



NHS

Public Health
England

Screening Quality Assurance visit report

NHS Breast Screening Programme Isle of Wight

21 November 2017

Public Health England leads the NHS Screening Programmes

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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 better 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 four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Published: June 2018

PHE publications

gateway number: 2018047

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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 Isle of Wight screening service held on 21 November 2017.

Quality assurance purpose and approach

Quality assurance (QA) aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report comes from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations
- evidence submitted by the provider(s), commissioner and external organisations
- information collected during pre-visits to review pathology reports and slides, radiology and surgical performance and attendance at a multidisciplinary team meeting
- information shared with the South regional SQAS as part of the visit process

Description of local screening service

The Isle of Wight breast screening service has an eligible population of approximately 26,500 and screens women aged between 47-73 years as part of the national randomised age extension trial.

The service is located at St Mary's Hospital, Newport, part of the Isle of Wight NHS Trust, and provides a combined screening and symptomatic service for the island population. Surgery is carried out at St. Mary's Hospital and patients are referred to Salisbury NHS Foundation Trust for reconstructive surgery.

Portsmouth Hospitals NHS Trust holds the ARSAC license for radioactive isotope (sentinel node biopsy) procedures carried out on the island. Referrals are also made to University Hospital Southampton NHS Foundation Trust for radiotherapy treatment and for high-risk screening Magnetic Resonance Imaging (MRI) scans.

Screening is carried out from the static unit only.

The service previously had a QA visit on 26 March 2014. There are no outstanding recommendations.

Findings

The unit consistently exceeds the national achievable standard for uptake of 70%. The overall uptake for the 50-70 age group in 2016/17 is 74.32%. For the provisional 3 year data period 2014-2017 the uptake is 74.15%.

All key performance indicator (KPI) targets have been met at the time of the visit. The round length currently runs at 32 months and the round plan should be reviewed to bring this in line with the national programme's 'within 36 months' requirement.

The QA visit team identified no immediate concerns.

High priority

The QA visit team identified 12 high priority findings as summarised below:

- the radiographers are not given the time to undertake peer review
- only one member of the administration team is trained on BS Select to enable batch specification
- the radiology workforce lacks flexibility and resilience to enable adherence to NHSBSP guidance
- succession planning is required for the outgoing breast care nurse
- test needles are not changed with each batch
- nipples are not in profile for both views
- there are no formalised governance arrangements for breast screening audits
- vacuum excision should be used rather than surgery for B3 lesions
- incorrect clinical data on NBSS affects the accuracy of the national annual Association of Breast Surgery (ABS) audit submissions
- lack of comprehensive image and clinical documentation particularly for the second assessor
- not all pathologists have undertaken adequate clinical and professional development (CPD)
- no formal succession plan is in place for the lead surgeon

Shared learning

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

- strong clinical leadership for acute service redesign, including a detailed understanding of the breast screening programme requirements
- a strong culture of patient centred care, where client satisfaction surveys have resulted in direct changes to service delivery and active health promotion
- active work to reinstate Administration of Radioactive Substances Advisory Committee (ARSAC) licence
- a post-operative histology clinic to discuss treatment options with breast care nurses
- active participation in a number of breast cancer trials, such as 'Mammo 50' and 'Bridging the Age Gap'

Recommendations

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

Governance and leadership

No.	Recommendation	Reference	Timescale	Priority	Evidence required
1	Amend the standard agenda for the breast screening board to ensure the terms of reference are fully implemented and all coordination and governance functions are delivered efficiently	Service specification no.24 Breast Screening Programme	6 months	Standard	Copy of revised agenda
2	Amend the governance structure charts to include all disciplines	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	6 months	Standard	Revised governance structure charts to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
3	Develop and agree with commissioners a breast screening specific vision and development plan, with timelines, to include proactive plans which align with internal and external priorities	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	6 months	Standard	Copy of agreed development plan with SMART action plan
4	Ensure radiographers are able to undertake peer review and other joint tasks	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Written confirmation of workflow changes, arrangements and clinic set up
5	Alter round length planning to return round length to national standards	NHSBSP guidelines for Achieving and maintaining the 36-month round length	6 months	Standard	Review of the round length in 6 months showing it meeting standard

Infrastructure

No.	Recommendation	Reference	Timescale	Priority	Evidence required
6	Train an additional member of the administration team on BS Select and enable access to batch specification	NHSBSP 47 guidelines for A&C staff. Service specification no. 24	3 months	High	Confirmation of training to SQAS
7	Ensure there is effective co-ordination of the programme with clearly defined roles and responsibilities for all staff, including administration and radiographic tasks being efficiently allocated	NHSBSP 52 organising a breast screening programme	6 months	Standard	QMS evidence to be provided
8	Ensure there is adequate flexibility and resilience within the radiology workforce to adhere to NHSBSP guidance	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Written confirmation and work plan to SQAS

No.	Recommendation	Reference	Timescale	Priority	Evidence required
9	Re-visit clinical scheduling to ensure a breast care nurse (BCN) can attend all assessment clinics	NHSBSP 29 interim quality assurance guidelines for Clinical Nurse Specialists in Breast Cancer Screening	6 months	Standard	Copy of revised clinic schedule to SQAS
10	Ensure succession planning is in place for the outgoing breast care nurse	NHSBSP 29 interim quality assurance guidelines for Clinical Nurse Specialists in Breast Cancer Screening	3 months	High	Written confirmation to SQAS that succession planning has been undertaken
11	Identify a dedicated space for radiographers to enable more joint working and efficient use of time	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	12 months	Standard	Written confirmation to SQAS that dedicated space has been provided

No.	Recommendation	Reference	Timescale	Priority	Evidence required
12	<p>The IR(ME)R documentation should be updated with the following:</p> <ul style="list-style-type: none"> • medical physics staff should be included in the list of operators in the appendix • details of the medical physics expert for the unit should be documented in the appendix • the training requirements for image evaluators should be added to the list in the appendix • the multiplying factor for reporting IR(ME)R incidents should be checked with the MPE and updated 	Ionising Radiation (Medical Exposure) Regulations 2000 & NHSBSP 75	6 months	Standard	Update relevant sections of IR(ME)R procedures and provide a copy to SQAS
13	Ensure all test needles are changed with each batch and records are kept to document the changes	NHSBSP Routine Quality Control Tests for Full Field Digital Mammography Systems	3 months	High	Evidence of records kept to document the changes

The screening test – accuracy and quality

No.	Recommendation	Reference	Timescale	Priority	Evidence required
14	Ensure that nipples are in profile in at least one projection even if additional views need to be taken	NHSBSP 63 guidelines Quality Assurance Guidelines for Mammography including Radiographic Quality Control	3 months	High	Amended work instruction to SQAS
15	Formalise a schedule of breast screening audits to include an audit of film reading statistics	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Provide a copy of the audit schedule for the next 12 month period
16	Provide access to vacuum excision for B3 lesions	NHSBSP 49 Clinical guidance for breast cancer screening assessment	3 months	High	Written confirmation that equipment has been purchased for vacuum excision and used in line with NHSBSP 49

Diagnosis

No.	Recommendation	Reference	Timescale	Priority	Evidence required
17	Ensure data on NBSS is sufficiently accurate to enable the quality of care to be regularly audited	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Root causes of current data errors identified, action plan approved for improvement, new QMS approved to minimise recurrence
18	Make sure image and clinical documentation is comprehensive, in particular ensure reviews by the second assessor are recorded on NBSS	NHSBSP guidelines for Breast Cancer Screening Assessment	3 months	High	Provide work instruction to reflect adherence to the new standards
19	Ensure all BSP reporting pathologists meet the minimum standard of reporting 50 primary breast cancer resection specimens per year	NHSBSP guidelines for Breast Pathology Services	12 months	Standard	Action plan approved for improvement, data evidence that pathologists are meeting the standard for 2017/18 and onwards
20	Confirm arrangements for all BSP reporting pathologists to undertake adequate clinical and professional development (CPD)	NHSBSP guidelines for Breast Pathology Services	3 months	High	Written confirmation that pathologists are up to date with CPD

No.	Recommendation	Reference	Timescale	Priority	Evidence required
21	Install a microscope in the MDT room to aid real time discussion/biopsy review	NCIN guidelines: The Characteristics of an Effective Multi-disciplinary Team (MDT) Clinical guidance for breast cancer screening assessment NHSBSP publication number 49 Fourth edition November 2016	12 months	Standard	Written confirmation that a microscope has been installed to allow projection of slides
22	Audit ER positivity rates at 6 and 12 month intervals to show that the service is meeting national KPI's	NHS breast screening programme and Association of Breast Surgery key performance indicators	12 months	Standard	Copy of audit outcome at 6 and 12 months shows service meeting standards

No.	Recommendation	Reference	Timescale	Priority	Evidence required
23	Upgrade computer monitors in the laboratory to professional standard for x-ray viewing	NHSBSP guidelines for Breast Pathology Services	12 months	Standard	Written confirmation that equipment has been upgraded
24	Audit breast cancer grade reporting at 6 and 12 month intervals to show that the service is meeting the national KPIs	NHS breast screening programme and Association of Breast Surgery key performance indicators	12 months	Standard	Copy of audit outcome at 6 and 12 months shows service meeting standards

Intervention and outcome

No.	Recommendation	Reference	Timescale	Priority	Evidence required
25	Formally acknowledge the risk of potential loss of the lead surgeon and ensure succession planning is in place	NHS public health functions agreement 2017-18 Service specification no.24 Breast Screening Programme	3 months	High	Copy of the succession plan

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/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.