

Dudley, Wolverhampton and South Staffordshire Breast Screening Service Annual Report 2017-18 30 July 2018



Agenda Item No: 7.3

Trust Board Report

Meeting Date:	30 July 2018
Title:	Dudley, Wolverhampton and South Staffordshire Breast Screening Service Annual Report 2017-18
Executive Summary:	<p>This report summarises the successes and challenges that the service has experienced over the past year within Dudley, Wolverhampton and South West Staffordshire Breast Screening Services. The results for the service illustrate how all specialties associated with Breast Screening have worked as a multi-disciplinary team in all aspects of screening, assessment and subsequent surgery.</p> <p>The incidence, mortality and survival rates are of a positive trend and our outcome measures in 2017/18 are a recognition of the challenges the service has had to contend in the last year.</p> <p>The report also illustrates the challenges and pressures that the service will be facing in the coming year.</p>
Action Requested:	Receive and note,
Author + Contact Details:	Mr Paul Stonelake Director of Breast Screening
Links to Trust Strategic Objectives	<ol style="list-style-type: none"> 1. Create a culture of compassion, safety and quality 2. Proactively seek opportunities to develop our services 3. To have an effective and well integrated local health and care system that operates efficiently 5. Maintain financial health – Appropriate investment to patient services 6. Be in the top 25% of all key performance indicators
Resource Implications:	None
CQC Domains	<p>Safe: patients, staff and the public are protected from abuse and avoidable harm.</p> <p>Effective: care, treatment and support achieves good outcomes, helping people maintain quality of life and is based on the best available evidence.</p> <p>Caring: staff involve and treat everyone with compassion, kindness, dignity and respect.</p> <p>Responsive: services are organised so that they meet people's needs.</p> <p>Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.</p>
Risks: BAF/ TRR	None identified
Public or Private:	Public
References	See Report
NHS Constitution:	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> • Equality of treatment and access to services • High standards of excellence and professionalism • Service user preferences • Cross community working • Best Value • Accountability through local influence and scrutiny

Dudley, Wolverhampton and South Staffordshire Breast Screening Service

Annual Report

2017-18

Mr Paul Stonelake
Director of Breast Screening

Contents

1. Executive Summary.....	3
2. Introduction.....	3
3. Profile and Provision of Dudley, Wolverhampton and South West Staffordshire Breast Screening Programme	4
3.1. Screening Office Management Structure.....	4
3.2. Radiography.....	5
3.3. Film Reading and Radiology.....	6
3.4. Pathology.....	6
3.5. Surgeons and Breast Care Nursing.....	6
4. Randomised AgeX Trial.....	6
5. Breast Screening Performance.....	7
5.1. Coverage.....	7
5.2. Uptake.....	8
5.3. Round Length.....	8
5.4. Time from screen to normal results.....	9
5.5. Time from screen to date of first offered assessment.....	9
5.6. Technical Recall / Technical Repeat.....	9
6. Quality Assurance Visit 29 January 2018.....	10
6.1. Immediate recommendations.....	10
6.2. One month recommendations.....	10
6.3. Three month recommendations.....	10
6.4. Six and twelve month recommendations.....	10
7. Service Update at Programme Board 14 June 2018.....	11
7.1. Workforce.....	11
7.2. Round Plan.....	11
7.3. Failsafe Programme and Batches.....	11
7.4. Service Reconfiguration at Cannock Chase Hospital.....	12
7.5. Hgh Risk Breast Screening.....	12
7.6. Addressing Health Inequalities.....	12
8. Action Plans commencing 2018.....	12
9. Issues.....	13
10. Appendix A: Immediate recommendations.....	14
11. Appendix B: One month recommendations.....	15
12. Appendix C: Three month recommendations.....	21

1. Executive Summary

This report summarises the successes and challenges that the service has experienced over the past year within Dudley, Wolverhampton and South West Staffordshire Breast Screening Services. The results for the service illustrate how all specialties associated with Breast Screening have worked as a multi-disciplinary team in all aspects of screening, assessment and subsequent surgery.

The incidence, mortality and survival rates are of a positive trend and our outcome measures in 2017/18 are a recognition of the challenges the service has had to contend in the last year.

The report also illustrates the challenges and pressures that the service will be facing in the coming year.

2. Introduction

This annual report is for the Dudley, Wolverhampton and South Staffordshire Breast Screening Service and is based on the 36,543 women invited for screening between 1st April 2016 and 31st March 2017, of which 18,561 were offered an appointment within 36 months.

Most women invited were aged between 50-70 years, however women aged between 47-49, and between 71-73 years were also invited, following the national age expansion trial.

Only data for women aged 50-70 has been included in the tables below to allow comparison with other units that have not yet undertaken the age expansion.

Of the women aged 50-70 years 35,543 that were invited, 25,531 attended screening. 1,335 of the screened women were referred for assessment and 309 cancers were diagnosed.

3. Profile and Provision of the Dudley and Wolverhampton Breast Screening Service.

The programme is delivered from the breast unit, which sits within the Radiology Department in Russells Hall Hospital, Dudley and at Cannock Chase Hospital.

Screening occurs on three mobile vans, one within the Dudley area; one in Wolverhampton area and one in the Staffordshire area; in addition to which Cannock Chase Hospital provides a routine screening service within the department. Supplementary appointments and special appointments take place in the breast units located in the Radiology departments of Russells Hall Hospital, New Cross Hospital, and Cannock Chase Hospital. Images and paperwork are transported from the vans back to the relevant Department by secure NHS Trust couriers, on an encrypted portable hard drives.

The reporting of images takes places at Russells Hall Hospital, New Cross Hospital, and Cannock Chase Hospital; dependent upon which screening location the service user was screened at. Ladies images that display any abnormalities, are recalled back to their nearest hospital for further investigations in an Assessment Clinic. A joint weekly MDT takes place on a Wednesday lunchtime between Russells Hall Hospital and New Cross Hospital using video-conferencing, where joint decisions are made regarding treatment; women then see the surgical team from the site that they were assessed at.

There is a full four-tier skill-mix structure in place including assistant practitioners and radiographers for mammography; advanced practitioners undertaking film reading, ultrasound and stereotactic biopsies and four Consultant radiographers participating in all aspects of breast work including MDTs.

The performance of the unit is monitored by the Screening Quality Assurance Service (Midlands and East) who report performance to the national screening office. Monthly and quarterly reports are measured against: uptake, round length, screen to assessment/date of first offered assessment, screen to normal result, technical recall/ repeat rate and clinical nurse specialist workload. The results are discussed at regional Quality assurance meetings, local management meetings and quarterly Programme Board meetings, which are chaired by the commissioner representation.

3.1 Screening Office Management

0.8 WTE Band 8a- Breast Imaging Manager
1.0 WTE Band 4- Office Manager
0.8 WTE Band 4- Deputy Office Manager
1.0 WTE Band 4 Data Coordinator
6.26 WTE Band 2- Clerical Officers (3.26wte posts Dudley, 3wte posts Cannock)

The administration teams in Dudley is responsible for the organisation of batches of clients for screening, printing of all screening letters, along with inviting ladies to attend the assessment clinic at Russells Hall Hospital. There are 2 direct phone lines for patients, one for Dudley office and one for Cannock office.

The data and statistics for the Programme, in liaison with the Quality Assurance Team, are provided by the Screening Offices at Russells Hall Hospital and Cannock Chase Hospital. Wolverhampton Trust also employs 1.8 wte clerical officers who load/unload images for reporting, book appointments for the assessment clinic at Wolverhampton, along with the day book for the Wolverhampton van.

The Breast Imaging Manager employed 0.8wte is also based at Russells Hall Hospital and is responsible for the management of the Programme, working across all three sites. The same administrators on both sites are also responsible for administration of the respective symptomatic services.

3.2 Radiography

The majority of screening radiographers, who work across all sites, are employed by Dudley Trust. This totals:

2.0 wte Consultant Radiographers (band 8c)

1.0 wte advanced practitioner specializing in ultrasound, biopsies and film-reading (band 8a);

1.8 wte advanced practitioner specializing in film-reading (band 7)

0.6 wte specializing in core biopsies; (band 7)

8.8 wte trained screening radiographers (band 6)

5.8 wte assistant practitioners

However, under the sub-contract to Royal Wolverhampton Trust, they also employ 2.0 wte consultant radiographer and 0.8 wte advanced practitioner responsible for the assessment clinics and film-reading at Wolverhampton.

The introduction of the recommended 4-tier system has been continued successfully, although the service is looking to introduce the 5-tier system, by introducing the role of a Band 5 Associate Practitioner, which will help address the national shortage of mammographers.

The service currently has one mammographer undertaking Advanced Practice. There are currently 4 Consultant Radiographers within the service. There is a Clinical Specialist at Russells Hall Hospital who is undertakes film-reading and biopsies.

3.3 Film-reading and Radiology

Screening images are delivered to Russells Hall Hospital, New Cross Hospital and Cannock Chase daily during the week on encrypted hard drives.

Screening images are uploaded using a DIMEX onto the local breast MICAS mini-PACS at Russells Hall Hospital and Cannock Chase Hospital; and onto the Siemens iSite PACS at New Cross. The images are then retrieved onto Securview image reviewers in dedicated film-reading rooms on all sites.

There are currently 4 film reading Consultant Radiographers and 2 film reading Advanced Practitioners across the service. All discordant decisions are made by group consensus decisions. All film-readers participate in monthly interval audit and Performs, along with attending regular MDT sessions.

There is currently no screening Radiologist in post for the Programme, and the future service model has been reviewed and will be based on Consultant Radiographers for the foreseeable future.

3.4 Pathology:

The pathology service at all respective sites provide the required pathology services for the Programme, utilising the 'Technidata' software at New Cross and the 'Masterlab' data at Russells Hall. The lead pathologist at New Cross Hospital is also the regional Quality Assurance Pathologist.

3.5 Surgery and Breast Care Nursing

Screening patients are booked into surgical clinics for the results of their malignant biopsies at the hospital they attended for assessment following joint MDT discussions. Patients with benign results are phoned by breast care nurses with the result for expediency; and offered full support on the phone along with the offer to attend an appointment with a Consultant Surgeon to discuss the result; this is also followed up with a formal written letter and supporting literature.

There are a team of 3 specialised Consultant Breast Surgeons at each site; the lead breast surgeon at Russells Hall is also the Director of Breast Screening.

The Breast Care Nursing team consists of a breast nurse consultant, a lead clinical nurse specialist and four part time Breast Care nurses.

4. Randomised AgeX Trial

The service started the randomised age expansion trial of ladies aged between 47-50 and 70-73 in 2011 and will now be continuing until at least 2020 nationally.

The service has received details of the estimated number of women affected by the national incident, they are as follows:

NHSE Region	SO Name	SO	AgeX?	Migration Complete?	70-71	72-74	75-79	Total
Midlands & East	Dudley, Wolverhampton & South West Staffordshire	MDU	Y	N	577	910	1,387	2,874

NHSE has advised the service to assume 100% uptake for women ages 70-71, and 80% uptake for women aged 72-74 and 75-79.

The service has appointed the first cohort of 577 women (aged 70-71) from week commencing 2 July 2018, and they will have screening completed by the end of July as per national requirements.

Following on from this cohort, the service will be appointing women aged 72-79 that have contacted the Public Health England Helpline, currently only 36% of this cohort have contacted the helpline.

The first Assessment Clinic that will take place for these women is scheduled for Saturday 21 July 2018 at Russells Hall Hospital and at New Cross. Assessment sessions will take place on a fortnightly basis and if we have unused appointment slots in our normal working day then then these women will be allocated these appointments.

5. Breast Screening Performance

The service has struggled with round length performance and screen to assessment for a number of years; however, during 2018/19 the service has made considerable progress in improving round length and screen to assessment, with recovery plans in place.

Dudley & Wolverhampton - consolidated 3 yr performance summary 1 April 2014 to 31 March 2017							
KPI	Standard	Activity data	Local performance				National standards
			14/15	15/16	16/17	14-17	
Screen round length	The percentage of women whose first offered appointment is within 36 months of their previous screen	Previously screened	17,904	17,923	18,167	53,994	Minimum ≥90% Achievable 100%
		FOA ≤36m	16,966	14,515	11,049	42,530	
		FOA ≤36m (%)	94.8	81.0	60.8	78.8	
Waiting time for results	The percentage of women who are sent their result within 2 weeks	Screened	19,996	20,547	20,054	60,597	Minimum ≥90% Achievable 100%
		Result ≤2 weeks	19,686	19,607	19,708	59,001	
		Result ≤2 weeks (%)	98.4	95.4	98.3	97.4	
Technical recall/ repeat	The number of repeat examinations	Screened	21,084	21,735	21,321	64,140	Minimum <3% Achievable <2%
		Tech recalls/repeats	321	343	425	1,089	
		Tech recalls/repeats (%)	1.52	1.58	1.99	1.70	
Waiting time for assessment	The percentage of women who attend an assessment centre within 3 weeks of attendance for the screening mammogram	Assessed	966	1,083	1,133	3,182	Minimum ≥90% Achievable 100%
		Assessed ≤3 weeks	873	925	1,029	2,827	
		Assessed ≤3 weeks (%)	90.4	85.4	90.8	88.8	

■ Achieved minimum standard and achievable standard
■ Achieved minimum standard but failed achievable standard
■ Failed both minimum standard and achievable standard

5.1 Coverage (53-70 years)

Coverage is defined as the percentage of women aged 53-70 on the index date (e.g. last day in March each year) resident in each upper tier local authority (excluding those ineligible) who have been screened in the previous 3 years. The acceptable standard is 70%. Dudley, Wolverhampton and South West Staffordshire Breast screening service managed to exceed this minimum standard at 75%.

Upper tier LA	2013/14	2014/15	2015/16
	% Coverage	% Coverage	% Coverage
Dudley	75.8	76.0	75.3
Wolverhampton	70.4	71.9	71.3
Staffordshire	79.4	78.5	78.4
Midlands and East	77.6	77.2	77.1

5.2 Uptake (45-70 years)

The minimum standard is $\geq 70\%$, and the achievable standard is $\geq 80\%$. The minimum standard for overall uptake in women aged 50-70 was not met during 2016/17, nor was it met for quarter 2 of 2017/18.

Dudley, Wolverhampton & South West Staffordshire uptake activity 01/04/2014 to 30/09/2017												
	Prevalent screen (Table A)						Incident screen (Table C1)			Overall (KPI) Tables A-C2		
	Age 45-49			Age 50-52			Age 53-70			Age 50-70		
	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %
Apr 2014 to Mar 2015	1,954	1,340	68.6	1,867	1,328	71.1	14,326	12,740	88.9	24,623	17,727	72.0
Apr 2015 to Mar 2016	1,968	1,393	70.8	1,646	1,181	71.7	13,813	12,350	89.4	24,809	18,055	72.8
Apr 2016 to Mar 2017	2,267	1,380	60.9	1,918	1,312	68.4	14,160	12,304	86.9	25,900	17,655	68.2
New KPI measures from 1 April 2017	Prevalent screen (Table A)						Incident screen (Table C1)			Overall (KPI) Tables A-C2		
	Age 45-49			Age 45-52			Age 50-70			Age 50-70		
	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %	Invited No.	Screened No.	Uptake %
Q1 Apr to Jun 2017	650	424	65.2	1,046	687	65.7	5,451	4,515	82.8	7,625	5,365	70.4
Q2 Jul to Sep 2017	1,329	861	64.8	2,753	1,896	68.9	6,498	5,396	83.0	10,776	7,179	66.6

5.3 Round Length (50-70 years)

Round Length is defined as the number of women who are re-invited within 36 months for breast screening. In 2016/17 the service was below the minimum standard. In 2017/18 the service remained below the minimum standard. However, during quarter 2 2018 and quarter 3 2018n the service has improved performance from 41.1% to 79.3%, with a recovery plan to further improve to 99% by December 2018.

Screen round length data 01/04/2014 to 31/10/2017 (age 50-70)						
Weeks obtained minimum standard $\geq 90\%$						
Period	Total invited	Total Invited within 36m of Previous Screen		36m + 3	36m + 4	36m + 11
		$\leq 36m$		wks	wks	wks
		No.	%	%	%	%
Apr 2014 to Mar 2015	17,904	16,966	94.8	-	-	-
Apr 2015 to Mar 2016	17,923	14,515	81.0	-	92.5	-
Apr 2016 to Mar 2017	18,167	11,049	60.8	93.0	-	-
Q1 Apr to Jun 2017	5,817	5,743	98.7	-	-	-
Q2 Jul to Sep 2017	7,397	3,063	41.4	-	-	91.4
October 2017	3,442	1,707	49.6	-	-	99.3

5.4 Time from screen to normal results (all ages)

The service exceeded the minimum standard of over 95% of women receiving their results within two weeks of their screening appointment, up to and including the second quarter of 2017/18. The NHSBSP minimum standard of 90% increased to 95% from April 2017.

In October 2017 the minimum standard was not met due to annual leave and sickness. Additionally, records were not being closed until consensus had taken place. A cross-site reporting process has now been agreed and implemented to prevent future slippage and a policy is being written to reflect this new film reading process.

Waiting times for results of screening 01/04/2014 to 31/10/2017									
Time period	≤ 2 weeks		≤ 3 weeks		≤ 4 weeks		> 4 weeks		Total
	No.	%	No.	%	No.	%	No.	%	
Apr 2014 to Mar 2015	19,686	98.4	189	99.4	58	99.7	63	100.0	19,996
Apr 2015 to Mar 2016	19,607	95.4	629	98.5	190	99.4	121	100.0	20,547
Apr 2016 to Mar 2017	19,708	98.3	147	99.0	87	99.4	112	100.0	20,054
Q1 Apr to Jun 2017	5,743	98.7	41	99.4	21	99.8	12	100.0	5,817
Q2 Jul to Sep 2017	7,860	96.3	174	98.4	96	99.6	31	100.0	8,161
October 2017	2,146	72.7	695	96.3	58	98.2	52	100.0	2,951

5.5 Time from screen to assessment (all ages)

The NHSBSP minimum standard changed from April 2017 for this KPI, ≥ 98% of women should be offered an Assessment appointment with 3 weeks of their screen. The service fell below the minimum standard of ≥ 98% of women offered an assessment appointment within 3 weeks of their screen in quarter 1 and quarter 2 of 2017/18 and in October 2017.

Time from screen to actual assessment and time from screen to DOFOaA 01/04/2014 to 31/10/2017																						
Time period	Actual assessment		DOFOaA assessment		Actual assessment		DOFOaA assessment		Actual assessment		DOFOaA assessment		Actual assessment		DOFOaA assessment		Total assess	Total FOa assess				
	≤ 3 weeks		< 3 weeks		≤ 4 weeks		< 4 weeks		≤ 5 weeks		< 5 weeks		≤ 6 weeks		< 6 weeks							
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%						
Apr 2014 to Mar 2015	873	90.4	967	99.4	54	96.0	5	99.9	17	97.7	1	100.0	7	98.4	0	100.0	15	100.0	0	100.0	966	973
Apr 2015 to Mar 2016	925	85.4	1,035	94.9	96	94.3	37	98.3	33	97.3	17	99.8	10	98.2	1	99.9	19	100.0	1	100.0	1,083	1,091
Apr 2016 to Mar 2017	1,029	90.8	1,120	98.3	58	95.9	10	99.2	26	98.2	6	99.7	12	99.3	2	99.9	8	100.0	1	100.0	1,133	1,139
Q1 Apr to Jun 2017	260	86.4	303	97.1	29	96.0	8	99.7	6	98.0	0	99.7	6	100.0	1	100.0	0	100.0	0	100.0	301	312
Q2 Jul to Sep 2017	178	46.2	210	51.1	116	76.4	115	79.1	56	90.9	67	95.4	16	95.1	16	99.3	19	100.0	3	100.0	385	411
October 2017	44	31.0	48	33.8	35	55.6	42	63.4	40	83.8	41	92.3	11	91.5	9	98.6	12	100.0	2	100.0	142	142

5.6 Technical Recall / Technical Repeat (all ages)

Dudley, Wolverhampton and South West Staffordshire breast screening service met the minimum standard for technical recall/repeat rate for the whole time period.

6. Quality Assurance Visit 29 January 2018

The service had a challenging Quality Assurance (QA) visit on 29 January 2018, which was carried out by PHE screening quality assurance service (SQAS). The visit aims to maintain national standards and promote continuous improvement in breast screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

The QA visit team identified 3 immediate concerns and a letter was sent to the Chief Executive on 30 January 2018. All three recommendations were resolved within 7 days.

The service received the final QA Visit Report on Wednesday 6 June 2018. The report makes 66 recommendations, of which there are:

- 3 immediate recommendations
- 10 one month recommendations
- 34 three month recommendations
- 17 six month recommendations
- 2 twelve month recommendations

6.1 Immediate Recommendations

As detailed at the previous Programme Board, all immediate recommendations have been completed and appropriate governance has been implemented. (See Appendix A).

6.2 One Month Recommendations

All one month recommendations have also been completed and appropriate governance has been implemented. (See Appendix B)

6.3 Three Month Recommendations

10 three month recommendations have been completed, 5 are in progress, and the remaining 19 three month recommendations area waiting to be commenced. (See Appendix C).

6.4 Six and Twelve Month Recommendations

The Programme Manager is currently reviewing these recommendations to develop the associated action plans.

Furthermore, there were thirteen high priority findings following the QA visit, these are summarised below:

1. Formalise the governance arrangements between the 2 NHS trusts to support optimal working.
2. Review and revise the management structure for the service.
3. Undertake regular and timely audits on the National Breast Screening System (NBSS).
4. Identify workforce, skills, and capacity at each site required to deliver agreed model, particularly in relation to screening office management, mammography and radiology. The service is currently running with only 52% of its recommended establishment for mammographers and have 1 radiologist in post.
5. Ensure all electronic data and images are transferred between sites on encrypted devices.
6. Ensure regular and timely reports are produced and actioned on BS Select.

7. Implement monthly failsafe.
8. Ensure the screening round plan is fit for purpose and accurate.
9. Ensure physical separation of routine recall and arbitration / recall to assessment cases at Russells Hall Hospital.
10. Outcomes of all consensus discussions to be entered onto NBSS by film readers.
11. Agree a single film reading policy and uniformly implement it across all sites.
12. Ensure that women are offered an assessment appointment in accordance with national guidance.
13. Reduce the prevalent recall to assessment rate in line with national targets.

7. Service Update at Programme Board 14 June 2018

7.1 Workforce

The QA visit highlighted the lack of resources within the service which is impacting on delivering a successful screening service. There are three key areas that have been identified as weaknesses within the service: 1. Mammography; and 2. Screening Office management and structure; 3. Programme Management.

The service is currently advertising for the following roles:

- Superintendent Radiographer 1wte, Band 8A
- Advanced Practitioner 2wte, Band 7
- Clinical Specialist – Mammography 1wte, Band 8A
- Mammographer 2.2wte, Band 6

A funding request from DGH Finance has been submitted to NHSE Commissioners. The request has not yet been approved. The commissioners have requested that the service submits a detailed business case. Following this submission the commissioners have stated that in the first instance they would like to conduct an 'open book exercise'. Until this process has been completed and funding approved, the service will not be able to complete the proposed restructure, nor recruit to any further posts due to insufficient funding. This subsequently will continue to impact upon service performance.

7.2 Round Plan

The Programme Manager has updated the current round plan and placed into a new format that is 'user friendly' for the screening office staff. The updated round plan is reflective of the round length slippage and has realistic estimated screening dates for each GP Practice based upon our current workforce establishment.

The Programme Manager has a plan to recover round length by December 2018 and has commenced work on the 'new' round plan for the service. Currently the Programme Manager is at the 'mapping stage'.

7.3 Failsafe Programme Batches

The service has appointed all women from the backlog of batches from the Failsafe Programme. All women from this cohort will have been screened by Saturday 30 June 2018.

The service has now resumed monthly failsafe batches as per NHSBSP Failsafe Programme guidelines, effective from Friday 25 May 2018.

7.4 Service Reconfiguration – Cannock Site

The ultrasound machine is due to be delivered to Cannock w/c 18 June 2018 and will be subject to Medical Physics tests before it can be utilised.

The service is proposing to commence its first Assessment Clinic on Monday 2 July 2018, consisting of 2-3 patients in the first instance. It is anticipated that this will be successful, hence full Assessment Clinics will then commence from Monday 9 July 2018.

7.5 High Risk Breast Screening

The service has cleared the backlog of women that were awaiting high risk surveillance.

Furthermore, there has been some confusion in regards to the referral process for high risk women. City Hospital were arranging an appointment with a Clinician first and then an MRI appointment. The service has clarified with City Hospital, that women referred from our service only require an MRI appointment. This should now alleviate the delays and reduce patient complaints.

7.6 Addressing Health Inequalities

The service currently does not have a strategy to address health inequalities and raise the uptake of the breast screening Programme, although the Programme Manager will be developing one as per QA recommendations.

However, one of our mammographers has an interest in raising breast awareness and increasing the profile of the breast screening Programme for our residing population. She has undertaken two public breast awareness sessions, the first occasion was in conjunction with City, Sandwell and Walsall Breast Screening Service at the Pentecostal Church, Dudley; and the second occasion was with DGH Consultant Breast Care Nurse at Dudley Council House.

8. Action Plans Commencing 2018

- 8.1 Address QA recommendations.
- 8.2 Devise a robust Business Case to request additional funding from Commissioners to support:
 - 8.2.1 Restructure the Programme management and administration functions of the service.
 - 8.2.2 Increase clinical establishment of the service.
 - 8.2.3 Recruit to additional posts throughout the Programme.
- 8.3 Streamline High Risk Programme - identify high-risk individuals and enter into screening programme; ensuring that all of the information required is returned for MRI Centres.
- 8.4 Devise Health Inequalities Strategy and work closely with other agencies to ensure that health inequalities activities takes place within target areas to encourage ladies to attend for their breast screening appointment.

9. Issues

- 9.1 Accommodation remains an issue for expansion of the service, with additional film-readers requiring a dedicated film reporting office and relocating the administration team to another larger office, which has currently not yet been identified.
- 9.2 Radiography and radiology staffing is currently an issue throughout the Programme/nationally with poor uptake to advertisements, putting the Programme at risk. Currently the service will be focusing on recruiting trainee mammographers to rebuild workforce and introducing the 5 tier skill mix with an introduction of the Associate Practitioner's role.
- 9.3 Finding new screening locations to coincide with the new service round plan once complete will be challenging process.

Appendix A: Immediate Recommendations

Ref	Key Task	Reference	Timescale	Priority	Evidence Required	Update April 2018	Contact
8	Review and appropriately action the 6 cases identified as part of the pre-visit reviews as having incomplete episodes. Consideration should be given where women have experienced significant delays	NHSBSP 47	Immediate	Immediate	Confirm the action taken for of the 6 women identified.	All patients resolved and actioned appropriately.	Paul Stonelake Rita Khan
21	Fully complete the PACS pre-visit questionnaire relating to arrangements and facilities for the management of breast screening images at The Royal Wolverhampton NHS Trust	Programme Specific Operating Model for Quality Assurance of Breast Screening Programmes	Immediate	Immediate	Submission of a fully completed PACS pre-visit questionnaire.	PACS questionnaire completed.	Paul Stonelake Rita Khan
40	Cease the current practice of staff insecurely transferring patient identifiable information between sites on hospital shuttle bus service.	NHSCSP Information Security Policy	Immediate	Immediate	Confirm that this practice has ceased and provide an outline of the secure process now in place.	Practice ceased and secure Trust courier service implemented.	Paul Stonelake Rita Khan

Appendix B: One Month Recommendations

Ref	Key Task	Reference	Timescale	Priority	Evidence Required	Update April 2018	Update May 2018	Contact
23	Ensure all electronic data and images are transferred between sites on encrypted devices.	NHSCSP Information Security Policy	1 month	High	Confirm that all devices used for data and image transfer are fully encrypted	The service can confirm that all devices used to transfer patient data between sites are encrypted. This includes USB devices and Dimex's.		Rita Khan
27	Implement monthly failsafe	Service Specification number 24	1 month	High	Confirm failsafe is being undertaken monthly and that the backlog of women have been appointed appropriately.	Failsafe backlog will be cleared by the end of June 2018. Monthly failsafe to recommence on 25 May 2018.		Rita Khan
31	Ensure the screening round plan is fit for purpose and accurate	NHSBSP 47	a) 1 month b) 3 months	High	a) Confirmation that the electronic screening plan has been accurately updated to reflect when GP Practices will be invited. b) Copy of the revised round plan, including details of the recovery plan along with estimated dates for achieving 90% within 36 months standard.	a) Current screening plan has been updated to reflect when GP Practices will be invited. b) The Breast Imaging Manager has acquired agreement from the commissioners to combine this recommendation with the 6 month recommendation of 'developing a new forward screening round plan'. The new forward screening round plan (6 months) will rectify the Round Length performance for the service, as all 'previous screened dates' will be reviewed as part of this process. The new plan will also have capacity built in for population growth, the Failsafe Programme, the High Risk Programme, Second timed appointments, equipment service dates, mobile moves and slippage for equipment breakdowns. Currently none		Rita Khan

						of these are factored in the screening round plan.	
32	Ensure all women are offered a timely second timed appointment and address the current backlog.	Service Specification number 24	1 month	Standard	Details of how the backlog of second timed appointments were managed. Confirm plan in place to accommodate second timed appointments going forward.	The Programme Manager has acquired agreement from the commissioners to suspend this facet of the contract for a period of 6 months. The service will not be issuing women that have DNA'd their first appointment, a second timed appointment. Instead the lady will be issued with a 'DNA' letter and the responsibility will then be upon the lady to contact the Service to make another appointment. this will now allow the service to focus its efforts and capacity on the 'Failsafe women' and improving Round Length performance for Routine screening ladies.	Rita Khan

35	Ensure training of the Eklund Technique is completed for all mammographers	NHSBSP Screening women with Breast Implants	1 month	Standard	Confirm that all mammographers have viewed the DVD and read the guidance.	11 out of 15 mammographers have viewed the DVD. Guidance will be disseminated at the next staff meeting on Thursday 5th April 2018.	All mammographers have viewed the DVD and guidance has been disseminated to all clinical staff.	Rita Khan
41	Ensure suitable facilities for film reading at Russell's Hall Hospital	NHSBSP 55	1 month	High	Confirm the changes made and that the environment is suitable for reporting	This is in progress. Office space is being negotiated within Imaging so that suitable Film Reporting environment can be made available.	Dedicated Film Reporting environment has now been implemented.	Julie Whiles
42	Ensure physical separation of routine recall and arbitration / recall to assessment cases at Russell's Hall Hospital.	NHSBSP 55	1 month	High	Confirmation that the screening packets are separated by film readers according to required action, prior to being passed to the screening office.	A meeting had been scheduled to take place on Friday 2nd March 2018 with colleagues from Royal Wolverhampton NHS Trust, to discuss the above recommendations and agree a single way of working in regards to these specific areas. However, due to adverse weather the meeting was cancelled. The service will be rearranging this meeting, with a view to make this a regular 'meeting' that takes place on a monthly basis. Once this meeting has been rescheduled, these recommendations will be actioned. Provisional date 27th April - awaiting confirmation from all parties.	Service met with RWT colleagues on Friday 4 May 2018. A single film reading process has been agreed and policy is being drafted.	Paul Stonelake, Rita Khan
43	Outcomes of all consensus discussions to be entered onto NBSS by film readers.	Service Specification number 24	1 month	High	Confirmation that the film readers enter the consensus discussion outcome onto NBSS and that this is documented in a work instruction.	A meeting had been scheduled to take place on Friday 2nd March 2018 with colleagues from Royal Wolverhampton NHS Trust, to discuss the above recommendations and agree a single way of working in regards to these specific areas. However, due to adverse weather the meeting was cancelled. The service will be rearranging this meeting,	New Film Reading Process for reporting and Consensus agreed on Friday 4 May 2018 and implemented at all sites. Beverley Moran (RHH) will be writing the new policy for film reading.	Rita Khan

						<p>with a view to make this a regular 'meeting' that takes place on a monthly basis.</p> <p>Once this meeting has been rescheduled, these recommendations will be actioned. Provisional date 27th April - awaiting confirmation from all parties.</p>		
--	--	--	--	--	--	---	--	--

44	Agree a single film reading policy and uniformly implement all sites	NHSBSP 55	1 month	High	Copy of cross-site film reading policy and conformation from all sites that the policy is being followed. The process should include: a) physical separation of the screening packets for recall and arbitration at the time of second read b) entering the consensus opinion into NBSS by the readers at the time the decision is made c) a process and documentation for the retrieval of previous images	A meeting had been scheduled to take place on Friday 2nd March 2018 with colleagues from Royal Wolverhampton NHS Trust, to discuss the above recommendations and agree a single way of working in regards to these specific areas. However, due to adverse weather the meeting was cancelled. The service will be rearranging this meeting, with a view to make this a regular 'meeting' that takes place on a monthly basis. Once this meeting has been rescheduled, these recommendations will be actioned. Provisional date 27th April - awaiting confirmation from all parties.	New Film Reading Process for reporting and Consensus agreed on Friday 4 May 2018 and implemented at all sites. Beverley Moran (RHH) will be writing the new policy for film reading.	Rita Khan
49	Ensure that all short-term recall cases have imaging of both breasts	NHSBSP 49	1 month	Standard	Evidence of communication to all assessors and confirmation that guidance is being followed	A meeting had been scheduled to take place on Friday 2nd March 2018 with colleagues from Royal Wolverhampton NHS Trust, to discuss the above recommendations and agree a single way of working in regards to these specific areas. However, due to adverse weather the meeting was cancelled. The service will be rearranging this meeting, with a view to make this a regular 'meeting' that takes place on a monthly basis. Once this meeting has been rescheduled, these recommendations will be actioned. Provisional date 27th April - awaiting confirmation from all parties.	Imaging of both breasts for short-term recall ladies implemented at all sites.	Rita Khan

Appendix C: Three Month Recommendations

Ref	Key Task	Reference	Timescale	Priority	Evidence Required	Update April 2018	Update May 2018	Contact
1	Director of Breast Screening to present the QA Visit report at a Trust Executive Board Meeting at both Sites	NHSBSP 40	3 months	Standard	Trust Executive Board meeting minutes	Scheduled for Tuesday 26 June 2018.		Paul Stonelake
2	Appoint an imaging lead to provide professional support to the Director of Breast Screening	Service Specification number 24	3 months	Standard	Confirmation of appointment and allocated time within job plan	Imaging lead appointed - Beverley Moran. Job plan to be amended to reflect this.		Rita Khan
4	Revise the staffing structure supporting the programme management, screening office functions and mammography team to ensure all key functions are being delivered in a timely fashion at all sites	Service Specification number 24	3 months	High	Revised staffing structure with an outline of key roles and responsibilities including scope of practice for advanced practitioners.	Staffing structure has been revised. Job descriptions are awaiting 'job matching' with Dawn Wood. Funding request has also been submitted to commissioners. Commissioners would like to meet with the Breast Screening Management team and a Trust Executive before any funding will be approved.		Rita Khan

7	Undertake regular and timely audits on NBSS	NHSBSP 47	3 months 12 months	High Standard	<p>a) Comprehensive audit schedule to include frequencies of reports run, plus 3 months evidence of audit reports for compliance</p> <p>b) 12 month audit demonstrating compliance with the schedule.</p>		<p>a) NBSS Audit reports implemented: SASP4 for every clinic, SASP5 run 3 times per week, SASP7 run weekly, Disaster recovery run daily.</p> <p>B) Audit schedule being developed.</p>	Rita Khan
10	Undertake a staffing capacity review of the whole programme across all sites	Service Specification number 24	3 months	High	<p>Report of staffing review and future plans including:</p> <p>a) review of screening office staff across all sites.</p> <p>b) Agree a workforce plan for mammography staffing including succession planning.</p> <p>c) Agree a workforce plan for radiology staffing including succession planning.</p>	Staffing structure has been revised. Job descriptions are awaiting 'job matching' with Dawn Wood.	<p>Staffing structure has been revised. Job descriptions are awaiting 'job matching' with Dawn Wood. Funding request has also been submitted to commissioners. Commissioners would like to meet with the Breast Screening Management team and a Trust Executive before any funding will be approved.</p> <p>Superintendent Radiographer is currently being advertised.</p>	Rita Khan

11	Complete the final section of the equipment handover form when a unit is accepted back into clinical use.	HSE Requirement Report PM77	3 months	Standard	Confirmation that handover forms are fully completed			
12	Ensure radiation protection supervisors are trained and appointed for all sites.	IRR17	3 months	Standard	Letters of appointment and evidence of training.			
14	Ensure all medical physics tests are undertaken.	NHSBSP 0604	3 months	Standard	Evidence that all tests required by the NHSBSP have been implemented.			Mark Rawson
15	Clarify responsibilities for managing user QC across all sites and ensure sufficient user QC radiographers are appointed.	NHSBSP guidance for breast screening mammographers (replaces 63)	3 months	Standard	Organogram showing user QC responsibilities across all sites.			
16	Develop a new user QC spreadsheet template for use at all hospital sites.	NHSBSP 1303 and 63	3 months	Standard	Copy of new user QC spreadsheet template and confirmation that this is in use at all hospital sites, with old versions having been removed.			
17	Undertake user QC update training to ensure practice is aligned across all sites.	NHSBSP 63	3 months	Standard	Evidence of update training.			
18	Obtain a suitable object to undertake stereo testing at	NHSBSP 63	3 months	Standard	Confirmation of a suitable stereo test object in use.			

	Russells Hall Hospital							
19	Revise user QC work instructions to ensure that all testing complies with NHSBSP requirements	NHSBSP 63 and NHSBSP 1303	3 months	Standard	<p>Copy of revised work instructions to reference:</p> <p>a) correct positioning when testing each needle in stereo mode.</p> <p>b) the latest signal to noise (SNR) and contrast to noise (CNR) tolerances.</p> <p>c) The grey level set for artefact evaluation for each mammography unit and filter, along with frequency of testing.</p>			

20	Ensure PACS processes are optimal across all sites	Service Specification number 24	3 months	Standard	Confirmation of review completed, changes implemented and processes in place to include: a) agreed work instructions for pre-reading procedures, utilising appropriate functionality within NBSS. b) staffing support to cover all functions			
22	Agree a lead organisation and member of staff, for each piece of equipment or software used for breast screening.	Service Specification number 24	3 months	Standard	Copy of the completed agreed flowchart.			
24	Review current administrative provision and structure to provide appropriate facilities and resilient succession planning.	NHSBSP 47	3 months	Standard	Outcome of staffing review to detail administrative support at each of the 3 hospital sites including data input and audit.	Staffing structure has been revised. Job descriptions are awaiting 'job matching' with Dawn Wood. Funding request has also been submitted to commissioners. Commissioners would like to meet with the Breast Screening Management team and a Trust Executive before any funding will be approved.	Staffing structure has been revised. Job descriptions are awaiting 'job matching' with Dawn Wood. Funding request has also been submitted to commissioners. Commissioners would like to meet with the Breast Screening Management team and a Trust Executive before any funding will be approved.	Rita Khan

25	Ensure a robust induction process is in place for all administration staff	NHSBSP 47	3 months	Standard	Copy of Skills Matrix and confirm implementation across all staff.		Currently being developed.	Rita Khan
26	Ensure regular and timely monitoring reports are produced and actioned on BS Select.	Service Specification number 24	3 months	High	Comprehensive audit schedule to include frequencies for each monitoring report plus 3 months evidence of audit reports for compliance.		Backlog of reports are being actioned and schedule being developed for actioning of reports.	Rita Khan
28	Ensure Open Episodes are actioned appropriately and timely	NHSBSP 47	3 months	Standard	Confirm the process is in place for the routine closure of episodes and for routine checks.	Open Episode's report is currently being actioned.	Open Episode Audit is complete. SASP4 implemented as part of results process, SASP5 is run 3 times per week, and SASP7 weekly for clinic reconciliation.	Rita Khan
29	Send a GP Pack to each Practice 6 weeks prior to selection of the batch	NHSBSP 47	3 months	Standard	Copy of GP Pack and confirmation it is routinely sent out to all GP Practices.			
30	Clear the backlog of high risk clients awaiting surveillance.	NHSBSP 74	3 months	Standard	Confirm all women have been appropriately actioned.	All clients have been actioned appropriately. There is no further backlog to be cleared. All new referrals are being actioned effectively in a timely manner.		Rita Khan

31	Ensure the screening round plan is fit for purpose and accurate	NHSBSP 47	a) 1 month b) 3 months	High	<p>a) Confirmation that the electronic screening plan has been accurately updated to reflect when GP Practices will be invited.</p> <p>b) Copy of the revised round plan, including details of the recovery plan along with estimated dates for achieving 90% within 36 months standard.</p>	<p>a) Current screening plan has been updated to reflect when GP Practices will be invited.</p> <p>b) The Programme Manager has acquired agreement from the commissioners to combine this recommendation with the 6 month recommendation of 'developing a new forward screening round plan'.</p> <p>The new forward screening round plan (6 months) will rectify the Round Length performance for the service, as all 'previous screened dates' will be reviewed as part of this process. The new plan will also have capacity built in for population growth, the Failsafe Programme, the High Risk Programme, Second timed appointments, equipment service dates, mobile moves and slippage for equipment breakdowns. Currently none of these are in the screening plan.</p>		Rita Khan
34	Complete regular image quality assessment at service level in line with NHSBSP guidance.	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirm that a schedule is in place accordance with NHSBSP guidance			

36	Risk assess lone working and develop a policy that covers all sites	Society of Radiographers - Violence and Aggression at Work (including lone working)	3 months	Standard	Confirm the risk assessment has been undertaken and provide a copy of the agreed lone working policy.			
37	Risk assess musculoskeletal disorders and develop a policy which covers all sites	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirm the risk assessment has been undertaken and provide a copy of the agreed policy.			
38	Identify a training lead to support the coordination of training within the mammographic workforce	NHSBSP guidance for breast screening mammographers	3 months	Standard	Confirmation that a training lead has been identified and that the job description is reflective of the new responsibility.	Two mammographers have attended the 'Clinical Educator in Mammography' course at Nottingham University and are mentoring the training of two new trainee mammographers.		Rita Khan
45	Ensure that women are offered an assessment appointment in accordance with NHSBSP standard	NHSBSP consolidated standards	3 months	High	Copy of the action plan to achieve at least 98% of women offered an assessment appointment within 3 weeks of their mammogram.		Workload and recall rate is currently being reviewed. Service performance for Screen to Assessment is currently 98%.	Rita Khan

47	Agree a cross-site practice for assessment	NHSBSP 49	3 months	Standard	<p>a) a copy of the agreed assessment policy</p> <p>b) a policy for second review of cases discharged to routine recall at assessment and a process for recall from second review.</p> <p>c) confirmation that these policies have been agreed at all sites</p>			
48	Put in place a standard process for the timely review of interval cancers and previously assessed (screen detected and interval cancers) across all sites.	<p>NHSBSP Reporting classification and monitoring of interval cancers following previous assessment.</p> <p>NHS Screening Programmes Guidance in applying duty of candour and disclosing audit results</p>	3 months	Standard	<p>a) a cross site policy for the review of interval cancers including timeframes for reviews</p> <p>b) a cross site policy for the review of previously assessed interval and screen detected cancers</p> <p>c) confirms the process for applying duty of candour and disclosure of audit has been implemented on both sites</p>	<p>A meeting had been scheduled to take place on Friday 2nd March 2018 with colleagues from Royal Wolverhampton NHS Trust, to discuss the above recommendations and agree a single way of working in regards to these specific areas. However, due to adverse weather the meeting was cancelled. The service will be rearranging this meeting, with a view to make this a regular 'meeting' that takes place on a monthly basis.</p> <p>Once this meeting has been rescheduled, these recommendations will be actioned. Provisional date 27th April - awaiting confirmation from all parties.</p>	For discussion at Radiology meeting scheduled for 14 June 2018.	
50	Preparation time for radiological review of images before the multidisciplinary meeting is to made	Cancer multidisciplinary team meetings - standards for	3 months	Standard	Copy of radiologist and consultant radiographer job plans with amendments			

	available within job plans	clinical radiologists RCR 2014			highlighted.			
54	Ensure all pathologists meet the continuing professional development (CPD) requirements of the NHSBSP	NHSBSP 2	3 months	Standard	Evidence of attendance			
59	Ensure adequate staffing arrangements are in place to cover periods in which the CMS is unavailable at the Royal Wolverhampton NHS Trust	NHSBSP 29	3 months	Standard	Confirmation of arrangement		Breast Care Nurses at RWT are still under resourced, no plan currently in place.	Margaret Casey
61	Ensure that the multidisciplinary team meetings held at Russell's Hall Hospital operate in line with local specification and national guidance.	The Characteristics of an Effective Multidisciplinary Team (MDT)	3 months	Standard	Confirmation that the MDT record is validated in real time and the record is immediately available to the team in clinical areas.			
64	Ensure all clinical information at Royal Wolverhampton NHS Trust is uploaded to the clinical portal in a timely manner and available in patient notes.	NHSBSP 20	3 months	Standard	Confirm the process is in place and is working satisfactorily.			