



Public Health
England

Screening Quality Assurance visit report NHS Breast Screening Programme North Midlands

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 four 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 (QA) visit of the North Midlands breast screening service held on 22 November 2017.

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 North Midlands breast screening service between October and November 2017
- information shared with the West Midlands regional SQAS as part of the visit process

Local screening service

As part of a regional service reconfiguration, on the 1 April 2017, North Staffordshire breast screening service inherited approximately 22% of the population from the neighbouring former South Staffordshire breast screening service. The newly formed service was renamed as North Midlands to encompass the new geographical catchment area.

The North Midlands breast screening service has an eligible population of around 83,000 (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 total population of the area served is around 600,000.

University Hospitals of North Midlands NHS Trust (UHNM) delivers the breast screening service as a single NHS trust provider, covering 2 hospital sites. The service operates a

static screening site in Hanley as a standalone breast unit. Screening also takes place at County Hospital, Stafford as well as having a demountable unit which rotates between 5 locations over a 3 year round. Assessment clinics take place at either Royal Stoke University or County Hospitals. There are operating theatres at both sites. Histopathology reporting is done from Royal Stoke University Hospital. Medical physics provision for the service comes from within the trust.

Women meeting the NHSBSP criteria for high risk surveillance are registered on the National Breast Screening System (NBSS). Women eligible for MRI (with or without mammography) are referred to University Hospitals of Coventry and Warwickshire NHS Trust (UHCW), as part of a West Midlands wide contract with NHS England. Women requiring mammography only are managed locally by the North Midlands breast screening service.

Findings

Immediate concerns

The QA visit team identified 2 immediate concerns. A letter was sent to the Chief Executive on 23 November 2017 asking that the following items be addressed within 7 days:

- cease the practice of retrospectively changing the identity of a reader on the National Breast Screening System (NBSS) to enable the entry of the arbitrators' opinion
- ensure that women are sent a written invitation to an assessment clinic with sufficient amount of time to attend

A response was received within 7 days which assured the QA visit team the identified risks had been mitigated and no longer posed an immediate concern.

High priority

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

- review and update current management structure to provide a formal organisational chart with appropriate lines of accountability
- undertake a staffing capacity review across all sites
- agree an equipment replacement plan for all equipment
- ensure a plan is in place detailing how the needs of the breast screening service will be met with the new picture archiving and communication system (PACS)
- review the service criteria for identifying second readers and arbitrators

- reduce the prevalent recall to assessment rate in line with national targets
- address the backlog of interval cancer reviews and implement duty of candour where necessary

Shared learning

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

- clear competency framework for members of staff within the screening office
- development of a comprehensive information sheet for patients regarding details of their clip
- prospective discussion of localisations booked for the following week
- good access to oncoplastic surgery
- local information pack provided to support women following assessment

Recommendations

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

Governance and leadership

1	Review and document control all forms utilised within the quality management system (QMS) and link to relevant policies/protocols	NHSBSP 47	3 months	Standard	Index of forms demonstrating document number and version number and/or effective date
2	Review and update current management structure to provide a formal organisational chart with appropriate lines of accountability	NHSBSP 52	3 months	High	Copy of the organisational structure and lines of accountability along with the job description and job plan for the programme manager and superintendent radiographer
3	Agree an audit plan covering all parts of the programme	Service specification 24	6 months	Standard	Copy of the multidisciplinary team agreed audit plan

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4a, b, c	Undertake a staffing capacity review across all sites	Service specification 24	3 months	High	Report of staffing review and future plans including: <ul style="list-style-type: none"> a) provision for appropriate screening administration office facilities, role and responsibilities and succession planning b) agree a workforce plan for medical physics including succession planning outlining timescales c) agree a workforce plan for radiography including succession planning outlining timescales
5	Ensure all ultrasound quality control (QC) tests are completed to the required frequency	NHSBSP 70	6 months	Standard	Results of an internal audit between January and June 2018 to confirm whether ultrasound QC tests have been completed to the required frequency at all sites. The processes for checking all required tests are complete should be outlined.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Standardise user quality control (QC) protocols across all locations	NHSBSP 63	3 months	Standard	Confirmation that standardised user QC protocols are in place across all locations in accordance with NHSBSP guidance
7	Agree an equipment replacement plan for all equipment	Service specification 24	3 months	High	Copy of the agreed plan

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Develop an action plan to reduce screening inequalities in underserved and protected population groups	Service specification 24	6 months	Standard	Action plan presented to programme board
9	Document the service delivery process for the screening of prisoners	Service specification 24	3 months	Standard	Model of service delivery agreed by the programme board. This should include the process for ensuring prisoners consent to screening

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	Ensure a plan is in place detailing how the needs of the breast screening service will be met with the new picture archiving and communication system (PACS)	Service specification 24	1 month	High	A copy of the specification for the new PACS including data migration processes
11	Risk assess lone working on the demountable unit	Society of Radiographers - Violence and Aggression at Work (including lone working)	3 months	Standard	Outcome of risk assessment and resulting standard operating procedures
12	Ensure suitable facilities for image reporting at the Royal Stoke University Hospital	NHSBSP 49	1 month	Standard	Confirmation that changes to the image reporting environment have been made
13	Cease the practice of retrospectively changing the identity of a reader on the national breast screening system (NBSS) to enable the entry of the arbitrators' opinion	NHSBSP Guidance on who can undertake arbitration	1 week	Immediate	Confirm that this practice has ceased and provide an outline of the process now in place
14	Review the service criteria for identifying second readers and arbitrators	NHSBSP consolidated standards / NHSBSP Guidance on who can undertake arbitration	1 month	High	The outcome of the review and a copy of the revised film reading policy

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	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
16	Put in place a standard process for the timely review of previously assessed screen detected and interval cancers	NHSBSP Reporting, classification and monitoring of interval cancers and cancers following previous assessment	6 months	Standard	<ul style="list-style-type: none"> confirm the necessary reviews have been completed submit any outstanding previously assessed forms to SQAS an action plan outlining the review process and timeframes going forward
17	Address the backlog of interval cancer reviews. Review the category 3 cases and implement duty of candour where necessary	NHS Screening Programmes Guidance on applying Duty of Candour and disclosing audit results	6 months	High	<ul style="list-style-type: none"> confirm the necessary reviews have been completed and outcomes entered onto NBSS outcome of the category 3 review and confirmation that duty of candour has been actioned

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Ensure that women are sent a written invitation to an assessment clinic with sufficient amount of time to attend	NHSBSP 49	1 week	Immediate	Confirm that the practice of telephoning women with an invitation to assessment has stopped. Confirm all women are recalled to assessment by written invitation, specifying the notice period women are given

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Ensure that pathologists attend the regional QA meeting as per guidelines	NHSBSP 02	12 months	Standard	Confirmation of attendance from the lead pathologist
20	Implement a single biopsy policy at assessment	NHSBSP 59	6 months	Standard	Copy of the policy and confirm it is in use across both sites
21	Review staff skills within assessment to improve efficiency across the service	NHSBSP 49	6 months	Standard	Outcome of the review and resulting changes

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Ensure the single verified multidisciplinary outcome entered onto Somerset is sufficiently detailed	The Characteristics of an Effective Multidisciplinary Team (MDT)	6 months	Standard	Confirmation of the changes made
23	Complete a retrospective audit of surgeon allocation on NBSS	NHSBSP 20	12 months	Standard	Outcome of the audit

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.