Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme
The Newcastle upon Tyne Hospitals NHS Foundation Trust

05 February 2020

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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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Published September 2020
PHE publications
gateway number: GW-1552

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Executive summary

The NHS Breast Screening Programme aims to reduce mortality from breast cancer by findings signs of the disease at an early stage.

The findings in this report relate to the quality assurance visit of the Newcastle Breast Screening Programme (BSP) held on 5 February 2020.

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:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider, commissioner and external organisations
- information collected during pre-review visits
- information shared with the North regional SQAS as part of the visit process

Local screening service

The Newcastle breast screening service is hosted by The Newcastle upon Tyne Hospitals NHS Foundation Trust (NUTH) and is commissioned by NHS England North (North East and North Cumbria). It functions in the northern geographic area of the Newcastle Gateshead Clinical Commissioning Group, covering Newcastle upon Tyne, North Tyneside, Northumberland and Derwentside. The programme has an eligible screening population (ages 47 to 73) of 164,653.

The current screening cohort for women aged 50 to 70 years is 129,306 invited to screening over a 3-year round length. The numbers of women in the age extension trial (women aged 47 to 49 and 71 to 73) are 18,258 and 17,089, respectively.

There are 2 static screening units and 3 mobile screening units. Assessments are carried out on one site. 4 assessment clinics are run per week, each with 11 to 12 appointments. The area covered includes areas of high deprivation and small numbers of ethnic minority populations. The service provides all aspects of high-risk screening for 2 neighbouring regions as well as its own.

Findings

Immediate concerns

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 8 high priority findings which were:

- the commissioner should put in place a service improvement plan or equivalent with the provider to address KPI performance
- manage all screening patient safety incidents and serious incidents in accordance with programme guidance, ensuring learning is shared across the team
- review current staffing levels, workload and skill mix. Create and implement a succession plan to ensure current and future capacity meets demand for all disciplines
- develop and implement a service business continuity plan to include all aspects of breast screening service delivery
- manage the high-risk screening provision in accordance with national guidance
- comply with the QA clinical nurse specialists in breast screening NHSBSP guidelines
- all assessment cases must be discussed at the MDT meeting; if the team makes a clinical decision not to adhere to the NHSBSP recommendations, the reasons for the clinical judgement or pathway should be clearly documented with appropriate trust governance
- review the clinical nurse specialist process to ensure there is access to a psychology service for the referral of patients

Shared learning

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

- all administrative staff have access to dual screens
- the unit has an excellent programme of health promotion and a dedicated member of staff for this role
- in medical physics, the patient dose audit takes place on an annual basis, which exceeds the NHSBSP recommended frequency of 3-yearly
- administration monitors the progress of high-risk women’s MRI appointments
- the radiology team lead the regional implementation of the use of iodine seeds and delivered numerous training events to regional peers
- the pathology team shows a high degree of consultation and has introduced double reporting of cancer grades to improve consistency

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
ANE2001	The director of breast screening (DoBS) should present this QA visit report and key risk issues at a trust board meeting	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast screening programme	6 months	Standard	Trust board meeting minutes and confirmation of completion of actions
ANE2002	The commissioner should put in place a service improvement plan or equivalent with the provider to address KPI performance	NHS standard contract	3 months	High	Copy of the improvement plan Evidence of senior management within the trust supporting the unit to meet key performance indicators
ANE2003	Govern the service with clear lines of reporting, accountability and communication	Breast screening: best practice guidance on	6 months	Standard	Confirmation of the DoBS job plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		leading a breast screening service			Terms of reference and minutes from key governance meetings from March to September 2020 SOPs for clinical supervision, appraisal and performance review across all disciplines Evidence of action taken following audits, incidents and client satisfaction surveys Terms of reference and schedule for DoBS - programme manager update meetings Programme manager reports to the DoBS on meetings attended and incident management from March to September 2020 Produce an annual report and present its findings to the appropriate

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					programme board
ANE2004	Identify a deputy director to provide increased resilience	National service specification no. 24 2019 to 2020; Breast screening: best practice guidance on leading a breast screening service 2018	12 months	Standard	Name, job description and job plan for the new deputy director
ANE2005	Manage all screening patient safety incidents and serious incidents in accordance with programme guidance, ensuring learning is shared across the team	Managing safety incidents in NHS screening programmes	6 months	High	Updated policy and evidence of staff updates Audit report for 1 March to 30 September 2020 to demonstrate compliance with incident policy timelines, reporting and learning
ANE2006	Review and update the quality management systems (QMS)	Quality assurance guidelines for administrative and clerical staff, NHS publication no	6 months	Standard	Updated QMS Update all administration SOPs Ensure document version control

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		47. Sheffield: NHS cancer screening programmes; 2000; Breast screening: guidelines for medical physics services, 2019			Sign-off from all staff Training plans for radiographic staff Implementation of medical physics QMS
ANE2007	The commissioner should agree with the provider an annual schedule of audits	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast screening programme	6 months	Standard	Confirmation that the breast screening data being held is correct and there is no backlog of administration data entry Completion of each right results walkthrough recommendation

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
ANE2008	Review current staffing levels, workload and skill mix. Create and implement a succession plan to ensure current and future capacity	NHS public health functions agreement	3 months	High	Comprehensive workforce review including: • action plan to

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	meets demand for all disciplines	2019 to 2020 service specification no. 24 NHS breast screening programme; Quality assurance guidelines for administrative and clerical staff, NHS publication no 47; NHS breast screening programme, guidance for breast screening mammography; Quality assurance guidelines for breast pathology services, Second edition, NHSBSP publication no 2			address the shortfall of consultant and radiography staff and to ensure the lead nurse role is filled by someone with the required level of training • succession plan to address imminent retirements with a review of skill mix • administrative staffing review to ensure staff retention, interval cancer data entry training and adequate support for management roles and the QA radiographer • job plans that include protected time for management roles including the QA radiographer and for education and

No.	Recommendation	Reference	Timescale	Priority	Evidence required
					training (CPD)
ANE2009	Develop and implement a service business continuity plan to include all aspects of breast screening service delivery	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast screening programme; PHE guidance - breast screening: best practice guidance on leading a breast screening service, November 2018	3 months	High	Full business continuity plan with agreed implementation plan
ANE2010	Ensure the equipment, accommodation and premises in use throughout the service meet the specification, guidance and needs of service users to include consideration of: • reporting work stations	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast	6 months	Standard	Risk assessment done and action plan monitored by an appropriate governance group

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	for all members of the team when all staff are at work • provision of office space within the unit for the DoBS • a review of clinic space	screening programme			
ANE2011	A formal process should be put in place to ensure that updates on the completion of actions from medical physics recommendations are provided in a timely manner	Breast screening: guidelines for medical physics services, 2019; NHSBSP – Guidance for breast screening mammographers, Third edition, Dec 2017	6 months	Standard	Audit turnaround times of updates to medical physics for period: 1 March to 31 December 2020
ANE2012	A capital replacement plan should be put in place to cover both mammography and ultrasound equipment	European Society of Radiology statement on renewal of radiological equipment	6 months	Standard	Trust approved plan
ANE2013	Review medical physics processes to ensure: • the process for	Routine quality control tests for full field digital	6 months	Standard	Protocols

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	returning equipment to clinical use and the required QC checks is described in a local protocol • ensure depth and localisation checks are carried out for each needle type • IR(ME)R procedures are tailored to reflect NHSBSP practice	mammography systems - equipment report 1303; Institute of Physics and Engineering in Medicine (IPEM) report 89 – The commissioning and routine resting of mammographic X-ray systems; Care Quality Commission IR(ME)R annual report 2018 to 2019			

Identification of cohort

No.	Recommendation	Reference	Timescal	Priority	Evidence required
ANE2014	Streamline administration processes	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast screening programme; NHS breast screening programme; Quality assurance guidelines for administrative and clerical staff, NHS publication no 47	6 months	Standard	Action plan and evidence of regular team meetings Updated guidance compliant with invitation and ceasing guidelines Efficient letter printing processes Updated local leaflets to include review dates Reinstatement of second timed appointments A sophisticated round plan to ensure service continuity
ANE2015	Manage the high-risk screening provision in accordance with national guidance	NHSBSP publication number 73 guidelines on organising the surveillance of women at higher risk of developing	3 months	High	Protocol for cross checking BS Select and NBSS Confirmation of removal of all cases of non-screening moderate and high-risk women from NBSS

No.	Recommendation	Reference	Timescal	Priority	Evidence required
		breast cancer in an NHS breast screening programme			Confirmed appointment of a dedicated high-risk coordinator

Invitation, access and uptake

No.	Recommendation	Reference	Timescal	Priority	Evidence required
ANE2016	Develop a strategic approach to health inequalities work	NHS public health functions agreement 2019 to 2020 service specification no. 24 NHS breast screening programme; NHS breast screening programme	12 months	Standard	Commissioner-approved health promotion strategy

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescal	Priority	Evidence required
ANE2017	Review radiography processes to ensure adequate, trained and supported working for staff	NHSBSP Guidance for breast	6 months	Standard	Review of radiography processes, action plan and

No.	Recommendation	Reference	Timescal	Priority	Evidence required
		screening mammographers			evidence of: • sufficient mammography staff (24.7 WTE) • scheme of work for advanced practices • spreadsheet of attendance of monthly staff meetings for the period 01 March to 30 September 2020 • log of CPD opportunities and uptake • rota for MDT attendance • MDT sign-in sheets for the period 01 March to 30 September 2020 • protocol for monitoring image review and image quality • protocol for repeats and review of repeats

No.	Recommendation	Reference	Timescal	Priority	Evidence required
					• departmental training log involving all staff to review images and monitor technique • confirmation of individual(s) responsible for training staff • training log for Eklund technique • protocol for all partial or incomplete mammography, including when no images are taken • audit of recorded partial mammography categories and their reasons for the period 1 April 2017 to 31 March 2020; action plan to ensure categories are appropriate
ANE2018	Review radiology practices to ensure adequate, trained and supported working for staff, including protected	Quality assurance guidelines for	6 months	Standard	To ensure there is protected time for screen reading:

No.	Recommendation	Reference	Timescal	Priority	Evidence required
	time for screen reading	breast cancer. screening radiology. Second edition. NHSBSP Publication No 59. March 2011; Interval cancer guidelines 2017			• audit period 1 March to 30 September 2020 • confirm monthly compliance to Risk, Quality and Governance Team Log of first reads from 1 March to 30 September 2020 Commissioner approved action plan to address any non-compliance with film reading standard of 1500 first reads SQAS- and SIT-approved recovery plan for clearing interval cancers Protocol for review of interval cancers Protocol and log of false negative assessments; documentation submitted

No.	Recommendation	Reference	Timescal	Priority	Evidence required
					to SQAS within 4 months of the symptomatic presentation Log of DoBS discussing FRQA figures with all film readers Log of film readers' review of their discrepant cancers

Diagnosis

No.	Recommendation	Reference	Timescal	Priority	Evidence required
ANE2019	Comply with the QA clinical nurse specialists in breast screening NHSBSP guidelines	Clinical nurse specialists in breast screening; NHSBSP guidance, January 2019	6 months	High	Attendance log 1 March to 30 September 2020 of breast care nurses (BCNs) attendance of assessment pre-briefing meetings BCNs to see every client through the whole of the assessment process and complete a holistic needs assessment for all clients: • audit of compliance

No.	Recommendation	Reference	Timescal	Priority	Evidence required
					for the period 1 March to 30 September 2020 • monthly confirmation of compliance to the Risk, Quality and Governance Team Monitor client satisfaction with assessments
ANE2020	Review of discharge cases should be completed during the assessment clinic	Assessment guidelines 2016	6 months	Standard	Protocol
ANE2021	Produce and follow a recovery plan to meet the radiology standard of time between assessment and biopsy results	Quality assurance guidelines for breast cancer. screening radiology. Second edition. NHSBSP Publication No 59	6 months	Standard	Protocol Recovery plan Audit of compliance 1 March to 30 September 2020
ANE2022	Review radiology processes to ensure short-term recall cases are recalled at not less than 12 months and all short-term recall cases are	Quality assurance guidelines for breast cancer.	6 months	Standard	Protocols and confirmation of compliance

No.	Recommendation	Reference	Timescal	Priority	Evidence required
	discussed at an MDT meeting	screening radiology. Second edition. NHSBSP Publication No 59			
ANE2023	All assessment cases must be discussed at the MDT meeting. If the team makes a clinical decision not to adhere to the NHSBSP recommendations, the reasons for the clinical judgement or pathway should be clearly documented with appropriate trust governance	Quality assurance Guidelines for Breast cancer. screening radiology. Second edition. NHSBSP Publication No 59	3 months	High	Protocol

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
ANE 2024	Review the clinical nurse specialist process to ensure there is access to a psychology service for the referral of patients	Clinical nurse specialists in breast screening; NHSBSP guidance, January 2019	3 months	High	**Protocol and confirmation of availability**
ANE 2025	MDT attendance should be logged with a sign in and out	National Cancer Action Team - the characteristics of an effective multidisciplinary team (MDT)	6 months	Standard	**Protocol** MDT sign in and

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	sheet				sign out sheet for the period 1 March to 30 September 2020
ANE 2026	Review job plans to accommodate screening sessions for the fifth oncoplastic surgeon and third micro surgeon	NHSBSP publication number 20 Fourth edition, March 2009: quality assurance guidelines for surgeons in breast cancer screening	6 months	Standard	Outcome of review
ANE 2027	Audit practice of breast-conserving surgery by therapeutic mammoplasty on lymph node status	NHSBSP publication number 20 Fourth edition, March 2009: quality assurance guidelines for surgeons in breast cancer screening	6 months	Standard	Audit with approved action plan
ANE 2028	**Audit local recurrence for the past 5 years to observe any impact due to the change in trends of practice**	NHSBSP publication number 20 Fourth edition, March 2009: quality assurance guidelines for surgeons in breast cancer screening	6 months	Standard	Audit local recurrences for period 1 April 2015 to 31 March 2020; action plan

Next steps

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