PHE_uk) Facebook: [www.facebook.com/PublicHealthEngland](https://www.facebook.com/PublicHealthEngland)

## 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.

[www.gov.uk/phe/screening](http://www.gov.uk/phe/screening) Twitter: [@PHE\\_Screening](https://twitter.com/PHE_Screening) Blog: [phescreening.blog.gov.uk](http://phescreening.blog.gov.uk)  
For queries relating to this document, please contact: [phe.screeninghelpdesk@nhs.net](mailto:phe.screeninghelpdesk@nhs.net)



© Crown copyright 2019

You may re-use this information (excluding logos) free of charge in any format or medium, under the terms of the Open Government Licence v3.0. To view this licence, visit [OGL](http://www.ogil.io). Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

Published June 2020

PHE publications

gateway number: GW-1367

PHE supports the UN

Sustainable Development Goals



## Executive summary

The NHS Cervical Screening Programme (NHS CSP) 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 South Tees Hospitals NHS Foundation Trust screening service held on 16 and 17 October 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 collected during pre-review visits to South Tees Hospitals NHS Foundation Trust on 9 October 2019
- information shared with the North regional SQAS as part of the visit process

### Local screening service

The area served by South Tees Hospitals NHS Foundation Trust (STH) has an eligible population of around 145,000 women. The trust serves Middlesbrough, Redcar and Cleveland, and part of Hambleton. Middlesbrough and Redcar and Cleveland are mainly urban, but the neighbouring Hambleton is largely rural. There is significant deprivation in Middlesbrough and Redcar and Cleveland, with both districts being in the 20% most deprived in England.

NHS England and NHS Improvement North (North East and Yorkshire) has the commissioning responsibility for the NHS Cervical Screening Programme at STH. Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) is the contract holder for colposcopy services for the Hambleton population.

Human papillomavirus (HPV) testing and cytology screening for the Middlesbrough and Redcar and Cleveland population is provided by Gateshead Health NHS Foundation Trust.

Cytology screening and human papillomavirus (HPV) testing for the Hambleton population is provided by York Teaching Hospital NHS Foundation Trust.

Histopathology services are provided at The James Cook University Hospital.

There are colposcopy clinics within the trust at:

- Friarage Hospital
- The James Cook University Hospital

## Findings

This is the fifth visit to the South Tees Hospitals NHS Foundation Trust cervical screening service. All recommendations from the previous visit in 2014 have been addressed.

The priorities are to ensure that lead roles are documented, with clear roles and responsibilities, and to put in place appropriate time for individuals to undertake their lead roles.

There is no cervical screening provider lead (CSPL) in post. The trust has considered several options, but have been unable to appoint to the role. The trust has delegated CSPL role responsibilities to the lead roles in colposcopy and histopathology to ensure that the CSPL functions of the overseeing and coordination of the quality and effectiveness of the NHS CSP are carried out.

The colposcopy service has good clinic facilities at Friarage Hospital. The service is patient focused. Over the last year, the service has struggled with colposcopy capacity due to staff leaving the organisation and staffing absence.

The histopathology service is a well organised laboratory, with a barcoded specimen labelling system.

## Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the chief executive on 18 October 2019, asking that the following items were addressed within 7 days:

- colposcopy sites using a different concentration of acetic acid to aid in the visualisation of cervical lesions
- colposcopy sites have formalin pots accessible to patients in consultation rooms at The James Cook University Hospital and in the patient changing area at Friarage Hospital

A response was received within 7 days which assured the QA visit team the identified risks have been mitigated and no longer pose an immediate concern.

## High priority

The QA visit team identified 9 high priority findings as summarised below:

- no cervical screening provider lead or deputy in post to meet the full requirements of the role
- no formalised job descriptions and sessional commitment for lead histopathologist, lead colposcopist and lead colposcopy nurse roles
- histopathology workforce vacancies and delays in histopathology reporting
- cervical screening business meetings not formalised
- colposcopy accommodation and equipment assessment not meeting NHS CSP standards
- potential for personal data breaches in gynaecology outpatients

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	Commissioners to include national service specification for the public health functions agreement into Hambleton, Richmondshire and Whitby Clinical Commissioning Group contract	National Service Specification 25	6 months	Standard	Confirmation of inclusion in contracts
02	Formally appoint a cervical screening provider lead and deputy to meet the full requirements of the role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Job description, job plan with dedicated professional activity allocation
03	Ensure administration support in place for cervical screening provider lead	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Confirmation of support in place

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Provide an updated accountability structure for cervical screening, including detail of escalation routes for governance and performance issues	National Service Specification 25	3 months	Standard	Accountability structure diagram
05	Formalise quarterly cervical business meetings chaired by the cervical screening provider lead to update all cervical screening service leads and provide feedback from the programme board	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	High	Terms of reference, meeting schedule
06	Produce 2018/2019 cervical screening annual report and ensure 6 monthly report to cover all NHS Cervical Screening Programme (NHS CSP) services are provided to the trust clinical governance committee	NHS Cervical Screening Programme: the role of the cervical screening provider lead	6 months	Standard	Report and distribution list
07	Finalise an annual audit schedule across the cervical screening service that details the audits to be undertaken, and provides outcomes and actions resulting from the audits	National Service Specification 25	6 months	Standard	Annual audit schedule to cover colposcopy and histopathology with confirmatory evidence of actions taken
08	Formalise the role of lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme (NHS CSP) standards are met	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
09	Formalise the role of lead colposcopist for the cervical screening service with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme (NHS CSP) standards are met	National Service Specification 25, NHS CSP 20	6 months	High	Job description, job plan with dedicated professional activity allocation
10	Formalise the role of lead colposcopy nurse for the colposcopy service	National Service Specification 25	6 months	High	Job description, job plan with dedicated professional activity allocation

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Ensure a rolling equipment replacement plan is in place for histopathology and colposcopy	National Service Specification 25	6 months	Standard	Plan

## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Implement a sustainable workforce plan to improve and maintain turnaround times for histopathology results	National Service Specification 25	12 months	High	Plan



## Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure that all colposcopists have a qualified nurse in the colposcopy clinic, with a second trained member of staff within the department	NHS CSP 20	6 months	Standard	Confirmed appropriate nursing staff
14	Review the colposcopy administration to ensure adequate provision and cross cover arrangements	National service specification 25, NHS CSP 20	6 months	Standard	Confirmation of review and cross cover
15	Ensure that colposcopy staff have access to Open Exeter	National service specification 25	3 months	Standard	Confirmation of access
16	Update local trust colposcopy clinical guidelines to meet current NHS Cervical Screening Programme (NHS CSP) guidance and to ensure they contain sufficient detail for local processes, including conservative management of cervical intraepithelial neoplasia (CIN) 2	NHS CSP 20	6 months	Standard	Ratified guidelines, with version control
17	Implement the use of the same concentration of acetic acid at all units	National service specification 25	7 days	Immediate	Confirmation of standardised acetic acid use
18	Make sure there is process for the colposcopy discharge template to be verified by a clinician before submission to Cervical Screening Administration Service	Cervical screening: cytology reporting failsafe (primary HPV)	3 months	Standard	Colposcopy administration work instructions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Audit individual colposcopist compliance against the HPV triage, test of cure and primary HPV screening pathways	NHS CSP 20	12 months	Standard	Completed audits, with outcomes and actions
20	Make sure that individual colposcopists have clinical responsibility for the management of results	National service specification 25, NHS CSP 20	3 months	Standard	Confirmation results are sent by the responsible colposcopist
21	Make sure the service has information leaflets tailored to the needs of the local population	NHS CSP 20, National Service Specification 25	6 months	Standard	Example leaflets
22	Ensure the user survey of colposcopy services is undertaken annually	National service specification 25	12 months	Standard	Outcome of 2019 survey and evidence of review of results
23	Undertake a risk assessment of colposcopy clinic accommodation, including recovery facilities at The James Cook University Hospital	National Service Specification 25, NHS CSP 20	3 months	High	Copy of risk assessment and outcomes
24	Complete the planned replacement of colposcope, camera and television monitor at The James Cook University Hospital	National Service Specification 25, NHS CSP 20	6 months	High	Confirmation
25	Undertake a risk assessment of colposcopy couch and theatre colposcope at The James Cook University Hospital	National Service Specification 25, NHS CSP 20	3 months	High	Copy of risk assessment and outcomes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Trust should review and apply the Control of Substances Hazardous to Health (COSHH) guidance to ensure that hazardous substances are not accessible in the consultation rooms and patient changing area	National service specification 25	7 days	Immediate	Review with outcomes and actions
27	Review trust information governance guidance on confidentiality for notes storage in clinical areas	National service specification 25	3 months	High	Copy of review

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Update the trust colposcopy multidisciplinary team meeting protocol to remove references to old Quality Assurance Reference Centre (QARC) guidance	NHS CSP 20	3 months	Standard	Ratified protocol

## 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 needed.