Public Health England

NHS

Screening Quality Assurance visit report

NHS Breast Screening Programme Leicestershire and Rutland

9 November 2018

About Public Health England

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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 (NHSBSP) 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 to the Leicestershire and Rutland breast screening service held on 9 November 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-review visits to the service during October & November 2018
- information shared with the East Midlands regional SQAS as part of the visit process

Local screening service

The Leicestershire and Rutland breast screening service has an eligible population of 137,897 (women aged 50 up to 71 years). The service is part of the national randomised age extension trial of women aged 47 to 49 and those aged 71 to 73. The eligible population rises to 177,270 when including the full age extension population (women aged 47-73). The total population of the area served is 1,103,699.

The breast screening service is provided by the University Hospitals of Leicester NHS trust. The main screening location is the breast care centre at Glenfield Hospital, which provides a combined screening and symptomatic service. Three mobile screening units plus a static site at Leicester General Hospital cover the population via thirteen different sites throughout the county.

The programme serves women registered with practices in Leicester City, West Leicestershire and Eastern Leicestershire and Rutland CCGs. The geographical area

covered incorporates the local authority areas of Leicester city council, Leicestershire county council and Rutland county council areas.

The service is struggling to provide the capacity required to deliver timely screening to the eligible population. This has been a long-standing issue since 2016. This is primarily due to staffing shortages, but equipment failure and poor operational management in a number of key areas are contributing to the problem.

Findings

Immediate concerns

The QA visit team identified one area of immediate concern. A letter was sent to the chief executive on 13 November 2018 asking that the following item was addressed within 7 days:

1) The practice of frequently and repeatedly cancelling screening clinics should be stopped. Screening women are often being cancelled at short notice, and in some instances cancelled and rebooked multiple times. There is no process in place to authorise cancellations and manage the affected women appropriately.

A response was received and actions have been taken to mitigate the immediate risk within the programme.

High priority

The QA visit team identified 13 high priority findings which are summarised into key themes below:

1) The leadership and management of the service needs to be reviewed and strengthened. Details of the supporting evidence are outlined below;

a. There are gaps in responsibilities and confusion across the service of where responsibilities are allocated;

   i. There is no job description for the new director of breast screening and no appointed deputy.
   ii. There is no reporting line from the director of breast screening into the Chief Executive and no formal meeting between the director and the trust management to review and discuss service delivery and performance.
   iii. There is a lack of clarity on roles and responsibilities within management of radiography.

b. There are planning and service delivery issues that require significant management oversight and direction as follows;

i. The service have been consistently breaching national breast screening standards for the date of first offered assessment appointment and time for screen to normal results since April 2017.
ii. Round planning is weak. Screening round planning could be improved by the implementation of electronic round planning to help address the current screening round length slippage.
iii. The radiography managers do not prepare mammography rotas with sufficient notice to staff, causing problems in staffing clinics. Rotas should be available to all staff 4-6 weeks before clinics and staffing levels checked before appointing to the clinic.

c. There is a lack of appropriate governance over the following;

i. Cancellation of clinics. There has been no system in place to ensure clinic cancellations are minimised and are appropriately authorised and managed.
ii. Approval of pathologists to report on breast screening cases. Some non specialist pathologists have reported breast specimens which is against the requirements of the national breast screening programme.

2) There are significant staffing shortages across the service which need addressing. In order for the service to meet the requirements of the breast screening programme and the increasing needs and growth of its population, the following issues require attention;

a. The mammography staffing level is below national guidance. Radiography shortages have contributed to cancelled clinics which has resulted in unacceptable delays to screening women.
b. Radiology staffing has been short and many sessions are vacant. This has impacted on capacity as well as core audits. These audits may require duty of candour discussions, such as previously assessed interval cancer and screen detected cancer cases.
c. Pathology staffing shortages have prevented the introduction of a pre-MDT review of post-operative cases and have resulted in using external pathologists for reporting breast cases and internal pathologists who may not meet the requirements of the breast screening programme.

3) There is also a clinical risk within the service as there is no laterality correction process in place when breast images are transferred to other trusts.

Shared learning

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

- The service has a director who is the dedicated lead for screening, with a separate lead for symptomatic breast work. This should facilitate a balance of demands between screening and symptomatic workload.
- The breast care nursing team have direct access to a primary care psychological support team.
- There is a screening inequalities group in place with membership from the three local clinical commissioning groups, Cancer Alliance, Cancer Research UK GP facilitator and local authority public health representatives.
- The service have introduced a new system for reviewing a backlog of interval cancers to allow the backlog to be efficiently reduced.
- Within the trust, escalation is via an internal trust screening committee led by the trust quality lead and deputy medical director with Screening and Immunisation Lead invited to attend. This provides an overview of all screening programmes across the trust.

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioning team to review contract monitoring arrangements	https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf	1 month	Standard	Confirmation of contract monitoring arrangements
2	Commissioning team to develop an agreed process for managing and escalating performance issues	https://www.england.nhs.uk/wp-content/uploads/2013/05/del-frame-local-op-model-130524.pdf	6 months	Standard	Copy of procedure
3	Implement a job description for the director of breast screening	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service	1 month	High	Job description signed by the chief executive or medical director

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	Appoint a deputy director of breast screening	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service	6 months	Standard	Confirmation of appointment and copy of job description
5	Update organogram to show direct reporting line from director of breast screening to chief executive	https://www.gov.uk/government/publications/breast-screening-leading-a-service/appendix-1-breast-screening-job-description-examples	3 months	Standard	Organisational chart and escalation pathway
6	Director of Breast Screening to present the QA visit report at a trust executive board meeting	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service	3 months	Standard	Trust executive board meeting minutes
7	Director of breast screening to attend regular management meetings within the trust to review service performance	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service	3 months	Standard	Confirmation of implementation of regular meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
8	Review regular service meetings and resulting communication of key points to staff	https://www.gov.uk/government/publications/breast-screening-leading-a-service/appendix-2-membership-of-breast-screening-meetings	3 months	Standard	Plan for meetings including frequency and attendees Timely cascade mechanism of key points such as current challenges and opportunities, risks and mitigations, decisions and actions to all staff
9	Update trust incident policy to include management of screening incidents	https://www.gov.uk/government/publications/managing-safety-incidents-in-nhs-screening-programmes	6 months	Standard	Updated trust incident policy
10	Provide an audit schedule for the QMS system	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	3 months	Standard	Audit schedule with timelines for review
11	Review and control all forms utilised within QMS and link to relevant policies/protocols.	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	3 months	Standard	Index of forms demonstrating document number and version number and/or effective date
12	Audit all positive cancer cases to ensure the quality and completeness of data input	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	3 months	Standard	Audit protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Carry out a customer satisfaction survey	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	3 months	Standard	Copy of the questionnaire and confirmation it has been distributed

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Provide adequate accommodation and facilities for the nursing team	https://www.gov.uk/government/publications/breast-screening-guidance-for-clinical-nurse-specialists/clinical-nurse-specialists-in-breast-screening	6 months	Standard	Confirmation of agreed plan
15	Add all daily, weekly and monthly QC tests onto the staff rota including time for review of results	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	3 months	Standard	Copy of amended staff rota
16	Confirm that the passwords on the encrypted drives are in line with the trust's IG protocols.	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	3 months	Standard	Confirmation from Trust IG lead
17	Ensure suitable facilities to view images are available within both stereotactic procedure rooms	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	3 months	Standard	Confirmation of changes made

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Install e-contrast software onto at least one mammography machine	https://www.who.int/patientsafety/topics/safe-surgery/checklist/en/	6 months	High	Confirmation of e-contrast software in place
19	Implement a laterality correction process for transferring images to other trusts	https://www.who.int/patientsafety/topics/safe-surgery/checklist/en/	3 months	High	Copy of the agreed protocol
20	Implement a check of images taken against images on PACS	https://www.gov.uk/government/publications/breast-screening-clinical-guidelines-for-screening-management	3 months	Standard	Copy of updated procedure

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Update screening office job descriptions to ensure all roles and responsibilities are accurately reflected	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	6 months	Standard	Updated job descriptions
22	Revise ceasing protocol to cover ceasing under the Mental Capacity Act	https://www.gov.uk/government/publications/cancer-screening-informed-consent	3 months	Standard	Updated protocol

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Review high risk clients on BS Select to ensure they are included in the NBSS High Risk Programme	https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols	3 months	Standard	Confirmation that all clients on BS Select are included in the programme
24	Review high risk clients to ensure that all have an appropriate genetics referral	https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols	6 months	Standard	Summary review of all high risk clients

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Develop and implement a method for managing the cancellation of clinics	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	Immediate	High	Description of the arrangements for cancelling screening and assessment clinics. To include the process and responsibilities for • assessment of the number of times each woman has been previously cancelled • authorisation to cancel • timely communication to staff and screening women; this may need to vary by reason for cancellation e.g. equipment and lack of capacity • organisational arrangements • rebooking screening women onto appropriate clinics at time of cancellation • time rebooked women will have to wait for their first offered appointment • timely notification to the commissioners and SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Implement robust system for • issuing mammography rotas 4-6 weeks in advance of screening • checking staff availability before appointing clients to clinics	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	3 months	High	Copy of process implemented
27	Develop and implement a robust electronic mechanism for screening round length planning	https://www.gov.uk/government/publications/breast-screening-set-and-maintain-round-length	1 month	High	Updated round plan and recovery plan

The screening test: accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Complete a radiographic staffing review to ensure the screening service is adequately staffed	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	3 months	High	Copy of staffing review
29	Clearly define management roles and responsibilities for Radiographic staff	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	1 month	High	Copies of job descriptions for radiographic managers
30	Ensure staff with extended roles are given time to complete their duties within working hours	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	3 months	Standard	Copy of 3 staff rotas showing scheduled time for extended roles

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Feedback TC/TP rates to staff as a percentage of total images taken	https://www.gov.uk/government/publications/breast-screening-repeat-mammograms	3 months	Standard	Confirmation feedback of rates has been implemented
32	Submit image assessment protocol and tool	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	1 month	Standard	Copy of image assessment protocol and tool used
33	Implement the national Partial Mammography leaflet	https://www.gov.uk/government/publications/breast-screening-repeat-mammograms	1 month	Standard	Confirmation that use of the national partial mammography leaflet has been implemented
34	Confirm that all staff have received appropriate IR(ME)R and IRR training	https://www.gov.uk/government/publications/breast-screening-quality-assurance-for-mammography-and-radiography	6 months	Standard	Copy of training attendance registers
35	Review radiology staffing requirements and develop plan for filling vacant sessions	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service	3 months	High	Copy of radiology staffing plan
36	Complete review of previously assessed cases and submit forms to SQAS	https://www.gov.uk/government/publications/breast-screening-interval-cancers-and-duty-of-candour-toolkit/interval-cancers-and-applying-duty-of-candour	1 month	High	Completed forms

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Implement short term recall in accordance with national guidance	https://www.gov.uk/government/publications/breast-screening-clinical-guidelines-for-screening-management	3 months	Standard	Update protocol to include standard recall period of 12 months and bilateral assessment
38	Develop a detailed recovery plan for offering women assessment appointments within 3 weeks of screening and for delivering normal results to women within 2 weeks of screening	https://www.gov.uk/government/publications/breast-screening-consolidated-programme-standards	3 months	High	Copy of detailed recovery plan

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations			Choose a priority	

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Provide breast care nursing support as per guidelines	https://www.gov.uk/government/publications/breast-screening-guidance-for-clinical-nurse-specialists/clinical-nurse-specialists-in-breast-screening	3 months	Standard	Confirmation that breast care nurses are present in all assessment clinics
40	Ensure all specimen x-rays are reported by a consultant	https://www.gov.uk/government/publications/breast-screening-quality-assurance-guidelines-for-surgeons	3 months	Standard	Evidence from CRIS of specimen x-rays being reported by a consultant for all specimens imaged since the QA visit
41	Review all resection slides prior to the MDT	https://www.rcpath.org/uploads/assets/uploaded/e8926e40-e6a8-462e-95b224631e1a2b80.pdf	3 months	High	Updated procedure for MDT preparation
42	Implement process to ensure only pathologists meeting the requirements of the NHSBSP report on breast screening specimens	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	a) 1 month b) 3 months	High	a) Confirmation of which breast pathologists are reporting breast screening cases b) Description of process for ensuring only pathologists meeting the requirements of the NHSBSP report breast specimens

No.	Recommendation	Reference	Timescale	Priority	Evidence required
43	Audit vacuum assisted biopsy practice through the whole specimen pathway including lab turnaround times	https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07845-180913-Service-specification-No.-24-NHS-Breast-screening.pdf	6 months	Standard	Copy of audit outcomes and recommendations

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
44	Review the pathway for patients diagnosed with breast cancer to identify possible delays in the pathway.	https://www.england.nhs.uk/wp-content/uploads/2015/03/delivering-cancer-wait-times.pdf	6 Months	Standard	Retrospective audit of patients who breached the 62 day target

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.