Public Health England

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Screening Quality Assurance visit report

NHS Breast Screening Programme South Lancashire Breast Screening Service

13 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 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.

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Executive summary

The NHS Breast Screening Programme (NHSBSP) 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 South Lancashire breast screening service held on 13 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 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 South Lancashire in February and March 2019
- information shared with SQAS (North) as part of the visit process

Local screening service

South Lancashire breast screening service (SLBSS) is provided by Wrightington, Wigan and Leigh (WWL) NHS Foundation Trust. The total population of the area served is approximately 710,000. There are 93,000 eligible women in the age range of 50 to 70 and 124,000 when the age extended population is included. The screening service covers the geographical areas of Wigan, Leigh, Chorley and South Ribble and West Lancashire. Greater Manchester public health commissioning team is the lead commissioner for the service, with the Lancashire commissioning team as associate commissioner.

SLBSS is a multi-site service. Screening is provided from the Thomas Linacre Centre (TLC) in Wigan and there are 3 mobile vans visiting 10 sites. Assessment clinics are held in the Thomas Linacre Centre. Surgery is provided at the Royal Albert Edward Infirmary and Leigh Infirmary in the WWL trust, with a small number of women referred to Chorley and South Ribble Hospital (CSRH). Pathology for all cases at WWL is performed at Salford Royal Hospital NHS Foundation Trust. Pathology following surgery at CSRH is performed at Royal Preston Hospital.

Findings

Immediate concerns

The QA visit team identified an immediate concern. A letter was sent to the chief executive on 15 March requiring that a project group be established before 31 March 2019 with representation from the screening service, information technology (IT) and picture archive communication system (PACS) departments to address issues with planned upgrade compatibility with existing equipment, workstation quality and reliability, network speed and access, and ageing general IT equipment.

An action plan should be agreed to address the issues above (see PACS section).

A response was received within 7 days which assured the QA visit team that the project group would be established within the timeframe to address the issues.

High priority

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

- the Director of Breast Screening (DoBS) job description does not reflect latest national guidance
- there is no deputy DoBS
- inadequate documentation for ceased patients
- security arrangements for data stored on mobile units could be improved
- no nurses present in assessment clinics
- pathologists are not attending the required number of regional QA meetings
- an audit of outliers for grade classification should be conducted

Shared learning

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

- the success of the patient navigator role in improving screening uptake
- the healthcare/mammography assistants have received cancer champion training which is good practice
- success of the annual general meetings in bringing together all specialties to share audit results and good practice
- all monthly staff meetings include a continuing professional development element

Recommendations

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

Governance and leadership

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1901	DoBS job description to be updated to reflect latest guidance	1	3 months	High	Updated job description
PWI1902	Appoint a deputy DoBS with a minimum of 0.5 sessions	1	6 months	High	Updated job plan
PWI1903	Appoint a deputy lead radiographer	2	6 months	Standard	Confirmation of appointment from programme manager
PWI1904	Service level agreements with associate providers to be reviewed and governance arrangements updated to incorporate incident management processes	1	6 months	Standard	Updated service level agreement and written governance processes agreed by relevant governance group

Infrastructure

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1905	Conduct a review of the nursing accommodation	4	6 months	Standard	Outcome of accommodation review and action plan
PWI1906	A project group should be assembled to address issues with IT and PACS systems	2	31 March 2019	Immediate	Confirmation from trust of project group creation

Identification of cohort

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1907	Review administration staffing to improve resilience	2	6 months	Standard	Workforce plan and agreed action plan
PWI1908	A retrospective audit of ceasing documentation	2	6 months	High	Outcome of the audit
PWI1909	Biopsy and treatment data input requires additional resource and further training to improve data accuracy	2	6 months	Standard	Training logs and evidence of audit
PWI1910	Implement additional failsafe process for high-risk screening	2	3 months	Standard	SOP of failsafe process

The screening test – accuracy and quality

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1911	Review radiography staffing levels and skill mix to maximise efficiency and formalise roles and responsibilities	3	3 months	Standard	Workforce plan and agreed action plan
PWI1912	Data security on mobile screening units to be reviewed and risk assessed	2	3 months	High	Completed risk assessment
PWI1913	Consensus reading to be used for all prevalent recall cases	5	3 months	Standard	Revised film reading policy

Diagnosis

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1914	Review classification and management of lobular carcinoma in situ	6	6 months	Standard	Revised policy
PWI1915	Clinical Nurse Specialist (CNS) needs to be present in all assessment clinics and practice according to NHSBSP guidance January 2019	4	6 months	High	Roster of CNS
PWI1916	All breast pathologists to attend regional QA meetings in line with NHSBSP guidance	7	12 months	High	Confirmation of meeting attendance
PWI1917	An audit into grade identification outliers	6	6 months	High	Outcome of audit and agreed action plan
PWI1918	Excision specimen reports to contain a dataset	6	3 months	Standard	Confirmation from lead screening pathologist

Intervention and outcome

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1919	Review administration support for surgery to prevent delays issuing routine letters to GPs	2	6 months	Standard	Outcome of workforce review and agreed action plan
PWI1920	Service to send copy of sentinel node biopsy audit to SQAS	8	3 months	Standard	Audit report
PWI1921	Review theatre capacity to ensure symptomatic surgery does not impact on screening surgical delivery	9	6 months	Standard	Outcome of capacity review

No.	Recommendation	Refere	Timescal	Priorit	Evidence
PWI1922	Review surgeons' job plans to ensure competency standards/minimum numbers are met	8	6 months	Standard	Outcome of review
PWI1923	Consider replacement of specimen cabinet in theatre	8	6 months	Standard	Confirmation of review and/or replacement
PWI1924	Audit of B5 core biopsies to benign surgery	10	6 months	Standard	Audit report

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.