



Public Health
England

Screening Quality Assurance visit report

NHS Breast Screening Programme North and Mid Hampshire

9 May 2018

Public Health England leads the NHS Screening Programmes

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-leading science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health and Social Care, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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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 finding signs of the disease at an early stage.

The findings in this report relate to the quality assurance visit of the North and Mid Hampshire screening service held on 9 May 2018.

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-visits to review pathology reports and slides, radiology and surgical performance, and attendance at a multidisciplinary team meeting at each hospital site
- information shared with the South regional SQAS as part of the visit process

Local screening service

The North and Mid Hampshire Breast Screening Service is located at the Royal Hampshire County Hospital, Winchester, and provides a combined screening and symptomatic service. NHS England South (Wessex) commissions the breast screening service from Hampshire Hospitals NHS Foundation Trust. The service provides a service to women living in 3 Clinical Commissioning Group (CCG) areas: NHS West Hampshire CCG, NHS South Eastern Hampshire CCG and NHS North Hampshire CCG. The geographical area covered by the service reaches Tadley in the north, Bishops Waltham in the south, Andover in the west and Bordon in the east.

The North and Mid Hampshire breast screening service has an eligible population of 90,784 women aged 47 to 73 years. Breast screening is normally offered to women aged 50 to 70 years. North and Mid Hampshire is part of the national randomised age extension trial, which means that 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 main screening service is located at Royal Hampshire County Hospital. The North and Mid Hampshire programme operates an on-site screening service as well as 3 mobile units covering the local population.

All screening assessment clinics take place at Royal Hampshire County Royal Hampshire County Hospital. Pathology services are undertaken in both Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital. Screening patients are treated in both hospitals as well.

High risk screening and MRI (Magnetic Resonance Imaging) scans are performed on site at Royal Hampshire County Hospital. Patients who need MRI guided biopsies are referred to Northwick Park Hospital.

Findings

This is a well-performing programme, which meets most national standards. The unit has had a new senior management team since January 2017. Uptake for 2016 to 17 was 73.48%, which is above the minimum standard of more than 70%.

The immediate and high priority findings and areas for shared learning are summarised below.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 6 high priority findings as summarised below:

- the service continues to hold separate MDT meetings on both sites at Royal Hampshire County Hospital and Basingstoke and North Hampshire Hospital
- screening cases discussed at the Royal Hampshire County Hospital site are sometimes discussed again at the Basingstoke and North Hampshire Hospital MDT
- video conferencing facilities are not available and this was an outstanding recommendation from the last QA visit
- no serious or safety incidents have been reported to SQAS in the past 3 years
- the QA visit evidence sent to SQAS suggests that 6 incidents should have been reported to SQAS during this time
- some women who have had a bilateral mastectomy are currently being ceased from the service upon the receipt of a letter from the GP without supporting evidence, such as pathology or surgical information

- MRI results for high risk women are currently being entered on NBSS, the screening service IT system, by the administrative officer rather than a clinician
- clinical data entry is not always validated by clinicians and data is sometimes incomplete
- the number of cores is not entered and the name of the reporting pathologist is not recorded
- the pathway for duty of candour is not in line with the national guidance
- the Director of Breast Screening has drafted letters to patients with category 3 interval cancers but these have not been sent yet
- the service is awaiting further instructions from the Trust

Shared learning

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

- good recruitment and retention of radiography and radiology staff
- on the mobile vans the radiographers include the individual accession number of the images on the client form thereby reducing the risk of images being misplaced when downloaded
- radiology group learning through consensus, and previously assessed cancer reviews
- high reconstruction rate and availability of oncoplastic procedures

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Implement one joint MDT meeting across both hospital sites (Winchester and Basingstoke) with video conferencing facilities	Service Specification No. 24	3 months	High	Confirmation of arrangements in writing
2	Provide organisation chart showing Trust governance structure	Service Specification No. 24	3 months	Standard	Confirmation of governance structure
3	Formally appoint a deputy to cover for the Director of Breast Screening	Service Specification No. 24	6 months	Standard	Confirmation of appointment
4	Breast screening service to report all potential incidents to SQAS in line with the national guidance	Managing Safety Incidents in NHS Screening Programmes	3 months	High	Incident reporting to SQAS in line with national guidance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
5.	Review documentation for ceasing women from the screening programme so that it includes appropriate documentary evidence from surgery and pathology reports	NHSBSP good practice guide No7	3 months	High	Protocol for ceasing women from the screening programme
6.	Review the NBSS Open Episodes report (SQOE) to ensure no episodes are open without a reason	NHSBSP A&C guideline No 47	3 months	Standard	Audit of open episodes
7.	Carry out a patient satisfaction survey on assessment clinics in conjunction with surveys carried out by the breast care nurses	Service Specification No. 24	6 months	Standard	Survey results

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8.	Assess mammographic staffing levels to ensure appropriate establishment for both screening and symptomatic services	Service Specification No. 24	6 months	Standard	Evidence of good KPI
9.	Medical Physics to update local protocols in line with national guidance for the testing of X-ray and ultrasound equipment	NHSBSP publication 70	6 months	Standard	Copy of updated physics testing protocols to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
10.	Formulate an equipment replacement plan for all equipment and assess the unit's need for tomography	Service Specification No. 24	6 months	Standard	Equipment replacement plan to SQAS
11.	IRMER procedures to reference breast screening. This should include quality control testing and film reading tasks	Ionising Radiation (Medical Exposure) Regulations 2017 NHSBSP 75	6 months	Standard	Copy of Breast screening unit's IRMER procedures to SQAS.
12.	Develop a local diagnostic reference level in conjunction with the Medical Physics Expert	Ionising Radiation (Medical Exposure) Regulations 2017 NHSBSP 75	6 months	Standard	Medical Physics report detailing the local diagnostic reference level for breast screening mammography
13.	Establish a system for recording communication between the breast service and PACS manager with a log of issues and how these have been corrected	NHSBSP Publication no.40, Page 19	3 months	Standard	Written confirmation

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14.	Ensure MRI data for high risk women is inputted by an appropriate clinician	NHSBSP High Risk Guidance No. 73	1 month	High	Written confirmation

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
15.	Arrange for at least one additional admin team member to have full access to the breast screening IT system BS Select	NHSBSP A&C guidelines No.47	6 months	Standard	Written confirmation
16.	Implement direct entry of assessment results by clinicians onto NBSS in line with NHSBSP guideline	NHSBSP A&C guidelines No.47	3 months	High	Evidence of appropriate training and audit of direct data entry

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17.	Review local protocol for rejecting images on the van and audit reject folder on the vans quarterly	Radiography guidelines December 2017	3 months	Standard	Revised local protocol and audit results

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18.	Update protocols to include contingency plans for staff to transport patient lists to the vans and ensure there is Trust approval for this process	NHSBSP Publication No.40	3 months	Standard	Local protocol and evidence of Trust approval
19.	Risk assess the need to introduce security tags to the client sheet transfer bag	NHSBSP Publication No.40, page 2	3 months	Standard	Local protocol

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20.	Agree with the Trust a pathway for duty of candour in line with guidance and implement this. Review all category 3 interval cancers to establish which meet criteria for duty of candour	NHSBSP Interval cancer guidelines 2017	3 months	High	Results of review
21.	Implement national guidance on the management of B3 lesions including use of vacuum assisted excision where recommended	NHSBSP No 49: assessment guidelines	6 months	Standard	Local SOP

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22.	Monitor the rate of non-operative diagnosis rate for non-invasive cancer by implementing B3 guidance	Service Specification No. 24	6 months	Standard	Evidence of improvement in KC62 2017/18
23.	Include holistic assessment by breast care nurses at the start of the assessment process	NHSBSP No. 29 guidelines	6 months	Standard	Local SOP
24.	All pathologists to meet minimum standard of 50 primary resections per year in line with guidance	NHSBSP pathology guidelines	6 months	Standard	Written confirmation
25.	All pathologists to attain recommended breast CPD in line with guidance	NHSBSP Pathology guidelines	6 months	Standard	Written confirmation

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26.	Audit patient satisfaction of receiving benign results via telephone	NHSBSP No 29 guidelines for CNS 2012, section 3.2.1	6 months	Standard	Audit results
27.	Carry out an audit for radiotherapy for patients undergoing breast conservation for invasive disease	NHSBSP ABS guidelines	6 months	Standard	Audit results

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.