



Public Health
England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme
South Derbyshire and South East
Staffordshire

14 June 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 South Derbyshire and South East Staffordshire breast screening service held on 14 June 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-review visits to South Derbyshire and South East Staffordshire breast screening service between 2 May and 7 June 2019
- information shared with the regional SQAS as part of the visit process

Local screening service

The South Derbyshire and South East Staffordshire breast screening service has an eligible population of 125,826 (women aged 50-71). 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 including the age extension population is 162,887. The total population of the area served is approximately 830,000.

Prior to 1 April 2017, the service had been known as Derby City and South Derbyshire breast screening service. South Staffordshire breast screening service closed on 31 March 2017 and the eligible population redistributed to 3 neighbouring breast screening services. Derby City and South Derbyshire breast screening service received approximately 45% of the population (50,000 women). The newly formed service was renamed as South Derbyshire and South East Staffordshire to encompass the new geographical catchment area.

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) delivers the South Derbyshire and South East Staffordshire breast screening service. The service screen at 3 static sites: Royal Derby Hospital, London Road Community Hospital and Queen's Hospital Burton. There are also 3 mobile screening units covering 13 screening locations. Assessment clinics are held at Royal Derby Hospital twice a week and at Queen's Hospital Burton once a week. Pathology is undertaken at Royal Derby Hospital. Surgery takes place at both Royal Derby Hospital and Queen's Hospital Burton. Medical physics provision for the service is provided by Northampton General Hospital NHS Trust under a separate contract. Nottingham University Hospitals NHS Trust medical physics department support MRI within the service.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 3 high priority findings as summarised below.

As part of the service reconfiguration in April 2017, following the termination of the South Staffordshire breast screening service, the service gained numerous screening packets (approximately 6,000) that belong to other screening services. This poses a significant information governance risk for the trust. The service should discuss a process to manage these screening packets and ensure they are repatriated back to the appropriate screening service as soon as possible.

The leadership and management of the service needs to be reviewed and strengthened. There are gaps in roles and responsibilities within the current management structure. Details of the supporting evidence are outlined below:

- the job description for the director of breast screening requires updating and there is no appointed deputy
- the job description for the programme manager requires updating
- there is lack of clarity on the role and responsibilities for the new superintendent radiographer
- the roles and responsibilities of the clinical manager should be clarified to the wider team
- there is no formal meeting between the director and the trust management to review and discuss service delivery and performance

There are radiographic staffing issues across the service which need addressing. For the service to meet the requirements of the breast screening programme and the increasing needs and growth of its population, a radiographic staffing capacity review should be undertaken.

Shared learning

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

- all readers undertake individual reflection on film reading quality assurance (FRQA) outcomes
- paperwork for pathology and radiology correlations for multiple lesions or difficult cases is shared at the multidisciplinary meeting which helps the pathologist in specimen analysis
- repeat biopsies are undertaken at the time of attendance for results whenever possible
- a clinical nurse specialist meets women the day after diagnosis to discuss treatment and reconstruction options

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Ensure there is a process in place to manage and repatriate all screening packets held by the service following the service reconfiguration	Service specification No. 24	a) 1 month b) 6 months	High	a) Copy of the plan to include: <ol style="list-style-type: none"> 1. how current screening responsibility for each client will be ascertained 2. how out of date images will be managed 3. how screening packets will be moved to the appropriate screening service b) Confirmation that all screening packets have been repatriated to the appropriate screening service

2	Ensure clear programme board governance	Service specification No. 24	a) 3 months b) 6 months	Standard	a) Updated programme board terms of reference. b) Formal documentation of informal meetings.
3	Clarify the internal governance structure and accountability for the breast screening programme	Service specification No. 24	3 months	Standard	A flowchart outlining internal governance of the breast screening programme within the trust
4	Ensure there is a process in place for the management of subcontracts	Service specification No. 24	a) 3 months b) 6 months	Standard	a) Written confirmation of the process. b) Reports showing regular update on quality at programme board meetings
5	Director of breast screening to present the annual report at a trust executive board meeting	Service specification No. 24	6 months	Standard	Trust executive board meeting minutes
6	Director of breast screening to present the QA visit report at a trust executive board meeting	NHSBSP 40	6 months	Standard	Trust executive board meeting minutes
7	Appoint a deputy director of breast screening	Service specification No. 24	6 months	Standard	Confirm plan in place to appoint. Confirm once in post.

8	Review and update the director of breast screening and programme manager job descriptions	Service specification No. 24	3 months	Standard	Updated job descriptions; the director of breast screening job description should be signed by the chief executive and the programme manager job description signed by the director of breast screening
9	Review the operational management structure	Breast screening: best practice guidance on leading a breast screening service	a) 1 month b) 3 months	High	a) Plan to address the management structure b) Copy of job description and job plan for the programme manager and clinical manager
10	Update relevant local policies to ensure managing screening incidents are in accordance with Managing Safety Incidents in NHS Screening Programmes	Managing Safety Incidents in NHS Screening Programmes	6 months	Standard	Policy ratified at programme board
11	Provide a schedule for regular review of the quality management system (QMS)	Service specification No. 24	3 months	Standard	Schedule with timelines for review
12	Review and control all forms utilised within QMS and link to relevant policies and protocols	Service specification No. 24	3 months	Standard	Index of forms demonstrating document number and version number and/or effective date

13	Agree an audit plan covering all parts of the programme	Service specification No. 24	6 months	Standard	Copy of the multidisciplinary team agreed audit plan
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Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Ensure all user quality control (QC) tests, including reporting monitors and ultrasound scanners, are completed to the required frequency.	NHSBSP 70	6 months	Standard	Results of an internal audit between October 2019 and March 2020. Written confirmation that reporting monitors and ultrasound QC tests are completed to the required frequency at all sites. The SOP for ensuring user QC is performed at the required frequency.
15	Ensure equipment faults are reported to the National Co-ordinating Centre for the Physics of Mammography (NCCPM).	Breast screening: best practice guidance on leading a breast screening service	6 months	Standard	A copy of all fault reports submitted to NCCPM between October 2019 and March 2020.
16	Clarify the roles and responsibilities for managing user QC and ensure sufficient time is allocated to fulfill the role.	Guidance for breast screening mammographers	3 months	Standard	A written summary of how the role will be undertaken.
17	In consultation with imaging and medical physics experts, develop mammography specific employer's procedures for the implementation of	The Ionising Radiations (Medical Exposure)	6 months	Standard	A copy of the mammography specific IR(ME)R employer's procedures (a) to (n).

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	the The Ionising Radiations (Medical Exposure) Regulations (IR(ME)R) 2017.	Regulations 2017			
18	Risk assess all manual picture archiving and communication system (PACS) processes	Service specification No. 24	3 months	Standard	Confirmation of the risk assessments completed, changes implemented and processes in place to include agreed work instructions
19	Identify a PACS lead for the breast unit	Breast screening: best practice guidance on leading a breast screening service	6 months	Standard	Evidence that a post has been identified and confirmation of appointment

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Improve the use of the breast screening select (BS-Select) system particularly relating to screening outcomes and high risk	Service specification No. 24	1 month	Standard	Written confirmation that all outstanding screening outcomes have been resolved and that all high risk clients have been added to BS-Select and outstanding episodes have been added
21	Complete all outstanding recommendations from the BS-Select audit	Service specification No. 24	1 month	Standard	Written confirmation that all recommendations have been completed

22	Revise ceasing protocol. Ensure all documentation is scanned onto NBSS and audited prior to paper disposal	Consent to cancer screening	6 months	Standard	Updated protocol. Written confirmation that documents are being scanned to NBSS
23	Ensure GP practices receive information regarding breast screening prior to the practice being screened	Service specification No. 24	3 months	Standard	Evidence that the sample GP pack has been updated and is being sent out to GP Practices prior to practices being screened.
24	Ensure GP practices receive the final outcomes of screening invitations for each of their patients	Service specification No. 24	3 months	Standard	Confirm that the process for GP practices to receive the final outcomes of screening invitations for each of their patients has been implemented
25	Undertake an IT infrastructure review to understand the issues resulting in the slow running of IT systems (particularly NBSS)	Service specification No. 24	3 months	Standard	A demonstrated improvement in IT system speed
26	Review the administration data provision to ensure that all positive cancer cases are fully audited	Service specification No. 24	6 months	Standard	Written report of the outcome of the review and resulting actions. Written confirmation that all cancer cases are audited.
27	Ensure high risk clients reported on BS-Select are included on NBSS and invited as part of the NHSBSP high risk programme	NHSBSP 74	3 months	Standard	Written confirmation that all clients on both NBSS and BS-Select are included in the high risk programme

28	Review high risk clients to ensure that all have an appropriate genetics referral	NHSBSP 74	6 months	Standard	Summary review of all high risk clients
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Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Review screening provision and flexibility of appointment availability	Service specification No. 24	6 months	Standard	Confirmation of the review and resulting actions
30	Develop and implement a health promotion strategy including structure, resource, process and outcome measures	Service specification No. 24	6 months	Standard	Health promotion strategy document
31	Document the service delivery process for the screening of prisoners	Service specification No. 24	3 months	Standard	Model of service delivery agreed by the programme board. This should include the process for ensuring prisoners' consent to screening

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Undertake a radiographic staffing capacity review	NHSBSP Guidance for breast screening mammographers	3 months	High	Review of staffing levels, roles and responsibilities. Resulting action plan
33	Review the job description for the superintendent radiographer role and provide resilient succession planning	Service specification No. 24	3 months	High	Copy of the revised job description and agreed action plan for succession planning
34	Implement joint radiography and administration and clerical team meetings	Breast screening: best practice guidance on leading a breast screening service	3 months	Standard	Copy of agenda and minutes
35	Implement a process for image reviews	NHSBSP publication Collecting, monitoring and reporting repeat examinations	3 months	Standard	Action plan to implement image quality assessment and technical recall / technical repeat audit
36	Risk assess lone working and develop a policy which covers all sites	Society of Radiographers - Violence and Aggression at Work (including lone working)	6 months	Standard	Confirm the risk assessment has been undertaken and provide a copy of the agreed lone working policy
37	Review clinic planning to ensure screening clinics are equitable across sites	Service specification No. 24	6 months	Standard	Outcome of review and resulting action

38	Ensure all breast screening staff are appraised annually by their line manager	Breast screening: best practice guidance on leading a breast screening service	3 months	Standard	Confirmation of appraisal dates
39	Review the current process and ensure women receive normal results within 2 weeks of screening and are offered assessment appointments within 3 weeks of screening	NHSBSP consolidated standards	3 months	Standard	Outcome of the review and actions taken to address delays
40	Ensure all film readers use the national NBSS codes for recording reading outcomes	NHSBSP 55	1 month	Standard	Updated film reading policy. Written confirmation that this practice has been adopted by all film readers
41	Address the backlog of interval cancers	Reporting, classification and monitoring of interval cancers and cancers following previous assessment August 2017	6 months	Standard	Confirm the necessary reviews have been completed and outcomes entered onto NBSS

Referral

No recommendations

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
42	Implement a cross-site assessment policy	NHSBSP 49	3 months	Standard	<ul style="list-style-type: none"> • a copy of the agreed assessment policy • a policy for equitable second review of cases discharged to routine recall • confirmation that these policies have been implemented at both sites
43	Ensure that all women have access to a clinical nurse specialist	Clinical nurse specialists in breast screening	3 months	Standard	<ul style="list-style-type: none"> • confirmation of plan to cover all assessment clinics. • confirmation that all women are seen at the start of the assessment process
44	Ensure all letters and leaflets sent to women who are recalled to assessment clearly state how they can contact a clinical nurse specialist for information and support	Clinical nurse specialists in breast screening	3 months	Standard	Copy of all updated letters and leaflets
45	Undertake a survey to evaluate the level of patient satisfaction of nursing in assessment clinics	Clinical nurse specialists in breast screening	12 months	Standard	Outcome of the survey and any resulting actions to be presented to the programme board
46	Agree a workforce plan for pathology staffing (consultants, laboratory and administrative staff)	Service specification No. 24	3 months	Standard	Copy of agreed plan including timescales for recruitment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
47	Ensure that pathologists attend a recognised NHSBSP multidisciplinary course	NHSBSP 02	6 months	Standard	Evidence of attendance
48	Implement a standard operating procedure for out of hours specimens being transferred from Burton to Derby	NHSBSP 02	3 months	Standard	Copy of agreed standard operating procedure
49	Ensure there is an effective system in place for labelling slides	NHSBSP 58	6 months	Standard	Confirmation of the agreed system
50	Undertake an audit of all B3 lesions with atypia	Service specification No. 24	6 months	Standard	Outcome of audit and resulting actions

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
51	Identify a lead clinical nurse specialist for breast screening	Clinical nurse specialists in breast screening	3 months	Standard	Confirmation of appointment
52	Review the current service for offering reconstruction surgery including the pathway for free-flap breast reconstruction	<p>Early and locally advanced breast cancer: diagnosis and management NICE 2018</p> <p>Guidance for the commissioning of oncoplastic breast surgery ABS 2018</p>	6 months	Standard	<ul style="list-style-type: none"> • Outcome of review including individual surgeon rates for offering reconstruction • Confirmation of plan in place for offering reconstruction surgery and the pathway for free-flap breast reconstruction
53	Undertake an audit of the time to operation at both sites	<p>Breast screening: best practice guidance on leading a breast screening service</p> <p>Improving outcomes in breast cancer (2002)</p>	6 months	Standard	Outcome of the audit and resulting actions

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.