



Public Health
England



Screening Quality Assurance visit report

NHS Cervical Screening Programme Liverpool Women's NHS Foundation Trust

18 April 2018

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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 Liverpool Women's NHS Foundation Trust screening service held on 18 April 2018.

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

Liverpool Women's NHS Foundation Trust specialises in the health of women and their babies - both within the hospital and out in the community. It serves the communities of Liverpool, Sefton, Knowsley and the Wirral. The Trust serves a population of over 620,000 women. NHS England – North (Cheshire and Merseyside) has the lead commissioning responsibility for the cervical screening programme at Liverpool Women's NHS Foundation Trust. NHS Liverpool Clinical Commissioning Group (CCG) are the contract holders for colposcopy services.

Findings

The previous QA visit to the programme was in April 2013. Since then, there has been a number of changes for the colposcopy service, including an increase in their workload and the appointment of a new lead colposcopist. The colposcopy workload has increased due to the closure of the colposcopy service at the Royal Liverpool and Broadgreen University Hospitals NHS Trust.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 13 high priority findings, which related to 4 main themes: Governance and lead roles, capacity management, facilities, and policies. Further detail is provided below:

- the governance processes within the colposcopy service require review
- there is no formal escalation route for programme and performance issues to the Trust board
- formalised NHSCSP lead roles are not fully resourced, which is compromising postholders' abilities to carry out all the requirements of the roles
- clinical staff are undertaking a large proportion of administrative tasks, which impacts on their colposcopy clinical roles
- there are no embedded cover arrangements
- there is no formal local induction process specific for the NHSCSP
- the service has failed to consistently achieve the key performance indicators (KPIs) expected of a colposcopy service
- there are inconsistent facilities at the LWH and Aintree sites, as well as within the different rooms at LWH
- not all rooms currently meet NHSCSP 20 requirements
- not all protocols and processes are documented

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Attend the cross programme operational group, which covers the laboratory footprint	National Service specification 25	6 months	Standard	Meeting schedule and minutes
2	Formally appoint a Cervical Screening Provider Lead (CSPL) with an agreed job description that includes accountability to the Chief Executive Officer, dedicated time and administrative support	National Service specification 25 NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	High	Confirmation of appointment, job description, job plan
3	Confirm the governance arrangements for all lead roles including accountability and escalation route for areas of concern and updates across the whole pathway	National Service specification 25	3 months	High	Documents outlining accountability arrangements

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Ensure that the CSPL has a formal annual appraisal for the CSPL role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	12 months	Standard	Confirmation of appraisal by CSPL
5	Formally nominate a deputy CSPL to provide cover for the CSPL role	NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Copy of deputy's job description and job plan
6	Complete a 6-monthly CSPL report and ensure this is discussed at the appropriate Trust governance meeting	National Service specification 25	6 months	Standard	CSPL report with circulation list
7	Develop and implement a whole Trust annual audit schedule for cervical screening services	National Service specification 25	6 months	Standard	Annual audit schedule
8	Ensure the national invasive cancer audit data collection is up to date	NHSCSP 28	12 months	High	Completion of registered cases
9	Establish a protocol for the completion of the invasive cervical cancer audit, including the offering of disclosure of results	NHSCSP 28	6 months	Standard	Ratified protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Develop and implement a pre-employment assessment of new colposcopy staff's suitability to work on NHSCSP prior to employment	NHS employers guidance on the appointment and employment of doctors	3 months	High	Standard Operating Procedure with template of staff assessment and confirmation of its use by the CSPL
11	Produce and implement an induction process for locum and new staff ensuring they are aware of and follow local guidance and processes	NHS employers guidance on the appointment and employment of doctors	3 months	High	Policy
12	Update Trust incident policy to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Ratified incident policy
13	Ensure the CSPL has whole programme oversight of incidents and a defined process for the escalation of incidents in the Trust	National service specification 25	3 months	High	Incident reporting flowchart and evidence of process in use
14	Ensure the lead colposcopist has a job description, a full programmed activity session and sufficient administration	NHSCSP20 National Service specification 25	3 months	High	Job description, job plan with dedicated professional activity allocation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Reduce clinical staff time spent on administrative tasks	NHSCSP20 National Service specification 25	6 months	High	Confirmation from the CSPL
16	Put in place 3 monthly colposcopy operational meetings	NHSCSP 20	6 months	Standard	Terms of reference and minutes from the meetings

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Update the interface between Patient Administration System (PAS) and Compuscope at the Aintree site to ensure that the correct patient details are transferred	National Service specification 25	6 months	Standard	Confirmation from CSPL
18	Ensure Compuscope is accessible in the gynae theatre	NHSCSP 20	6 months	Standard	Confirmation from CSPL
19	Update the Compuscope system to ensure that versions are consistent across both sites	National Service specification 25	12 months	Standard	Confirmation from CSPL
20	Ensure all necessary staff have access to the shared drive and Open Exeter	National Service specification 25	6 months	Standard	Confirmation from CSPL
21	Install an emergency call facility within the changing facilities at Aintree	NHSCSP 20	3 months	High	Confirmation from CSPL

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure colposcopy facilities at Liverpool Women's Hospital (LWH) meet NHSCSP requirements	NHSCSP 20	12 months	High	Action plan for addressing issues with facilities
23	Ensure there are consistent equipment available at Aintree and in all the suites at LWH, including equipment to allow patients to view procedures in all clinic rooms	NHSCSP 20	6 months	Standard	Confirmation from CSPL

Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Undertake a programme staffing capacity review to ensure that the waiting times' key performance indicators (KPIs) are consistently met, and consider the impact of current extension of HPV Primary Screening	National Service specification 25	6 months	High	Workforce review and action plan
25	Ensure that all women referred to the Trust as part of the NHSCSP are seen by BS CCP accredited colposcopists and fully managed in line with NHSCSP guidance	National Service specification 25	6 months	High	Evidence of all colposcopists' BS CCP accreditation, including locums
26	Document administration processes for both colposcopy sites	National Service specification 25 NHSCSP 20	3 months	Standard	SOPs
27	Update the local Trust colposcopy clinical guidelines to reflect current NHSCSP guidance	NHSCSP 20	6 months	Standard	Ratified guidelines with evidence of implementation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Implement a consistent ratification and review process for the version control and distribution of Standard Operating Procedures (SOPs), guidelines, protocols, minutes and patient literature	National Service specification 25	6 months	Standard	Policy of ratification and review process, and examples of its use, i.e. version controlled and ratified SOPs and patient leaflets
29	Ensure all colposcopists are following the national HPV triage and test of cure protocol including discharge to primary care for follow-up	NHSCSP 20	6 months	High	Audit to demonstrate compliance data
30	Audit KC65 submissions to ensure they are accurate and reflect all the work undertaken, including that by locums	National Service specification 25	12 months	Standard	Audit of KC65
31	Update Trust patient letters to include correct signage at both sites	NHSCSP 20	3 months	Standard	Updated example
32	Update Trust patient information leaflets and ensure that they are available in other languages	NHSCSP 20	3 months	Standard	Revised patient information leaflets
33	Complete an annual patient satisfaction survey of the colposcopy services	National service specification 25	6 months	Standard	Outcome of survey and evidence of review of results

Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Clarify the chair of the MDT meetings	National Service specification 25	3 months	Standard	Terms of reference

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Ensure all colposcopists attend a minimum of 50% of MDT meetings	NHSCSP 20	12 months	Standard	MDT attendance records for 2018/2019
36	Ensure that MDT letters for women seen at the Aintree site are stored electronically	National Service specification 25	6 months	Standard	Confirmation from the CSPL

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/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.