



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme North Derbyshire and Chesterfield

21 June 2017

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 finding signs of the disease at an early stage.

The findings in this report relate to the quality assurance (QA) visit to the North Derbyshire and Chesterfield breast screening service held on 21 June 2017.

Purpose and approach to quality assurance (QA)

Quality assurance aims to maintain national standards and promote continuous improvement in bowel cancer 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 as appropriate
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-review visits to North Derbyshire and Chesterfield breast screening service during May and June 2017
- information shared with the SQAS as part of the visit process

Description of local screening service

The North Derbyshire and Chesterfield breast screening service has an eligible population of 55,856 women aged 50 to 70. The service extended the screening age range as part of the national randomised age extension trial to include women aged 47 to 49 and those aged 71 to 73 in December 2010.

The provider is Chesterfield Royal Hospital NHS Foundation Trust. NHS England North Midlands commission the service.

The breast screening service operates 2 static units and utilises 2 mobile units which rotate between 12 locations to screen the defined population. Unlike the majority of screening services nationally which invite women from each GP practice once every 3 years, the service screen at all locations each year inviting women from each GP practice by month and year of birth. All assessment clinics take place within the Chesterfield Royal Hospital. The pathology, surgery and nursing teams are also based within the Chesterfield Royal Hospital.

Findings

Immediate concerns

The QA visit team identified no concerns requiring immediate rectification.

High priority

The QA visit team identified 8 high priority findings as summarised below:

- the trust should review the accommodation available to the service in light of the feedback received from users and the adverse impact it is having on optimal use of capacity and patient flow
- the service should undertake a review of staffing levels in administration and radiography and appoint a programme manager
- an equipment replacement plan should be agreed for the timely replacement of the current mammography units which are repeatedly breaking down
- the service should review screening provision and flexibility of appointment availability for the population
- the reading process should include physical separation of routine recall and arbitration cases by the second reader
- a single agreed record of the multidisciplinary team discussion should be produced and used
- nursing support to women attending assessment should be provided
- the current process for giving benign results should be revised and improved

Shared learning

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

- good business continuity plan in place for the picture archiving and communication system (PACS)
- efficient radiographic team working and implementation of the Eklund technique for screening women with implants
- early adopter of digital breast tomosynthesis into assessment clinics
- readers take a screenshot on PACS with a mark of the noted abnormality so that it is clear for assessment
- radiological measurements in 2D to support multidisciplinary team discussion and planning
- extensive annotation of specimen x-rays by the radiology department to facilitate sampling of areas of interest
- radiological second opinion of all discharged assessments
- implementation of the new management of B3 cases guidance
- double grading of all breast cancers by pathologists
- collaborative surgical working allowing patients to be treated quickly
- comprehensive surgical reconstruction pathway
- trial recruitment and participation in national audits
- good resources for clients with learning difficulties

Table of consolidated recommendations

Each recommendation number in the tables below is a hyperlink to the relevant text within the report

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Director of breast screening to present the QA visit report at a trust executive board meeting	NHSBSP 40	3 months	S	Trust executive board meeting minutes
2	Update organogram to show direct reporting line to chief executive or medical director	NHSBSP 52	3 months	S	Organisational chart and escalation pathway
3	Appoint a programme manager with clearly defined roles and responsibilities	NHSBSP 52	3 months	H	Details of job plan and a copy of the final job description
4	Agree an audit plan covering all elements of the programme	Service specification no. 24	6 months	S	Confirmation that the methodologies, objectives and reporting mechanisms have been agreed at a multidisciplinary team meeting. A copy of the schedule for a 12 month period
5	Review and document control of all forms utilised within QMS and link to relevant policies/protocols.	NHSBSP 47	3 months	S	Index of forms demonstrating document number and version number and/or effective date

Infrastructure

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
6	Review and clarify the roles and responsibilities to support the PACS within breast screening	Service specification no. 24	3 months	S	Confirmation of the review and agreed action plan
7	Ensure that the accommodation in use throughout the service meets the specification of the programme and is suitable for the patient pathway	Service specification no. 24	6 months	H	Copy of the agreed action plan with associated timeframes
8	Agree an equipment replacement plan for all mammography equipment	Service specification no. 24	3 months	H	Copy of the agreed plan for a 12 month period
9	Ensure the role of the user QC radiographer is clearly defined in the job description	Service specification no. 24	1 month	S	Copy of the amended job description
10	Ensure clinical scientific support to the new MRI scanner and develop scan protocols that meet the technical requirements of the programme	NHSBSP 68	6 months	S	Confirmation of the agreed action plan
11	Review the current administrative staffing structure to resolve current staff shortages and provide resilient succession planning	Service specification no. 24	3 months	H	Copy of the review outcome and agreed action plan
12	Agree a workforce plan for radiographic staffing	NHSBSP 63	3 months	H	Copy of the plan and confirmation it has been agreed by all staff
13	Ensure the monitors in breast theatres meet the requirements of the NHSBSP	NHSBSP 71	3 months	S	Copy of the agreed plan

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
14	Review of eligible high risk clients once updated NHSBSP guidance has been published	NHSBSP 74 (or successor)/ service specification no. 24	6 months	S	Outcome of the review
15	Resolve outstanding open episodes from previous system migration on NBSS with Hitachi support	Service specification no. 24	3 months	S	Report on episodes closed
16	Carry out a comprehensive review of ongoing IT issues and produce an action plan for resolution	Service specification no. 24	3 months	S	Copy of agreed action plan
17	Undertake a review of NBSS license usage to ensure all staff have access to the system as necessary	NHSBSP 47	3 months	S	Outcome of review

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
18	Develop and implement a health promotion strategy	Service specification no. 24	6 months	S	Health promotion strategy document
19	Review screening provision and flexibility of appointment availability	Service specification no. 24	6 months	H	Confirmation of the review and agreed action plan
20	Customer satisfaction survey should be undertaken to include questions regarding appointment availability	Service specification no. 24	3 months	S	Feedback from to questionnaire should be presented to appropriate programme board

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
21	Review the film reading process to ensure physical separation of routine recall and arbitration/recall to assessment cases	NHSBSP 55	1 month	H	Confirmation of the review and a copy of the revised standard operating procedure
22	Ensure all readers meet the caseload requirements of the programme	NHSBSP 59	3 months	S	Confirmation that all film readers have capacity within job plans to meet the caseload requirements of the NHSBSP and that this is being monitored and managed accordingly

Diagnosis

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
23	Review protocol for fixation of specimens (wide local excisions and mastectomies)	NHSBSP 02	3 months	S	Outcome of the review and a copy of any amended standard operating procedures
24	Ensure there is a standard operating procedure for amendments to pathology reports after multidisciplinary team discussion	NHSBSP 49	3 months	S	A copy of the agreed standard operating procedure
25	Ensure that all breast screening pathologists attend a recognised NHSBSP multidisciplinary course	NHSBSP 02	6 months	S	Evidence of attendance

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
26	Provide breast care nursing support at assessment clinics as per guidelines	NHSBSP 29	3 months	H	Confirmation of the agreed plan
27	Review and revise the process for giving benign results	Service specification no. 24	3 months	H	Outcome of the review and a copy of any amended standard operating procedures including the revised leaflet
28	Ensure there is dedicated resource available to undertake effective clinical assessment of patients	NHSBSP 49	3 months	S	Copy of the agreed plan

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
29	Ensure all breast care nurses have attended advanced communication and advanced breast care course	NHSBSP 29	3 months	S	Evidence of attendance
30	Ensure all women receive surgical results within 2 weeks and meet the 31 day adjuvant treatment target	NHSBSP 20/ Delivering Cancer Waiting Times - A Good Practice Guide	6 months	S	Summary of a 3 month audit, findings and action plan
31	Undertake a 3 month prospective audit of the repeat operation rates for non-invasive breast conserving surgery cases	NHSBSP 20	6 months	S	Summary of the audit findings and action plan

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
32	Ensure that the multidisciplinary team meetings operate in line with the local specification and national guidance	The Characteristics of an Effective Multidisciplinary Team (MDT) NCAT 2010	3 months	H	Confirmation that the MDT record is validated in real time and the record immediately available to the team in clinical areas

Key:

I = Immediate

H= High

S = Standard

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 following the issuing of the final report. 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.