



Public Health
England

Screening Quality Assurance visit report

NHS Breast Screening Programme Lincolnshire

19 October 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 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 (QA) visit of the Lincolnshire breast screening service held on 19 October 2017.

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 Lincoln breast screening service between September and October 2017
- information shared with the East Midlands regional SQAS as part of the visit process

Local screening service

The Lincolnshire breast screening service has an eligible population of 100,096 (women aged 50-70). 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 128,279 when including the full age extension population (women aged 47-73).

United Lincolnshire Hospital NHS Trust is the single provider delivering the service over 3 hospital sites across the county. The service has 2 mobile units, one operating from Lincoln County Hospital and one from Boston Pilgrim Hospital. The service provides assessment clinics within Lincoln County Hospital and Boston Pilgrim Hospital. The screening office invites women to assessment at the site with the earliest available appointment to ensure they are offered an appointment within the 3 weeks required by the service specification. Women requiring surgery can choose between Lincoln and Boston with some surgeons performing surgery at both sites. The pathology

department is based solely at Lincoln County Hospital. Grantham and District Hospital is a static unit for mammography only.

The service currently have 52 high risk women registered on the National Breast Screening System (NBSS). All high risk women are screened at Nottingham City Hospital. The service have a local disclaimer which allows women who do not wish to travel to Nottingham to be seen under the symptomatic family history clinic if they so choose. The service explain to the women that they cannot provide magnetic resonance imaging (MRI). The service can only provide mammography at Lincoln County Hospital, Boston Pilgrim Hospital and Grantham and District Hospital.

The trust has been undertaking a breast services review for a number of years. The QA team have made recommendations at previous visits relating to inconsistent protocols between sites and inequity of service across the county for women attending for breast screening. Although the situation has improved in some areas, inequities still exist and recommendations have been made to this effect.

The QA team urge the trust to conclude the review as soon as possible to ensure stability of the breast screening programme in Lincolnshire.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 5 high priority findings as summarised below:

- the breast services review should be concluded and a decision on the future breast screening provision made
- the trust should create an organisational accountability structure for the breast screening service including details of escalation routes for governance and performance issues
- the service should review arrangements for assessments to deliver effectively and consistently and to ensure that all women receive an equitable service
- the service need to undertake a staffing capacity review of the whole programme across all sites
- the breast care nurses must use the agreed MDT record when telephoning women with benign results

Shared learning

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

- effective use of social media tools to inform women of what to expect during screening
- use of an extended date range to ensure that any old open episodes can be easily identified on the national breast screening system (NBSS)
- comprehensive audit of partial mammography undertaken which improves practice
- a comprehensive set of standard operating procedures have been implemented for PACS
- a wide range of reconstructive surgery is offered
- there are a number of local initiatives in place to support survivorship for Lincoln
- educational sessions are held once every 2 months

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Trust to conclude the service review and make a long term decision on the future breast screening provision for Lincolnshire	Service specification no.24	6 months	H	Documented outcome of breast services review
2	Update the organisational structure to include a reporting line from the director of breast screening directly to the medical director or chief executive	NHSBSP 52	3 months	S	Copy of the updated organisational structure and escalation routes
3	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
4	Update/amend relevant local policies to include reference to managing screening incidents in accordance with "Managing Safety Incidents in NHS Screening Programmes"	Managing Safety Incidents in NHS Screening Programmes	6 months	S	Policy ratified at programme board
5	Develop an organisational accountability structure for Lincolnshire breast screening service including detail of escalation routes for governance and performance issues	Service specification no.24	3 months	H	Copy of the structure and escalation routes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Review and control all forms used 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
7	Agree an audit plan covering all parts of the programme	Service specification no. 24	6 months	S	Agreed audit plan/schedule
8	Review the process for separation of film reading packets for each classification of results	NHSBSP 55	3 months	S	Documented risk assessment and/or updated right results procedure

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Undertake a staffing capacity review of the whole programme across all sites	Service specification no. 24	3 months	H	Report of staffing review and future plans including: <ul style="list-style-type: none"> agree a workforce plan for the screening administration office including succession planning agree a workforce plan for pathology including succession planning
10	Implement a handover procedure for changes made to the ultrasound scanners	NHSBSP 70	3 months	S	Copy of a completed handover form

No.	Recommendation	Reference	Timescale	Priority	Evidence required
11	Review the continued use of ageing ultrasound scanners	NHSBSP 70	6 months	S	Documented outcome of the review
12	Comply with guidance on specimen cabinets user QC checks	IPEM 89	3 months	S	Evidence of test results
13	Audit the image quality from the specimen cabinets	NHSBSP 1303	3 months	S	Summary of audit findings
14	Review the image quality on the mammography equipment and consider switching to the high dose option	IR(ME)R 2000	3 months	S	Summary of the review and resulting outcome
15	Implement routine audit of compliance with Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	IR(ME)R 2000	6 months	S	Audit of compliance with IR(ME)R
16	Ensure testing documentation highlights actions taken following out of tolerance results	NHSBSP 1303	3 months	S	Copy of documentation used and evidence of action taken being recorded
17	Ensure all monitors meet the NHSBSP guidance	NHSBSP 71	3 months	S	Confirmation that the specification of all monitors meets NHSBSP guidance

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
18	Review the high risk service provided to ensure it meets the needs of the population	NHSBSP 73	6 months	S	Outcome of the review agreed with the commissioners

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
19	Develop and implement a health promotion strategy	Service specification no. 24	6 months	S	Health promotion strategy document

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
20	Review the frequency and timing of the radiographic staff meetings	NHSBSP 63	3 month	S	Schedule of dates of meetings for the next 12 months. A sample agenda and a copy of one meeting minutes
21	Audit waiting time for results of vacuum assisted biopsies	NHSBSP 20 and service specification no. 24	6 months	S	Copy of audit and outcomes

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
22	Provide breast care nursing support as per guidelines	NHSBSP 29	6 months	S	Confirmation that breast care nurses are present in all assessment clinics

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Report operative specimen x-rays prior to multidisciplinary team discussion	NHSBSP 49	3 months	S	Copy of documentation
24	Review arrangements for assessments to deliver effectively and consistently and to ensure that all women receive an equitable service	NHSBSP 49 and service specification no. 24	6 months	H	Report of the review and outcomes. Evidence that all women have equal access to vacuum assisted core biopsy through confirmation that equipment has been ordered, installed and is in use
25	Implement written explanation for women whose case will have a second review at a later date	NHSBSP 49	3 months	S	Copy of written explanation
26	Review the short-term recall process	NHSBSP 49 and service specification no. 24	6 months	S	Copy of review and outcomes
27	Use agreed MDT record when telephoning women with benign results	NHSBSP 49 and service specification no. 24	1 month	H	Confirmation that agreed MDT record is used to telephone women with benign results

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	Report vacuum and core biopsies to 3 levels, at least at initial examination.	Royal College of Pathologists Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening - G150	3 months	S	Updated procedure
29	Ensure pathologists meet the CPD requirements of the NHSBSP	Service specification no.24	12 months	S	Confirmation of CPD undertaken for each pathologist over 12 months
30	Ensure terminology used in pathology reports is as per current guidance	Royal College of Pathologists Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening - G150	3 months	S	Copy of 5 sample reports

No.	Recommendation	Reference	Timescale	Priority	Evidence required
31	Ensure cut off for ER positivity is in line with national guidance	Royal College of Pathologists Guidelines for pathology reporting of breast disease in surgical excision specimens - G148	6 months	S	Updated protocol
32	Ensure adequate fixation of specimens	Royal College of Pathologists Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening - G150	6 months	S	Updated protocol

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
33	Ensure CNSs have access to clerical support	NHSBSP29	6 months	S	Confirmation of clerical support
34	Ensure access to clinical supervision for clinical nurse specialists at Lincoln and Boston	NHSBSP 29	3 months	S	Confirmation that clinical supervision is accessible as part of job planning

No.	Recommendation	Reference	Timescale	Priority	Evidence required
35	Review surgical protocols in line with QMS guidance and provide a revision date and future review dates	NHSBSP 20	3 months	S	A copy of the revised protocols
36	Review the 62-day performance to identify reasons for breaches	NHSBSP 20	3 months	S	Results from the audit and action plan for improvement
37	Review local protocol regarding surgical margins	ABS Consensus Margin Width in Breast Conservation Surgery 2015	1 month	S	A copy of the outcome of the review by the MDT members
38	Review SLNB practice and audit the number of failed SLNB identification	NHSBSP 20	6 months	S	Outcome of the review and results from the audit
39	Ensure that all surgeons meet the caseload requirements of the programme	NHSBSP 20	12 months	S	Action plan to ensure all surgeons meet the requirements at 3 months and audit data demonstrating attainment at 12 months

Next steps

The screening service provider is responsible for developing an action plan in collaboration with the commissioners to complete the recommendations contained within the 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.