



Public Health
England



Screening Quality Assurance visit report

NHS Breast Screening Programme
Avon

29 January 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 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 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 Avon screening service held on 29 January 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-visits to review pathology reports and slides, radiology and surgical performance, and attendance at multidisciplinary team meetings
- information shared with the south regional SQAS as part of the visit process

Local screening service

The Avon Breast Screening Service is based at the Bristol Breast Care Centre, Southmead Hospital, Bristol which provides a combined screening and symptomatic service. NHS England South (South West) commissions the breast screening service from North Bristol NHS Trust. The service delivers the NHS Breast Screening Programme to eligible women living in Bristol, North Somerset, South Gloucestershire and Bath and North East Somerset.

The Avon breast screening service has an eligible population of 151,823 women aged 50 to 70 years. Avon is part of the national randomised age extension trial which means 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 population including age expansion is 195,663.

Screening is carried out on 2 mobile screening vans and at 2 static sites. One static site is located at Tower Hill in Bristol city centre and the other at the Bristol Breast Care Centre, Southmead Hospital. All screening assessment clinics take place at the Southmead Hospital site.

Pathology services are provided by Southmead Hospital and the Royal United Hospital (RUH) in Bath. At Southmead epidermal growth factor receptor (HER2) in-situ hybridisation is outsourced to Source Bioscience with HER2 immunohistochemistry and in-situ hybridisation outsourced at the RUH.

Surgery is carried out at Southmead Hospital, the RUH at Bath and Weston General Hospital in Weston-Super-Mare.

High risk screening, Magnetic Resonance Imaging (MRI) scans and MRI biopsies are all performed on site at Southmead Hospital.

Findings

The service performs well and meets or exceeds the majority of key performance indicators. However, radiology and radiography staffing shortages have impacted on capacity and the ability to meet some performance indicators particularly screen to date of first offered assessment appointment for the period October 2017 to September 2018. Despite these shortages the screening round length has been maintained and this is largely due to dedicated staff working out of hours.

The service is led by an experienced director of screening. There are good lines of communication between the service and trust management. The service is well supported by both the clinical director and general manager within the surgical directorate.

Uptake of the programme in the period 2017 to 2018 was 69.6% which is just below the minimum standard of more than 70%. The uptake for the previous year 2016 to 2017 was above the minimum standard at 73.2%.

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

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

- women prisoners require equitable access to screening
- radiography staffing levels do not meet national guidelines and are impacting on key performance indicators

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- the health and care professions council (HCPC) regulations for women with implanted medical devices are not being followed
- the process to confirm the identity of women as they attend for their mammogram requires updating

Shared learning

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

- patient representative attends the local programme board meeting
- contract review meetings have clear terms of reference
- excellent and efficient PACS management
- good examples of pioneering practice
- very good recruitment into clinical trials
- protected nursing team dedicated to screening
- excellent written information for women
- nurse led telephone results clinic

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to ensure women prisoners have access to breast screening	Service Specification No. 24, 2018/19 Supporting the health system to reduce inequalities in screening PHE Screening inequalities strategy, May 2018	3 months	High	Confirmation at programme board meeting
2	Commissioners to revise terms of reference (TOR) for programme board meetings to ensure governance arrangements are clear	Service Specification No. 24, 2018/19	3 months	Standard	Updated TOR approved at programme board meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Commissioners to develop an improvement plan with the service around staffing levels and succession planning	Service Specification No. 24, 2018/19 NHS Breast Screening Programme guidance for breast screening mammographers December 2017	3 months	High	Trust approved and costed improvement plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
4	<p>Commissioners to ensure that North Bristol Trust has a written agreement with:</p> <ul style="list-style-type: none"> • Royal United Hospital for processing pathology specimens from screening patients • Royal United Hospital and Weston General Hospital for governance of the interface between screening and treatment 	<p>Service Specification No. 24, 2018/19</p>	<p>3 months</p>	<p>Standard</p>	<p>Signed agreements in place</p>

5	Arrange for the administrative team to have access to cancer registration information relating to women referred for surgery at Weston General Hospital and the Royal United Hospital, Bath	NHSBSP Publication 49, Clinical Guidelines for Breast Cancer Screening Assessment, November 2016 (4th edition)	6 months	Standard	Confirmation at programme board meeting
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No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review of risk register and associated action plans to be included at the programme board meetings	Service Specification No. 24, 2018/19	3 months	Standard	Risk register to be a standing item on the programme board agenda
7	Ensure all destinations for screening packets, after they have been read, are labelled appropriately, to reduce the risk of errors	NHSBSP Publication No 55, The right results: guide to the correct processing and issuing of results	1 month	Standard	Confirmation at programme board meeting

8	Film readers to fully complete the audit trail sheet to ensure right results process is followed	NHSBSP Publication No 55, The right results: guide to the correct processing and issuing of results	1 month	Standard	Confirmation at programme board meeting
9	Service to develop and agree a strategy and action plan to address health inequalities, improve uptake and monitor Do Not Attends (DNAs)	Service Specification No. 24, 2018/19	6 months	Standard	Plan approved at programme board meeting
No.	Recommendation	Reference	Timescale	Priority	Evidence required
10	All film readers/assessors to have the opportunity to review interval cancers and previously assessed cases	Reporting, Classification and Monitoring of Interval Cancers and Cancers following Previous Assessment, August 2017	3 months	Standard	Confirmation at programme board meeting

11	Service to clear the backlog of interval cancers for review	Reporting, Classification and Monitoring of Interval Cancers and Cancers following Previous Assessment, August 2017	6 months	Standard	Confirmation of completion at programme board meeting
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Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Ensure that radiography staffing levels meet standards required in national guidance	NHSBSP Guidance for breast screening mammographers, third edition, December 2017	6 months	High	Action plans for recruitment and vacant posts appointed to and minuted at the programme board
13	Ensure there is designated working space and access to a PC for mammographers to carry out continuing professional development (CPD)	NHSBSP Guidance for breast screening mammographers, third edition, December 2017	6 months	Standard	Written confirmation

14	Update and renew the service level agreement (SLA) for the provision of medical physics support to the breast screening programme by University Hospitals Bristol NHS Foundation Trust	NHSBSP Report 33 guidelines for medical physics services, May 2005	3 months	Standard	Updated SLA signed by both Trusts
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No.	Recommendation	Reference	Timescale	Priority	Evidence required
15	Confirmation that the Clinical Equipment Services (CES) have renewed the contract with Toshiba to maintain the ultrasound equipment	NHSBSP report 70 Guidance notes for the acquisition and testing of ultrasound scanners for use in the NHS Breast Screening Programme, April 2011	1 month	Standard	Confirmation of contract renewal given at programme board meeting meeting
16	Make the role of The Radiation Protection Supervisor (RPS) a formal appointment	Ionising Radiation Regulations 2017	1 month	Standard	Copy of appointment letter

17	Make formal appointments to the roles of lead user quality control (QC) radiographer and deputy	Guidance for breast screening mammographers, third edition, December 2017	3 months	Standard	Approved job descriptions
18	Ensure that the QC radiographer has protected time to review and analyse QC results	Guidance for breast screening mammographers, third edition, December 2017	3 months	Standard	Approved job plan/work schedule
No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Monthly local ultrasound QC checks (baseline and remedial levels) to be reviewed with the physics department in line with national guidance	NHSBSP report 70 - Guidance notes for the acquisition and testing of ultrasound scanners for use in the NHS Breast Screening Programme, April 2011	6 months	Standard	Record for six months showing physics department review of local checks

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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20	Use NBSS report named SQOE to monitor open episodes	Service Specification No. 24 2018/19	3 months	Standard	Written confirmation that relevant report is regularly used
No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Document business continuity procedures for disaster recovery	NHSBSP Publication No 47: November 2000 Quality Assurance Guidelines for Administrative and Clerical Staff, November 2000	3 months	Standard	Written procedures

The screening test: accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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22	Ensure the service is meeting the Health and Care Professions Council (HCPC) regulations for imaging women with implanted medical devices	NHSBSP Guidance for breast screening mammographers, third edition, December 2017	1 month	High	Work instruction
No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Update the right results work instruction to confirm the identity of women attending for screening in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	NHSBSP guidelines for breast screening mammographers, third edition, December 2017	1 month	High	Work instruction

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
24	Audit and monitor the prevalent recall rate to ensure the service meets the national standard	Service Specification No. 24 2018/19 Consolidated programme standards (2017)	6 months	Standard	Sustained improvement in KPI, minuted at programme board meeting

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Ensure the time interval for short term recall cases complies with the national standard	NHSBSP publication 49, clinical guidance for breast cancer screening assessment, November 2016	3 months	Standard	Confirmation of change of practice to be minuted at programme board meeting
26	Ensure time for management and audit work is included in pathology job plans	NHSBSP publication 2, Quality Assurance guidelines for breast Pathology Services, second edition, 2011	6 months	Standard	Updated job plans

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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27	Implement actions arising from the grade audit of pathology outliers	Breast screening pathology data: England Performance for the period 1 April 2013 - 31 March 2016. Public Health England	6 months	Standard	Audit and action plan completion to be reported to the programme board
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No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Review distribution of breast cancer screening specimens for pathologists at the Royal United Hospital to ensure all pathologists meet the national minimum number of 50 cases	NHSBSP publication 2, Quality Assurance guidelines for breast Pathology Services, second edition, 2011	12 months	Standard	Information presented at programme board meeting to confirm that all pathologists meet the standard

30	Produce a plan for the continuing professional development (CPD) of pathologists who have not met minimum CPD requirements in the last 3 years	NHSBSP publication 2, Quality Assurance guidelines for breast Pathology Services, second edition, 2011	3 months	Standard	Plan approved at programme board meeting and update provided at 12 months providing evidence of CPD completion
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No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Royal United Hospital, Bath pathology department to confirm the outcome of interim UK Accreditation Service (UKAS) inspection	NHSBSP publication 2, Quality Assurance guidelines for breast Pathology Services, second edition, 2011	3 months	Standard	Confirmation at programme board meeting

32	Ensure turnaround times for fluorescence in situ hybridisation (FISH) meet national guidance	Pathology reporting of breast disease in surgical excision specimens incorporating the dataset for histological reporting of breast cancer 2016	6 months	Standard	Confirmation at programme board meeting
No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Agree a memorandum of understanding or service level agreement with relevant Trusts to support the outsourcing of HER2 testing	Service Specification No. 24 2018/19	6 months	Standard	Confirmation of signed agreements by all parties

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
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34	Ensure time for clinical supervision and QA commitments are included in nursing job plans	Clinical Nurse Specialists in breast screening 2019	6 months	Standard	Updated job plans
35	Continue the review of the need for a second Bristol MDT due to the length of the meeting	NHS Breast Screening Programme Clinical guidance for breast cancer screening assessment, 2016	6 months	Standard	Outcome of review with actions agreed at programme board meeting and monitored

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.

