Public Health England

NHS

Screening Quality Assurance visit report

NHS Breast Screening Programme City, Sandwell & Walsall

18 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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Executive summary

The NHS Breast Screening Programme aims to reduce mortality from breast cancer by findings signs of the disease at an early stage.

The findings in this report relate to the quality assurance visit of the City, Sandwell & Walsall breast screening service held on 18 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-review visits to City Hospital and Walsall Manor Hospital between January and March 2019
- information shared with the West Midlands regional SQAS as part of the visit process

Local screening service

Sandwell & West Birmingham Hospitals NHS Trust (SWBH) delivers the City, Sandwell & Walsall breast screening service. A service level agreement (SLA) is in place to provide the mammographic and radiological input for breast services (screening and symptomatic) for Walsall Healthcare NHS Trust. The service screen within both City Hospital and Walsall Manor Hospital. There are also 4 mobile screening units covering 23 screening locations. Assessment clinics are held at City Hospital 3 times a week and at Walsall Manor Hospital twice a week. Pathology services and surgery are held at both City Hospital and Walsall Manor Hospital. Medical physics provision for the service is provided by 2 physics services: The Royal Wolverhampton Trust and the Regional Radiation Physics and Protection Service (RRPPS), University Hospital Birmingham, under separate contracts.

The City, Sandwell & Walsall breast screening service has an eligible population of 144,421 (women aged 50-<71). The service is part of the national randomised age

extension trial of women aged 47 to 49 and those aged 71 to 73. The eligible population including the age extension population is 185,784. The total population of the area served is 1,401,245. This is above the maximum population size of one million as advised in the NHS public health functions agreement 2018-19 service specification number 24.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings which were:

- review the operational management arrangements
- review the governance arrangements with Walsall Healthcare NHS Trust to ensure that they are sufficiently robust to cover all aspects of the breast screening service
- investigate and address the low cancer detection rates
- ensure there is the same standard of care at both assessment sites
- review and modify, if necessary, pathways following pathology provision changes

Shared learning

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

- inequalities workshop held for all screening programmes to share insight and actions for improving uptake
- a comprehensive audit has been undertaken on the 1cm rule in mammography (distance of breast tissue seen and measured on the craniocaudal view)
- comprehensive clip policy is in use
- a library of interesting cases is being developed for teaching purposes
- oncoplastic clinics and oncoplastic multidisciplinary team meetings to discuss challenging cases

Recommendations

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

Each recommendation number in the tables below is a hyperlink to the relevant text within the report.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure there is a process in place for the management of sub-contracts	Service specification No. 24	3 months	Standard	Confirmation of process in place
2	Review and revise the terms of reference for the programmed board meeting	Service specification No. 24	3 months	Standard	Updated programme board terms of reference including representation from Walsall Healthcare NHS Trust. A flowchart outlining internal governance of the programme board within the trust
3	Ensure the service understand the budget for screening	Breast screening: best practice guidance on leading a breast screening service	3 months	Standard	Confirmation that discussions have been held with trust management and/or commissioners and the service are clear of their budget for screening
4	Director of breast screening to present the annual report at a trust executive board meeting	Service specification No. 24	6 months	Standard	Trust executive board meeting minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5	Director of breast screening to present the QA visit report at a trust executive board meeting	NHSBSP 40	6 months	Standard	Trust executive board meeting minutes
6	Appoint a deputy director of breast screening	Service specification No. 24	6 months	Standard	Confirm plan in place to appoint. Confirm once in post.
7	Review and update the director of breast screening, programme manager and clinical superintendent job descriptions	Service specification No. 24	3 months	Standard	Updated job descriptions; the director of breast screening job description should be signed by the chief executive and the programme manager and the clinical superintendent job descriptions signed by the director of breast screening
8	Review the operational management structure	Breast screening: best practice guidance on leading a breast screening service	a) 1 month b) 3 months	High	a) Plan to address the management structure b) Copy of job description and job plan for the programme manager / superintendent radiographer, operations manager and clinical superintendent
9	Clarify the internal governance structure and accountability for the programme	Service specification No. 24	3 months	High	A flowchart outlining internal governance within both trusts
10	Update relevant local and trust policies to include reference to managing screening incidents in accordance with Managing Safety Incidents in NHS Screening Programmes	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Policy ratified at programme board

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Improve the flow of service wide communication and ensure appropriate escalation of incidents	Service specification No. 24	3 months	Standard	Confirmation of the process in place
12	Agree an audit plan covering all parts of the programme	Service specification No. 24	6 months	Standard	Copy of the multidisciplinary team agreed audit plan
13	Implement audit of the outsourcing of all letters to ensure timely creation and sending of letters	NHSBSP 47	3 months	Standard	Details of the audit, documentation and frequency undertaken

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Review and update the service level agreements with Medical Physics providers	NHSBSP 33	3 months	Standard	Copy of service level agreements
15	Review the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) procedures	IR(ME)R 2017	3 months	Standard	Copy of signed off documentation
16	Agree an equipment replacement plan at Walsall	Service specification No. 24	3 months	Standard	Copy of the agreed plan
17	Audit the mean glandular doses to women at Walsall and consider reducing dose level	IR(ME)R 2017	3 months	Standard	Summary of audit and resulting outcome
18	Review clinical performance of the ultrasound equipment at Walsall and consider replacing	NHSBSP 70	3 months	Standard	Outcome of the review. Copy of equipment replacement plan for ultrasound at Walsall
19	Ensure Wolverhampton mammography physics staff perform the required number of surveys a year	NHSBSP 33	12 months	Standard	A list of surveys performed by each member of staff for a 12 month period

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Confirm the total number of missing images following the PACS migration at City Hospital	Breast screening: best practice guidance on leading a breast screening service	1 month	Standard	Documentation of the numbers of missing images and action taken
21	Clarify the roles and responsibilities to support the picture archiving and communication system (PACS) within breast screening at City Hospital	Service specification No. 24	3 months	Standard	Revised job descriptions detailing the roles and responsibilities
22	Update passwords on all encrypted devices transferring patient identifiable information	NHSBSP 47	1 month	Standard	Evidence that passwords have been renewed since the QA visit and a plan of regular renewal of password is in place going forward
23	Comply with information governance policies regarding storage of patient identifiable data.	Service specification No. 24	3 months	Standard	Document detailing compliance
24	Ensure the infrastructure at Walsall Manor Hospital supports tomosynthesis	NHSBSP 69	3 months	Standard	Confirm tomography images can be stored at Walsall Manor Hospital
25	Ensure all monitors meet the NHSBSP guidance	NHSBSP 71	3 months	Standard	Confirmation that the specification of all monitors meets NHSBSP guidance

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Undertake an IT infrastructure review to understand the issues resulting in the slow running of IT systems	Service specification No. 24	3 months	Standard	Outcome of the review and resulting actions
27	Review the practice and protocol for ceasing women	Service specification No. 24	3 months	Standard	Updated QMS to include audit of all ceased women by a second team member
28	Ensure the disaster recovery matrix document is formalised and expanded to cover all areas of service delivery	Service specification No. 24	6 months	Standard	Updated disaster recovery matrix and supporting documentation to cover all areas of service delivery
29	Undertake an audit of clinical assessment input to ensure data accuracy	NHSBSP 74	3 months	Standard	Evidence of audit of clinical assessment input for 3 months
30	Secure arrangements for provision of a surveillance programme for high risk women from April 2020	NHSBSP 73	9 months	Standard	Contract for high risk arrangements from April 2020
31	Ensure equitable access to MRI for all women	Service specification No. 24	6 months	Standard	A review of the current arrangements for high risk MRI and resulting action plan
32	Review and develop relevant policies and protocols to support the cross site high risk screening programme	NHSBSP 74	6 months	Standard	Protocols demonstrating document number and version number and/or effective date to support cross site high risk processes

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Review the availability of special appointment screening capacity to meet service needs	NHSBSP Guidance for breast screening mammographers	3 months	Standard	Outcome of review and resulting actions
34	Risk assess sharing the Midlands Medical Partnership practice with South Birmingham Breast Screening Service	Service specification No. 24	6 months	Standard	Outcome of risk assessment. Confirm that all parties are aware of the increased risk to service delivery. Confirm the governance around responsibility

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Undertake a radiographic staffing capacity review	Service specification 24	3 months	Standard	Report of staffing review and future plans including: a) agree a workforce plan for radiography including succession planning, outlining timescales b) revised job descriptions, with clear roles and responsibilities
36	Review and revise the partial mammography work instruction	NHSBSP publication Guidance on collecting, monitoring and reporting technical recall and repeat examinations	3 months	Standard	Amended work instruction and confirmation that it is in use by all staff

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Review the right results policy to ensure that film reader alerts are on NBSS and the client sheet	NHSBSP 55	1 month	Standard	Copy of revised policy. Confirmation that all staff have been trained. Confirmation that it is in use by all staff
38	Review and revise the process for image reviews	NHSBSP publication Collecting, monitoring and reporting repeat examinations	3 months	Standard	Action plan to address time and resource for individual and peer review of technical recall images and image quality assessment
39	Agree a plan to review and understand current cancer detection performance and identify strategies to improve performance in line with national targets	NHSBSP consolidated standards	1 month	High	An action plan to address the low cancer detection rates to include: a) an investigation of current performance b) a critical appraisal of where current practice could be modified to improve sensitivity while maintaining acceptable specificity c) an implementation and evaluation plan with agreed milestones
40	Address the backlog of interval cancer reviews	Interval cancers and applying duty of candour	a) 1 month b) 12 months c) 12 months	Standard	a) action plan to address the backlog of interval cancer reviews b) confirm the necessary reviews have been completed and outcomes entered onto NBSS c) plan to ensure contemporaneous review and entry of interval cancers onto NBSS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
41	Revise the service's disclosure of audit policy in line with NHSBSP guidance	Interval cancers and applying duty of candour	3 months	Standard	A revised disclosure of audit policy including amended appendix letters. Confirm the revised policy has been agreed and implemented by all staff.
42	Revise assessment practice to include the use of oblique tomography	NHSBSP 49	1 month	Standard	Updated service policy and assurance that tomography at assessment includes oblique views

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence
	No recommendations			Choose a priority	

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
43	Ensure equal access to assessment practice across the service	NHSBSP 49	6 months	High	Confirm assessment processes are uniform across the service regardless of which assessment centre a woman attends
44	Identify a lead CNS for each trust	Clinical nurse specialists in breast screening. January 2019	3 months	Standard	Confirmation of appointment
45	Comply with guidance for the provision of clinical nurse specialists (CNS) at assessment centres	Clinical nurse specialists in breast screening. January 2019	3 months	Standard	a) confirm there is a CNS present at the start of the assessment clinic b) confirm that the CNS is collecting and sharing relevant information on all women
46	Ensure there is a plan for pathology service provision across the service following planned laboratory moves	NHSBSP 02	12 months	High	Copy of timetabled plan including MDT support following laboratory move

No.	Recommendation	Reference	Timescale	Priority	Evidence required
47	Improve the HER2 pathway at Walsall Manor Hospital to support timely treatment planning	Pathology reporting of breast disease in surgical excision specimens incorporating the dataset for histological reporting of breast cancer	3 months	Standard	3 month audit of HER2 turnaround time following implementation of agreed changes demonstrating improved timeliness
48	Investigate and address grading performance at Walsall Manor Hospital	NHSBSP 02	3 months	Standard	Outcome of audit undertaken in line with RCPath guidance

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
49	Ensure there is a single, validated MDT record which is used in all clinical settings	Service Specification No. 24	3 months	Standard	Confirmation that the MDT record for all cases is validated in real time and that there is only a single record of the outcome
50	Ensure women receive their biopsy results within one week of assessment regardless of the assessment centre attended	NHSBSP 20	3 months	Standard	a) Confirmation of plan in place b) 3 month audit demonstrating compliance with the standard

No.	Recommendation	Reference	Timescale	Priority	Evidence required
51	Ensure there is a robust reconstruction surgery pathway in place for women undergoing surgery at City Hospital Birmingham	Early and locally advanced breast cancer: diagnosis and management NICE 2018 Guidance for the commissioning of oncoplastic breast surgery ABS 2018	6 months	Standard	Confirmation of pathway in place
52	Ensure access to appropriate resolution monitors in theatres at City Hospital	NHSBSP 71	3 months	Standard	Confirmation of that the right resolution of monitor is available Arrangements to ensure these are accessible regardless of the number of lists being run concurrently
53	Ensure all specimen X-rays undertaken at Walsall have a radiological review	NHSBSP 20	1 month	Standard	Confirm that a formal report is recorded for all specimens imaged at Walsall Manor Hospital

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.