



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme South Devon

30 March 2017

Public Health England leads the NHS Screening Programmes

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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. 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 Twitter: [@PHE_Screening](https://twitter.com/PHE_Screening)

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Executive summary

The NHS Breast Screening Programme aims to reduce mortality from breast cancer by finding signs of the disease at an early stage. The findings in this report relate to the quality assurance (QA) visit to the South Devon breast screening service held on 30 March 2017.

Purpose and approach to QA

QA aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure 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 of data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to the South Devon breast screening service in March 2017 (office, radiography, physics, nursing, pathology slide review, radiology image review, surgical case note review and MDT observation)
- information shared with the South regional SQAS as part of the visit process

Description of local screening service

The South Devon breast screening service has an eligible population of approximately 45,000 and screens women aged between 47 to 73 years as part of the national randomised age extension trial.

The service is located within Torbay Hospital, Torquay, and provides a combined screening and symptomatic service for the South Devon population. Screening is also carried out on one mobile unit covering a large geographical and rural area extending from Dartmouth to Totnes and up to Dartmoor. The unit has embraced skill mix and uses radiologists, an advanced practitioner, radiographers and assistant practitioners.

The majority of women requiring further treatment have their surgery at Torbay Hospital with a few being referred to the Royal Devon and Exeter Hospital for free flap breast reconstruction surgery. The screening programme is provided by Torbay and South Devon NHS Foundation Trust (TSDFT) and is commissioned by NHS England South (south west). There is a service specification in place for 2017/18.

Findings

Immediate concerns

The QA visit team identified 2 immediate concerns, which were discussed with the chief executive, medical director and senior management team on the day of the visit.

A letter was sent to the Chief Executive on 27 April regarding the following:

- false negative assessments to be reviewed and QA to be notified of substandard assessments
- office staff to cease phoning assessment patients to book appointments

A response was received on 22 May to confirm that the false negative assessment cases were in the process of being reviewed, and that patients are now contacted by letter regarding assessment appointments.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the medical physics service level agreement (SLA) expired on 31 March and needed to be updated to reflect the current model of physics provision
- second timed DNA appointments are not currently being offered
- radiography vacancies have yet to be filled
- there is no protected time to perform QA radiographer duties
- there is no standardised approach to craniocaudal views
- there were a number of errors in clinical data entry
- breast care nurses are not routinely performing holistic assessment at assessment clinics
- there are no interim arrangements for anticipated pathology staffing shortfalls

Shared learning

- there is good engagement from senior staff within the trust in support of the programme
- the unit has embraced skill mix across the service
- new PACs had introduced some efficiencies in the system

Table of consolidated recommendations

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Ensure timely reporting of incidents to QA	NHS Managing Safety Incidents in NHS Screening Programmes	Immediate	I	Screening incident assessment forms submitted to SQAS on discovering and incident
2	Ensure routine radiology audits are undertaken	NHSBSP Publication No. 59	6 months	S	Provide audit programme to SQAS
3	Undertake a client satisfaction survey to review the experience of assessment recalls	NHSBSP Publication No. 29	12 months	S	Survey results to SQAS
4	Share findings of client satisfaction survey's with all staff	NHSBSP Publication No. 29	6 months	S	Confirmation to SQAS

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
5	Recruit to current radiography vacancies	NHSBSP Publication No. 63 (6.1, Table 3)	6 months	H	Written confirmation to SQAS
6	Confirm interim arrangements for anticipated pathology staffing shortfalls	NHSBSP Publication No. 2	3 months	H	Contingency plans to SQAS
7	Confirm all breast screening radiologists undertake appropriate breast continued personal development (CPD)	NHSBSP Publication No. 59	12 months	S	Written confirmation and CPD certificates to SQAS
8	Update the medical physics service level agreement	NHSBSP Publication No. 33	1 month	H	Copy of updated SLA to SQAS
9	Provide protected time for the QA radiographer	NHSBSP Publication No. 63 (6.1, Table 3)	NHSBSP Publication No. 63 (6.1, Table 3)	H	Rota showing allocated time to SQAS
10	Audit user QC procedures, including the documentation of results, against NHSBSP guidance	NHSBSP Publication No. 33 NHSBSP 0702	3 months	S	Compliance matrix to SQAS

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
11	Develop a plan to restart second timed DNA appointments	Service Specification No. 24	3 months	H	Written confirmation of plan to SQAS

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
12	Revise the repeat policy to ensure images meet the criteria for radiological interpretation	NHSBSP Publication No. 63	3 months	S	Policy to be sent to SQAS
13	Agree a local policy for the craniocaudal view	NHSBSP Publication No. 63	3 months	H	Policy to be sent to SQAS
14	Report all false negative assessments (FNA) to QA using Form 4	NHSBSP Publication No. 59	Immediate	I	Form 4s to be sent to SQAS
15	Notify QA of substandard FNA's using the screening incident assessment form (SIAF)	NHS Managing Safety Incidents in NHS Screening Programmes	Immediate	H	SIAF to be sent to SQAS

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
16	Implement a protocol for double reporting of assessment clinics	NHSBSP Publication No. 49	6 months	S	Written confirmation to SQAS
17	Audit and review all clinical data entry for the last 6 months	NHSBSP Publication No. 47	3 months	H	Written confirmation, audit results and actions taken to SQAS
18	Confirm CPA accreditation following submission of non-conformances to UKAS	UKAS/CPA Accreditation Report	3 months	S	Written confirmation to SQAS

Referral

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
19	Cease administration staff phoning assessment patients to make their appointments	NHSBSP Publication No. 49	Immediate	I	Written confirmation to SQAS

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
20	Confirm all assessment women have a holistic assessment at the start of the clinics	NHSBSP Publication No. 29	9 months	H	Written confirmation to SQAS
21	Audit the 62 day time to treatment waits	KPI/national standard	6 months	S	Audit results and action plan to SQAS

I = Immediate

H= High

S = Standard

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, following the issuing of the final report. 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.