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England

Protecting and improving the nation's health

# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Harrogate and District NHS Foundation  
Trust

20 November 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 Harrogate and District NHS Foundation Trust screening service held on 20 November 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 Harrogate and District NHS Foundation Trust on 6 November 2019
- information shared with the North regional SQAS as part of the visit process

### Local screening service

Harrogate and District NHS Foundation Trust (HDFT) serves Harrogate and the surrounding rural districts. The area served has an eligible population of approximately 40,606 women.

NHS England and NHS Improvement North East and Yorkshire has the commissioning responsibility for the NHS Cervical Screening Programme at HDFT. The Harrogate and District Clinical Commissioning Group (CCG) is the contract holder for colposcopy services.

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

Histopathology services are provided at Harrogate District Hospital.

There is a colposcopy clinic at Harrogate District Hospital.

## Findings

This is the fifth visit to the Harrogate and District NHS Foundation Trust (HDFT) cervical screening service. All recommendations from the previous visit in 2014 have been closed, but some of the recommendations have not been fully 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.

The colposcopy service has a dedicated patient focused team, who are committed to providing a good service. Over the last year, the service has struggled with colposcopy capacity due staffing absence and the colposcopy team have worked collaboratively to ensure women are not affected. There is a lack of administration support for the service, with colposcopists undertaking some of these functions.

The lead NHS Cervical Screening Programme (NHS CSP) histopathologist has a close working relationship with the colposcopy team. In the last few months following the appointment of a consultant histopathologist, the histology specimen turnaround times have improved to meet national standards.

## Immediate concerns

The QA visit team identified no immediate concerns.

## High priority

The QA visit team identified 14 high priority findings as summarised below:

- no formalised job descriptions and sessional commitment for lead NHS CSP histopathologist, lead colposcopist and lead colposcopy nurse roles
- cervical screening business meetings not formalised
- colposcopy equipment not meeting NHS CSP standards
- no clear documented process or patient information for the disclosure of invasive cervical cancer audit results to patients
- shortage of nursing staff capacity in the colposcopy clinic
- limited administration support for the service

## Shared learning

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

- the service has been undertaking a trial of colposcopy evening clinics due to the high rate of do not attend patients; this is to support their local population's needs

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Update cervical screening provider lead job description and dedicated professional activity 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
2	Complete succession planning for the deputy cervical screening provider lead	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Confirmation of deputy
3	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
4	Produce an annual performance report to cover all NHS Cervical Screening Programme services to the Trust clinical governance	NHS Cervical Screening Programme: the role of the cervical	6 months	Standard	Annual performance report 2018 to 2019

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	committee and distributed to Screening and Immunisation Team and Screening Quality Assurance Service	screening provider lead			
5	Establish 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	3 months	High	Terms of reference, meeting schedule
6	Review the policy of disclosure for invasive cervical cancer audit to ensure responsibilities are clearly documented and to include trust ratification and document control	NHS CSP 20	6 months	High	Updated policy
7	Develop a standardised patient information leaflet for disclosure of invasive cervical cancer audit results	NHS CSP 20	3 months	High	Leaflet
8	Implement 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
09	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Formalise the role of lead histopathologist for cervical screening with responsibility for ensuring good practice, compliance with protocols and that NHS Cervical Screening Programme standards are met	NHS Cervical Screening Programme: histopathology reporting handbook	6 months	High	Job description, job plan with dedicated professional activity allocation
11	Ensure a nominated deputy for the lead NHS Cervical Screening Programme histopathologist	NHS Cervical Screening Programme: histopathology reporting handbook	3 months	High	Confirmation of deputy
12	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 standards are met	National Service Specification 25, NHS CSP 20	6 months	High	Job description, job plan with dedicated professional activity allocation
13	Ensure the lead colposcopy nurse has designated time for the lead role	National Service Specification 25, NHS CSP 20	3 months	High	Confirmation of designated time allocation

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Ensure colposcopy facilities meet NHS Cervical Screening Programme requirements	NHS CSP 20	3 months	High	Action plan for addressing issues with equipment

## Diagnosis – histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Ensure that histopathology staff have access to Open Exeter	Cervical Screening Programme: Histopathology Reporting Handbook	6 months	Standard	Confirmation
16	Develop a standard operating procedure for the reporting of NHS Cervical Screening Programme screening incidents to include the escalation process to cervical screening provider lead	Cervical Screening Programme: Histopathology Reporting Handbook	6 months	Standard	Standard operating procedure
17	Undertake an audit on the compliance of Royal College of Pathologists minimum dataset proforma	Cervical Screening Programme: Histopathology Reporting Handbook	6 months	Standard	Audit July 2019 to December 2019



No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review and update protocols in line with NHS Cervical Screening Programme histopathology reporting handbook to ensure adherence to the new histopathology standards	Cervical Screening Programme: Histopathology Reporting Handbook	12 months	Standard	Confirmation of review and updated protocols
19	Provide the correct histopathology specimen data and review the 20 cases that are noted as being sent to the outsourcing provider	Cervical Screening Programme: Histopathology Reporting Handbook	3 months	High	Specimen data for August 2018 to July 2019
20	Develop a protocol for case selection criteria regarding specimens sent to the outsourcing provider	Cervical Screening Programme: Histopathology Reporting Handbook	3 months	High	Protocol

### Intervention and outcome – colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Review of nursing staffing capacity in colposcopy clinic, ensuring a second trained member of nursing support staff is available	NHS CSP 20	6 months	High	Confirmation of nursing support
22	Formalise colposcopy operational group meeting schedule with terms of reference, documented minutes and administration support	NHS CSP 20	6 months	Standard	Terms of reference, minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Make sure there is sufficient colposcopy administrative staff to meet the requirements of the NHS Cervical Screening Programme	NHS CSP 20	6 months	High	Colposcopy staffing structure, defined responsibilities and absence cover arrangements protocols
24	Develop a colposcopy data collection protocol with agreed processes for data validation	NHS CSP 20	3 months	Standard	Ratified protocol
25	Update the trust colposcopy clinical guidelines to meet current NHS Cervical Screening Programme guidance and include the conservative management of cervical intraepithelial neoplasia (CIN) grade 2	NHS CSP 20	6 months	Standard	Ratified guidelines
26	Ensure administration and failsafe standard operating procedures are updated and ratified through trust governance processes	NHS CSP 20	6 months	Standard	Ratified protocols
27	Ensure that clinical referrals, new to follow up ratio and the management of cervical intraepithelial neoplasia (CIN) 2 are included within the agreed audit schedule	NHS CSP 20	12 months	Standard	Outcomes of audits

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Ensure the colposcopy IT database can produce the individual colposcopist performance data in line within the NHS cervical screening programme dataset	NHS CSP 20	12 months	Standard	Confirmation of individual performance data

### Multidisciplinary team (MDT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Develop and implement a standard operating procedure for case selection for the MDT meetings	NHS CSP 20, National Service specification 25	3 months	Standard	Ratified standard operating procedure
30	Undertake an annual audit of attendance at MDT meetings	NHS CSP 20	3 months	Standard	MDT attendance records January 2019 to December 2019
31	Undertake an audit compliance against standard operating procedure for amended and supplementary histology reports	NHS CSP 20	6 months	Standard	Audit June 2019 to November 2019
32	Ensure there is appropriate administration support for the MDT meetings	NHS CSP 20	3 months	Standard	Confirmation

## 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.

The 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 the SQAS will send a letter to the provider and the commissioners summarising the progress made and will outline any further action(s) needed.