



Public Health  
England

Protecting and improving the nation's health

# **Screening quality assurance visit report**

**NHS breast screening programme  
Warwickshire, Solihull and Coventry**

09 March 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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## 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 Warwickshire, Solihull and Coventry screening service held on 9 March 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 University Hospitals Coventry and Warwickshire NHS Trust, Solihull Hospital, George Eliot Hospital and South Warwickshire Hospital
- information shared with the West Midlands regional SQAS as part of the visit process

### Local screening service

University Hospitals Coventry and Warwickshire NHS Trust (UHCW) delivers the Warwickshire, Solihull and Coventry breast screening service. The service screen within 3 static units based at George Eliot Hospital (GEH), UHCW and Coventry Health Centre. The service also has 3 mobile units which visit 16 community sites. Assessment clinics are held at UHCW 4 times per week. Pathology is reported at UHCW, South Warwickshire Hospital and Heartlands Hospital. Surgery is held at Solihull Hospital, UHCW, George Eliot Hospital and South Warwickshire Hospital. Medical physics provision is provided by UHCW radiology physics.

The Warwickshire, Solihull and Coventry breast screening service has an eligible population of 152,164 (women aged 50-<71). The service is part of the national randomised age extension trial of women aged 47 to 49 and those aged 71 to 73. The eligible population including the age extension population is 195,930. The total

population of the area served is 1,264,350. This is above the maximum population size of 1,000,000 as advised in the NHS public health functions agreement 2019- 20 service specification number 24.

## Findings

### Immediate concerns

The QA visit team identified one immediate concern. A letter was sent to the chief executive on 10 March 2020, asking that the following items were addressed within 7 days:

- complete the pathology QA visit questionnaire in its entirety for the UHCW laboratory, submit accompanying evidence and facilitate a further visit from the QA professional clinical advisor for pathology.

A response was received within 7 days which assured the QA visit team the identified risk has been mitigated and no longer poses an immediate concern.

### High priority

The QA visit team identified 9 high priority findings as summarised below:

- the service does not currently have a finalised business continuity plan, this should be agreed and presented to the programme board meeting
- there are a number of staffing vacancies, which the service has completed a staffing review and action plan; both the review and plan should be presented to the programme board with regular updates
- the service is required to provide details of how the plans for radiographic staffing are being implemented
- there is limited accommodation capacity which directly impacts access to counselling rooms for the nursing teams
- pathology questionnaire and relevant evidence was not submitted to the QA team; the PCA was also unable to complete the slide review due to the availability of slides, this has been made an immediate recommendation and has since been completed
- there are several staffing vacancies within the laboratories, this should be addressed
- there are delays to pathology turnaround times across UHCW and SWH including HER2; an audit of turnaround times should be completed
- attendance at multidisciplinary course for the new consultant pathologist
- there is a lack of access to PACs for pathology, this should be reviewed to allow specimen slice radiography at the UHCW and SWH laboratories

## Shared learning

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

- the cohesive working of the management team is good
- a dedicated PACS team
- live NBSS and PACS transfer on the mobile vans
- good documentation which is easily accessible to all staff
- a same day second review by another responsible assessor (RA) for women who are assessed and do not require biopsy
- a letter provided to the patient at the time of a routine recall which is also scanned onto the Soliton RIS system; this is good practice

## Recommendations

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

### Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Commissioner to ensure there is a signed contract in place with the service	Service specification No. 24	3 months	Standard	Commissioner to confirm that a signed contract is in place including date of completion
2	Commissioner to work with the breast screening service to develop a health equity audit	Service specification No. 24	6 months	Standard	Copy of agreed health equity audit and inclusion as an agenda item at programme board
3	Commissioner to update the programme board meeting terms of reference to include required attendance from all sites, oversight of the annual audit plan and annual report	Service specification No. 24	3 months	Standard	Copy of updated terms of reference
4	A schedule of audits agreed between the service and SIT team	Service specification No. 24	3 months	Standard	A copy of the agreed schedule of audits
5	Commissioner to ensure there are agreed subcontracts or service level agreements in place with the letter outsourcing service	Service specification No. 24	6 months	Standard	Confirmation of agreed subcontract or agreement to be provided including date of agreement
6	Service to review and update the	Breast	3 months	Standard	A copy of the agreed

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	DoBS job plans and job description to also include reference to the NHSBSP guidance on leading a breast screening service	Screening: best practice guidance on leading a breast screening service			DoBS job plans and job descriptions
7	Service to present final QA visit report and 2018 to 2019 annual report to programme board and executive board	Service specification No. 24	6 months	Standard	Copy of programme board agenda and minutes Copy of executive board agenda
8	Service to present agreed governance arrangements document for remaining open recommendation to programme board	Service specification No. 24	3 months	Standard	Copy of programme board agenda and minutes
9	Service to develop a documented and agreed process to raise any clinical performance concerns across all sites	Service specification No. 24	3 months	Standard	Copy of agreed process
10	Review and update the incident reporting policy for UHB	Service specification No. 24	6 months	Standard	Updated trust incident policy for UHB
11	Service to agree and finalise business continuity plan and present to programme board	Service specification No. 24	3 months	High	Copy of business continuity plan to be submitted. Copy of programme board agenda and minutes
12	Service to review all leaflets used and ensure included within the service QMS	NHSBSP 47	3 months	Standard	Index of documents included within the QMS and a copy of updated leaflets



## Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
13	Present staffing review and action plan to programme board and continue to update and recruit	Service Specification No. 24	3 months	High	a.) Copy of programme board agenda and minutes b.) Confirmation of advertisement to recruitment to vacancies
14	Ensure mandatory training and CPD is completed for all staff across all disciplines	Service Specification No. 24	3 months	Standard	Confirmation of compliance for mandatory training and CPD
15	Include accommodation issues within the trust risk register and provide regular progress updates to the programme board	Service Specification No. 24	3 months	Standard	a) Copy of updated risk register. b) Copy of programme board agenda
16	IRMER procedures specific to breast need to be updated in line with IRMER 2017	Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017	6 months	Standard	A copy of Breast Specific IRMER 2017 procedures
17	The BSP team need to be informed of the requirements of IRMER 2017 relating to Breast screening	Ionising Radiation (Medical Exposure) Regulations (IR(ME)R)	6 months	Standard	Confirmation of date IRMER update training provided to staff

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		2017			
18	The service should review the WI and SOPs for PACS and incorporate them into the QMS for breast screening.	Service Specification No. 24	3 months	Standard	The service should forward evidence of inclusion of the PACS WIs and SOPs into the QSI for breast screening to SQAS
19	Review the availability of 2-3 megapixel monitors across theatres	NHSBSP 71	6 months	Standard	Confirmation of review and changes made
20	The service should review the process of sending specimen images to PACS and issue a work instruction.	Service specification No. 24	3 months	Standard	The service should forward evidence of the WI to SQAS

### Identification of cohort

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Work with Hitachi to identify a mechanism to allow the systematic closure of episodes not allocated a second timed appointment	Service Specification No. 24	3 months	Standard	An appropriate method identified, and the backlog of open episodes addressed
22	Review and update GP pack as necessary	Service Specification No. 24	3 months	Standard	A reviewed and updated GP pack
23	Utilise the breast screening feedback report to inform GP practices of screening outcomes	Service Specification No. 24	3 months	Standard	A protocol showing the integration of this report into GP communication
24	Review of high risk clients reported on BS Select and NBSS to ensure they are included in the NBSS High Risk Programme and appropriate documentation available on BS	NHSBSP 74	3 months	Standard	Confirmation that all clients on BS Select are included in the high risk programme and report reviewed monthly

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	Select				
25	Review of High Risk clients once updated guidance has been received from National Office to ensure that all clients have an appropriate genetics referral and high risk protocol	NHSBSP 74	6 months	Standard	Summary review of all high risk clients
26	Produce a protocol for the screening of high risk clients by an alternative provider	NHSBSP 74	3 months	Standard	A protocol detailing the mechanism for the management of high risk screening by an alternative provider

### Invitation, access and uptake

No.	Recommendation	Reference	Timescale	Priority	Evidence required
27	Work with the Trust to produce a plan for the culling of images from the off-site store in line with national guidance	NHS documentation & retention policy	6 months	Standard	Provide an action plan for the culling of out of date images

### The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
28	The service should forward details of how the plans for radiographic staffing are being implemented.	NHS BSP Guidance for mammographers.	3 months	High	To forward details of progress against the radiographic staffing implementation plan
29	Immediate need for development of a succession plan for achieving adequate radiology staffing levels.	Service Specification No. 24	3 months	Standard	Succession plan presentation to programme board.

## Referral

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	No recommendations				

## Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
30	Attendance in all assessment clinics as per NHSBSP guidance	Clinical nurse specialists in breast screening	6 months	Standard	Confirmation that a CNS meets all women at assessment clinic
31	All teams to have access to the CNS assessment and referral form	Clinical nurse specialists in breast screening	3 months	Standard	Confirmed process to ensure that all CNS teams have access to assessment and referral documents
32	Complete a review of accommodation needs for access to counselling rooms	Clinical nurse specialists in breast screening	3 months	High	Confirmation of outcome of the review of accommodation needs for the CNS team
33	Review service approach to assessment ensuring adherence to assessment guidance by all assessors	Breast screening: clinical guidelines for screening assessment	1 month	Standard	A copy of the review for local practice and confirmation of changes made
34	Acquisition of large bore vacuum biopsy for diagnosis of B3 lesions	Breast screening: clinical guidelines for	3 months	Standard	Provide update on outstanding business case including a timeline for implementation

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		screening assessment			
35	Review process to review specimen x-rays and reporting prior to MDT at spoke sites	Quality assurance guidelines for surgeons in breast cancer screening	3 months	Standard	Confirmation of review and detail of outcome
36	Completion of Pathology questionnaire including all relevant information (UHCW) and to facilitate access to slides selected by PHE team for review	Breast screening: programme specific operating model	Immediate	High	Submission of QA visit questionnaire and evidence. Facilitate access to the QA team for slide review
37	Address staffing shortage (consultants, laboratory and admin staff)	Breast screening: quality assurance guidelines for breast pathology services: second edition	3 months	High	Submission of a plan to address pathology vacancies
38	Complete audit of turnaround times including HER2 across UHCW and SWH	Pathology reporting of breast disease in surgical excision specimens	3 months	High	Results of audit and outcome
39	Attendance at multidisciplinary course for the new consultant pathologist	Quality assurance guidelines for	6 months	High	Certificates of attendance

No.	Recommendation	Reference	Timescale	Priority	Evidence required
		breast pathology services. NHSBSP No. 2			
40	Pathology annual audit plan across all laboratory sites	Quality assurance guidelines for breast pathology services. NHSBSP No. 2	6 months	Standard	Submission of annual audit plan and results
41	Review access to PACs for pathology to allow specimen slice radiography at the UHCW and SWH laboratories	Quality assurance guidelines for breast pathology services. NHSBSP No. 2	3 months	High	Confirmation of PACS and specimen radiography access by pathology

## Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
42	Review process for women to leave the assessment clinic with an appointment for biopsy results	Clinical nurse specialists in breast screening	3 months	Standard	Confirmation that all women leave assessment clinic with an appointment for biopsy results
43	Provide a protocol for completing the benign telephone service at GEH, which include the trust logo	Clinical nurse specialists in breast screening	3 months	Standard	Submit amended protocol
44	Audit of patient satisfaction at assessment clinics	Clinical nurse specialists in breast screening	6 months	Standard	Provide a copy of the audit and outcome
45	Provide access to ongoing development for the CNS team at UHCW	Clinical nurse specialists in breast screening	6 months	Standard	Submit evidence of ongoing education relevant to breast disease.
46	Improved succession planning to ensure prompt replacement of surgical staff	Service specification No. 24	3 months	Standard	Confirmed plans for succession planning
47	Consider setting up an oncoplastic MDT to enable better/ swifter access for free flap reconstruction so that patients can be treated within national guidelines	Quality assurance guidelines for surgeons in breast cancer screening	6 months	Standard	Confirmation of review into oncoplastic MDT
48	The service should evaluate forms of localising impalpable lesions. If the units employ a novel localisation	Best practice guidelines for surgeons in	12 months	Standard	Confirmation of evaluation and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
	method, ensure a prospective audit is completed and discuss/ publish results locally.	breast cancer screening ABS 2018			
49	Replace monitor within Solihull theatre to enable adequate review of specimens or install a Faxitron in theatre.	Quality assurance guidelines for surgeons in breast cancer screening	6 months	Standard	Confirmation of installation and date of installation



## 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.