Public Health England

Screening Quality Assurance visit report

NHS Breast Screening Programme Oxfordshire

11 June 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 finding signs of the disease at an early stage.

The findings in this report relate to the quality assurance visit of the Oxfordshire breast screening service held on 11 June 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 Oxfordshire breast service in the Oxford Breast Imaging Centre at the Churchill Hospital, Oxford, and provides a combined screening and symptomatic service.

NHS England South East (Thames Valley) commissions the breast screening service from Oxford University Hospitals NHS Foundation Trust (OUH) for the population of Oxfordshire. The Churchill Hospital is one of OUH's hospitals and provides the breast screening service.

The Oxfordshire service provides screening for eligible women living in the Oxfordshire Clinical Commissioning Group (CCG) area. Oxfordshire 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 extension is 108,207. The main screening service

is located at the Churchill Hospital. The programme operates an on-site screening service, as well as 2 mobile units covering the local population.

All screening assessment clinics take place at the Churchill Hospital. Surgery is mainly conducted at the Churchill Hospital. Some screening patients have their surgical treatment at the Horton General Hospital in Banbury which is part of OUH. Pathology services are provided by the John Radcliffe Hospital in Headington which is also part of the same Trust. High risk screening, including MRI (Magnetic Resonance Imaging) scans and MRI guided biopsies, are performed on site at the Churchill Hospital.

Findings

The Oxfordshire breast screening service meets or exceeds the majority of key performance indicators and provides a service of high clinical quality to the local population. Since the last QA visit in November 2014, the service has a new director of screening. Under her stewardship the service has significantly improved the recall to assessment rate for women screened for the first time. There are good lines of communication between the breast screening service and trust management.
There is a cohesive screening team with good communication between disciplines and within professional groups.

The symptomatic breast service workload has increased in recent years. This has a significant adverse impact on the screening service in the following areas: accommodation, equipment and staffing.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified several high priority findings including:

- not all short-term recall cases are discussed at the multidisciplinary team meeting
- the service has a higher proportion of high risk women classified as ‘equivalent risk’ than would be expected for a service of this size – equivalent risk means having the same risk as a woman with a proven genetic mutation
- the service completes its interval cancer reviews in a timely manner. However, the review process could be improved
- in assessment clinics radiologists have to use 2 imaging systems – the National Breast Screening System (NBSS) and the Central Radiology Information System (CRIS) – in order to view the correct images for patients; this carries a potential risk

of wrong images being displayed and incorrect information being entered onto NBSS
- diagnostic images cannot be viewed on the computers in the ultrasound rooms used in assessment clinics – further mammography views can only be viewed on a diagnostic screen in a different reading room; this is a suboptimal way of working and carries risk
- multidisciplinary team meetings (MDT) do not have a system for entering decisions into the IT system during the meeting – this carries a risk for potential error
- isotope injections for sentinel node biopsies are carried out in the breast screening unit rather than in the nuclear medicine department – this impacts negatively on the flow of assessment clinics as well as radiography staffing
- the programme manager role lacks resilience as there is no cover for when she is on leave

Shared learning

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

- the service has reduced its previously high recall rate by introducing a system of arbitration by consensus of all women recalled for assessment
- a second responsible assessor reads the mammograms prior to returning a client to routine recall
- there is a good system for giving feedback on film reading practice
- clients' folders are prepared in advance on the PACS system for assessment clinics
- there is a very good Quality Management System (QMS) for right results
- there are excellent work instructions specific to each equipment for quality control
- there is a very good system for weekly review of reports by the quality assurance (QA) radiographer and weekly/monthly review by medical physics
- regular pathology audits are undertaken
- there is double reporting by pathologists of lesions in B3, B4 and B5

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 review terms of reference for programme board meetings including leadership arrangements	Service Specification No. 24 2018/19	6 months	Standard	Confirmation from commissioners
2	Commissioners to support the service to develop a prioritised, evidence-based health promotion action plan, links with CCGs and other stakeholders, and actively monitor this through the programme board	Service Specification No. 24 2018/19	6 months	Standard	Health promotion action plan Programme board agenda with health promotion as a standing agenda item
3	Complete work to separate the breast service's symptomatic and screening budgets in order for the screening service to be resourced in line with the service specification	Service Specification No. 24 2018/19	3 months	Standard	Screening service budget presented at programme board meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Review time allocation for director of breast screening role and consider appointing a deputy director	NHSBSP Best Practice Guidance on Leading a Breast Screening Service (Nov 2018)	6 months	Standard	Updated job description for director
5	Confirmation to be provided to the director of screening by lead pathologist for breast screening and lead surgeon that annual appraisals of pathologists and surgeons working in screening include consideration of NHS BSP professional measures and standards	NHSBSP Best Practice Guidance on Leading a Breast Screening Service (Nov 2018)	6 months	Standard	Confirmation at 6 months and then given annually at programme board
6	Manage all screening patient safety incidents and serious incidents in accordance with national guidance	Managing Safety Incidents in NHS Screening Programmes (August 2017)	6 months	Standard	Screening incidents reported on the Trust system are also reported to SQAS and commissioners

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
7	Conduct a review of staffing levels for the symptomatic service (in particular covering radiography, administrative and surgical staffing) and develop an action plan to reduce the dependency of the symptomatic service on screening staff	Service Specification No. 24 2018/19	6 months	High	Outcome of review and action plan presented at programme board
8	Develop career progression routes for the administrative team to increase retention	NHSBSP Publication No 47	6 months	Standard	Information presented at programme board
9	Agree a plan for resilience for the programme manager position; consider formal appointment of a deputy	NHSBSP Publication No 47	3 months	High	Plan presented at programme board
10	Introduce some joint administration and radiography team meetings to improve communication and staff engagement	Breast Screening: best practice guidelines on leading a breast screening service (November 2018)	6 months	Standard	Meeting agendas and minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Increase nursing hours for the screening service in line with national guidance	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	6 months	Standard	Confirmation provided at programme board
12	Conduct a review of the administrative office's requirements for accommodation	Service Specification No. 24 2018/19	6 months	Standard	Outcomes of review reported at programme board
13	Bring forward plans for a fourth room for mammography	Service Specification No. 24 2018/19	6 months	Standard	Action plan and timescales presented at programme board within 3 months, with achievement expected within 6 months
14	Ensure that the breast care nurse has access to a non-clinical counselling room during assessment clinics where she can hold consultations with clients	Service Specification No. 24 2018/19	6 months	Standard	Confirmation of plans provided at programme board
15	OUH medical physics to test the 2 specimen cabinets in theatres and in pathology annually in line with NHSBSP guidance	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005)	3 months	Standard	Physics reports demonstrating annual testing of the 2 specimen cabinets

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Use the appropriate forms to handover the x-ray Controlled Area to medical physics before testing commences	Ionising Radiations Regulations 2017	6 months	Standard	Audit with completed handover forms. Amended medical physics local rules
17	Update Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) procedures in line with the latest guidance on “Significant accidental and unintended exposures under IR(ME)R” issued by the Care Quality Commission (CQC)	Ionising Radiation Regulations 2017	6 months	Standard	Updated employers’ procedures
18	Radiation incidents involving patients should be copied to the mammography Medical Physics Expert for dose assessment and advice	Ionising Radiation Regulations 2017	6 months	Standard	Updated employers’ procedures
19	Develop a plan for future equipment replacement, including review of terms of managed equipment service for all equipment used by the screening service	Service Specification No. 24 2018/19	6 months	Standard	Equipment replacement plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Ensure QA radiographer has sufficient protected time to review and analyse QC results on a formal and regular basis	Guidance for breast screening mammographers third edition, December 2017	6 months	Standard	QA radiographer job plan
21	Review process for providing patients with encrypted CDs for taking their images to private providers	Best practice guidance	3 months	Standard	Revised protocol
22	Update Quality Management System with work instruction for laterality changes for GE mammography unit	Service Specification No. 24 2018/19	3 months	Standard	Work instruction

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Develop a local protocol for closing high risk women with overdue next test due dates on the Breast Screening Select (BS Select) IT system	Service Specification No. 24 2018/19	3 months	Standard	Protocol for closing high risk episodes on BS Select

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Arrange for an additional member of the admin team to have full access to BS Select and appropriate training for business continuity	Service Specification No. 24 2018/19	3 months	Standard	Confirmation that training is completed and access has been arranged
25	Introduce an ongoing clinical data entry audit to ensure data entry accuracy	NHSBSP Publication No 47	6 months	Standard	Audit protocol and results of audits

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Run the ‘more than 2 views taken by Rad’ Crystal report on the NBSS monthly in conjunction with the technical repeat reports	NHS BSP Guidance on collecting, monitoring and reporting technical recall and repeat examinations 2017	3 months	Standard	Audit showing that the Crystal report is run

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Ensure the current partial mammography leaflet is being used	NHSBSP Guidance for Breast Screening Mammographers (Dec 2017)	3 months	Standard	Confirmation that new partial mammography leaflet is used
28	Film readers to document level of suspicion when they record recall on the client sheet	NHSBSP Publication No 59 March 2011	6 months	Standard	Amended work instruction Audit showing level of suspicion is recorded
29	Make sure that all short-term recall cases are discussed at the MDT meeting in line with guidance	NHSBSP Publication No 49: 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	1 month	High	Amended work instructions MDT documentation to show all early recall cases are discussed
30	Review referral process for high risk women from Oxford Genetics Service to the screening service, including requirements for a proforma to be sent as per national guidance	NHSBSP Guidelines on organising the surveillance of women at higher risk	6 months	High	Revised protocol for accepting referrals. Audit of referrals that shows use of proforma

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Improve the interval cancer review process by: • revising work instructions to ensure all interval cancer paperwork is completed after review and information is entered into NBSS as per guidance • having face-to-face meetings to maximise education and learning from the process	Reporting, Classification and Monitoring of Interval Cancers 2017	3 months	High	Amended work instructions for interval cancer reviews

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Ensure desk top integration of assessment images with NBSS assessment module	RCR Guidelines and standards for implementation of new PACS/RIS 2011 Digital Buyers guide	6 months	High	Evidence from responsible assessors that the assessments are driven by NBSS (RIS) system

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Ensure adequate diagnostic equipment is available in the ultrasound room so that correlation between mammography and ultrasound can be achieved	NHSBSP Publication No 49: 2016 (4th edition) Clinical Guidelines for Breast Cancer Screening Assessment	6 months	High	Equipment inventory of clinical rooms to include diagnostic PACS workstation appropriately sited to ultrasound rooms with adequate timely image retrieval and display
34	Perform a risk assessment of the clinical ultrasound room facilities to ensure that the environment is safe, appropriate and fit for purpose	Service Specification No. 24 2018/19	6 months	High	Risk assessment outcome and service user feedback
35	Develop a plan for a digital specimen x-ray cabinet for pathology samples; and ensure there is at least one high quality monitor for radiological image viewing	NHSBSP Publication No 2: July 2011 (2nd edition) Guidelines for Breast Pathology Services	6 months	Standard	Approved business case for a digital specimen x-ray cabinet for pathology samples Confirmation from lead pathologist that appropriate monitor is in place
36	All pathologists to continue to attain appropriate levels of CPD related to breast at least every 3 years; and attendance at regional QA meetings	NHSBSP Publication No 2: July 2011 (2nd edition) Guidelines for Breast Pathology Services	12 months	Standard	Written confirmation by lead pathologist

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Establish weekly regular review meetings in pathology to formalise the present ad hoc review of cases	NHSBSP Publication No 2: July 2011 (2nd edition) Guidelines for Breast Pathology Services	6 months	Standard	Written confirmation by lead pathologist

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
38	Complete a CNS specific audit using the national template	Clinical Nurse Specialists in Breast Screening Guidance (Jan 2019)	6 months	Standard	Survey results to SQAS and SIT
39	Accelerate Trust plans for implementation of live entry of decisions taken during MDTs into IT systems	Service Specification No. 24 2018/19	3 months	High	Confirmation that live entry of decisions taken during MDTs has been implemented
40	Review the current delivery of sentinel lymph node injections within the breast service and plan for future provision in order to protect screening time and space	Service Specification No. 24 2018/19	3 months	High	Confirmation of Trust plans for the delivery of sentinel lymph node injections and timescale for any change in provision

No.	Recommendation	Reference	Timescale	Priority	Evidence required
41	Surgeons to specify the site of isotope injection in line with good practice	Service Specification No. 24 2018/19	3 months	Standard	Confirmation of change in practice

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 and 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.