Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme
Canterbury

6 March 2019

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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 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. PHE advises the government and the NHS so England has safe, high quality screening programmes that reflect the best available evidence and the UK NSC recommendations. PHE also develops standards and provides specific services that help the local NHS implement and run screening services consistently across the country.

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Published June 2019
PHE publications
gateway number: GW-488

PHE supports the UN
Sustainable Development Goals

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 Canterbury screening service held on 6 March 2019.

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:

- 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-visits to review pathology reports and slides, radiology and surgical performance, and attendance at a multidisciplinary team meeting
- information shared with the South regional SQAS as part of the visit process

Local screening service

The Canterbury Breast Screening Service is located at the Kent and Canterbury Hospital, Canterbury, and provides a combined screening and symptomatic service.

NHS England South (South East) commissions breast screening services from East Kent Hospitals University NHS Foundation Trust (EKHUFT) for the populations of Kent and Medway. East Kent Hospitals provides the Canterbury breast screening service. The Trust also sub-contracts with Maidstone and Tunbridge Wells NHS Trust (MTW) and with Medway NHS Foundation Trust to provide 2 other breast screening services. There is a single management structure for the 3 units. This report relates to the Canterbury breast screening service only.

The Canterbury service provides screening for eligible women living in the Ashford Clinical Commissioning Group (CCG), Canterbury CCG, South East Kent Coast CCG and Thanet CCG areas. The service has an eligible population of 97,080 women aged

50 to 70 years. Canterbury is part of the national randomised age extension trial which means it offers screening to women aged 47 to 49 years and women aged 71 to 73 years, in addition to those aged 50 to 70 years. The eligible population including age expansion is 126,287. The main screening service is located at Kent and Canterbury Hospital. The programme operates an on-site screening service, as well as 3 mobile units covering the local population.

All screening assessment clinics take place at Kent and Canterbury Hospital. Surgery is conducted at all three EKHUFT sites (William Harvey, Ashford; Queen Elizabeth The Queen Mother, Margate; and Kent and Canterbury, Canterbury). Pathology services are provided by William Harvey Hospital. High risk screening and MRI (Magnetic Resonance Imaging) scans are performed on site at Kent and Canterbury Hospital and at William Harvey Hospital. Patients who need MRI guided biopsies are referred to Northwick Park Hospital, London.

Findings

The Canterbury breast screening service benefits from strong leadership and programme management. The service maintains high clinical standards. Since the last QA visit, the service has achieved a marked improvement in the waiting time from screening to assessment.

Radiography staffing remains one of the significant risks for the unit with the team under constant pressure to meet the demands of the screening and symptomatic service. Vacuum assisted biopsy and excision is not yet offered at this unit, so women currently travel to Maidstone Hospital to access this service.

Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive of East Kent Hospitals University Foundation Trust on 7 March 2019 asking that the following item be addressed within 7 days: the 3 specimen X-ray cabinets in theatres need to have their picture archiving and communication (PACS) connections enabled so that images can be stored and retrieved.

A response was received within 7 days which assured the QA visit team the identified risk had been noted and action to mitigate the concern was underway.

High priority

The QA visit team identified several high priority findings which are that:

- there are significant gaps in radiography staffing – current levels do not meet national guidelines and cannot support the screening service adequately
- there appear to be insufficient administrative staffing levels to meet the needs of the screening and symptomatic service, especially during periods of planned and unplanned leave
- a number of screening incidents were identified as not being reported to SQAS and the commissioning team in line with the Managing Safety Incidents in NHS Screening Programmes guidance
- B1 (normal biopsy) diagnostic rates have been identified as high and need investigation
- a direct nursing contact is not currently offered in recall to assessment letters
- vacuum assisted biopsy and vacuum assisted excision services are not currently provided locally
- the current process for referring patients to a neighbouring trust contains risks
- national guidance for management of lesions of uncertain malignant potential (B3) has not been fully implemented
- pathology turnaround times for HER2 (human epidermal growth factor receptor 2) immunohistochemistry require improvement

Shared learning

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

- the unit had a rapid and effective response to the national breast screening patient notification incident and maintained quarterly key performance indicators – staff are commended for this
- patient stories are shared at commissioner-run programme boards and used as learning opportunities
- the use of CQUINs has resulted in the development of a health equity audit by the provider and an action plan anticipated to have an impact on inequalities in access
- a ‘huddle board’ is used to improve communications and trouble-shooting
- there are advanced plans to move to live IT on the mobile vans – this will minimise the risk of transferring paper and images manually
- the film reading team regularly review the Film Reader Quality Assurance data with the director of screening and senior mentors
- there is double reporting of all breast biopsies by pathologists

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to ensure that East Kent Hospitals University NHS Foundation Trust (EKHUFT) has a written agreement with Maidstone and Tunbridge Wells NHS Trust (MTW) for provision of vacuum assisted biopsy (VAB) for screening patients	Service Specification No. 24 2018/19	3 months	High	Copy of written agreement
2	Ensure there is a formalised agreement between EKHUFT and MTW for HER2 testing to strengthen the contractual process to reduce delays in reporting	Service Specification No. 24 2018/19	3 months	High	Copy of written agreement
3	Trust to review funding for symptomatic and screening service and separate the budgets in accordance with national guidance	NHSBSP Best Practice Guidance on Leading a Breast Screening Service (Nov 2018)	6 months	Standard	Written confirmation from director of screening and directorate manager
4	Manage all screening patient safety incidents and serious incidents in accordance with national guidance	Managing Safety Incidents in NHS Screening Programmes (August 2017)	3 months	High	Trust incident policy with reference to national guidance; protocol for reporting incidents to PHE
5	Undertake clinical nurse specialist (CNS) assessment questionnaire survey	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	12 months	Standard	Audit results

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Develop a local induction programme for new administrative staff and ensure evidence of competency achievement is recorded	NHSBSP Publication No 47: Quality Assurance Guidelines for Administrative and Clerical Staff (Nov 2000)	6 months	Standard	Local induction programme with competency framework for new administrators
7	Develop an improvement plan to ensure adequate administrative support for the symptomatic and screening service, including cover for a planned long term absence in the screening admin team	NHSBSP Best Practice Guidance on Leading a Breast Screening Service (Nov 2018)	3 months	High	Approved and costed plan
8	Commissioners to develop an improvement plan with the Trust to increase screening radiographer staffing to standard required in national guidance	NHSBSP Guidance for Breast Screening Mammographers (Dec 2017)	6 months	High	Action plan for recruitment and vacant posts appointed to and minuted at programme board
9	Review clinical nurse specialist (CNS) allocation in line with national guidelines	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	6 months	Standard	Outcomes of review
10	Ensure that the reading workstations reach the specification for safe reading so that both screening and symptomatic images can be viewed on the same reporting station as well as previous images	Digital Buyers guide 2008	6 months	High	Written confirmation that changes have been made
11	Ensure there is a signed service level agreement (SLA) for the provision of medical physics support to the breast screening unit	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005)	3 months	Standard	Signed agreement

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Ensure that submission of medical physics reports following assessment is prompt and within timescales agreed within the new SLA	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005)	6 months	Standard	Written confirmation demonstrating reporting times
13	Medical physics to submit completed equipment testing data spreadsheet to SQAS for all equipment testing undertaken	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005)	1 month	Standard	Completed spreadsheets emailed to SQAS South medical physics email account
14	Medical Physics to continue to work with clinical staff and ultrasound manufacturer to address the issues relating to lesion detection on the ultrasound scanner at William Harvey Hospital, Ashford	NHSBSP No. 70, Guidance Notes for the Acquisition and Testing of Ultrasound Scanners for use in the NHSBSP (April 2011)	3 months	Standard	Written confirmation that equipment issues are resolved
15	Develop and implement a local quality control (QC) programme for MRI breast coils used for imaging high risk women	NHSBSP No. 68 Technical guidelines for magnetic resonance imaging (MRI) for the surveillance of women at higher risk of developing breast cancer (Dec 2012)	3 months	Standard	Local QC records showing testing of relevant coils
16	Make formal appointments to the roles of lead user quality assurance (QA) radiographer and deputies	Guidance for breast screening mammographers, third edition, December 2017	3 months	Standard	Approved job descriptions
17	Review the local QC programme to ensure that all testing is carried out at the required frequencies on the ultrasound scanners and that TORMAM (test) images are reviewed weekly	NHSBSP No. 70, Guidance Notes for the Acquisition and Testing of Ultrasound Scanners for use in the NHSBSP (April 2011)	3 months	Standard	Local QC records showing evidence of testing of ultrasound and reading of TORMAM images at required frequencies

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Implement a formal system for ongoing routine review by the QA radiographer and medical physics of local QC data including data from equipment used on the mobile screening vans	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005) & NHSBSP Guidance for Breast Screening Mammographers (Dec 2017)	3 months	Standard	Written evidence of routine records and reports
19	Maintain records that the calibration on the specimen cabinets has been carried out and that occasional checks that calcifications are clearly visible are recorded	NHSBSP Equipment Report 1303	3 months	Standard	Evidence of records
20	Review and risk assess the process of changing appointments on the day to reduce the risk of images being assigned to a cancelled event	NHSBSP Publication No. 59: Mar 2011 (2nd edition) Quality Assurance Guidelines for Breast Cancer Screening Radiology	3 months	Standard	Evidence of risk assessment and revised process
21	Enable a PACS connection for the 2 specimen x-ray cabinets in theatre so that images can be saved and retrieved	Service Specification No. 24 2018/19	1 month	Immediate	Written confirmation that PACs connection is enabled

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Office manager to have full access to Breast Screening Select IT system and awareness of the programme management role for business continuity	Business continuity plan	6 months	Standard	Written confirmation

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Clinical nurse specialist (CNS) to initiate and actively participate in health promotion activities relevant to breast screening and breast health	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	6 months	Standard	Written confirmation

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Run the 'more than 2 views taken by Rad' Crystal report on the National Breast Screening System monthly in conjunction with the technical repeat reports	NHS Breast Screening Programme Guidance on collecting, monitoring and reporting technical recall and repeat examinations 2017	1 month	Standard	Audit showing that the Crystal report is run
25	Radiographers and assistant practitioners to reinstate individual image quality assessment of 20 images per month	NHS Breast Screening Programme Guidance for breast screening mammographers (December 2017)	1 month	Standard	Evidence of 6 month audit
26	Arrange teaching sessions for mammographers and other front-line staff on effective communication with clients	NHSBSP Guidance for Breast Screening Mammographers (December 2017)	6 months	Standard	Written confirmation of planned sessions
27	Review staff meeting schedule to enable greater attendance by radiographers throughout the year	Breast Screening: best practice guidelines on leading a breast screening service (November 2018)	6 months	Standard	Evidence of radiography attendance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Ensure the level of suspicion on mammograms is recorded by the readers on the recall to assessment cases by an M1 – M5 scoring system	NHSBSP Publication No 49: November 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	6 months	Standard	Work instructions; and audit of practice 3 months after new work instructions introduced
29	Formalise process for all film readers/assessors to review interval cancers and previously assessed cases	Reporting, Classification and Monitoring of Interval Cancers 2017	6 months	Standard	Confirmation at programme board meeting
30	Audit B1 (normal biopsy) rate • Conduct a radiology image and pathology request forms review of all B1 core biopsies to assess if there is appropriate threshold to biopsy • Conduct a multidisciplinary review of B1 cases with pathology and review MDT discussions to reduce B1 rate	Service Specification No. 24 2018/19	5 months	High	Submit a formal written audit of B1 cases: • Radiology image audit • Histopathology request audit • Histopathology reporting audit Re-audit B1 rate after learning has been implemented

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Include contact details of clinical nurse specialist on recall to assessment letters	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	3 months	High	Copy of letter

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Ensure all trained staff maintain their clinical skills in the assessment process	NHSBSP Publication No 49: November 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	12 months	Standard	Written confirmation of annual appraisal including log of procedures and outcomes
33	Fully implement direct data entry into the National Breast Screening (IT) System at assessment	Service Specification No. 24 2018/19	3 months	Standard	Work Instruction to reflect change in process to SQAS
34	Implement B3 (lesion of uncertain malignant potential) guidance safely - formulate a safe referral system with methods of communication of the mammography abnormalities and locations between surgical teams and different Trusts	NHSBSP Publication No 49: November 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	1 month	High	Protocols for the referral pathway
35	Implement B3 guidance safely - EKHUFT to provide infrastructure for the Canterbury screening service to perform vacuum biopsies and excision	NHSBSP Publication No 49: November 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	6 months	High	Approved business case and confirmation of start date
36	Revise the assessment clinic process so that the clinical nurse specialist can meet all women at the start of the process and that holistic assessments are included in the pathway	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	12 months	Standard	Assessment clinic protocol
37	Monitor pathology staffing levels to ensure they are appropriate to meet the demands of the service	Service Specification No. 24 2018/19	12 months	Standard	Written confirmation from lead pathologist that staffing levels are sufficient

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Implement a more efficient process for timely delivery of HER2 immunohistochemistry	NHSBSP Publication No 2: July 2011 (2nd edition) Guidelines for Breast Pathology Services	3 months	High	6 month audit showing turnaround times achieved
39	Ensure all breast pathology staff participate in External Quality Assurance (EQA)	NHSBSP Publication No 2: July 2011 (2nd edition) Guidelines for Breast Pathology Services	12 months	Standard	Evidence of participation in EQA for all pathologists
40	Audit benign biopsy rate and review decision-making criteria for vacuum biopsy as part of the audit	NHSBSP Publication No 49: November 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	12 months	Standard	Results of audit
41	Consider the appointment of an oncoplastic breast surgeon so that all women have access to oncoplastic and reconstruction surgery where required	Early and locally advanced breast cancer: diagnosis and management NICE 2018 Guidance for the commissioning of oncoplastic breast surgery ABS 2018	12 months	Standard	Outcome of review

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Next steps

The screening service provider is responsible for developing an action plan with the commissioners to complete the recommendations in this report.

SQAS will work with commissioners for 12 months to monitor activity and progress in response to the recommendations following the final report. SQAS will then send a letter to the provider and the commissioners summarising the progress and will outline any further action needed.