



Public Health  
England



# Screening Quality Assurance visit report

## NHS Breast Screening Programme Bolton Breast Screening Service

14 March 2018

**Public Health England leads the NHS Screening Programmes**

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## About this publication

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0.02	06/04/2018	PC	Amended following review by PCAs
0.03	10/04/2018	PC	Draft to Head of QA
0.04	13/04/2018	PC	Final updates and formatting changes
0.05	16/04/2018	PC	Draft to screening service for corrections of factual accuracy
0.06	01/05/2018	PC	Changes made following receipt of factual accuracy log

### Review/approval

Version	Date	Requirement	Signed

# Contents

About Public Health England	2
About this publication	3
Scope of this report	5
Executive summary	6
Recommendations	9

## Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
<b>Underpinning functions</b>		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
<b>Pathway</b>		
Cohort identification	Yes	
Invitation and information	Yes	
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention/treatment	Yes	

## 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 visit of the Bolton breast screening service held on 14 March 2018.

### Quality assurance purpose and approach

Quality assurance (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 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
- information shared with the North regional SQAS as part of the visit process

### Local screening service

The Bolton breast screening service (BBSS) is provided by Bolton NHS Foundation Trust. The total population of the area served is approximately 740,000. There are 92,000 eligible women in the age range of 50 to 70 and approximately 119,000 when the age extended population is included. The screening service covers the geographical areas of Bolton, Bury and Rochdale. The Greater Manchester Health and Social Care Partnership (GMHSCP) as part of the Greater Manchester Combined Authority is the commissioner for the service.

Screening is provided from 4 static sites in Bolton, Bury and Rochdale. Assessment clinics are held in the breast unit at Royal Bolton Hospital (RBH). Pathology and surgery services are also provided at RBH.

## Findings

There are staffing shortages across radiology, radiography, pathology and nursing which make the service vulnerable. The current team has worked extremely hard to achieve key performance indicators and develop the service since the previous QA visit in 2015. They demonstrate a positive approach to new developments and widening the scope of practice.

### Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 15 March 2018 asking that the following item was addressed within 7 days:

- there is insufficient breast care nursing provision in breast assessment clinics

A response was received from the trust within 7 days confirming that the business case and workforce plan in development will include the NHS Breast Screening Programme (NHSBSP) service specification requirements for breast care nursing.

### High priority

The QA visit team identified 7 high priority findings as summarised below:

- the breast screening service is vulnerable due to staffing shortages in a number of disciplines
- longstanding accommodation issues still need to be resolved
- there is inadequate protected time for essential quality control activities
- there is no clinical lead for radiography
- the breast care specialist nurses are not present in assessment clinics
- women with breast cancer do not have a named breast care specialist nurse
- radiologists do not have access to mammographic images when performing ultrasound

## Shared learning

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

- good governance structures
- comprehensive risk register
- monthly clinical supervision for breast care nurses
- excellent pathology turnaround times
- introduction of pre pectoral implant based reconstructions
- fully utilised quality management system
- good relationships with neighbouring trusts
- behavioural insight work to improve uptake



## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1801	GMHSP SIEG (screening and immunisation executive group) to meet as per TOR	1	6 months	Standard	Minutes of meetings
PBO 1802	Regular contract meetings to be held between commissioners and host provider	1	6 months	Standard	Confirmation of meetings held
PBO 1803	DoBS job plan to be reviewed to ensure the session is protected and a deputy identified to provide increased resilience	1	3 months	Standard	Job plans for DoBS and deputy
PBO 1804	Produce an overall audit schedule covering all screening disciplines for BBSS programme board	1	6 months	Standard	Audit schedule

## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1805	Develop a medium and long term workforce plan for BBSS	1	3 months	High	Workforce plan
PBO 1806	Develop a plan to resolve ongoing accommodation issues at satellite sites	1	6 months	Standard	Approved and resourced plan
PBO 1807	Develop a long term solution for the accommodation needs of the breast service taking into account transformation discussions in Greater Manchester	1	6 months	High	Details of long term accommodation solution
PBO 1808	Confirm the implementation date for the Evergreen accommodation solution	1	3 months	High	Confirmation from trust
PBO 1809	IRMER operator competencies to be clearly demonstrated e.g. via a competency matrix	2	3 months	Standard	Competency matrix (or similar)
PBO 1810	Implement monthly fault reporting to NCCPM	3	3 months	High	Evidence of fault reporting to NCCPM
PBO 1811	Evidence of radiographer update training re IRR17 and IR(ME)R2017 to be provided by CMPE	2	3 months	Standard	Training records
PBO 1812	QC tests for all modalities to be performed to recommended testing frequencies	4	3 months	High	Testing logs
PBO 1813	Adequate protected time to be provided to PACS lead and cross cover established	1	6 months	Standard	Job plan of PACS lead
PBO 1814	Implement process to identify and resolve unspecified/orphan images and laterality errors (prior to reading)	5	3 months	High	SOP or work instruction

## Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1815	Formalise governance relationship between the high risk programme and BBSS governance structures	1	3 months	Standard	Confirmation from DoBS and a new organisational chart showing how the governance links work

## Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1816	Develop and implement health promotion strategy with commissioners	1	6 months	Standard	Strategy document with action plan

## The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1817	Advertise for and appoint a clinical lead for radiography with adequate time allocated for non-clinical duties	6	6 months	High	Confirmation from programme manager and job plan
PBO 1818	BBSS assistant practitioner scope of practice document to be updated to reflect current practice and include trust approval	7	3 months	Standard	Approved scope document
PBO 1819	Audit of 20 mammograms to be undertaken every 2 months at service level	1, 7	6 months	Standard	Audit report with any identified action
PBO 1820	Audit of film reading practice to be undertaken	8	3 months	Standard	Audit report
PBO 1821	Process for reviewing interval cancers and false negative assessments to be reviewed	8	6 months	Standard	Discussion at programme board and minutes

## Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1822	Audit second opinion review of assessment cases not biopsied	9	6 months	Standard	Audit report with agreed actions if identified
PBO 1823	Mammographic images to be available in ultrasound rooms when ultrasound is performed	9	3 months	High	Minuted at programme board
PBO 1824	Local assessment guidance to be updated and implemented to ensure consistent practice	9	3 months	Standard	Revised, approved assessment guidance
PBO 1825	Breast care nurses to be present in all assessment clinics	10	Immediate	Immediate	Sample rota and confirmation from DoBS
PBO 1826	Recruit 2 additional consultant pathologists	11	12 months	High	Posts advertised followed by confirmation from lead pathologist
PBO 1827	All pathologists to report a minimum of 50 breast cancer cases per year, perform EQA, complete relevant CPD, attend regional QA meetings and breast update courses	12	12 months	Standard	Workload data for the period 1.4.18 to 31.3.19. Pathologist training logs.
PBO 1828	Standard operating procedures (SOPs) for pathology to be updated to ensure all data items are included within reports	12	6 months	Standard	SOPs
PBO 1829	Audit at least 50 cases against 2016 guidelines to ensure all data items are included in breast cancer excision cases (to include primary and post chemotherapy excisions)	13	6 months	Standard	Audit report with actions if any

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
PBO 1830	Named breast care specialist nurse to be identified for each patient with breast cancer	10	6 months	High	Confirmation from trust
PBO 1831	Middle grade medical support to be identified for the surgical team	14	6 months	Standard	Confirmation from clinical lead
PBO 1832	Undertake analysis of theatre capacity and demand to ensure adequate capacity for screen detected breast surgery	1	6 months	Standard	Report indicating any actions required
PBO 1833	Audit local cohort of patients enrolled into the Team database and compare with the national database	14	6 months	Standard	Audit report with actions if any

## 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.