



Public Health
England

Quality Assurance Report

Salford Royal NHS Foundation Trust

Cervical Screening Programme visit on 25 February 2016

Version 1.0/ September 2016

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. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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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 findings in this executive summary relate to the quality assurance (QA) review of the Salford Royal NHS Foundation Trust cervical screening programme held on 25 February 2016.

Purpose and approach to quality assurance (QA)

The aim of quality assurance in NHS screening programmes is to maintain minimum 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information shared with the QA team as part of the visit process

Description of local screening programme

The screening of cervical screening programme samples for the local programme is currently undertaken at The Pennine Acute Hospitals NHS Trust. This part of the screening programme will shortly be moved to Central Manchester University Hospitals NHS Foundation Trust.

Salford Royal Hospital provides a histopathology service for Salford Royal NHS Foundation Trust and Wrightington, Wigan and Leigh NHS Foundation Trust following the creation of a 'shared' histology service with Wigan Hospital and Salford Royal Hospital.

Cervical biopsies and large loop excisions of the transformation zone (LLETZ) samples from the colposcopy clinics based at Salford Royal Hospital and Leigh Infirmary are prepared and reported at Salford Royal Hospital.

Key findings

- Since the last QA visit, commissioning arrangements have changed, these are now undertaken by NHS England - North (Greater Manchester).
- There was lack of programme oversight and governance. The role of the hospital based programme coordinator (HBPC) is nominally undertaken by the lead colposcopist. There is no job description with clear identified sessional commitment, governance structure or identified administrative support for the HBPC.
- The lead colposcopist does not have dedicated programme activity sessions for the role.
- The role of the lead gynaecology histopathologist is not acknowledged within the post holders job plan. In order to run a quality assured cervical screening service this vital role needs to be formally acknowledged and supported by appropriate governance structures . This must be addressed without delay.
- Some performance data was provided by the service, data could not be validated due to inaccuracies with the in-house colposcopy IT system. The current IT system appears unable to collect and provide an accurate National data return (KC65) or the key performance indicators (KPIs) as required in the **Cervical screening service specification no.25**. Without validated data the colposcopy service cannot be quality assured.
- the Trust's colposcopy IT system should be placed on the Trust's risk register.
- the colposcopy management guidelines need to be updated to reflect current guidance.
- a number of pathways eg, cancer audit pathway, direct referral and colposcopy Multidisciplinary meetings pathway within the cervical screening programme need to be strengthened by the development of standard operating procedures (SOPs).
- patient information leaflets need updating
- an annual patient satisfaction survey needs to be undertaken.
- there was no evidence of ongoing audit within the department. As a minimum the programme should audit against the colposcopy standards as detailed in **NHSCSP publication 20** in order to monitor the performance of the programme . The audits should be undertaken in collaboration with the audit department, conducted within timescales and should be included in the Trusts annual audit schedule.

- the histology reporting turnaround times are being breached. An action plan to address this is required.
- There is inconsistency in the reporting of cases. The forthcoming introduction of the Royal College of Pathology (RCPATH) dataset should resolve this issue.
- There does not appear to be any local performance board meetings between the commissioners and the service leads to performance monitor the service. This needs to be actioned as a matter of urgency.

A re-visit to this screening programme will take place within the next six to eight months to assess progress.

Shared learning

The team identified that the administrative staff have dedicated time to undertake colposcopy work which is good practice.

Immediate concerns for improvement

The immediate concerns are as follows:

- to develop a job description for the hospital based programme coordinator. This post should be resourced with sufficient time and administrative support and also recognised in the job plan of the post holder
- evidence is required of a clear organisational and colposcopy accountability structure, including detail of escalation routes for governance and performance issues
- the current method of data collection within the colposcopy service is not reliable and, as such, the programme is unable to provide accurate, robust programme performance data as mandated within the NHS cervical screening programme. The Trust should amend the current system to allow the collection and production of accurate data or, alternatively, purchase an existing external system.

High priority issues

The high priorities identified by the QA team are as follows:

- ensure all staff working in the NHSCSP are compliant with the requirements of the Section 251 of the National Health Service Act of 2006
- lead colposcopist to be allocated sessional commitment for role
- role of lead gynae histopathologist to be formalised in job plan

- update the colposcopy clinic guidelines
- develop an SOP for the direct referral pathway
- update the colposcopy MDT policy
- implement audit of colposcopy MDT attendance
- review and update patient information leaflets
- submit monthly colposcopy KPIs
- audit histology turnaround times
- introduce RCPATH dataset within histology

Key Recommendations

Eleven recommendations were made related to immediate and high level issues identified above. Full details of all recommendations identified at this QA visit can be located in the full report.

| Level | Theme | Description of recommendation | Page |
|-----------|-------------------------------|---|------|
| Immediate | Governance and accountability | To formalise role of HBPC | 13 |
| Immediate | Governance and accountability | To review the accountability for the cervical screening service on the site; ie histopathology and colposcopy services | 13 |
| Immediate | Data validation /KPIs | The current method of data collection within the colposcopy service is not reliable and as such the programme is unable to provide accurate, robust programme performance data as mandated within the NHS cervical screening programme. | 16 |
| High | Information governance | Staff must be compliant with section 251 | 14 |
| High | Leadership | To formalise role of gynaecology histopathologist | 16 |
| High | Leadership | Lead colposcopist to have one session per week to undertake role | 15 |
| High | Service delivery | Update programme guidelines | 15 |
| High | Patient information | Update patient information leaflets | 15 |
| High | KPIs | Colposcopy to submit monthly KPIs | 16 |
| High | KPIs | Histology to audit Turn around times (TATs)monthly | 17 |
| High | Service delivery | Histology to introduce RCPATH reporting dataset | 17 |

Each recommendation has an expected timeframe for completion stated.

Next steps

Salford Royal NHS Foundation Trust cervical screening programme (colposcopy and histology) is responsible for developing an action plan to ensure completion of recommendations contained within this report.

NHS England screening & immunisation team for Greater Manchester will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

SQAS (North) will support this process and the ongoing monitoring of progress.