Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme East Sussex Breast Screening Service

25 September 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 East Sussex breast screening service held on 25 September 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 a multidisciplinary team meeting
- information shared with the South regional SQAS as part of the visit process

Local screening service

The East Sussex Breast Screening service is located at the Park Centre for Breast Care in Brighton. The Park Centre provides a combined screening and symptomatic breast care service.

NHS England South (South East: Kent, Surrey and Sussex) commissions the breast screening service from Brighton and Sussex University Hospitals Trust (BSUHT) for the population of East Sussex. The Park Centre which provides the screening service, is part of BSUHT.

The East Sussex service provides screening for eligible women living in the following Clinical Commissioning Group (CCG) areas: Eastbourne, Hailsham and Seaford, Hastings and Rother, High Weald Lewes and Havens, and Brighton and Hove. East Sussex 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 eligible population including age extension is 151,386.

The service operates an on-site screening service, as well as 3 mobile units covering the local population. All screening assessment clinics take place at the Park Centre. Diagnostic pathology specimens from the East Sussex Breast Screening Service are reported by the Cellular Pathology Department at the Royal Sussex County Hospital (RSxCH), Brighton, also part of BSUHT. This department also reports the resection specimens for women requiring surgery which is undertaken at Princess Royal Hospital, Haywards Heath (PRH) which is again part of BSUHT. A small number of women requiring surgery opt to have this undertaken in Eastbourne District General Hospital (EDGH) Eastbourne or the Conquest Hospital, Hastings which are part of East Sussex Healthcare NHS Trust (ESHT). Each of these hospitals has its own Cellular Pathology Department that reports the breast pathology resections.

The East Sussex service provides screening for women at high risk of breast cancer. MRI (Magnetic Resonance Imaging) scans are performed at Princess Royal Hospital. Women who need MRI guided biopsies are referred to Northwick Park Hospital, London or Royal Marsden Hospital, London. East Sussex also provides screening for high risk women who are part of Western Sussex breast screening service.

Findings

The East Sussex breast screening service meets or exceeds most key performance indicators. Clinical and professional standards are high which is reflected in several areas including the quality of images and film reading and adherence to standards and guidance across the pathway. The service has made good progress in many areas since the last QA visit in May 2016. This includes development of a new structure for the radiography team and progress on filling radiography vacancies, as well as improvements in the waiting time from initial screening to assessment clinic and from attendance at assessment clinic to receiving results.

The service also faces significant challenge. It has been unable to meet the national standard for screening round length for 2.5 years. This means that many women in East Sussex wait longer than the recommended 36 months for their next screen and led to commissioners imposing a contract penalty notice in June 2018. Staffing shortages and appointment capacity continue to fall short of requirements. There is a commitment from the programme manager, the new superintendent radiographer and the wider screening team to address this issue.

Immediate concerns

The QA visit team identified one immediate concern. This relates to the arrangement whereby the East Sussex breast screening service undertakes, on behalf of Western Sussex Hospitals Foundation Trust, screening of women who have been identified as being at high risk of breast cancer. A letter was sent to the chief medical officer of BSUHT on 26 September 2019, identifying the risks associated with this arrangement and asking for the following recommendation to be addressed:

- the management of BSUHT should work with the management of Western Sussex Hospitals Foundation Trust (WSHFT) to ensure the safe repatriation of Western Sussex's high risk cohort to WSHFT. In view of the clinical risks associated with the current arrangement, this transfer is not expected to take longer than 2 months

A written response from BSUHT was received within 7 days which informed the QA visit team that BSUHT and WSHFT acknowledged the risks identified. However, at the time this report was issued (10 weeks after the visit), evidence had not been received that the required actions have been taken to address the risks.

High priority

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

- there are substantial risks associated with the current arrangement where East Sussex breast screening service undertake high risk screening on behalf of Western Sussex. The issues arise because of the complexity of a set-up that involves 2 Trusts and several different IT systems. This leads to clinical risks for the women eligible to be screened (see immediate concern above)
- the national standard for the proportion of women to be screened within 36 months of their previous screen ("screening round length") has not been met for more than 2 years
- the screening round length recovery plan is unachievable as the service does not have enough radiography staff and is unable to provide sufficient clinic slots for women waiting to be screened
- there has been an interim director of screening in post for over 2 years with no designated sessional time for the role. There has been no radiology lead for the service over the same time period. The QA visiting team were informed that the Trust is completing recruitment of a permanent director who is a radiologist
- much of the equipment used by the service is more than 10 years old and there is no confirmed plan for its replacement. There is a particular risk with the stereotactic biopsy unit as the service has only one and there is no back up
- there is no health promotion plan to demonstrate how the service will meet requirements to tackle health inequalities

- there is no cover for the clinical nurse specialist when she is on leave
- there is no specimen x-ray cabinet for the assessment clinic; this creates delays and is inconvenient for patients
- some women with high risk ductal carcinoma in situ (DCIS) treated by breast conservation have sentinel lymph node surgery and this is not recommended in national guidance. Since the visit the service has informed SQAS that practice is being changed in response to this finding

Shared learning

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

- the template to address performance deficit in screening round length, developed collaboratively by the service and commissioners, is clear and may be a useful template for other programmes to consider implementing
- the service has made good progress in developing local solutions to its radiography workforce shortage and is building a longer term plan with in house training and development for new and existing staff
- the unit is evaluating the use of radiofrequency marker coils to replace guidewires for impalpable lesions which would improve the pathway for patients with localisation

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
01	The management of BSUHT to work with the management of WSHFT to ensure the safe repatriation of Western Sussex's high risk cohort to WSHFT	Service Specification No. 24 2018/19	2 months	Immediate	Confirmation of arrangements with detailed plan Bi-weekly updates on progress provided to commissioning team and SQAS
02	Commissioners to revise terms of reference for programme board meetings to include an agenda item for health inequalities, and to include representation from East Sussex Healthcare Trust at meetings	Service Specification No. 24 2018/19	6 months	Standard	Copy of agreed terms of reference
03	Trust and Commissioners to ensure a written agreement is in place with East Sussex Healthcare NHS Trust that covers all breast screening activity and that this activity is monitored at programme board meetings	Service Specification No. 24 2018/19	3 months	Standard	Copy of signed agreement Minutes of programme board meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
04	Commissioners to support the service to develop a prioritised, evidence-based health promotion action plan, links with CCGs and other stakeholders, and actively monitor this through the programme board	Service Specification No. 24 2018/19	6 months	Standard	Health promotion action plan Health promotion action plan Programme board agenda with health promotion as a standard agenda item
05	Finalise recruitment to the director of breast screening post with job description and time allocation agreed in accordance with guidelines	Breast Screening: best practice guidance on leading a breast screening service 2018	1 month	High	Written confirmation of appointment to the director role. Copy of job description and evidence of adequate time allocation
06	Appoint a deputy director of breast screening	Breast Screening: best practice guidance on leading a breast screening service 2018	6 months	Standard	Confirmation of appointment and copy of job description
07	Introduce regular management meetings between a) the director of breast screening and Trust managers to discuss risks and concerns, and b) key individuals within the unit for service planning	Breast Screening: best practice guidance on leading a breast screening service 2018	3 months	Standard	Feedback through programme board minutes
08	Produce an annual report of screening activity, approved by the Trust board	Service Specification No. 24 2018/19	6 months	Standard	Copy of annual report

No.	Recommendation	Reference	Timescale	Priority	Evidence required
09	Confirmation to be provided to the director of screening by the lead radiologist, the lead pathologist and the lead surgeon that annual appraisals of clinical staff working in screening include consideration of NHS BSP professional measures and standards	NHSBSP Best Practice Guidance on Leading a Breast Screening Service (Nov 2018)	6 months	Standard	Confirmation at 6 months and then given annually at programme board
10	Manage all screening patient safety incidents and serious incidents in accordance with national guidance	Managing safety incidents in NHS screening programmes (August 2017)	6 months	Standard	Trust incident policy with reference to national guidance Evidence that screening incidents reported on the Trust system are also reported to SQAS and commissioners
11	Commissioners and Trust to ensure robust follow up of recommendations from BS Select annual audits, including tracking of required actions at programme board meetings	Service Specification No. 24 2018/19	3 months	Standard	BS Select audit as a standing agenda item at programme board meeting Minutes of programme board meetings with evidence of progress against required actions

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	Develop a local induction programme for new administrative staff and ensure evidence of competency achievement is recorded	NHSBSP Publication No 47: Quality Assurance Guidelines for Administrative and Clerical Staff	3 months	High	Local induction programme with competency framework
13	Additional induction and support to be provided for new member of staff who will be supporting the interval cancer process and entering surgical and pathology data	NHSBSP Publication No 47: Quality Assurance Guidelines for Administrative and Clerical Staff	3 months	High	Confirmation of completion of induction and training
14	Support learning for new administrators using the PHE training tools available on the NBSS intranet	NBSS PHE training modules for new employees	3 months	High	Confirmation of completion of training
15	The service, supported by Trust management, to conduct a review of radiology staffing levels and develop a radiology staffing plan which considers: • the potential impact of the symptomatic service on screening staff, • resourcing required by the round length recovery plan, • recruitment to current retirements and vacancies, and • retention of the clinical fellow post	Service Specification No. 24 2018/19	6 months	Standard	Outcome of review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
16	Trust management to agree with commissioners a funded plan for replacement of all equipment used in the service. Plan to include tomosynthesis and to consider the case for a second stereotactic biopsy unit	Service Specification No. 24 2018/19	6 months	High	Equipment replacement plan and approved business case
17	Ensure that all equipment faults are reported to the National Coordinating Centre for the Physics of Mammography (NCCPM) as required in a timely manner	NHSBSP Guidance for Breast Screening Mammographers Third Edition December 2017	6 months	Standard	Confirmation to SQAS that faults have been reported using NCCPM fault reporting database
18	Formalise plans for the continued maintenance of obsolete mammography and ultrasound equipment with the existing third party equipment servicing company	NHSBSP No.33, Quality Assurance Guidelines for Medical Physics Services (May 2005)	6 months	High	Written confirmation of plan
19	Audit the outcomes from the optimisation strategy proposed by the medical physics expert to improve image quality, and consult with the department before further implementation	Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017	6 months	Standard	Evidence of patient dose audit and feedback from radiographers and film readers regarding optimisation strategy
20	Ensure local Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) rules are updated in line with IR(ME)R 2017 Local Rules to be updated in line with Ionising Radiations Regulations 2017	Ionising Radiations Regulations (IR(ME)R) 2017	6 months	Standard	Copy of updated local rules

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Superintendent Radiographer (or Unit) to ensure employers IR(ME)R procedures are in place which are appropriate to the breast screening service in line with national guidance	Ionising Radiation (Medical Exposures) Regulations (IR(ME)R) 2017	6 months	Standard	Copy of IR(ME)R employers procedures
22	Provide evidence that the X-ray and ultrasound equipment used on screening patients at Eastbourne District General Hospital and Conquest Hospital meet the requirements of the NHS breast screening programme	NHSBSP Equipment Report 0604 2009 NHSBSP Guidance Notes for the Acquisition and Testing of Ultrasound Scanners for Use in the NHS Breast Screening Programme 2011 NHSBSP Quality Assurance Guidelines for Medical Physics Services 2005	3 months	Standard	Copy of medical physics reports for all relevant equipment submitted
23	Accelerate plans to provide a specimen x-ray cabinet for assessment clinics to improve workflow and patient experience	Service Specification No. 24 2018/19	3 months	High	Confirmation that x-ray cabinet is in place
24	Implement a means of determining if results of weekly local quality control (QC) tests carried out on the X-ray equipment are within tolerance at the time of testing	NHSBSP Equipment report 1303	6 months	Standard	Information on the method implemented to confirm results are within tolerance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Ensure results of local QC tests on the stereotactic biopsy attachment include the error in the X, Y and Z planes	NHSBSP Quality Assurance Guidelines for Mammography including Radiographic Quality Control 2006	6 months	Standard	Copy of local QC tests on the stereotactic biopsy attachment

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
26	Undertake an annual audit of women ceased on BS Select using the National Breast Screening System and Breast Screening Select information systems	NHSBSP Good Practice Guide No 7: February 2004 Ceasing Women from the NHS Breast Screening Programme	3 months	Standard	Audit results and follow up actions
27	Complete monthly checks of the ceased/unceased Breast Screening Select subject list	NHSBSP Good Practice Guide No 7: February 2004 Ceasing Women from the NHS Breast Screening Programme	3 months	Standard	Evidence that monthly checks of the ceased/unceased subject list on BS Select are actioned as complete and NBSS updated accordingly
28	Programme manager to develop a robust method of dealing with BS Select queries and ensuring outcome report is checked and acted upon daily	BS Select Annual Review Report 2017/18 East Sussex, Brighton and Hove Breast screening	3 months	Standard	Copy of standard operating procedure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Complete recruitment of high risk coordinator, including induction and training	NHSBSP Publication No 47: Quality Assurance Guidelines for Administrative and Clerical Staff	3 months	High	Written confirmation of induction/training completion
30	Ensure appropriate clinical oversight of genetic referrals by a nominated lead	NHSBSP Publication number 73: Guidelines on organising the surveillance of women at higher risk of developing breast cancer in an NHS breast screening programme	1 month	High	Confirmation of named clinical lead
31	Ensure timely review of both the National Breast Screening System NBSS and BS Select reports to ensure all high risk women are invited by their next test due date	NHSBSP Publication number 73: Guidelines on organising the surveillance of women at higher risk of developing breast cancer in an NHS breast screening programme	3 months	High	Copy of standard operating procedure/work instructions

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
32	Develop and implement an achievable round length recovery plan, to include the provision of sufficient clinic slots matched by the projected increase in radiography and radiology staffing	Service Specification No. 24 2018/19 NHSBSP Achieving and maintaining the 36 month round length 2017	2 months	High	Updated recovery plan with clear timescale to meeting key performance indicator submitted
33	Clinical nurse specialist to participate in targeted health promotion activities to increase the uptake of breast screening	QA guidelines for Clinical Nurse Specialists, 2019	9 months	Standard	Written confirmation

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
34	Conduct an audit of the standard of Eklund Technique for implants	NHSBSP Guidance on screening women with implants 2017	6 months	Standard	Audit results and follow up actions
35	Introduce the use of clinic control sheets to be completed at the time of screening attendance to reduce the risk of errors	NHSBSP Guidance for mammographers Dec 17	3 months	High	Written confirmation
36	All film readers to reinstate their access to the Breast Screening Information System (BSIS) for performance and education purposes	Service Specification No. 24	3 months	Standard	Written confirmation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
37	Improve consistency in practice for the recording of symptoms ensuring that all film readers are following the work instruction and using the film reader alert	Clinical guidance for breast cancer screening assessment/NHSBSP publication number 49 Fourth edition 2016	3 months	Standard	Evidence of audit of practice
38	Undertake an audit of cases of B5 (malignant) non-operative diagnosis	PHE publications gateway number 2016720: Breast screening: Consolidated programme standards	6 months	Standard	Audit results and follow up actions

Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
39	Introduce the second film reader review process during assessment clinic so that the patient can be given a definitive outcome immediately	Clinical guidance for breast cancer screening assessment / NHSBSP publication number 49 Fourth edition November 2016	6 months	Standard	Updated work instructions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
40	Undertake an audit of the benign telephone result clinics to review women's experience of this process	QA guidelines for Clinical Nurse Specialists in breast screening, 2019	12 months	Standard	Audit results and follow up actions
41	Lead breast pathologist to have job plan amended to incorporate breast screening role	NHSBSP Guidelines for Breast Pathology Services 2011	6 months	Standard	Copy of lead breast pathologist job plan
42	Pathologists at Eastbourne District General Hospital (EDGH) and Conquest Hospital, Hastings to provide evidence of breast related continuing professional development undertaken over last 3 years	Quality Assurance Guidelines for Breast Pathology Services. Second edition, 2011	3 months	Standard	Written evidence that CPD requirements are met
43	Lead breast screening pathologist to oversee an audit of Grade 3 and oestrogen receptor positive rates across the 3 pathology sites	Quality Assurance Guidelines for Breast Pathology Services 2011 NICE Guidance on Cancer Services: Improving Outcomes in Breast Cancer 2002	12 months	Standard	Audit results and follow up actions
44	Recruit to vacant consultant pathologist posts at the Conquest Hospital, Hastings in order to ensure resilience and fulfil multidisciplinary meeting attendance requirements	NICE Guidance on Cancer Services: Improving Outcomes in Breast Cancer 2002	12 months	Standard	Written confirmation
45	Commissioners and Trust management to review risks in pathology staffing on all sites and longer term arrangements for pathology reporting	Quality Assurance Guidelines for Breast Pathology Services. Second edition, 2011	6 months	High	Confirmation of outcome of review

No.	Recommendation	Reference	Timescale	Priority	Evidence required
46	The laboratories at the Conquest Hospital and EDGH to obtain full UKAS accreditation	Service Specification No. 24 2018/19	12 months	Standard	Confirmation of accreditation

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
47	Ensure the clinical nurse specialist (CNS) staffing levels in screening are in line with national guidance, including cover for planned or unplanned absence	NHSBSP Guidance Clinical Nurse Specialists in breast screening 2019	6 months	High	Written confirmation
48	Ensure there is appropriate radiology support for localisation of impalpable lesions at the Conquest Hospital, Hastings	Service Specification No. 24 2018/19	12 months	Standard	Written confirmation
49	Ensure theatres in Eastbourne and Hastings install a digital specimen x-ray cabinet in a dedicated theatre which is also connected to the Patient Archiving and Communication System (PACS)	Service Specification No. 24 2018/19	6 months	High	Approved business cases for digital specimen x-ray cabinet for pathology samples Confirmation post-installation that the cabinets are connected to PACS
50	Review the practice of sentinel node biopsy surgery in patients with DCIS (ductal carcinoma in situ) treated by breast conservation	NICE: Early and locally advanced breast cancer: diagnosis and management 2018	3 months	High	Outcome of assessment

No.	Recommendation	Reference	Timescale	Priority	Evidence required
51	Conduct an audit of sentinel lymph node (SLN) biopsy in high risk DCIS (ductal carcinoma in situ) treated by breast conservation	NICE: Early and locally advanced breast cancer: diagnosis and management 2018	6 months	Standard	Audit results and follow up 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.