



Public Health  
England



# Screening Quality Assurance visit report

NHS Cervical Screening Programme  
Warrington and Halton Hospitals NHS  
Foundation Trust

8 November 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 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 4 UK countries.

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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 Warrington and Halton Hospitals NHS Foundation Trust screening service held on 08 November 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:

- 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

Warrington and Halton Hospitals NHS Foundation Trust serves a population of 330,000. NHS England North (Cheshire and Merseyside) has the lead commissioning responsibility for the cervical screening programme at Warrington and Halton Hospitals NHS Foundation Trust. Warrington Clinical Commissioning Group (CCG) and Halton CCG are the contract holders for colposcopy.

### Findings

The previous QA visit to the programme was in December 2013. Since then, the trust has reviewed their colposcopy guidelines and has been working to reduce their high general anaesthesia (GA) rate.

There was a serious incident of an unnecessary colposcopy treatment being carried out on a woman in 2017. Since this incident, the trust and service have changed their practice to make sure it does not happen again.

## Immediate concerns

The QA visit team identified 4 immediate concerns. A letter was sent to the chief executive on 11 November 2018, asking that the following items were addressed within 7 days:

- the use of self-fabricated 'q-tips'
- the use of a shared pot of cotton wool balls and gauze for multiple patients
- non-specific tray set up used on multiple patients within the colposcopy clinics
- inability to apply correct codes to cervical histopathology cases following the introduction of the new LIMs system, with no audit in place to provide assurance of correct result allocation

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

## High priority

The QA visit team identified 15 high priority findings, which related to the following issues.

1. Lack of appropriate accountability structure and clear escalation route in the governance and leadership of the service.
2. The backlog of the national invasive audit.
3. An IT system that is not fully supporting the NHSCSP and producing what is required for the programme.
4. Staffing shortages.
5. Lack of assurance of the accreditation of colposcopy trainers.
6. Not all colposcopists are meeting the required national standards.
7. The clinical guidelines are not in line with national guidance.
8. Not all local protocols are documented, and some policies require revision.

## Shared learning

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

- a telephone call clinic to relay and discuss histology results to women
- a focus on audit in colposcopy and histology

## 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 complete planned work for formal inclusion of section 7a contract within Clinical Commissioning Group (CCG) contracts for colposcopy	Public Health Section 7a Commissioning Intentions 2018/19  National Service specification 25	6 months	Standard	Section 7a contract inclusion within CCG contracts
2	NHS England commissioner to define roles and responsibilities and agree contract monitoring and escalation arrangements for colposcopy services with Clinical Commissioning Group commissioners	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
3	NHS England commissioner to work with the provider to complete the planned work to implement HPV test of cure within the community setting	NHSCSP 20	6 months	Standard	Confirmation from services and Public Health Commissioning Team (PHCT)

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	NHS England commissioner to complete the work to ensure that there is a clear process for the logging and review of screening incidents and escalation into the relevant NHS England governance groups	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Incident reporting flowchart and evidence of process in use
5	NHS England commissioner to ensure that the revised contractual, governance and working arrangements build the relationship with and improve knowledge about the trust and CCG commissioners to support local screening pathways	Public Health Section 7a Commissioning Intentions 2018/19  National Service specification 25	6 months	Standard	Feedback from commissioner
6	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

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Formalise the roles of lead colposcopist and CSPL into the organisational structure	National Service specification 25  NHS Cervical Screening Programme: the role of the cervical screening provider lead	3 months	Standard	Organisational structure chart
8	Ensure the national invasive cancer audit (ICA) data collection is up to date	NHSCSP 28	12 months	High	Completion of registered cases
9	Implement the invasive cancer audit disclosure policy	NHSCSP 28	6 months	Standard	Audit of the offer of disclosure and the woman's choice
10	Evidence the trust process for the ratification of and action taken in response to colposcopy audits	National Service Specification 25	12 months	Standard	Examples of ratified audits and action plans
11	Introduce a quarterly provider cervical screening management meeting, supporting the developing links with histopathology	NHSCSP 20	6 months	Standard	Terms of reference and minutes from the meetings
12	Complete a 6-monthly CSPL report and ensure this is discussed at the appropriate trust governance meeting	National Service specification 25	6 months	High	CSPL report with circulation list

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Update relevant local policies to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Trust incident policy
14	Ensure that all colposcopists understand and follow national guidance for the reporting of incidents in cervical screening (include in colposcopy guidelines)	Managing Safety Incidents in NHS Screening Programmes	3 months	Standard	Incident reporting flowchart and evidence of process in use
15	Clarify accountability to support the functionality of the lead histopathologist role	National Service Specification 25	3 months	High	Accountability structure
16	Ensure the lead colposcopist has a specific job description and updated job plan	NHSCSP 20 National Service Specification 25	3 months	High	Job description, job plan with dedicated professional activity allocation
17	Ensure that the lead colposcopist has the support to provide the full oversight of all expected elements of the role, including the monitoring individual colposcopist performance and validation of KC65 data	National Service Specification 25	6 months	High	Evidence from the lead colposcopist of full oversight and leadership of the colposcopy service, for example, formal process for monitoring individual colposcopist's performance



## Diagnosis - histology

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Complete a workforce review to ensure the future capacity of the histopathology service meets the needs of the NHSCSP, as outlined in NHSCSP Document 20	NHSCSP 20  National Service Specification 25	6 months	Standard	Workforce plan
19	Conduct a retrospective audit of all the CIN and CGIN cases reported within histopathology to ensure the correct codes have been applied since the installation of the new LIMs system	NHSCSP 10	3 months	Immediate	Audit, including methodology and findings
20	Ensure that the LIMs system is revised to ensure that all screening cases are correctly coded	National Service Specification 25  NHSCSP 10	6 months	High	Confirmation from lead histopathologist/CSPL
21	Revise the LIMs system to improve its functionality with the NHSCSP	National Service Specification 25	6 months	High	Confirmation from CSPL

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure that any failures in the IT system that impact on screening programme samples are reported as screening incidents, as mandated in national guidance	Managing Safety Incidents in NHS Screening Programmes	3 months	High	Confirmation from CSPL, and submission of SIAFs if necessary
23	Ensure that there is a safe chain of custody for the sending and receipt of samples from colposcopy	National Service Specification 25	3 months	Standard	SOP and evidence of chain of custody
24	Document the policy in place to check the suitability of locums to work in the NHSCSP	NHS employers: Guidance on the appointment and employment of NHS locum doctors	3 months	Standard	Ratified policy with evidence of implementation
25	Produce and implement an action plan to improve the histology turnaround times to meet the expected standards	National Service specification 25  NHSCSP 10	6 months	Standard	Action plan with turnaround time updates

## Intervention and outcome - colposcopy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Ensure that the colposcopy trainers are up-to-date with BSCCP training specific accreditation	National Service Specification 25	6 months	High	Confirmation from lead colposcopist/CSPL and evidence of an update to the BSCCP website
27	Update local training guidance to ensure that it is in line with BSCCP guidelines	National Service Specification 25	6 months	High	Revised local training guidance
28	Ensure that there is consistent nursing support provided for all colposcopy clinics in line with NHSCSP 20 guidance	NHSCSP 20	3 months	High	Confirmation from lead colposcopist/CSPL
29	Proactively manage the colposcopy clinic templates to ensure that all colposcopists see the expected minimum number of new cases and have a suitable case mix to maintain clinical competency in the assessment of high grade disease	NHSCSP 20	12 months	High	Submission of individual colposcopy data return
30	Streamline the administration processes to ensure the failsafe for issue of colposcopy follow up appointments	National Service Specification 25	6 months	Standard	SOP detailing failsafe processes
31	Ensure that the revised administration arrangements are documented into a SOP accessible to the relevant staff	National Service Specification 25	3 months	Standard	SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Ensure Compuscope is accessible in the theatre room used for colposcopy procedures	National Service Specification 25	6 months	Standard	Confirmation from the CSPL
33	Update the colposcopy guidelines to ensure that they are in line with NHSCSP 20, including guidance for the management of glandular neoplasia and follow-up for CGIN	NHSCSP 20	6 months	High	Updated guidelines
34	Audit low grade referral punch biopsy rate to ensure that it is appropriate for local programme and sustainable for the introduction of HPV primary screening	NHSCSP 20 National Service Specification 25	6 months	Standard	Completed audit and evidence of action taken
35	Review the pathway for population cervical screening samples taken within the trust (external to the colposcopy service) to ensure that women receive results letters and are referred when needed	NHSCSP 20	6 months	Standard	Documented evidence of process to ensure results are followed up and letters issued
36	Ensure that patients are sent a copy of their results letter	NHSCSP 20	3 months	Standard	Confirmation from CSPL
37	Ensure that up-to-date patient information leaflets are used, which include information about HPV triage and test of cure	NHSCSP 20 National Service Specification 25	6 months	Standard	Copy of the patient information leaflets in use

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Review the provision of translated patient information leaflets to ensure that it meets the needs of the local population	National Service Specification 25	6 months	Standard	Confirmation of availability of leaflets translated in the main languages for local population need
39	Send a non-responder notification to the laboratory if a woman does not attend a first appointment for colposcopy	Cervical screening: cytology reporting failsafe	3 months	Standard	Confirmation from the CSPL
40	Update result and discharge letters to ensure that test of cure instructions are clear to the patient and their GP	NHSCSP 20	6 months	Standard	Updated letters
41	Ensure that an updated cervical screening specific patient satisfaction survey is completed annually	National Service Specification 25	12 months	Standard	A copy of the annual patient satisfaction survey
42	Review the capacity and shared space within the patient waiting area to ensure that it meets the specification outlined within NHSCSP 20	NHSCSP 20  National Service Specification 25	6 months	Standard	Review findings and actions
43	Ensure that there are suitable monitors for image viewing and the availability of image capture for documentation into the clinical record for conservative management and use in teaching	National Service Specification 25	6 months	Standard	Confirmation from the CSPL

No.	Recommendation	Reference	Timescale	Priority	Evidence required
44	Complete the planned procurement process for cold coagulation to ensure that women with high grade have alternative treatment choices	National Service Specification 25	6 months	Standard	Confirmation from CSPL
45	The trust's infection control team should risk assess the current process for non-specific tray set up, which is used for multiple patients within the colposcopy clinics	NHSCSP 20	3 months	Immediate	Risk assessment with action taken
46	Discontinue the use of self-fabricated 'q-tips', and source a suitable replacement	NHSCSP 20	3 months	Immediate	Confirmation from CSPL
47	Review the Local Safety Standards for Invasive Procedures (locSSIPs) process to ensure that it includes all materials, including cotton wool balls and gauze, which the colposcopy service use internally on a woman	NHSCSP 20	3 months	Immediate	Review findings and actions

### Multidisciplinary team

No.	Recommendation	Reference	Timescale	Priority	Evidence required
48	Ensure that the terms of reference for the MDT meetings are authorised and ratified	NHSCSP 20	3 months	Standard	Terms of reference
49	Ensure that all colposcopists attend a minimum of 50% of MDTs	NHSCSP 20	12 months	High	Minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
50	Update the MDT selection criteria and ensure that they are included within both the histopathology and colposcopy guidelines	NHSCSP 20	3 months	Standard	Guidelines

## 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.