



Public Health  
England

# Quality Assurance Report

Screening Quality Assurance visit to  
Wrightington, Wigan and Leigh  
NHS Foundation Trust on 24 February  
2016

Version 1.0/ August 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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[www.gov.uk/topic/population-screening-programmes](http://www.gov.uk/topic/population-screening-programmes)

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# Executive summary

The findings in this report relate to the quality assurance (QA) review of the colposcopy service provided by Leigh Infirmary on the 24th February 2016.

## Purpose and approach to quality assurance (QA)

The aim of quality assurance in NHS screening programmes is to maintain national standards and promote continuous improvement in the cervical screening programme. 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 Screening quality assurance service as part of the visit process

## Key findings

There was lack of acknowledgement and governance associated with the posts required to run a quality assured cervical screening service at the site. Leigh Infirmary does not have a formally appointed hospital based programme coordinator. There is no sessional commitment for the lead colposcopist and no clarity of governance structures for the colposcopy service. These issues must be addressed without delay.

Although the performance data for waiting times, DNA rates and communication of results met the required standards, review of the KC65 highlighted some data anomalies which require further audit.

The colposcopy management guidelines are being updated. They were not available for review at the QA visit. Some processes within the screening programme need to be strengthened with the development of standard operating procedures. These include the cancer audit pathway, the direct referral pathway and colposcopy multidisciplinary team meetings.

Audits of colposcopy practice against recommended standards should be undertaken regularly to monitor the performance of the department. The audit schedule should contain timelines and be included in the trust's annual audit programme.

There do not appear to be any local performance board meetings between the commissioners and the service leads to performance monitor the service. A plan for a resumption of these or similar meetings is needed as a matter of urgency.

## Shared learning

Adequate administrative staff are in post with dedicated time to fulfil their role.

## Immediate concerns for improvement

The immediate concerns are as follows:

- the lack of a Hospital Based Programme Coordinator. This post requires a job description that will be recognised in the job plan of the post holder. The appointment needs to be resourced with sufficient time and administrative support.
- evidence of a clear organisational and colposcopy accountability structure is required including detail of escalation routes for governance and performance issues
- data anomalies identified, further audits to be undertaken to validate performance

## High priority issues

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

- routine monitoring data collected by the NHS screening programmes
- to ensure all staff working in the NHSCSP are compliant with Section 251
- lead colposcopist to be allocated sessional commitment for role
- to update the colposcopy MDT policy
- to implement audit of colposcopy MDT attendance
- to update the colposcopy clinic guidelines
- to develop an SOP for the direct referral pathway
- to re-submit performance data

## Key Recommendations

Six recommendations were made related to immediate and high level issues identified above. See table 1 for all recommendations identified at this QA visit.

<b>Level</b>	<b>Theme</b>	<b>Description of recommendation</b>	<b>Full recommendation found on page(s)</b>
Immediate	Governance and accountability	To formalise role of HBPC	12
Immediate	Governance and accountability	To review the accountability and governance for the colposcopy service	12
Immediate	Data validation	To review/audit data anomalies to validate performance against national standards	15
High	Information Governance	Staff must be compliant with Section 251	13
High	Leadership	Lead colposcopist to be allocated appropriate session for role	14
High	Service delivery	Update clinic protocols in accordance with national guidelines	14
High	Failsafe	To review data anomalies to ensure robust electronic failsafe	16

## Next steps

Wrightington, Wigan and Leigh NHS Foundation Trust cervical screening programme (colposcopy) is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The commissioners will be responsible for monitoring progress against the action plan and ensuring all recommendations are implemented.

SQAS (North) will support this process and the on-going monitoring of progress.