Public Health England

Protecting and improving the nation's health

Screening Quality Assurance visit report

NHS Breast Screening Programme
Central and East London Breast Screening Service

4 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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Contents

Scope of this report

	Covered by this report?	If 'no', where you can find information about this part of the pathway
Underpinning functions		
Uptake and coverage	Yes	
Workforce	Yes	
IT and equipment	Yes	
Commissioning	Yes	
Leadership and governance	Yes	
Pathway		
Cohort identification	Yes	Functions are shared with the London Breast Screening Administration HUB
Invitation and information	Yes	Functions are shared with the London Breast Screening Administration HUB
Testing	Yes	
Results and referral	Yes	
Diagnosis	Yes	
Intervention / treatment	Yes	

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 Central and East London Breast Screening Service (CELBSS) held on 4 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 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 administration and clerical, radiography (including image review), radiology (including image review), medical physics, breast care nursing, pathology slide review, surgical case note review, observation of the multidisciplinary team meeting and a ‘right results’ walkthrough on 23 January 2020 and 3 February 2020
- information shared with the London regional SQAS as part of the visit process

Local screening service

The CELBSS is provided by Royal Free London NHS Foundation NHS Trust (RF Trust) and is based in St Bartholomew’s Hospital (Bart’s hospital) premises.

The service serves an estimated total eligible population of 154,907 women, aged 50 to 70 (estimated data summary provided November 2019, population estimates NHS Digital). The total population (males and females, all ages) was 1,732,390 in 2019.

CELBSS is not currently participating in the randomised age-extension trial for women aged 47 to 49 and 71 to 73 years.

The CELBSS covers 6 Clinical Commissioning Groups (CCGs) which sit within 2 Sustainability and Transformation Partnerships (STP) – North Central London STP and North East London STP.

The catchment population of CELBSS is ethnically diverse and growing. The service serves a large proportion of women from Black, Asian and minority ethnic (BAME) backgrounds, there are a number of non-English speaking population groups that are particularly deprived and a mobile/transient population.

Digital mammography screening is undertaken at 7 static sites and 1 mobile site.

Screening assessment clinics are held at the Bart's Health hospital. Screen-detected cases are mostly treated at Bart's hospital, Whipps Cross hospital and University College hospital.

During 2015 to 2016, NHS England London (NHSE) re-commissioned the provision of breast screening across London using a new and unique model. Since 1 April 2016, the new model was comprised of a stand-alone, pan-London call/recall administration hub provided by the Royal Free London NHS Foundation Trust and 6 breast screening services, including CELBSS. Prior to this, each breast screening service in London provided an end-to-end pathway which included the administrative functions now provided centrally by the Administration Hub (Hub).

In 2015, when NHSE/I London put out a tender for the 6 breast screening services, the contract for CELBSS was not awarded and the existing CELBSS contract held by Bart's Health was renewed pending a further tendering process. In June 2017, the contract for CELBSS was awarded to the Royal Free London NHS Foundation Trust following a second tender process with the responsibility for delivery of the service delayed to 1 April 2018 to allow for a longer mobilisation period.

Several issues came to light during the extended mobilisation period and the transition proved challenging to staff. This was compounded with the ongoing serious incident which started in 2016 involving the Picture Archiving and Communication System (PACS) at Bart's Health which resulted in historic images, including NHSBSP mammograms, not being available for viewing.

Findings

Prior to the mobilisation and the transfer of the service to Royal Free Trust in 2017, commissioners agreed with previous provider (Bart's Health) to suspend for a limited time period the issuing of second-timed appointments (2TAs) for women who did not attend (DNA) their first appointment. They were sent instead an open appointment letter to enable them to call the service and book their own appointment. In July 2019, commissioners agreed with Royal Free to extend the pause for the 2TAs (previously agreed with Bart's Health) until the service had recovered in September 2019. In November 2019, NHSE commissioners extended further the pause of 2TAs until the service's full recovery expected by end of March 2020. At the time of the visit, this agreement was still in place.

In October 2018, commissioners permitted CELBSS to extend the round length (a key performance indicator for inviting women to screening within 36 months of their last screening invitation) to 42 months. In November 2019, commissioners also agreed to a temporary deviation from the acceptable thresholds for 2 other programme standards: the 21 days from screening to first offered assessment appointment was extended to 28 days and the 14 days from screen to normal results was extended to 21 days.

The QA visit team noted the dedication of CELBSS staff, which has kept the service going and maintained good clinical outcomes in the face of various challenges. There were issues with staffing capacity, specifically radiography and lack of clarity around leadership and programme management roles and responsibilities.

The ongoing and persistent work to recover round length was commended during the visit as recovery appeared to be in line with the projected trajectory for the March 2020 deadline.

Immediate concerns

No immediate concerns were identified.

High priority

The QA visit team identified 11 high priority findings as summarised below:

- there is no permanent director of screening (DoS) in place for CELBSS which does not provide stability to the service (current DoS contract reportedly ends in March 2020)
- the Royal Free London NHS Foundation Trust provides 2 breast screening programmes (Central and East London Breast Screening Service and North London Breast Screening Service) as well as the London administrative Hub. the

current cross-site (CELBSS, NLBSS, Hub) reporting structure is complex and does not identify clear lines of reporting for CELBSS Director of Screening and Programme Manager
- screening programme management structure is in place with overlapping roles and responsibilities and no clear accountability across the breast screening services (CELBSS, North London Breast Screening Service) and the London Administrative Hub
- the lack of integration of the existing mammography workforce continues to be a challenge and it continues to affect the screening pathway
- CELBSS is a national outlier for the key performance indicator (KPI) for round length and for quality standards including screen to date of first offered appointment, screen to normal and technical recall/repeat rates
- the increased screening activity has led to the backlog for reading screening images which has impacted the service in meeting the demand for assessment clinics
- the delay in signing service level agreements (SLAs) between the two trusts (RF Trust and Bart's Health) and in agreeing IT and PACS has delayed effective service delivery across screening pathway
- the round length recovery plan has resulted in increased workloads for staff and there are some concerns for radiographers in relation to the risk of repetitive strain injury (RSI). Radiologists and administrative staff have also experienced increased workload
- the service has relied on agency radiographers for the past 22 months to deliver screening - however, CELBSS has recently recruited to permanent radiography positions which will reduce the need for agency radiographers in future
there is no evidence that an updated quality management system (QMS) and annual audit schedule is in place
- the settings for pre-assessment calls, benign results clinics and the counselling room used for women attending the assessment clinic are inadequate

Shared learning

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

- collaborative working and engagement between commissioners and provider, during recovery
- good team working in pathology with sharing of difficult cases
- effective and well-documented process of booking magnetic resonance imaging (MRI) for clients who require mammograms on the same day
- PACS monitors are available in the ultrasound rooms
- good process and set of work instructions to guide the clinical nurse specialists to give benign results (over the phone and in person)

- a trial of triaging cases to ensure all documentation is ready for the multi-disciplinary team (MDT) meeting to ensure optimisation of resource and effective discussion is currently underway
- timely and high-quality cancer care despite huge variation in referral numbers

Recommendations

The first 3 recommendations are for commissioners and the rest of the recommendations are for the provider to action unless otherwise stated.

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioners to review the equity and effectiveness of approach when performance managing breast screening services across London	Service Specification No. 24 NHS Breast Screening Programme	6 months	Standard	Revised process for performance management arrangements reported to London NHSEI Public Health Assurance Quality group
2	Commissioners to share the findings of their planned independent review into CELBSS commissioning and performance	Service Specification No. 24 NHS Breast Screening Programme	12 months	High	Confirmation of the establishment of review and sharing of findings at NHSE/I London Public Health Assurance Quality meeting and other senior level groups as appropriate
3	Commissioners to ensure the Hub provides timely requests for data and data validation to treating surgeons	https://associationofbreastsurgery.org.uk/media/64269/screening-guidelines.pdf	3 months	High	Timetable of data requests and validations to surgeons
4	CELBSS DoS to be invited and to attend the relevant RF Trust divisional board meetings to report on the management and performance of	Service Specification No. 24 NHS Breast	6 months	High	Confirmation of attendance at divisional board meetings

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	the service	Screening Programme			
5	DoS to produce an annual report for the service and present it at chief executive level board	Service Specification No. 24 NHS Breast Screening Programme	6 months	Standard	Confirmation that annual report is produced and shared with a chief executive board level group
6	DoS to chair monthly senior leadership team meetings with the superintendent radiographer, named CELBSS programme manager, screening office manager and CELBSS lead breast care nurse	Service Specification No. 24 NHS Breast Screening Programme	3 months	Standard	Minutes of senior leadership screening meetings
7	CELBSS DoS, dedicated programme manager, superintendent radiographer and lead nurse to work collaboratively to improve communication with all staff groups	Service Specification No. 24 NHS Breast Screening Programme	6 months	High	Examples of ongoing team building initiatives involving all CELBSS staff
8	RF Trust to empower the CELBSS DoS to take full responsibility of the service through clear lines of reporting from programme manager, superintendent radiographer and breast care nurse	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Organisation chart with reporting lines to DoS Updated JD for DoS
9	Ensure a permanent DoS is in place for CELBSS	Service Specification No. 24 NHS Breast Screening	3 months	High	Confirmation of permanent appointment to post

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Programme			
10	Amend organisational chart to reflect the new service manager role within the structure for CELBSS	Service Specification No. 24 NHS Breast Screening Programme	3 months	Standard	Updated organisation chart
11	Revise the management structure and clearly document the clinical and management responsibilities	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Updated accountability chart to include clearly defined and documented clinical and management responsibilities for each of the 3 separate services
12	Ensure there is a named programme manager and a deputy programme manager in place for CELBSS	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Updated accountability chart
13	Ensure DoS is supported by a named deputy DoS, dedicated programme manager, dedicated CELBSS superintendent radiographer and a lead CELBSS breast care nurse	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Confirmation of staffing in place and reporting lines to DoS
14	Develop and implement a process of shared learning from repeated similar screening safety incidents	Guidance: Managing safety incidents in NHS screening programmes	12 months	Standard	Written evidence of process in place for sharing learning from incidents
15	RF Trust to liaise with Barts Health to	Guidance:	3 months	High	Final report on breast screening

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	ensure the outstanding PACS failure SI report is produced with all actions closed	Managing safety incidents in NHS screening programmes			element of PACS incident
16	Update the quality management system (QMS) and establish an annual audit schedule	Service Specification No. 24 NHS Breast Screening Programme	6 months	High	Confirmation that a new QMS and an audit schedule is in place. Confirmation that all staff groups are involved in updating work instructions for their discipline and are made aware of where to access them
17	Share the minutes from the monthly administrative meetings with all relevant staff to improve communication	Service Specification No. 24 NHS Breast Screening Programme	6 months	Standard	Confirmation that minutes from team meetings are shared
18	Implement standard work instructions across the screening service	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Confirmation that work instructions are followed by all mammographers
19	Ensure a process is in place to record and escalate verbal complaints from clients attending along the pathway	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Copy of the complaints procedure
20	Complete a user survey	Service Specification No. 24 NHS	12 months	Standard	Copy of the results and action plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		Breast Screening Programme			

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Ensure CELBSS staff only access BS-Select for their service	Hub Memorandum of Understanding	1 month	High	Screen shot of login screen Written confirmation from the DoS and programme manager
22	Improve access to information, intranet and RF Trust systems for all CELBSS staff	Breast screening: best guidance on leading a breast screening programme	3 months	Standard	Confirmation of access to RF Trust information and systems
23	Provide an office space for the nursing staff to undertake pre-assessment calls and benign results clinics in a private, adequate environment	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Confirmation of private office space
24	Identify and provide a suitable counselling room	Clinical nurse specialists in breast screening guidance: 2.2	1 month	High	Confirmation of a more adequate room available for clients
25	Ensure there is a plan with Barts Health for replacing mammography	Service Specification	12 months	Standard	Copy of Equipment replacement plan

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	X-ray equipment over or approaching the end of its working life with Royal Free Trust oversight	No. 24 NHS Breast Screening Programme			
26	Ensure that equipment faults are dealt with in a timely way, logged internally and reported electronically through National Co-ordinating Centre for the Physics of Mammography (NCCPM)	Service Specification No. 24 NHS Breast Screening Programme	3 months	Standard	Copy of equipment fault log and NCCPM reports from January 2019 till present
27	Barts Health EBME department to carry out 6-monthly ultrasound quality assurance testing as per the service level agreement (SLA)	Guidance Notes for the Acquisition and Testing of Ultrasound Scanners for use in the NHS Breast Screening Programme, NHSBSP Publication No 70 (2011)	3 months	Standard	A copy of the ultrasound quality assurance reports for all ultrasound scanners used by CELBSS to be provided within one month of completion of the survey
28	The Medical Physics service at Barts Health to ensure sufficient resources to cope with the demands of the SLA for their services to CELBSS	Breast screening: guidelines for medical physics services (Updated 25 September 2019)	6 months	Standard	Written confirmation that sufficient resources are in place to cope with the demands of the SLA for medical physics services for CELBSS. This should include provision for unexpected increases in workload that may place competing demands on staff time.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
29	Barts Health medical physics department to perform the 3 yearly patient dose audits for 2D mammography as per the SLA (last performed in November 2016)	Breast screening: guidelines for medical physics services (Updated 25 September 2019)	6 months	Standard	A copy of the current patient dose reports for 2D mammography for all CELBSS X-ray units covered under the Barts Health Medical Physics SLA
30	Implement the actions agreed between the medical physics services from Barts Health and the RF Trust on 16 July 2019, as documented in the meeting minutes	The Ionising Radiation (Medical Exposure) Regulations 2017 (SI 1322). The Ionising Radiations Regulations 2017. Work with ionising radiation: Approved Code of Practice and guidance: HSE document L121 second edition. Published	6 months	Standard	Written confirmation that the actions in the minutes have been carried out (with specific details of how this has been achieved). This should include standardization of the follow radiation protection issues across the CELBSS locations: • Local rules under IRR 2017 • Radiation risk assessments • Employer's procedures for medical exposures under the IR(ME)R 2017 regulations • Personal dose monitoring • Environmental monitoring

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		2018			• Radiation incident reporting procedure
31	Ensure an equipment-related incident escalation procedure is in place	The Ionising Radiation (Medical Exposure) Regulations 2017 (SI 1322). The Ionising Radiations Regulations 2017.	3 months	Standard	A copy of the incident escalation procedure describing the process for dealing with incidents involving two Trusts (i.e. Barts Health and the RF Trust) and the mechanism for using the incident reporting systems of the two employers
32	Make available the correct QC spreadsheets at all sites where RF Trust staff perform the QC tests and do not have access to the networked QC database.	NHSBSP Equipment Report 1303: Routine Quality Control Tests for Full Field Digital Mammography Systems (October 2013)	3 months	Standard	Written confirmation that the correct QC spreadsheets are available at all locations where staff cannot access the networked QC database
33	Perform the in-house monitor QA checks in line with NHSBSP standards	NHSBSP Equipment Report 1303: Routine Quality Control Tests for Full Field Digital Mammography Systems	3 months	Standard	Written confirmation that the daily monitor checks are being performed in line with NHSBSP standards.

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		(October 2013)			
34	Implement service level agreement between Barts Health and the service for provision of PACS services and support to the breast screening team	Service Specification No. 24 NHS Breast Screening Programme	1 month	High	Signed Service level agreement outlining dedicated breast screening PACs time, governance and accountability of processes
35	Risk assess PACS administrator rights for CELBSS superintendent team	Breast screening programme guidance for Mammographers	3 months	High	Copy of risk assessment
36	Implement a solution for remote sites to eliminate manual entry of worklists and reduce the substantial risk inherent to this process	Service Specification No. 24 NHS Breast Screening Programme	1 month	High	Copy of the work Instruction for newly implemented solution
37	RF Trust to ensure PACS migration and NBSS upgrade from Barts Health is prioritised	Service Specification No. 24 NHS Breast Screening Programme	1 month	High	Confirmation of the PACS and NBSS migration scheduled within timescale
38	Develop a work instruction for orphan images	Service Specification No. 24 NHS Breast Screening Programme	1 month	High	Copy of Work instruction
39	Assess and resolve PACS information governance issues by	Service Specification	3 months	High	Copy of SLA and work instruction relating to PACS information

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	amendment of the SLA with the involvement of commissioners, if necessary	No. 24 NHS Breast Screening Programme			governance

Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
40	Update the BS-Select records to confirm the necessary documents are held for clients that have been ceased from the screening programme in line with the new guidance	BS- Select User Guide Temporarily and permanently opting out (ceasing) from the NHS Breast Screening Programme: guidance 2020	6 months	Standard	Confirmation of completed updates to client records to BS Select

Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
41	Commissioners and CELBSS to develop a strategy to increase uptake and reduce health inequalities in breast screening for the local population	NHSBSP Guidance: Achieving and maintaining the 36-month round length Service Specification No. 24 NHS Breast Screening Programme	12 months	Standard	Strategic plan to address uptake and health inequalities
42	Improve round length planning and mitigate impact of current recovery activity on future round plans	Service Specification No. 24 NHS Breast Screening Programme	12 months	High	Updated round plan

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
43	Review the SLA related to radiographer staffing with the aim of establishing a unified radiography team	Breast screening programme guidance for Mammographers	12 months	High	Copy of revised operational structure and schedule, agenda and minutes of team meetings
44	CELBSS and Barts Health	Service	3 months	Standard	Meeting notes and actions

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	superintendents to establish regular meetings to discuss workplan, work force development and to resolve staff working issues	Specification No. 24 NHS Breast Screening Programme			Unresolved issues escalated to CELBSS DoS
45	Ensure a member of the CELBSS superintendent team is present on the Barts Health site at all times	Service Specification No. 24 NHS Breast Screening Programme	1 month	Standard	Confirmation of revised working arrangement in place
46	Undertake radiographic staff review to ensure there is resilience to manage future challenges post recovery	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Copy of staff review
47	Produce a formal staff training and development plan for all CELBSS radiography workforce	Breast screening programme guidance for Mammographers	3 months	Standard	Copy of staff training development plan
48	All radiographers to be involved in the screening and assessment of CELBSS clients	Breast screening programme guidance for Mammographers	3 months	High	Copy of rotas with CELBSS staff allocated for screening and assessment duties for CELBSS clients
49	Ensure CELBSS work instructions are in use across all CELBSS sites	Service Specification No. 24 NHS Breast Screening Programme	3 months	High	Copy of work instruction
50	Review trends in medio-lateral obliques and cranio-caudal views, and agree training needs	Breast screening programme guidance for Mammographers	3 months	Standard	Copy of review and training schedule

No.	Recommendation	Reference	Timescale	Priority	Evidence required
51	Arrange clinical updates and conduct both individual and group Poor Good Moderate Inadequate Images (PGMI)	Breast screening programme guidance for Mammographers	12 months	Standard	Copy of clinical update schedule
52	Allocate sufficient time and access for CPD including image assessment during working hours	Breast screening programme guidance for Mammographers	12 months	Standard	Copy of scheduled CPD time
53	CELBSS superintendent to monitor Technical Recall/Technical Repeat (TR/TP) rates across the whole service, ensuring action plans are in place where national targets are not met	Breast screening programme guidance for Mammographers	12 months	Standard	Copy of TR/TP report and action plan
54	Audit the TR/TP rate for agency versus substantive staff and implement any remedial actions required	Breast screening programme guidance for Mammographers	3 months	High	Copy of audit and action plan
55	Provide confirmation that mammographers working under Barts Health SLA are using the Eklund technique	PHE Service specification no.24 NHS Breast Screening Programme	3 months	High	Eklund technique staff sign-up form
56	Carry out risk assessment to optimise staff workload to reduce risk of repetitive strain injuries (RSIs)	Breast screening programme guidance for Mammographers -3rd Edition	3 months	High	Copy of risk assessment
57	Revise the screening plan then undertake a radiology workforce review	https://www.gov.uk/government/publications/breast-screening-leading-a-	3 months	High	Screening plan, activity estimates and workforce requirements

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service			
58	Improve the film reading environment and workflow	https://www.gov.uk/government/publications/breast-screening-quality-assurance-standards-in-radiology p12	3 months	Immediate	Number of available WS, hanging protocol, refresh speed, log of IT failure
59	Update Work instructions (WI) for film reading to clarify how the outcome is annotated to minimise risk of misinterpretation	https://www.gov.uk/government/publications/breast-screening-quality-assurance-standards-in-radiology	6 months	Standard	Copy of updated WI for film reading
60	Re-establish radiology team meetings (including practitioners) with agenda (including standing items) and circulated minutes	https://www.gov.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-	6 months	Standard	Copy of agenda with standing items, attendance record and minutes

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		leading-a-breast-screening-service			
61	Prioritise interval cancer review meetings after round length recovery in March 2020 to ensure all cases are classified and data entered onto NBSS	https://www.gov.uk/government/publications/breast-screening-interval-cancers	12 months	Standard	Improvement plan in audit of interval cancer documentation at CELBSS

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
62	Issue written assessment invitation letters with sufficient time for women to access support where required	Breast screening: clinical guidelines for screening assessment, page 8	1 month	Immediate	Confirm that all women receive an invitation to assessment by letter
63	Audit the increased DNA rate in assessment and implement corrective actions	Breast screening: clinical guidelines for screening assessment	6 months	Standard	Audit report (including resulting actions) on the reasons for Assessment Do Not Attends (DNAs), including numbers of multiple DNAs, Screening to DOFOA v DNA rate, notice period for assessment appointment
64	Ensure a Breast clinical nurse specialist is available during results consultation to support women with a cancer diagnosis	Clinical nurse specialists in breast screening guidance Breast screening: clinical guidelines	6 months	high	Evidence of process/pathway for supporting women having a cancer diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		for screening assessment			
65	Ensure CELBSS clinical nurse specialists have access to individualised clinical supervision	Clinical nurse specialists in breast screening guidance, 2.3	12 months	standard	Outline of individualised clinical supervision provision
66	Ensure lead clinical nurse specialists complete duty of candour training modules	Clinical nurse specialists in breast screening guidance, 2.5	3 months	standard	Certificate of completed online modules
67	Update work instructions for assessment, in line with national assessment guidance	https://www.gov.uk/government/publications/breast-screening-clinical-guidelines-for-screening-management	6 months	Standard	Copy of updated WI for assessment. Audit of data completeness, clinical examination and documented second assessor where appropriate
68	Provide an additional cut-up bench to improve surgical turnaround times	Royal College of Pathologists Key performance Indicators in Pathology 2013	3 months	High	Confirmation from breast pathology lead
69	Re-audit turnaround times for Estrogen Receptor (ER) and Human Epidermal Growth Factor Receptor 2 (HER2)	Royal College of Pathologists Reporting of Breast Disease Guidelines	6 months	Standard	Audit report
70	Undertake an annual audit of ER and HER2 positivity rates	Royal College of Pathologists Reporting of Breast Disease Guidelines	12 months	Standard	Audit report

No.	Recommendation	Reference	Timescale	Priority	Evidence required
71	Introduce synoptic reports for excision specimens	Royal College of Pathologists Reporting of Breast Disease Guidelines	6 months	Standard	Confirmation from Unit
72	Conduct regular audits of B3 lesions	Royal College of Pathologists Guidelines for Non-operative diagnostic procedures and reporting of breast cancer screening	12 months	Standard	Audit report

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
73	Review the extended nurse role in discussion with nurses and produce a clear set of work instructions (WI) to manage B3 results	Clinical nurse specialists in breast screening guidance	6 months	Standard	Outcome of review by the Director of screening Copy of WI and escalation policy Plans for audit of this practice
74	Ensure a CNS is present at all MDT meetings that discuss Breast Screening biopsy results	Clinical nurse specialists in breast screening guidance, 1.1	6 months	high	Attendance records of CNSs at MDT meetings. Confirm CELBSS Clinical Nurse Specialist (CNS) attendance at multi-disciplinary team (MDT) meetings
75	Develop a solution for real-time recording and checking of screening	Breast screening:	3 months	High	Details of the agreed solution provided to

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	MDT decisions	clinical guidelines for screening assessment			SQAS
76	Agree and implement a standard referral template/form containing all relevant information to be used for every referral for treatment	Breast screening: clinical guidelines for screening assessment	6 months	High	A copy of the agreed form provided to SQAS
77	Introduce second Screening MDT, as planned	Best practice guidelines for surgeons in breast cancer screening Breast screening: clinical guidelines for screening assessment	3 months	High	Details/schedule of the second MDT provided to SQAS
78	Resolve inability to upload Faxitron images to PACS at University College London Hospital (UCLH)	Best practice guidelines for surgeons in breast cancer screening	3 months	High	Confirmation to SQAS that image uploads taking place routinely
79	Audit immediate reconstruction rates for 2017-18 and 2018-19	Best practice guidelines for surgeons in breast cancer screening	3 months	High	Summary of results and any resulting action plan
80	Include the CELBSS lead surgeon at	https://www.go	3 months	Immediate	Confirmation that the

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	Barts Health site in the service level strategic planning to ensure issues impacting treatment pathway and outcomes are considered	v.uk/government/publications/breast-screening-leading-a-service/breast-screening-best-practice-guidance-on-leading-a-breast-screening-service			lead surgeon has been invited to the planning meetings

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.