Public Health England

NHS

Quality Assurance Report

Sheffield Breast Screening Programme Observations and recommendations from visit to Sheffield Teaching Hospitals NHS Foundation Trust

3 May 2016

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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 findings in this report relate to the quality assurance (QA) review of the Sheffield Breast Screening Programme (BSP/the programme) held on 3 May 2016.

1. Purpose and approach to Quality Assurance (QA)

The aim of quality assurance in NHS breast screening programmes NHSBSP is to maintain minimum 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 is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: a selection of evidence completed by the programme covering a number of specialist areas within breast screening
- information shared with the QA team as part of the visit process

2. Description of Local Screening Programme

The Sheffield Breast Screening Programme has an eligible population of 84,765. This population consists of women aged 47-73, including women in the age extension trial (women aged 47 to 49 and 71 to 73) within the geographic area of the South Yorkshire clinical commissioning group. For more information please refer to the Programme Management and Governance section of this report, pages 12 to 14.

The programme is provided by Sheffield Teaching Hospitals NHS Foundation Trust. It is commissioned by NHS England North (Yorkshire and the Humber).

3. Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

For a complete list of recommendations, please refer to the related section within the full report, or to the list of all recommendations on page 41.

3.1 Shared learning

The review team identified several areas of practice for shared learning:

- good engagement with QA meetings and processes
- engagement and communication project working across all screening providers in South Yorkshire
- biomedical scientist role development in pathology
- a weekly pre MDT planning meeting to plan capacity for next 3 weeks

3.2 Immediate concerns for improvement

The review team identified no immediate concerns.

3.3 High priority issues

The review team identified 6 high priority issues, as grouped below.

- business continuity issues related to staffing and NBSS disaster recovery
- MDT decision making and deadlines
- administration: administrative staff training in data entry of biopsy and treatment data
- audit: ceased audit should be repeated and an audit of B1 cases should be undertaken
- performance: an SOP for checking and reporting physics surveys to be produced
- policy: 2 policies require updating - protocol for ceasing breast screening and trust incident policy

4. Key recommendations

A number of recommendations were made related to the high priority issues identified above. These are summarised in the table below:

Level	Theme	Description of recommendation	Full recommendation found on page
High	Business continuity	Review of capacity and programme to assist with recruitment	Medical physics recommendation 1 (page 18), Administration recommendation 1 (page 21), Radiography recommendation 1 (page 24) and Surgery recommendation 1 (page 35)
High	Business continuity	Implement a disaster recovery plan to ensure NBSS business continuity	Administration recommendation 4 (page 21)
High	MDT	Adherence to deadline for inclusion of MDT cases	Pathology recommendation 3 (page 33)
High	Administration	A staff member should be trained to input biopsy and treatment data	Administration recommendation 3 (page 21)
High	Audit	Undertake an audit of B1 cases	Pathology recommendation 1 (page 33)
High	Performance	Written SOP for checking and reporting physics surveys to be produced	Medical physics recommendation 2 (page 18)
High	Audit	Ceased audit should be repeated correctly in line with NHSBSP guidelines	Administration recommendation 2 (page 21)
High	Policy	Incident policy to be updated	Commissioning and Public Health recommendation 1 (page 40)
High	Policy	Cease screening policy to be revised	Medical physics recommendation 4 (page 18)

For more information on expected timeframe for completion of recommendations, please see page 41.

5. Next steps

The Sheffield Teaching Hospitals NHS Foundation Trust to develop an action plan to ensure completion of recommendations contained within this report.

NHS England North (Yorkshire and the Humber) Screening and Immunisation Team (SIT) to monitor progress against the action plan developed by the provider and seek assurance from the provider that all recommendations are implemented.

SQAS (North) will support this process and the ongoing monitoring of progress.

List of all recommendations

Number	Recommendation	Priority	Timescale
Programme management and governance			
1	An annual meeting and annual reconfiguration of the genetics and NBSS databases should be undertaken **Evidence:** Written confirmation that the meeting and annual reconfiguration of the genetics and NBSS databases has been completed	**Recommendation to achieve a quality service**	28 February 2017
2	Adjustment is required in the reporting methodology and timescales within the trust's incident policy, to reflect the recently updated NHS Screening Programmes document: Managing Safety Incidents in NHS Screening Programmes **Standard:** Managing Safety Incidents in NHS Screening Programmes – Updated Interim Guidelines, March 2015 **Evidence:** Copy of updated incident policy	**Requirement to meet a defined standard**	30 November 2016
3	A review of capacity, demand and financial resources should be undertaken to monitor and identify if symptomatic services compromise screening services **Evidence:** Copy of report produced as part of review process	**Recommendation to achieve a quality service**	30 November 2016
4	The screening and symptomatic budgets should be clearly and separately identified from one another, to avoid the circumstances of either service diminishing resource of the other **Standard:** NHSBSP Publication No 52 - Organising a Breast Screening Programme **Evidence:** Written confirmation that the screening and symptomatic budget is clearly and separately identified	**Requirement to meet a defined standard**	30 November 2016

5.	The outcome from the MDT case discussion is agreed by the members present. Details to be projected at the time of the meeting. **Evidence:** Written confirmation that outcome of case discussion is projected during the MDT	**Recommendation to achieve a quality service**	30 November 2016
Medical physics			
6	A capacity and demand audit should be completed over a 3 month period to reassure QA that adequate staffing is available to do all required tasks including reporting, checking, follow up and development. **Standard:** NHSBSP Publication No. 33 **Evidence:** Copy of the audit report and recommendations	**Requirement to meet a defined standard**	28 February 2017
7	A standard operating procedure should be written for the reporting and checking process of physics surveys. **Standard:** NHSBSP Publication No. 33 **Evidence:** Copy of the standard operating procedure	**Requirement to meet a defined standard**	30 November 2016
8	A standard operating procedure should be written to detail action taken upon receipt of medical physics survey reports and action to be taken. **Standard:** NHSBSP Publication No. 33 **Evidence:** Copy of the standard operating procedure	**Requirement to meet a defined standard**	30 November 2016
9	The cease screening policy should be revised to detail the action to be taken when user QC results are out of limits or other equipment issues occur. **Standard:** NHSBSP Publication No. 63 **Evidence:** Copy of the ceased screening policy	**Requirement to meet a defined standard**	30 November 2016
10	Stereo positioning testing should be increased from weekly to every day the equipment is used. **Evidence:** Data to be entered on a regional database for review	**Recommendation to achieve a quality service**	31 August 2016

Administration			
11	A full A&C staff review should be undertaken to identify the split of screening and symptomatic workloads, gaps in the staffing structure to undertake the various level of tasks within the administration team and to allow for succession planning. **Evidence:** Email correspondence from the screening office manager illustrating the staffing structure and responsibilities within the team	**Recommendation to achieve a quality service**	30 November 2016
12	The ceased audit should be repeated correctly in line with NHSBSP guidance. **Standard:** NHSBSP Publication No. 47 **Evidence:** Liaise with the SQAS audit team and submit evidence of all ceased women	**Requirement to meet a defined standard**	31 August 2016
13	Another staff member should be trained to input the biopsy and treatment data as per Publication 47 NHS Breast screening programme quality assurance guidelines for admin and IT. **Standard:** NHSBSP Publication No. 47 **Evidence:** Email correspondence from the screening office manager with supporting training log evidence	**Requirement to meet a defined standard**	31 August 2016
14	Implement a disaster recovery plan to ensure business continuity of NBSS. **Standard**: NHSBSP Publication No. 47 **Evidence**: Submit a detailed SOP of a disaster recovery plan to ensure business continuity of NBSS	**Requirement to meet a defined standard**	30 November 2016
Radiography			
15	Review staffing levels to ensure that there is sufficient capacity to maintain round length. **Standard:** NHSBSP Publication No. 63 **Evidence:** Report on outcome of staffing review	**Requirement to meet a defined standard**	31 August 2016

16	Introduce peer review of images for all mammographers. **Standard:** NHSBSP Publication No. 63 (April 2006) **Evidence:** Copy of staff peer review meetings, attendance sheet and outcomes.	**Requirement to meet a defined standard**	31 August 2016
Radiology			
17	Training needs of advanced practitioners should be reviewed to ensure they have the opportunity to complete professional update training and attend relevant conferences and symposia. **Evidence:** Confirmation of the outcome of the review	**Recommendation to achieve a quality service**	31 May 2017
18	Provide a specimen job description of the Clinical Imaging Practitioner role to SQAS to ensure role meets national guidance with the four-tier duties of assistant practitioner and consultant practitioner. **Standard:** NHSBSP Publication No. 59 - Quality assurance guidelines for breast cancer screening radiology **Evidence:** Copy of specimen job description	**Recommendation to meet a defined standard**	31 August 2016
19	Audit of the non-operative diagnosis of in-situ cancer. Cases where the diagnosis was not made should be reviewed to look for ways to improve performance. **Standard:** NHSBSP Publication No. 52 - Organising a breast screening programme **Evidence:** Copy of audit report and recommendations	**Recommendation to meet a defined standard**	30 November 2016
20	Review the frequency of the consensus meeting as a possible contributory factor in the assessment waiting times KPIs. **Standard:** NHSBSP Publication No. 59 - Quality assurance guidelines for breast	**Recommendation to meet a defined standard**	31 August 2016

	cancer screening radiology **Evidence:** Confirmation of the outcome of the review		
21	Protected film reading time for advanced practitioners/clinical imaging specialists should be provided. **Evidence:** Written confirmation of allocated reading time	**Recommendation to achieve a quality service**	31 August 2016
22	Carry out audit of cases where VAE/non-surgical management of lesions showing atypia on the diagnostic core biopsy to identify any subsequent breast cancers. **Evidence:** Copy of audit report and recommendations	**Recommendation to achieve a quality service**	31 May 2017
23	Write and implement a policy for the biopsy of multiple lesions in the same breast to ensure correct identification and image annotation. The purpose of the policy is to prevent the wrong lesion subsequently being excised. **Evidence:** Copy of policy	**Recommendation to achieve a quality service**	30 November 2016
Pathology			
24	Undertake an audit of B1 cases. **Standard** NHSBSP Publication No 2, 4.7.3 Quality Assurance Guidelines for Breast Pathology Services, July 2011 (2nd edition) **Evidence:** Copy of audit	**Requirement to meet a defined standard**	30 November 2016
25	Undertake an audit of LVI reporting. **Standard:** NHSBSP Publication No 2, 2.2.5) Quality Assurance Guidelines for Breast Pathology Services, July 2011 (2nd edition) **Evidence:** Copy of audit	**Requirement to meet a defined standard**	30 November 2016
26	The deadline for inclusion of cases in the MDT should be respected by all team members. **Standard:** NHS NCAT The Characteristics of an Effective Multidisciplinary Team (2010) (3.2.2) **Evidence:** Written confirmation of adherence	**Requirement to meet a defined standard**	30 November 2016

Surgery			
27	The workforce capacity should be reviewed and a plan agreed to deliver adequate and sustainable surgical capacity to support a quality service. **Evidence:** Confirmation of outcome of the review and agreed plan	**Recommendation to achieve a quality service**	30 November 2016
Breast Care Nurse			
28	The programme should undertake an audit, which specifically looks at the patient experience through assessment and their experience of each discipline involved. **Evidence:** Copy of audit report	**Recommendation to achieve a quality service**	28 February 2017

Commissioning and Public Health			
29	Providers to update their incident policy in line with revised national screening incident management guidance. **Evidence:** A copy of the updated incident policy	**Recommendation to achieve a quality service**	31 August 2016