Colposcopy Quality Assurance

University Hospitals of Leicester NHS Trust

Trust ref: C12/2025

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1. Introduction and who this guideline applies to

Wherever provided, colposcopy should be organised as a quality assured service that adheres to programme standards and guidance.

Implementation of this national guidance should be fully documented in procedures that reflect how the service is run at a local organisational level. This includes documentation

covering clinical management, colposcopy clinic operational arrangements and all administrative activities. The service must be run by a team working to the protocols and quality standards outlined in this document and the associated locally approved procedures. Any problems arising in connection with colposcopy practice should be addressed in a confidential and supportive manner.

The UHL clinic follows the guidance in the NHSCSP Publication 20 (Sept 2024)

2. Colposcopy MDT

Background:

It is a requirement of the National Health Service Cervical Screening Programme (NHSCSP) that Trusts undertaking Cytology, Colposcopy and Histology should undertake regular Colposcopy MDT meetings for the discussion of cases. The primary purpose of the meeting is to plan the management of patients with discordant histology, cytology and colposcopic findings. This is to help ensure high quality care and local peer review of the screening programme.

2.1 Membership and Frequency

- Lead Colposcopist (Chair)
- Consultant Colposcopist
- Lead Nurse Colposcopist
- Nurse Colposcopist
- Histopathologist
- Cytopathologist / Consultant BMS
- Cervical Screening Programme Lead (CSPL)

All meetings must be attended by at least 1 Colposcopist, and representatives to present and discuss the histology, HPV and cytology from the relevant laboratories. Cytology attendance will be via video link.
In addition:

- All Colposcopists must attend at least half the meetings (50%)
- All Histopathologists reporting cervical histology must attend a minimum of 3 MDT meetings per year.
- Attendance at meetings must be recorded
- Monthly meetings as a minimum are required (at least 12 per year)

If the Lead Colposcopist is absent one of the other Consultant Colposcopists will chair the meeting.
Attendance will be recorded on the minutes and also as a separate file in the shared NHSCSP drive which both Colposcopy and Cellular pathology can access.
Attendance will be monitored and discussed at the Colposcopy Operational meetings.

Scheduling

Meetings are scheduled by the Lead Colposcopist and are held on the 3rd Thursday of the month.

Venue

The colposcopy MDT takes place remotely via Microsoft teams.

2.2 Case Selection

The following cases are reviewed and presented at the MDT:

- all cases where high grade cytology including invasion has not been confirmed on colposcopy and or histology (moderate dyskaryosis referrals confirmed as CIN1 are discretionary)
- borderline change in endocervical cells, with minor abnormalities or less on colposcopy and or histology
- any case where colposcopists wish to ask for an 'off protocol' genotyping HPV test
- all cases of glandular neoplasia of endocervical type, CGIN/SMILE
- all conservatively managed CIN2 cases
- further management of individuals who have had 2 previous treatments
- Persistent HPV positive Negative cytology (in the absence of national guidance)
- Cases where Histopathology have identified a discrepancy or is coded for MDT. (Currently the UHL lab sends it to the Lead Colposcopy nurse).

There must be allowance for colposcopy, histology and cytology to add any cases to the list where they have concerns they wish to discuss.
The outcome of MDT discussion must be recorded in the patient notes and reported to the managing clinician in writing. Outcomes should be recorded on the cytology and colposcopy computer system or other systems allowing access to cytology/histology in the future.

2.3 Colposcopy MDT Patient List

- To add a patient to MDT, Colposcopy MDT pro-formas are completed and sent to Nurse colposcopists who will then devise a list.

- There is a deadline one week prior to the meeting and any patient requests following this deadline are placed on the next MDT for discussion. Urgent cases are added to the next available meeting as required.

- Once complete the list is circulated to Cytology and Histology for review and the wider colposcopy team for discussion.

- The completed lists and pro-formas are on the 'N' Drive and are password protected.

- A CSP audit sheet is sent from Histopathology on a monthly basis which identifies cases that need to be discussed. This is cross checked with the colposcopy list and any additions added. These audits are checked and recorded and saved in the 'N' Drive.

- A pre MDT takes place once the list has been circulated, between the Lead colposcopist and the Nurse colposcopist to ensure effective case selection of patients.

- the patient list is sent to the Colposcopy Secretary who begins to request the notes. The notes are stored in the 'Colp MDT' drawer in the Colposcopy office and the patient information is put on the MDT patient list and minutes prior to the MDT.

2.4 MDT Meeting

Cases are discussed in order from the MDT patient list. Agreed outcomes and management are entered onto the electronic MDT patient list / minutes in real time and by hand in the patient's notes.

2.5 Post meeting administration:

Colposcopy

- Patient letters with MDT outcomes are dictated by the nurse colposcopists immediately after MDT meeting or sent to relevant clinician for dictation if required.
- The completed electronic MDT patient list / minutes with actions are e-mailed to all members of the MDT immediately after the meeting and an electronic copy is filed in the cytology-colposcopy 'N' drive.
- Failsafe: There is an ongoing audit to ensure all outcomes have been actioned appropriately. Any discrepancies are reported to the Lead Colposcopist / Lead Nurse colposcopist.

2.6 Cervical Cancer Audit

Cervical Cancer audit 'Invasive Cancers' are discussed at an MDT meeting before the completed audit is submitted to Midlands and East SQAS and to determine whether disclosure of the audit findings to the woman is appropriate and if Duty of Candour applies. The meeting is also used to gather any missing information which is only available from the patient's notes e.g., final cancer staging and treatment.
Disclosure is offered by the Consultant Gynaecologist treating the patient in accordance with NHSCSP Guidelines and the UHL Trust Policy. **(Please see appendix 1)**

Associated Documents:

Cervical screening: programme and colposcopy management - GOV.UK

3. Accreditation of Colposcopists

Colposcopists must complete their training and satisfy the requirements of the joint body of the British Society for Colposcopy and Cervical Cytology (BSCCP) and the Royal College of Obstetricians and Gynaecologists (RCOG) in order to become accredited Colposcopists.

Once accredited, 3-yearly application for reaccreditation and attendance at a colposcopy related course or conference is required in order to remain on the BSCCP Register of Colposcopists.

It is the responsibility of the individual to ensure that they remain accredited and the Lead Colposcopist should maintain records for all Colposcopists working in their department.

3.1 Induction and training of new colposcopists

UHL have a robust process for the induction and training of new colposcopists in line with the BSCCP accreditation process. The training is led by the lead colposcopist and the Lead

nurse colposcopist. Regular meetings are held with the trainee to ensure progress and that training needs are being met. **(See appendix 2)**

All new colposcopy trainees are required to complete cervical sample taker training and obtain a pin number from cytology. **(See appendix 3)**

3.2 Performance of diagnostic and therapeutic colposcopy

- Colposcopy must be performed by a BSCCP certified Colposcopist or a BSCCP registered trainee under direct or indirect supervision.

3.3 Recognised Limitations of Colposcopy

Colposcopy is a subjective test that has a number of recognised limitations

- It is only satisfactory if the whole of the cervical TZ is visible
- It is unreliable when there has been previous treatment

3.4 Documentation

As indicated in the revised criteria for colposcopic examination from the International Federation of Cervical Pathology and Colposcopy (IFCPC) nomenclature committee in 2011, data recording at the colposcopic examination must include:

- the indication for referral
- the hrHPV result and grade of cytological abnormality
- the presence or absence of a cervix
- whether the examination was adequate or inadequate (for the examination to be adequate the entire cervix and squamo-columnar junction must be seen)
- the presence or absence of vaginal and or endocervical extension
- the colposcopic features of any lesion
- the colposcopic impression of lesion grade
- the type of transformation zone (type 1, 2 or 3)
- the site of any colposcopically directed biopsies.

In UHL The PHE Masey database is used to capture the data outlined above.

4. Invasive disease

Care must be taken not to overlook invasive disease. Excision is recommended (>95%):

- when most of the ectocervix is replaced with high grade abnormality.
- when low grade colposcopic change is associated with high grade dyskaryosis (severe) or worse.
- when a lesion extends into the endocervical canal, sufficient cervical tissue should be excised to remove the entire endocervical lesion.
- where cytology is suggestive of invasive disease or of ?glandular neoplasia

In the situations mentioned above, punch biopsies are not considered to be reliably informative. The colposcopist should be aware of the small risk of inappropriate or

inadvertent destruction of invasive or glandular lesions. These are most often encountered in association with high grade cytological or colposcopic change (CIN3). There may be pressing reasons for delaying excision (pregnancy for example). Reasons for not performing a biopsy must always be recorded.

NB: Pregnancy is an exception – please refer to section on pregnancy in clinical guidance SOP.

4.1 Accuracy of colposcopic diagnosis

Colposcopy offers an accurate way to diagnose cervical intraepithelial neoplasia (CIN) and to differentiate high grade lesions from low grade abnormalities. The positive predictive value (PPV) of a colposcopic diagnosis is dependent on the prevalence of the disease in the referred population. According to research published in 2015, 2018 and 2019, the highest prevalence is found in individuals referred with a high grade cytology result, the lowest in individuals referred with persistent hrHPV and negative cytology.

PPV is defined as the proportion of individuals with an adequate colposcopic examination and a colposcopic impression (CI) of a high grade lesion who have high grade CIN (including cervical glandular intraepithelial neoplasia (CGIN)) or worse confirmed by histological examination (directed biopsy or tissue excised at first visit (see and treat)).

The PPV should be at least **75%** for a CI of a high grade lesion (CIN2 or worse) for individuals referred with high grade cytology, and at least **35%** for all other referrals.

4.2 Colposcopically directed punch biopsy

Unless an excisional treatment is planned, biopsy should be carried out when the cytology is high grade, and always when a recognisably atypical transformation zone is present.

hrHPV positive and negative cytology or low grade cytological abnormality (low grade dyskaryosis or less) and a low grade or negative colposcopic examination do not necessarily require colposcopic biopsy.

4.3 Adequacy of biopsies

Of all biopsies taken (directed and excisional) ≥90% should be suitable for histological interpretation.

If colposcopically directed biopsy is reported as inadequate for histological interpretation, it should be repeated if there is a residual colposcopic lesion (≥95%).

4.4 Treatment of CIN

Excision Removal of specimen

The preferred method of treatment in UHL is excisional treatment using loop diathermy (LLETZ)

When excision is used, at least 80% of cases should have the specimen removed as a single sample. Removing the transformation zone in multiple fragments can increase the difficulties encountered in histopathological assessment. Furthermore, if microinvasive disease is

present, it may be impossible to allocate a sub-stage or define completeness of excision in fragmented excisional specimens.

It can be performed in the colposcopy clinic using loop diathermy or under general anaesthetic in theatre.

It is not necessary to remove an IUS/IUD to perform treatment.

It is essential to ensure there is no risk of pregnancy prior to LLETZ.

Histology report
The histology report should record the dimensions of the specimen and the status of the resection with regard to intraepithelial or invasive disease.

Depth of excision
The goal of excision is to remove all the abnormal epithelium in accordance with the type of transformation zone.

Type I cervical transformation zone
For treating ectocervical lesions, excisional techniques should remove tissue to a depth of more than 7mm in ≥95% of cases, though the aim should be to remove <10mm in individuals of reproductive age

Type II cervical transformation zone
Excisional techniques should remove tissue to a depth of 10 to 15mm in ≥95% of cases, depending on the position of the squamocolumnar junction within the endocervical canal.

Type III cervical transformation zone
Excisional techniques should remove tissue to a depth of 15 to 25 mm in ≥95% of cases, depending on the position of the squamocolumnar junction within the endocervical canal.

See and treat' policy

- Clinics can offer treatment at first visit to colposcopy for a high grade referral.
- Treatment at first visit to colposcopy for a referral of hrHPV positive and cytology negative, borderline squamous changes or low grade dyskaryosis should not be offered except where the abnormality is known to be long-standing.
- It is inappropriate to adopt 'see and treat' if the proportion of specimens that do not show evidence of CIN is high. This is because many individuals would receive unnecessary treatment.

5. HEALTH AND SAFETY / RISK MANAGEMENT

Please Refer to **Appendix 4** for UHL Health and safety and risk management processes including managing safety incidents and incident reporting.

5.1 Health & Safety related training

All Staff should be up to date with Mandatory training requirements.

5.2 RECORD KEEPING AND DOCUMENTATION

It is the responsibility of all staff to maintain accurate and appropriate records and documentation, maintaining patient confidentiality at all times.

Colposcopy Documentation

The Admin team should check that the correct clinical documentation is filed appropriately in the patient's notes ready for each Clinic session.

The documentation includes:

- Direct Referral summary sheet or referral letter
- History and continuation sheets
- Colposcopy datasheet
- Patient ID labels (these should be replaced prior to the patient seeing the Coloposcopist if there is a change of details notified at the time of checking in)

Responsibility for Documentation

- At the time of preparing the patient records for clinic it is the responsibility of the Clinicians to ensure that all the above documentation is present and that the results of any known previous investigations relevant to the current referral are obtained and placed in the case notes. Any special requirements or conditions should be highlighted.
- All clinicians are responsible for keeping clear and accurate records of patient consultations. The colposcopy datasheets should be fully completed at the time of the examination to facilitate accurate data input and conversations with patients clearly documented in the case notes in accordance with the above policies.
- Patient confidentiality should be respected at all times and patient records stored securely in accordance with the Trust Policies.

6. Patient Information Leaflets

It is well known that providing information and communicating effectively with patients helps to decrease anxiety. The NHSCSP Document 20 Standards are as follows:

- Each woman should be offered verbal information and should be sent written information before and after a cervical screening and before colposcopy (95%).
- Counselling must be available as an integral part of colposcopy.
- Women must be sent an appropriately worded invitation with a contact name, telephone number, clinic times, clinic location and transport advice.
- Written information regarding the colposcopy examination should be provided to all women with their appointment invitation.

The UHL Colposcopy Clinic complies with the above standards and has written fact sheets for patients in respect of the following. These are available in paper version and electronic via UHL connect; YourHealth

- The colposcopy examination

- Advice following a punch biopsy
- Post LLETZ/Diathermy advice
- Advice following vulval/vaginal biopsy
- Post coital bleeding.
- Insertion of IUS

7. Telephone Counselling

- Patients are advised in the written information provided that the clinic staff are unable to discuss individual cases over the telephone due to the Trust Patient Confidentiality Policy.
- In the event of a patient being distressed and wishing to discuss the results of investigations, the Nurse Colposcopist (or Lead Nurse in her absence) should be contacted and asked to deal with the situation. However, general enquiries about the examination and issues surrounding colposcopy should be answered as fully as possible, giving reassurance and information in order to reduce anxiety.
- Any qualified member of the Nursing Team can advise patients over the telephone, and if necessary forward queries to the Nurse Colposcopists for further advice.
- Any advice or specific anxieties should be documented in the case notes for future reference. It is important to record dates and times as well as any points of discussion.
- In the event of arrangements being made for the patient to return to the department for further examination/management, it is important that this is communicated to senior colleagues and reception staff so that they are aware and can obtain the case notes prior to her arrival.

8. Education and Training

None

9. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring Lead	Frequency	Reporting arrangements
Ensure that the Colposcopy Clinic is achieving the standards set out in Document 20 (NHSCSP, 2024)	Colposcopy audit		Annual	Colposcopy operational meetings (See appendix 5)
Continuous monitoring of standards	KC65 and also annual individual performance standards		Annual and quarterly	QA

Colposcopy Operational Meetings are held 3 monthly on the 5th Thursday to ensure all standards are being met and to discuss any issues within the colposcopy service. The Terms of reference and Agenda can be seen in Appendix 6.

Audit of areas of clinical interest

Staff are encouraged to undertake audit and research related to the Colposcopy Service. Audit proposals are discussed at the monthly Colposcopy Meeting

Colposcopy Database Audit Reports:
The database includes the following reports:

- Waiting times
- Evaluation strategy reports such as adequate biopsies, untreated CIN and no treatment within 3 months
- Attendance details: Figures for attendance for all procedures during specified dates
- Performance data: Procedures performed in the clinic and figures for the number of new colposcopies performed by each individual Colposcopist during specified dates
- BSCCP audit data
- Diagnostic accuracy figures by Colposcopist
- Incomplete records: Alert to incomplete data relating to attendance, procedures performed results, plans and notification of results. Also alerts to non-admission for planned inpatient procedure within 3 months of decision to list for surgery
- These are available through the data system and accessed by the audit and data co-ordinator

Validation of Quarterly KC65 Return

- The quarterly KC65 is validated and checked for errors before submission to the Regional QA Office.
- Discussion regarding the performance takes place at the monthly Colposcopy Meeting to feed back the analysis of the data and any necessary recommendations made.
- The process of validation of KC65 is documented in more detail in **appendix 7**

Patient Satisfaction Surveys

- All patients are invited to complete a “Friends & Family Test” on the electronic tablets. This asks “How was your Care?” and whether the patient would recommend our service to friends and family if they were to need similar care or treatment. There is also a section for suggestions as to how the visit could have been made better. There is a tick box for anonymity if required.
- The results are collated in the Trust and a summary is published on the Trust Intranet for every area giving details of comments and scores. This information is fed back to staff on a regular basis and any issues raised are discussed and escalated if appropriate. If an issue is raised and a change in practice results, a notice is placed on the patient information board to this effect.
- In UHL an Annual Patient Satisfaction surveys are also carried out. A sample of 100 patients is surveyed and the results collated and shared with the Service.

10. References

https://www.gov.uk/government/publications/cervical-screening-programme-and-colposcopy-management September 2024

11. Key Words

Colposcopist, KC65, LLETZ, Punch biopsy

The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

EDI Statement

We are fully committed to being an inclusive employer and oppose all forms of unlawful or unfair discrimination, bullying, harassment and victimisation.

It is our legal and moral duty to provide equity in employment and service delivery to all and to prevent and act upon any forms of discrimination to all people of protected characteristic: Age, Disability (physical, mental and long-term health conditions), Sex, Gender reassignment, Marriage and Civil Partnership, Sexual orientation, Pregnancy and Maternity, Race (including nationality, ethnicity and colour), Religion or Belief, and beyond.

We are also committed to the principles in respect of social deprivation and health inequalities.

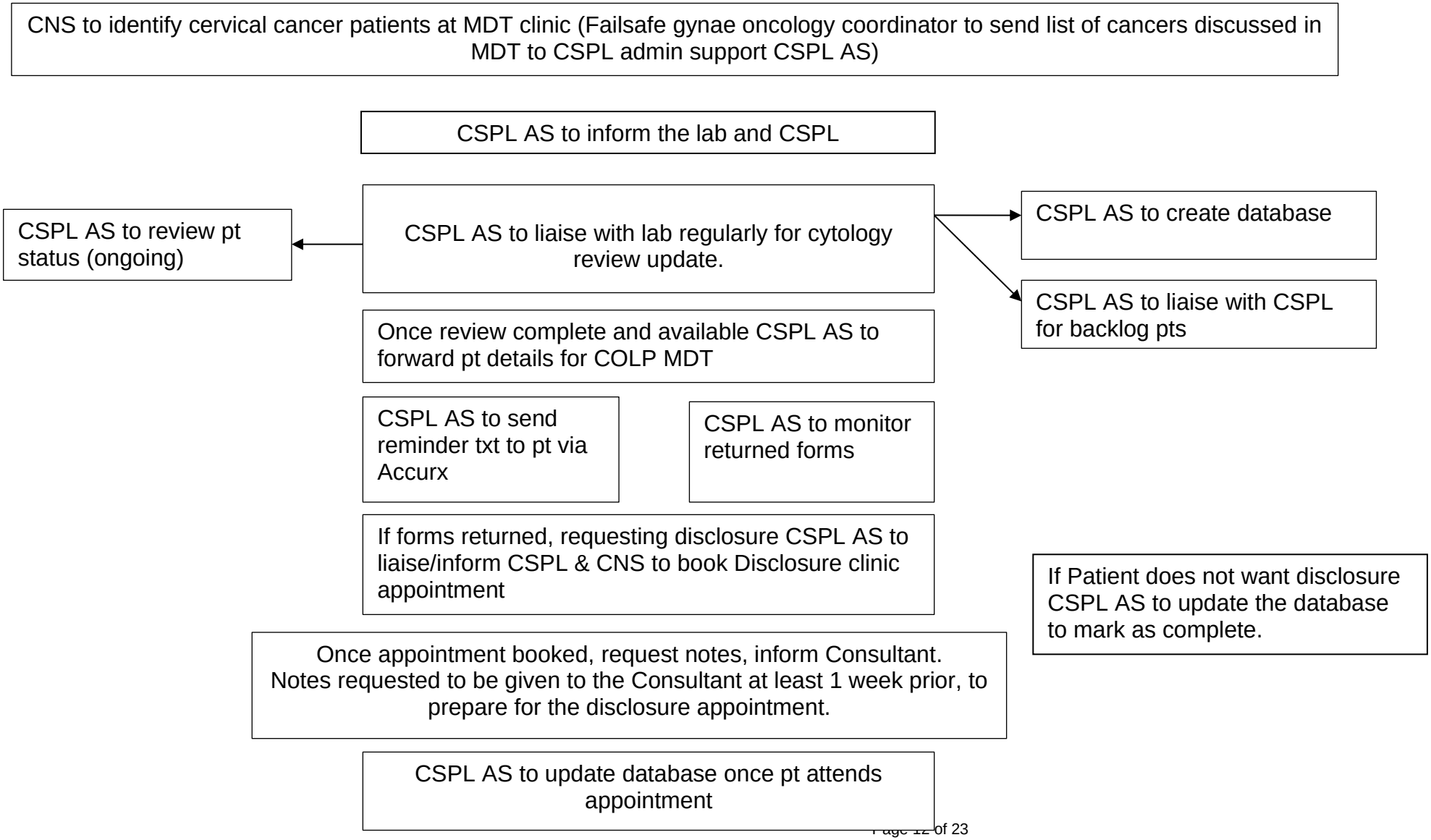
Our aim is to create an environment where all staff are able to contribute, develop and progress based on their ability, competence and performance. We recognise that some staff may require specific initiatives and/or assistance to progress and develop within the organisation.

We are also committed to delivering services that ensure our patients are cared for, comfortable and as far as possible meet their individual needs.

CONTACT AND REVIEW DETAILS			
Guideline Lead (Name and Title) Hannah Ball – Lead Nurse Colposcopist & Hysterscopist			**Executive Lead** Chief Nurse
Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
February 2025	**1**	**UHL Gynaecology Governance**	**New document**

Appendix 1: UHL Cervical Cancer disclosure (hyperlink)
Cervical Cancer Disclosure UHL Gynaecology Guideline.pdf

Disclosure SOP



Appendix 2: INDUCTION FOR TRAINEE/NEW COLPOSCOPISTS TO UHL

A trainee who is new to UHL will meet one of the Nurse Specialists and the lead colposcopist for arranging orientation and meeting the team, work plans and training need are discussed with the Clinical Supervisor.

The trainees are oriented to the following:

- Colposcopy rooms
- Colposcopy secretary offices
- Colposcopy offices
- Clinic coordinators
- Histology and cytology labs
- MDT meeting room
- Stores – clinical and stationary

Meet the team

- Colposcopists
- Health care assistants
- Colposcopy secretaries
- Clinic coordinators
- Cytology and histology lab staff
- Colposcopy Data Co-ordinators

Access to

- ICE
- ILAB
- MASEY DATABASE
- HISS

Work plan

- Observational opportunities in Colposcopy Clinic. Gaining informed verbal consent from the patient when taking history and counselling and also for colposcopy examination/treatment
- Visits to the laboratory
- Attendance of monthly MDT meeting
- Study time
- Time with trainer – reflection, log book, discussing results etc.
- Attending study days - pre-osce day, osce, BSCCP Conference, Colposcopy Nurse Conference, Annual Colposcopy Study Day
- Colposcopy Clinic Guidelines
- How to maintain colposcopy qualification

Trainee is assigned to an accredited trainer and registered with the BSCCP. A timetable is formulated by the lead colposcopists depending on the suitability of clinics to ensure they see direct referrals.

Work based assessments

Clinical supervision of the trainee includes work based assessments during a clinical session. They are encouraged to reflect on new cases and actively participate in problem based learning. They are assigned administrative work to review and dictate results under supervision.
They have monthly meeting with their assigned trainer to review the electronic log book and work based assessments.

Audit

Every trainee is assigned an audit by the Lead Colposcopists. In addition they also have to audit their performance in line with the recommendation of the QA Individual performance standards.

Pathology Experience

All trainees should be familiar with the workings of the cyto- and histopathology laboratories and spend at least one session of 5 hours in each. Nurse trainees must dedicate 3 sessions of 5 hours each to cytopathology and histopathology. In addition all trainees should attend clinico-pathological meetings.
The aims of Colposcopy Trainees attending Pathology Laboratories are:
• To understand the practical aspects of slide preparation
• To view cytology slides
• To see how loop specimens are handled grossly
• To see how poor biopsy techniques result in problems of interpretation
• Meet the Cytology and Pathology Staff and gain an understanding of their work

Communication

Good communication skills are key competences for a colposcopist. Attending a Communication Skills course, especially breaking bad news is encouraged for all trainees.

Preparation for OSCE's

The lead Colposcopists along with the Nurse colposcopists arrange a mock OSCE to prepare the trainee for their final OSCE.
They are also supported for attending the OSCE course for preparation.

Appendix 3: Sample taker code reg form

University Hospitals of Derby and Burton NHS Foundation Trust

Nurse/Doctor Sample Taker Code Registration Form

All cervical cytology sample takers must be registered on the East Midlands Sample Taker Database for the University Hospitals of Derby and Burton NHS Foundation Trust's Cytology Laboratory to accept samples.

To register on the database, you **must** provide:

1. A completed registration form
2. Copies of your initial cytology sample taker training certificates
3. A copy of your most recent and up to date training certificate (this should take place 3 yearly)

Please complete the below form and return to us via post or email to the address below alongside all of the relevant information.

Please tick the relevant box that applies to your current role	☐ Competent/Fully qualified sample taker ☐ Trainee sample taker ☐ Locum sample taker
PART A – To be completed by all applicants	
Full Name	
Sample Taker Code *NMC PIN Number*	
Work email address *Must be an NHS email*	
Workplace *Please include the practice name and organisation code*	
PCN Please include the name of any PCN you may work as a smear taker.	
Initial 2 Day Theory Training Date	
Training Provider	
Most Recent Training Date *This should be within the last 3 years*	
Signature	
PART B – To be completed only by the mentor or supervisor of the trainee sample taker	
Name	
Sample Taker Code	
Signature	
Email address *Must be an NHS email*	

Appendix 4: Managing safety incidents in colposcopy

Managing Safety Incidents in Colposcopy

This guideline is for all clinical, administrative and management staff working within the Colposcopy Service.
The purpose of this guideline is to provide a robust process for ensuring that all incidents are reported, investigated, actioned and escalated as per the NHS cervical screening programme incident management.
This guidance sets out the requirements for managing safety concerns, safety incidents and serious incidents in NHS Screening Programmes. It is important that actions are in proportion to the risk of harm and based on accurate investigation. It is relevant to healthcare staff that may identify or manage a screening incident including those who provide and commission NHS funded services. It is for staff of NHS Screening Programmes who advise on screening incidents

Screening safety incidents

Screening safety incidents include:

- any unintended or unexpected incident(s), acts of commission or acts of omission that occur in the delivery of an NHS screening programme that could have or did lead to harm to one or more persons participating in the screening programme, or to staff working in the screening programme.
- Harm or a risk of harm because one or more persons eligible for screening are not offered screening

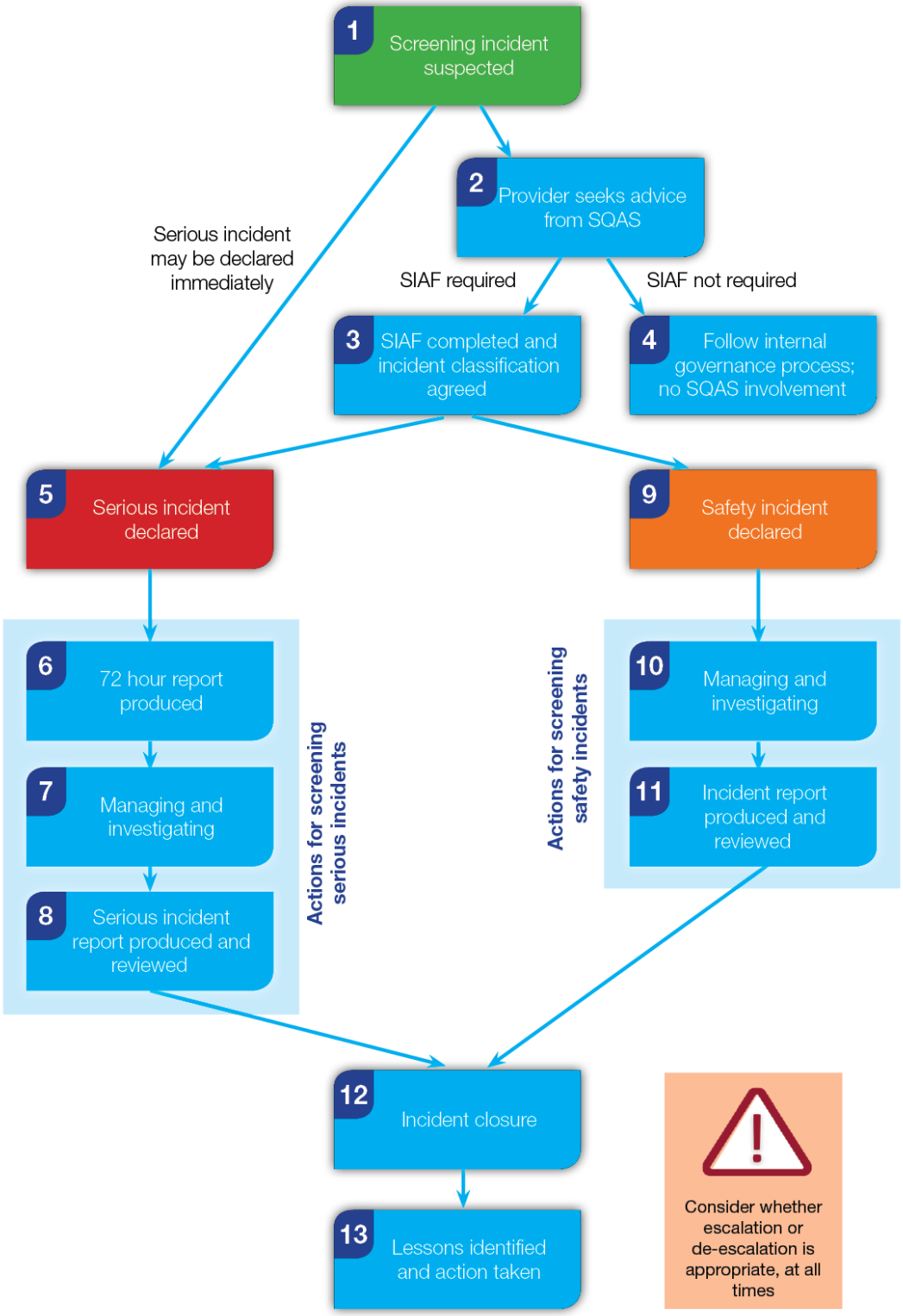
Serious incidents

Some screening incidents require a heightened response. They are termed serious incidents. This is where the consequences or risks are so significant to individuals, carers and families; organisations and staff, populations, or represent significant potential learning for the NHS.
The heightened response means that formal governance is needed around reporting, investigating, action planning, implementation, closure and learning. Principles should be defined and consistent procedures followed.
It is a matter of professional judgement whether to declare a serious incident. Careful consideration of the definition is needed in each case.
In most instances, the provider of the local screening service declares the serious incident after deciding this with the commissioner and informed by QA advice.
In distinguishing between a screening safety incident and a serious incident, consideration should be given to:

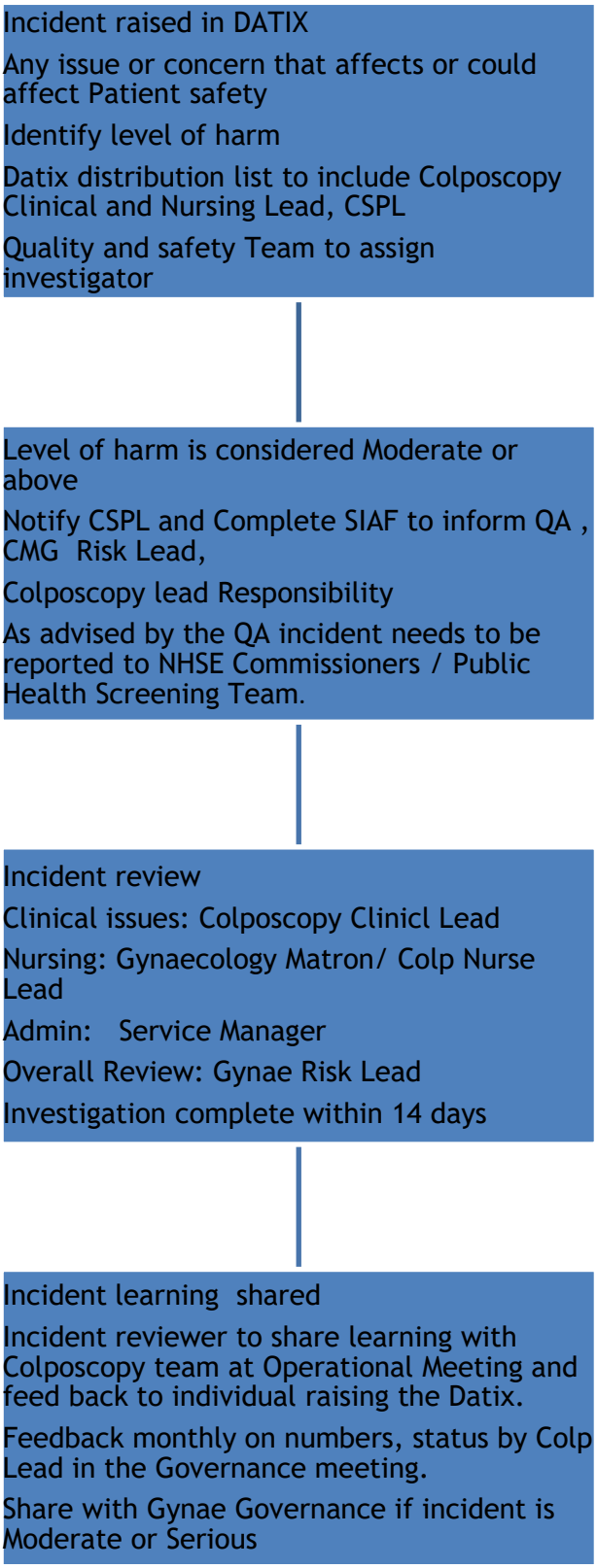
- whether individuals, the public or staff would suffer avoidable severe harm or death if the root cause is unresolved
- the likelihood of significant damage to the reputation of the organisations involved

Reference should be made to managing safety incidents in NHS screening programmes updated July 2021.The following flowcharts and local incident management policy are available in all of our colposcopy clinics.

Reporting and Managing Screening incidents



UHL Colposcopy incident Management Roles and Accountability



Escalation process

- Incident risk scoring moderate or above
- Patient safety team involved And CSPL informed.
- Serious incidents- 72 hour report by patient safety team
- Involvement of Head of operations, Head of Nursing and Clinical director for the CMG

Appendix 5: Colposcopy audit schedule

Colposcopy Audit Schedule UHL

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Patient Satisfaction survey LS/SJ						Staff Satisfaction Survey VS/HB					
Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract	Discharge Extract
Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance Annual	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)	Individual Performance (Internal)
KC65 (Q3) SP/HB/VS			KC65 (Q4) SP/HB/VS	KS65 (annual) SP/VS		KC65 (Q1) SP/HB/VS			KC65 (Q2) SP/HB/VS		
MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB	MDT Outcome and case selection SJMB
Invasive Cancer Audit IS			Invasive Cancer Audit IS			Invasive Cancer Audit IS			Invasive Cancer Audit IS		
Borderline in Endo (LS HB)		Primary HPV +Audit		GA Documentation Audit VS/Trainee	CIN 2 conservative management audit (HB/LS)	TOC/LLETZ Audit			LLETZ over 50 re audit QD/Trainee	Treatment within 4 weeks (HB/CM)	
Exception Report			Exception Report			Exception Report			Exception Report		

Appendix 6: Colposcopy operational ToR

University Hospitals of Leicester NHS Trust
Women's and Childrens CMG

Colposcopy Operational Meeting

Terms of Reference

Membership

- Consultant Colposcopy Lead
- Gynae-Oncology/Colposcopy Consultants
- Gynaecology Matron
- Lead Nurse for Colposcopy
- Clinical Specialist Nurse
- Consultant Cervical Screening Provider Lead
- Gynaecology General Manager/Service Manager
- Gynaecology Admin Manager/Team Leader
- Colposcopy Data Coordinator
- Colposcopy Medical Secretary/Clinic Coordinator
- Colposcopy Clinical Fellows

Other members may attend at the chairperson's discretion.

Quorum:

- Consultant Colposcopy Lead or other nominated chairperson
- Minimum of 3 others

Accountability:

- Women's CMG Operational, Performance, Quality & Safety Board
- Gynaecology Clinical Governance meeting
- Cervical Screening Management Meeting.

Purpose:

- To develop action plans (with timelines, roles & responsibilities) following QA visits
- To ensure action plans progress and timeframes are met
- To escalate to the Women's Operational Board any risks or issues with regards to the action plans
- To develop a yearly program of audit essential to the service including timelines and names of the audit authors
- To present clinical audit findings; develop action plans and timelines of any identified service changes
- To present & discuss existing guidelines/SOP's that require review and amendment
- To present & discuss new guidelines/SOP's that may require implementation into the service; to include training requirements and a guide on roll out to relevant clinicians

Frequency:
The meeting will be held bi-monthly.

Attendance:
The group will request the attendance of other key stakeholders as appropriate

Minutes:
The minutes of the meeting will be compiled according to the UHL corporate style.
The minutes of the previous meeting will be reviewed at the start of each meeting to ensure that they are accepted as a true record.
The minutes will be distributed to all members of the committee not later than one week prior to the meeting.

UHL Colposcopy Operational Meeting Agenda

Present:
Apologies:

Agenda item
Previous Minutes:
Matters arising:
Capacity/demand: • **Workforce plans** • **Activity planning**
Medical staff / Colposcopists:
Admin and Nursing staff:
Equipment/Environment:
Incidents and risks:
Monitoring data and Audits.
Colposcopy Databases:
QA visits: • **On-going QA recommendations discussed. List collated and work delegated to team**
Issues for escalation to UHL cervical screening management meeting:
AOB:

Appendix 7: Validation of colposcopy performance reports

Validation of colposcopy performance reports

This guideline is for all clinical, administrative and management staff working within the Colposcopy Service.
The purpose of this guideline is to provide a process of validation of data presented in the quarterly and annual colposcopy performance reports (KC65)

Background

KC65 is a quarterly or annual return that provides information on referrals to colposcopy, treatment, and outcomes. The data is collected from colposcopy clinics and is used to monitor and improve screening services.

Process
Women with an abnormal screening test result or with a clinically suspicious cervix are seen in colposcopy clinics. Details of referrals, appointments and procedures are recorded on specialist data systems, in UHL it is the MASEY Database.

Datasets included in the KC65

Time from referral to first offered appointment

All referrals (direct and symptomatic) to the colposcopy clinic are managed by a Clinic coordinator who provides a log of appointments and sends to the data coordinator and the Derby Lab.
These appointments are cross checked by the data coordinators and where DNA'd or cancellations they are recorded on weekly basis.
Any discrepancies with regards to the appointment time scales are highlighted to the Colposcopy lead nurse and where possible appointment is re organised within the breach date as per the NHSCSP guidance.

Appointment attendance status by type

The data extracted from MASEY is reviewed by the Lead colposcopy nurse. Where clinics are cancelled on the day the Lead clinician is informed who ensures the management team is involved to re organise a separate clinic or find cover. If not possible the appointments are rebooked along the time scales to avoid breaches. All such bookings will have a comment on the appointment booking system (HISS) and this information is used to validate the KC 65

First attendances
The data collected relate only to procedures undertaken the first time an individual attends.
Information from this part of the dataset is used to ensure all results are actioned timely. Data coordinators produce a monthly result list to ensure they are reported/actioned and letters are sent to the patients.

UHL operates a see and treat policy. The data co-ordinators keep a log of all the high grade referrals and identify women who have not had a treatment on the first visit with High grade/ invasive or glandular smears. The case notes must have a reason documented by the clinicians. Where it is not documented it is highlighted to the Lead Nurse and clinician for further information.
This information is used for validating the KC65 quarterly.

Time from biopsy until patient informed of result

This is the time between the date on which the biopsy was taken and the date on the letter that is sent to the patient. In order to allow time for follow up of results, the data relates only to those biopsies taken in the first month of each quarter.
The data include all biopsies taken, not just those taken on first attendance. It is possible that more than 1 biopsy may be taken from the same individual.
Validation of this dataset involves review of the histology turn-around times, individual clinician results output performance. This may involve dictation, approval time constraints which are recorded on a separate spread sheet by data coordinators for that particular month, especially when on annual leave.
Failsafe systems are in place for urgent results to be actioned by the nurse colposcopists and lead clinician. The medical secretaries are given a list of results that needs urgent attention.

Outcomes of Colposcopy Treatment

This dataset is reviewed by the lead colposcopy clinician. Where excision biopsies have no CIN or HPV only are reviewed for their referral indication, any diagnostic biopsies prior, and rationale for treatment. Where the management falls outside of the national protocol, the cases are identified and either discussed at the Colposcopy MDT for wider education, or feedback given to individual colposcopist.