



Public Health
England



Screening Quality Assurance visit report NHS Breast Screening Programme Dudley, Wolverhampton and South West Staffordshire

29 January 2018

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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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 Dudley, Wolverhampton and South West Staffordshire screening service held on 29 January 2018.

Quality assurance purpose and approach

Quality assurance aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure that 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 to Dudley, Wolverhampton and South West Staffordshire breast screening service in January 2018
- information shared with the West Midlands regional SQAS as part of the visit process

Local screening service

The Dudley, Wolverhampton and South West Staffordshire breast screening service has an eligible population of around 106,200 (women aged 50-70). 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 rises to just over 137,000 when including the full age extension population (women aged 47-73).

Prior to 1 April 2017, the service had been known as Dudley and Wolverhampton breast screening service. South Staffordshire breast screening service closed on 31 March 2017 and the eligible population redistributed to 3 neighbouring breast screening services. Dudley and Wolverhampton breast screening service received approximately 33% of the population and changed their name to reflect this new geographical catchment area. A number of risks were identified across the service that may be

attributable to the impact of this reorganisation. It is important that these risks are recognised and relevant mitigations implemented.

The Dudley Group NHS Foundation Trust delivers the breast screening service in collaboration with The Royal Wolverhampton NHS Trust. The service operates 3 static screening sites – Russells Hall Hospital, New Cross Hospital and Cannock Chase Hospital. There are also 3 mobile units, which rotate between 5 locations. Assessment clinics take place at both Russells Hall and New Cross Hospitals. It is planned that assessment clinics will start imminently at Cannock Chase Hospital. Each hospital trust has a radiology team, histopathologists, surgeons and breast care nurses working in breast screening. Medical physics provision for the service comes from The Royal Wolverhampton NHS Trust.

Although this is a single service the visiting team identified significant differences in the reading and assessment practice at both sites. Such a degree of difference is not acceptable in a single service and needs urgent redress. A large number of recommendations have been made regarding specific elements of clinical inconsistencies between the 2 trusts. The continued differences in practice should be considered as a significant clinical risk to the trusts, as woman may have a different pathway depending on the site which is incompatible with a single service.

Findings

Immediate concerns

The QA visit team identified 3 immediate concerns. A letter was sent to the chief executive on 30 January 2018, asking that the following items were addressed within 7 days:

- review and appropriately action the 6 cases identified as part of the pre-visit reviews as having incomplete episodes
- consideration should be given to additional communication requirements where women have experienced significant delays
- cease the current practice of staff insecurely transferring patient identifiable information between sites on the hospital shuttle bus service
- fully complete the PACS pre-visit questionnaire relating to arrangements and facilities for the management of breast screening images at The Royal Wolverhampton NHS Trust

A response was received and actions have been taken to mitigate the immediate risks within the programme.

High priority

The QA visit team identified 13 high priority findings as summarised below:

- formalise the governance arrangements between the 2 NHS trusts to support optimal working
- review and revise the management structure for the service
- undertake regular and timely audits on the National Breast Screening System (NBSS)
- identify workforce, skills and capacity at each site required to deliver agreed model, particularly in relation to screening office management, mammography and radiology.
- the service is current running with only 52% of their recommended establishment for mammographers and have one radiologist in post
- ensure all electronic data and images are transferred between sites on encrypted devices
- ensure regular and timely monitoring reports are produced and actioned on BS Select
- implement monthly failsafe
- ensure the screening round plan is fit for purpose and accurate
- ensure physical separation of routine recall and arbitration/recall to assessment cases at Russells Hall Hospital
- outcomes of all consensus discussions to be entered onto NBSS by film readers
- agree a single film reading policy and uniformly implement across all sites
- ensure that women are offered an assessment appointment in accordance with national guidance
- reduce the prevalent recall to assessment rate in line with national targets

Shared learning

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

- use of rota cloud to keep the mammographic staff informed of changes
- radiography audit undertaken on blurring and presented at UKRC
- monthly notification of film reading numbers to all readers
- oncoplastic multidisciplinary team meeting (MDTM) held (Dudley)
- nursing audit undertaken of assessment clinics and telephoning of results (Dudley)
- extensive interest in oncoplastic techniques and breast reconstruction, with tertiary referrals received from other centres (Wolverhampton)

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	Director of breast screening to present the QA visit report at a trust executive board meeting at both sites	NHSBSP 40	3 months	Standard	Trust executive board meeting minutes
2	Appoint an imaging lead to provide professional support to the director of breast screening	Service specification number 24	3 months	Standard	Confirmation of appointment and allocated time within job plan
3	Put in place a governance process that spans both trusts to: <ul style="list-style-type: none"> • ensure appropriate escalation of risk and priorities and cascade of information through a network of meetings • improve the flow of service wide communication 	Service specification number 24 NHSBSP No. 52	6 months	High	a) annual schedule of management and team meetings showing input from both trusts focusing on risks, incidents, performance, service updates b) minutes of a whole service annual meeting c) communication strategy outlining frequency, method and recipients

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Revise the staffing structure supporting the programme management, screening office functions and mammography team to ensure all key functions are being delivered in a timely fashion at all sites	Service specification number 24	3 months	High	Revised staffing structure with an outline of key roles and responsibilities including scope of practice for advanced practitioners
5	Update/amend relevant local incident policy at Royal Wolverhampton NHS Trust to include reference to managing screening incidents in accordance with the current guidance	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Policy ratified at programme board

6	Review and update the quality management system (QMS), including controlled forms	NHSBSP 47	6 months	Standard	Index of protocols demonstrating document number and version number and/or effective date
7	Undertake regular and timely audits on NBSS	NHSBSP 47	3 months 12 months	High Standard	a) Comprehensive audit schedule to include frequencies of reports run, plus 3 months evidence of audit reports for compliance b) 12 month audit demonstrating compliance with the schedule
8	Review and appropriately action the 6 cases identified as part of the pre-visit reviews as having incomplete episodes. Consideration should be given to additional communication requirements where women have experienced significant delays	NHSBSP 47	Immediate	Immediate	Confirm the action taken for each of the 6 women identified
9	Agree a service wide audit plan covering all parts of the programme	Service specification no. 24	6 months	Standard	Agreed audit plan/schedule

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Undertake a staffing capacity review of the whole programme across all sites	Service specification no. 24	3 months	High	Report of staffing review and future plans including: <ul style="list-style-type: none"> • review of screening office staffing across all sites • agree a workforce plan for mammography staffing including succession planning • agree a workforce plan for radiology staffing including succession planning
11	Complete the final section of the equipment handover form when a unit is accepted back into clinical use	HSE requirement Report PM77	3 months	Standard	Confirmation that handover forms are fully completed
12	Ensure radiation protection supervisors are trained and appointed for all sites	IRR17	3 months	Standard	Letters of appointment and evidence of training

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Ensure ionising radiation regulation (IRR) and IR(ME)R documentation is aligned across all sites	IRR17 and IR(ME)R17	6 months	Standard	a) Copy of updated IRR documentation b) Copy of updated IR(ME)R documentation
14	Ensure all medical physics tests are undertaken	NHSBSP 0604	3 months	Standard	Evidence that all tests required by the NHSBSP have been implemented
15	Clarify responsibilities for managing user QC across all sites and ensure sufficient user QC radiographers are appointed	NHSBSP guidance for breast screening mammographers (replaces 63)	3 months	Standard	Organogram showing user QC responsibilities across all sites
16	Develop a new user QC spreadsheet template for use at all hospital sites	NHSBSP 1303 and 63	3 months	Standard	Copy of new user QC spreadsheet template and confirmation that this is in use at all hospital sites, with old versions having been removed
17	Undertake user QC update training to ensure practice is aligned across all sites	NHSBSP 63	3 months	Standard	Evidence of update training
18	Obtain a suitable object to undertake stereo testing at Russells Hall Hospital	NHSBSP 63	3 months	Standard	Confirmation of a suitable stereo test object in use

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Revise user QC work instructions to ensure that all testing complies with NHSBSP requirements	NHSBSP 63/ NHSBSP 1303	3 months	Standard	Copy of revised work instructions to reference: a) correct positioning when testing each needle in stereo mode b) the latest signal to noise (SNR) and contrast to noise (CNR) tolerances c) the grey level set for artefact evaluation for each mammography unit and filter, along with frequency of testing

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Ensure PACS processes are optimal across all sites	Service specification no. 24	3 months	Standard	Confirmation of review completed, changes implemented and processes in place to include: <ul style="list-style-type: none"> • agreed work instructions for pre reading procedures, utilising appropriate functionality within NBSS • staffing support to cover all required functions
21	Fully complete the PACS pre-visit questionnaire relating to arrangements and facilities for the management of breast screening images at The Royal Wolverhampton NHS Trust	Programme Specific Operating Model for Quality Assurance of Breast Screening Programmes	Immediate	Immediate	Submission of a fully completed PACS pre-visit questionnaire.
22	Agree a lead organisation and member of staff, for each piece of equipment or software used for breast screening	Service specification no. 24	3 months	Standard	Copy of the completed, agreed flowchart

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Ensure all electronic data and images are transferred between sites on encrypted devices	NHSCSP Information Security Policy	1 month	High	Confirm that all devices used for data and image transfer are fully encrypted

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Review the current administrative provision and structure to provide appropriate facilities and resilient succession planning	NHSBSP 47	3 months	Standard	Outcome of staffing review to detail administrative support at each of the 3 hospital sites including data input and audit
25	Ensure a robust induction process is in place for all administration staff	NHSBSP 47	3 months	Standard	Copy of skills matrix and confirm implementation across all staff
26	Ensure regular and timely monitoring reports are produced and actioned on BS Select	Service specification no. 24	3 months	High	Comprehensive audit schedule to include frequencies for each monitoring report plus 3 months evidence of audit reports for compliance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Implement monthly failsafe	Service specification no. 24	1 month	High	Confirm failsafe is being undertaken monthly and that the backlog of women have been appointed appropriately
28	Ensure open episodes are actioned appropriately and timely	NHSBSP 47	3 months	Standard	Confirm the process in place for the routine closure of episodes and for routine checks
29	Send a GP pack to each practice 6 weeks prior to the selection of the batch	NHSBSP 47	3 months	Standard	Copy of GP pack and confirmation it is routinely sent out to all GP practices
30	Clear the backlog of high risk clients awaiting surveillance	NHSBSP 74	3 months	Standard	Confirm all women have been appropriately actioned

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Ensure the screening round plan is fit for purpose and accurate	NHSBSP 47	a) 1 month 3 months	High	a) Confirmation that the electronic screening plan has been updated to accurately reflect when GP practices will be invited b) Copy of the revised round plan, including details of the recovery plan along with estimated dates for achieving the 90% within 36 months standard
32	Ensure all women are offered a timely second timed appointment and address the current backlog	Service specification no. 24	1 month	Standard	Details of how the backlog of outstanding second timed appointments were managed. Confirm plan in place to accommodate second timed appointments going forward

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Develop and implement a health promotion strategy	Service specification no. 24	6 months	Standard	Health promotion strategy document

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Complete regular image quality assessment at service level in line with NHSBSP guidance	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirm that a schedule for review is in place in accordance with NHSBSP guidance
35	Ensure training of the Eklund technique is completed for all mammographers	NHSBSP Screening women with breast implants	1 month	Standard	Confirm that all mammographers have viewed the DVD and read the guidance
36	Risk assess lone working and develop a policy which covers all sites	Society of Radiographers - Violence and Aggression at Work (including lone working)	3 months	Standard	Confirm the risk assessment has been undertaken and provide a copy of the agreed lone working policy
37	Risk assess musculoskeletal disorders and develop a policy which covers all sites	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirm the risk assessment has been undertaken and provide a copy of the agreed policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Identify a training lead to support the co-ordination of training within the mammographic workforce	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirmation that a training lead has been identified and that the job description is reflective of the new responsibility
39	Ensure all film readers read the required 5,000 images per year with a minimum of 1,500 first reads	NHSBSP 59	6 months	Standard	An action plan to ensure adequate reading time is available. 6 monthly film reading numbers commencing in June 2018
40	Cease the current practice of staff insecurely transferring patient identifiable information between sites on the hospital shuttle bus service	NHSCSP Information Security Policy	Immediate	Immediate	Confirm that this practice has ceased and provide an outline of the secure process now in place
41	Ensure suitable facilities for film reading at Russells Hall Hospital	NHSBSP Report 71	3 months	Standard	Confirm the changes made and that the environment is suitable for reporting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
42	Ensure physical separation of routine recall and arbitration/recall to assessment cases at Russells Hall Hospital	NHSBSP 55	1 month	High	Confirmation that the screening packets are separated by film readers according to required action, prior to being passed to the screening office
43	Outcomes of all consensus discussions to be entered onto NBSS by film readers	Service specification no. 24	1 month	High	Confirmation that the film readers enter the consensus discussion outcome onto NBSS and that this is documented in a work instruction

No.	Recommendation	Reference	Timescale	Priority	Evidence required
44	Agree a single film reading policy and uniformly implement across all sites	NHSBSP 55	1 month	High	Copy of cross-site film reading policy and confirmation from all sites that the policy is being followed. The process should include: <ul style="list-style-type: none"> a) physical separation of the screening packets for recall and arbitration at the time of second read b) entering the consensus opinion into NBSS by the readers at the time the decision is made c) a process and documentation for the retrieval of previous images

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
45	Ensure that women are offered an assessment appointment in accordance with the NHSBSP standard	NHSBSP consolidated standards	3 months	High	Copy of the action plan to achieve at least 98% of women offered an assessment appointment within 3 weeks of their mammogram
46	Reduce the prevalent recall to assessment rate in line with national targets	NHSBSP consolidated standards	6 months	High	An action plan to address the high recall rate, particularly in Wolverhampton

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
47	Agree a cross-site practice for assessment	NHSBSP49	3 months	Standard	<ul style="list-style-type: none"> • a copy of the agreed assessment policy • a policy for second review of cases discharged to routine recall at assessment and a process for recall from second review • conformation that these policies have been agreed at all sites

No.	Recommendation	Reference	Timescale	Priority	Evidence required
48	Put in place a standard process for the timely review of interval cancers and previously assessed cancers (screen detected and interval cancers) across all sites	<p>NHSBSP Reporting, classification and monitoring of interval cancers and cancers following previous assessment</p> <p>NHS Screening Programmes Guidance on applying duty of candour and disclosing audit results</p>	3 months	Standard	<ul style="list-style-type: none"> • a cross-site policy for the review of interval cancers including timeframes for reviews • a cross-site policy for the review of previously assessed interval and screen detected cancers, including timeframes for reviews • confirm the process is implemented on both sites • confirm the process for applying duty of candour and disclosure of audit has been implemented on both sites
49	Ensure that all short term recall cases have imaging of both breasts	NHSBSP 49	1 month	Standard	Evidence of communication to all assessors and confirmation that guidance is being followed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
50	Preparation time for radiological review of images before the multidisciplinary meeting is to made available within job plans	Cancer multidisciplinary team meetings – standards for clinical radiologists. RCR 2014	3 months	Standard	Copy of radiologist and consultant radiographer job plans with amendments highlighted
51	Complete a review of grading distribution within the Russells Hall Hospital laboratory	RCPATH guidance – An audit of breast cancer grading	6 months	Standard	Results from the completed audit, along with any agreed actions
52	Ensure the lead pathologist at Russells Hall Hospital has the additional responsibilities reflected in the job plan	NHSBSP 2	6 months	Standard	Copy of job plan
53	Ensure that pathology staffing levels in Russells Hall Hospital are sufficient	RCPATH guidance Guidelines on staffing and workload for histopathology and cytopathology departments (4th edition)	6 months	Standard	Confirmation of the current shortfall
54	Ensure all pathologists meet the continuing professional development (CPD) requirements of the NHSBSP	NHSBSP 2	3 months	Standard	Evidence of attendance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
55	Ensure all pathologists meet the training requirements of the NHSBSP	NHSBSP 2	12 months	Standard	Confirm that all pathologists have undertaken the relevant multidisciplinary breast course

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
56	Provide breast care nursing support in Wolverhampton as per guidelines	NHSBSP 29	6 months	Standard	<ul style="list-style-type: none"> confirm the nurses meet all women at the start of the clinic and undertake a holistic assessment confirm that women who have a biopsy are also seen again at the end of the clinic a copy of agreed structured holistic assessment form to be provided
57	Undertake a patient satisfaction survey regarding women's assessment experience in New Cross Hospital and Cannock Chase Hospital once clinics commence	NHSBSP 29	6 months	Standard	Copy of the audit results along with details of any agreed actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
58	Undertake an audit regarding women's satisfaction with the practice of telephoning with benign results at New Cross Hospital	NHSBSP 29	6 months	Standard	Copy of the audit results along with details of any agreed actions
59	Ensure adequate staffing arrangements are in place to cover periods in which the CNS is unavailable at The Royal Wolverhampton NHS Trust	NHSBSP 29	3 months	Standard	Confirmation of arrangement
60	Ensure adequate videoconferencing audio facilities for the multidisciplinary meeting	The Characteristics of an Effective Multidisciplinary Team (MDT)	6 months	Standard	Confirmation of the changes made
61	Ensure that the multidisciplinary team meetings held at Russells Hall Hospital operate in line with the local specification and national guidance	The Characteristics of an Effective Multidisciplinary Team (MDT) NCAT 2010	3 months	Standard	Confirmation that the MDT record is validated in real time and the record immediately available to the team in clinical areas
62	Ensure monitors utilised at both hospital sites meet the NHSBSP specification	NHSBSP 71	6 months	Standard	Confirmation that all required monitors in multidisciplinary rooms and theatres are in place at both hospital sites and meet the NHSBSP specification

No.	Recommendation	Reference	Timescale	Priority	Evidence required
63	Ensure that all women are seen within 7 days of assessment with their results	NHSBSP 20	6 months	Standard	Outcome of a 4 month audit, along with any resulting actions
64	Ensure all clinical information at Royal Wolverhampton NHS Trust is uploaded to the clinical portal in a timely manner and available in patient notes.	NHSBSP 20	3 months	Standard	Confirm the process is in place and is working satisfactorily.

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.