

**Right Result walkthrough checklist for  
review of the Right Results processes  
in the NHS breast screening programme**

**Very High Risk**

Version 1.1 January 2026

<b>Breast screening service:</b>	
<b>Date VHR screening programme commenced:</b>	
<b>Number of VHR clients registered to the service:</b>	

<b>Date of audit:</b>	
<b>Name of reviewer:</b>	

## Model of VHR Delivery

How does the service provide the VHR programme <i>Please tick the appropriate option and provide detail</i>		
Fully in house <input type="checkbox"/>		
Part In-House <input type="checkbox"/>	Delivers mammography only	Include details of any outsourcing.
Fully Outsourced <input type="checkbox"/>	Mammography, MRI and assessment outsourced	Include details of any outsourcing.
	Mammography & MRI outsourced. Assessment retained	Include details of any outsourcing.

**This checklist is intended for use locally within a Breast Screening Service and for external reviewers from the SQAS QA Team covering the pathway up to recall to assessment/routine recall. On launch, services are asked to use the tool to internally assess the robustness of their processes and procedures for this cohort.**

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
1.0 Governance of the VHR programme	1.1 The service undertakes an annual internal VHR specific right results walkthrough to ensure current working practices are compliant with the right results process.	<input type="checkbox"/>		
	1.2 All staff are given training about the right results processes and the importance of their role within it.	<input type="checkbox"/>		
	1.3 Overview training for the whole right results process is part of induction training for new staff.	<input type="checkbox"/>		
	1.3.1 Existing staff should also complete this training where the training has been introduced after they have started.	<input type="checkbox"/>		
	1.3.2 Training records are kept and are available for review.	<input type="checkbox"/>		
	1.4 There is a quality management system (QMS), with documentation which reflects the right result processes.	<input type="checkbox"/>		
	1.4.1 The QMS covers all elements of the VHR programme.	<input type="checkbox"/>		
	At a minimum this should include:			



Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	<ul style="list-style-type: none"> <li>closing the episode as appropriate depending on the outcome</li> <li>managing cancellations and non-attenders</li> <li>managing women breast feeding or under care</li> <li>managing VHR self-referrals</li> <li>handling out of area referrals</li> <li>withdrawing women from the VHR process only, without ceasing them from routine screening</li> <li>setting and monitoring next test due dates</li> <li>maintaining NBSS and BS Select records</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<p>1.5 There is a clear process for reviewing and updating procedures and work instructions.</p> <p>1.5.1 All staff are involved in drawing up and reviewing procedures and work instructions for those elements of the right results processes in which they are involved.</p>	<input type="checkbox"/> <input type="checkbox"/>		
	<p>1.6 All non-conformances with work instructions are recorded and analysed by the management team regularly (at least quarterly) so that improvements in working practice and training issues can be</p>	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	<p>identified and resulting actions/ decisions recorded.</p> <p>1.6.1 There is a clear process for the management of any discrepancies identified in any of the right result processes on a day to day basis.</p>	<input type="checkbox"/>		
	<p>1.7 There is an affective working relationship with the MRI service</p>	<input type="checkbox"/>		
	<p>1.8 Where the service is outsourced, there are:</p> <ul style="list-style-type: none"> <li>formal agreements in place clearly outlining the responsibilities of both organisations</li> <li>direct access for the contracted service to the responsible services' NBSS system</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>		
2.0 Referral	<p>2.1 There is a named VHR screening co-ordinator/ high risk coordinator</p> <p>2.1.1 There is at least one deputy VHR screening coordinator</p>	<input type="checkbox"/> <input type="checkbox"/>		
	<p>2.2 There is a clinical lead for VHR who is responsible for reviewing and accepting referrals</p>	<input type="checkbox"/>		
	<p>2.3 There is a clearly documented process for the receipt, review and communication of acceptance/rejection of new referrals</p>	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	2.4 This process includes requesting referral information where clients have moved from one responsible service to another	<input type="checkbox"/>		
	2.5 The screening office has a generic NHS.net email address that is used for the receipt of emails from all referrers	<input type="checkbox"/>		
	2.6 The service use the <a href="#">current version</a> of the VHR referral form	<input type="checkbox"/>		
	2.7 There is a process in place for accepting out of area requests for screening? <b>Please detail</b>	<input type="checkbox"/>		
	2.8 This process includes both screening and assessment	<input type="checkbox"/>		
	2.9 There is a process in place to ensure all referral documentation is sent from the responsible service to the receiving service	<input type="checkbox"/>		
	2.10 All women active on BS Select of screening age have their supporting referral documentation attached to their record	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	2.11 There is a process in place for determining the correct Next Test Due Date (NTDD) to be set for new cases. <b>Please describe</b>	<input type="checkbox"/>		
	2.12 The NTDD in BS Select matches the date on NBSS	<input type="checkbox"/>		
	2.13 All new women are sent an introduction to VHR letter (LT009 PROTO1)	<input type="checkbox"/>		
	2.14 There is a process in place for women referred for VHR screening who are aged 18 years or over but younger than their protocol screening age.  a) The service use the BS Select registration request form (FM001)  b) At what point is the client registered on NBSS? <b>Please describe</b>  c) All VHR women below their screening protocol age have their higher risk status set to 'Pending'?	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	2.15 There is a process in place for women referred who are aged <18 years? <b>Please describe</b>	<input type="checkbox"/>		
	2.16 There is a process for managing the BS Select alert "Higher Risk subjects a Year or Less From Their Higher Risk Screening Start Date"? <b>Please describe</b>	<input type="checkbox"/>		
	2.17 There is a process for rejecting referrals <ul style="list-style-type: none"> <li>a) This process includes correspondence used, to whom and information that is retained?</li> <li>b) Is any information saved on BS Select or NBSS? <b>Please describe</b></li> </ul>	<input type="checkbox"/>  <input type="checkbox"/> Yes/ No		
	2.18 There is a process to identify and manage overage VHR clients <ul style="list-style-type: none"> <li>a) At what frequency is the HR005 self-referral crystal report run? <b>Please describe</b></li> </ul> <p>Those women identified as reaching 71 years are sent the letter LT019</p>	<input type="checkbox"/>  <input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	<p>2.19 There is a process in place for women who choose to have risk reducing mastectomies? <b>Please describe</b></p> <p>a) These women are referred by genetics in line with national guidance in case they change their mind/ are waiting for their elective surgery?</p> <p>b) Women on MRI protocols, awaiting prophylactic mastectomies where known must still be invited for a baseline MRI prior to surgery if newly referred or on their due date</p>	<input type="checkbox"/> <input type="checkbox"/>		
3.0 MRI	3.1 All MRI results for responsible women are entered onto the NBSS of the inviting service	<input type="checkbox"/>		If woman has chosen to be screened elsewhere the MRI information is entered in the screening service MRI record
	3.2 There are secure methods in place to exchange information with MRI provider(s)	<input type="checkbox"/>		
	3.3 The service has a designated number of MRI slots. If yes is capacity sufficient? <b>Please describe</b>	<input type="checkbox"/>		
4.0 Invitation	4.1 The service runs monthly SPNTD reports 2 months prior to NTDD for MRI women to ensure time to book the MRI, 1 month prior to NTDD for	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	Mammogram only women in NBSS, to identify women for invitation			
	4.2 There is a cross check completed against the BS Select Higher Risk List monitoring report undertaken	<input type="checkbox"/>		
	4.3 All women referred following radiotherapy to breast tissue receive a BARD leaflet to be enclosed with LT009 PROTO1 letter	<input type="checkbox"/>		
	4.4 All SPNTD results are cross-checked with the VHR list on the BS Select Higher Risk List monitoring report, monthly, to identify any women who have moved into the area	<input type="checkbox"/>		
	4.5 What is the process for inviting VHR clients for: <ol style="list-style-type: none"> <li>Mammography only? Are the letters LT010 and LT013 used? <b>Please describe.</b></li> <li>MRI only? Is the letter LT011 used? <b>Please describe.</b></li> <li>Mammography plus MRI? <b>Please describe.</b></li> </ol>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	4.6 The service use the SIF1 form from NBSS for women who need an MRI	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	a) Part B is completed and returned by the MRI department	<input type="checkbox"/>		
	4.7 There is a process in place for if a woman does not attend her screening appointments and includes the information recorded on NBSS/closure codes	<input type="checkbox"/>		
	4.8 There is a process in place to identify VHR women included in routine screening batches a) What end code is used? <b>Please detail</b>	<input type="checkbox"/>		
5.0 Risk equivalent	5.1 There is a process in place for managing clients with an unproven genetic mutation 5.2 The service has a process in place to withdraw women on NBSS at the age of 51 years, using code XFER. Update BS Select and amend the high risk status to normal 5.3 Women are informed of the change using the letter LT018, copied to her GPP 5.4 Women are returned to routine screening	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
6.0 Screening	<p>6.1 There is a process in place for temporary protocol deviations and includes:</p> <p>6.2 Deviation to Mammogram only</p> <p>6.3 Deviation to MRI only</p> <ul style="list-style-type: none"> <li>a) The use of the incomplete protocol RR letter template (LT016) when issuing a routine recall (RR) result</li> <li>b) Details of the responsible approver for all protocol deviations?</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<p>6.2 There is a process for clients who are pregnant or breast feeding.</p>	<input type="checkbox"/>		
7.0 Image reporting	<p>7.1 Mammograms are available when MRIs are read?</p> <p>7.2 Image reader opinions are entered directly into NBSS for:</p> <ul style="list-style-type: none"> <li>• Mammograms</li> <li>• MRI</li> </ul> <p>7.3 There is an audit process for all results entered onto NBSS</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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	7.4 The service use letter template LT017 for RR results	<input type="checkbox"/>		
8.0 Short term recall	8.1 There is a documented process for managing short term recalls and creating T episodes	<input type="checkbox"/>		
	8.2 What is the default time interval for short term recall episodes <b>Please detail</b>			
	8.3 There is a documented process and understanding of how a STR T episode can translate to a screening complete <b>Please detail</b>	<input type="checkbox"/>		
	8.4 The service audit all STR T episodes	<input type="checkbox"/>	<input type="checkbox"/>	

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
9.0 Density reviews	9.1 For some protocols the continuation of MRI beyond their age 50 screen, depends on the outcome of a density review, this service has a documented process for: <ul style="list-style-type: none"> <li>Recording annual density reviews in SIRE /?SIRI?</li> </ul>			
	9.2 There is a process for Creation and completion of the PROTOREV record, and management of women who are BIRADs A and therefore no longer eligible for MRI to include creation of a new mammo only protocol on NBSS	<input type="checkbox"/>		
	9.3 The name of the clinician who makes this decision is recorded on NBSS within the PROTOREV record with the decision date	<input type="checkbox"/>		
	9.4 Women are sent the LT009 letter if a new protocol is created and they are reduced to Mammo only	<input type="checkbox"/>		
	9.5 The service has a failsafe in place to identify women who are referred after the age of 50, to	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	ensure they have a baseline MRI and mammograms before moving to annual density reviews <b>Please describe</b>			
10.0 Withdrawal	10.1 The service has a process in place for the withdrawal of women from the VHR programme only	<input type="checkbox"/>		
	10.2 All staff have been trained: <ul style="list-style-type: none"> <li>a) in the process for withdrawing women from the VHR programme only. The service is aware that these women remain eligible for routine screening</li> <li>b) in the process for ceasing VHR women from the routine screening programme, this cannot be completed until they have received an invitation at eligible age for routine screening</li> </ul>	<input type="checkbox"/>		
	10.3 All VHR clients diagnosed with cancer (not treated with bilateral mastectomy) continue to be invited	<input type="checkbox"/>		
11.0 Change of GP	11.1 The service has a detailed process for managing VHR women who change GPP and now fall under another breast screening service	<input type="checkbox"/>		

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	11.2 All VHR clients on the SPTND report have a note entry containing the cipher of the new responsible breast screening service within the NBSS client registration record	<input type="checkbox"/>		
	11.3 There is a failsafe in place to ensure safe receipt of the transfer. <b>Please detail</b>	<input type="checkbox"/>		
	11.4 Where a VHR woman transfers into the area aged 71 or over, the service checks on BS Select to make sure that she had her final invitation at age 70? <b>Please detail how this check is completed</b>	<input type="checkbox"/>		
12.0 Audit	12.1 There is a clear process to undertake a two-way reconciliation audit of referrals sent and received from genomics laboratories, oncology units and BARD	<input type="checkbox"/>		
	12.2 There are frequent reconciliation audits completed? a) At what frequency are these audits undertaken? <b>Please detail</b> b) What was the date of the last audit?	<input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	12.3 There is the mechanism to review the outcome of these audits and make changes to the referral/receipting process. <b>Please detail</b>	<input type="checkbox"/>		
	12.4 The service has a process in place for actioning daily reports: <ul style="list-style-type: none"> <li>• Pending Higher Risk Subjects now overdue for adding to Higher Risk Screening Programme</li> <li>• Higher Risk Exceptions</li> <li>• Outcome reports on BS Select</li> <li>• SSPI Update Warnings – Action</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	12.5 There is a process for the actioning of the weekly reports: <ul style="list-style-type: none"> <li>• NBSS SASP8</li> <li>• NBSS SASP5</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>		
	12.6 There is a process in place for the actioning of the monthly reports: <ul style="list-style-type: none"> <li>• NBSS SPNTD (2 months in advance and 1 month in advance)</li> <li>• HR005 self referral crystal report</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>		

Core processes	Process (view evidence)	Tick if service complies	Related procedures/ work instructions	Comments/good practice or risk of non-compliance
	<ul style="list-style-type: none"> <li>Pending Higher Risk subjects a Year or Less from their Higher Risk Screening Start Date</li> </ul>			
	<p>12.7 An annual audit is undertaken to ensure that NBSS and BS Select contain the same women and have all the required documentation on BS Select</p> <p>a) The service use HR002 and BS Select higher risk list</p> <p>b) What was the last date of audit? <b>Please detail</b></p>	<input type="checkbox"/> <input type="checkbox"/>		
	<p>12.8 At what frequency are open episodes reviewed?</p> <p><b>Please detail</b></p>			
	<p>12.9 The service review their data on the last KC62 report</p> <p>The most recent review was an accurate reflection of VHR activity</p>	<input type="checkbox"/> <input type="checkbox"/>		

## Overall assessment by reviewers of the service's adherence to the Right Results procedures and general principles

Statement	Fully comply No comments required	Partly comply comments	Do not comply comments
1. There is a consistent service-wide approach to the VHR right results which applies to all staff, including consultant medical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All staff are involved in drawing up procedures and work instructions for those elements of the VHR right results processes in which they are involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. There is staff training about the VHR right results processes so that each staff member understands how his or her role contributes to the overall process and in particular where a process is different to that for the routine programme. For screening office staff this will be part of wider training on the NBSS system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Clearly laid out controlled forms lead staff through the tally and checking process at each stage of the results process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. All forms and other documentation are version controlled, kept up to date and reflect current practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Individuals can feed changes or better ways of working into the service-wide change control process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All non-conformances are recorded and analysed by the management team so that improvements in working practice and training issues can be identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All mandatory VHR audits are completed at the required intervals with appropriate actions to review the results of these audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## References

- <https://www.gov.uk/government/publications/breast-screening-screening-of-higher-risk-women/breast-screening-guidance-for-organising-a-very-high-risk-vhr-screening-programme>
- <https://www.gov.uk/government/publications/breast-screening-higher-risk-women-surveillance-protocols>
- <https://www.gov.uk/government/publications/nhs-breast-screening-using-mri-with-higher-risk-women>