



ANNUAL REPORT
BREAST SCREENING PROGRAMMES
PENNINE BREAST IMAGING

Fiscal Year	April 2018-March 2019
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NHS Screening Programmes Annual Report template

Names of:	
Local Authority Area(s)	Bradford and Airedale, Calderdale, Kirklees and North Yorkshire, North Kirklees
CCG(s)	Bradford City, Bradford Districts, Calderdale, Greater Huddersfield
Sites of Delivery (Including static or mobile)	St Luke's Hospital Bradford, Huddersfield Royal Infirmary, 4 mobile units covering ~34 sites across the region.
Programme Lead	Dr Gemma Smith/ Leah Richardson

Programme report	
Annual Programme Update	<p><i>Brief narrative on significant changes to staffing, equipment, facilities over the last 12 months.</i></p> <p>Pennine Breast Screening (PBS) provides an excellent quality service and this is evidenced by the NHSBSP key performance indicators which are consistently achieved for both radiography and radiology. We also receive good feedback from clients via the National Friends & Family Test, as well as local patient satisfaction surveys and comments.</p> <p>The service was complimented on its efficient and timely management of the women affected by the national breast screening incident.</p> <p>The service is in the final stages of implementing a paperlite pathway for mammography screening. This will enable live work list feeds to the mobile screening units with 3G/4G image transfer. This will enable the images to be available for reading immediately or within 12 hours of them being taken, which will help to maintain the screen to date of first offered assessment and screen to results KPI.</p> <p>3 new breast ultrasound sets have been procured</p> <p>However, the number and severity of mammography set breakdowns at static and mobile sites has increased over the last 12 months. This is partially due to the age of the equipment and the availability of parts and engineers. The service has worked with the Trust procurement team and the external suppliers which have resulted in a reduction in equipment downtime.</p> <p>The service is working towards equipment replacement which will</p>

	<p>include the breast picture and archiving system (PACS) and the imaging modalities on the mobile units and at St Luke's hospital. The procurement of a replacement Breast PACS system is in progress with a plan to replace the equipment by 31 March 2020.</p> <p>The screening office is carrying out a clinical trial on behalf of the national programme to evaluate mammography equipment from a practical perspective. This trial is ongoing with a planned progression to evaluate the Tomosynthesis capabilities of the equipment.</p> <p>Pennine Breast Screening has continued to achieve certification for the quality management system under ISO9001:2015.</p> <p>There have been no significant changes to staffing over the past 12 months. Where personnel have left the service due to relocation or retirement, the vacancies have been filled in a timely manner.</p>
<p>Performance over the last 12 months</p>	<ul style="list-style-type: none"> • <i>How successfully are performance issues being managed?</i> • <i>What are the significant issues?</i> • <i>Are there any significant issues anticipated for next 12 months?</i> <p>Key Performance indicators are consistently achieved. Round length and coverage has dropped due to the ongoing call and re call project. This is expected to continue for 2 rounds of screening.</p> <p>Anticipated impact on performance due to the loss of clinics resulting from annual leave and bank holidays are planned for in advance.</p> <p>The number of second timed appointments allocated to women who do not attend initially and managing the increasing population will impact on the services capacity over the next 12 months. The service is considering efficiencies and cost improvement plans in order to manage this.</p> <p>Accessing suitable sites for mobile screening continues to be difficult. The service is currently reviewing the number and location of mobile sites it uses. This will improve consistency of mobile locations with the long term aim of increasing uptake for screening.</p> <p>Pressures from the symptomatic service have increased. These are managed internally to reduce the impact on the screening service provision.</p> <p>Uptake is lowest in the prevalent round which is consistent with the national uptake figures. The health promotion team are working towards improving this. It is important to note that improving uptake is complex as there are many factors which affect a woman's</p>

	<p>decision to attend for screening. Our dedicated health promotion team have a good understanding of these factors.</p>
Health Promotion Activities	<p><i>Brief narrative about successful activities over the last 12 months and the impact seen</i></p> <p>The service employs 2 Health Promotion Specialist who both have a clinical background within breast screening. This has been hugely advantageous, enabling the team to address health related questions accurately.</p> <p>The health promotion specialists have worked well with the Bradford Screening and Immunisation team and the Cancer Research UK facilitators, sharing knowledge and broadening connections with the wider community.</p> <p>The team have also worked with General Practice Surgeries with a low uptake of breast screening and have identified common factors that impact on uptake. These are:</p> <ul style="list-style-type: none"> • Women who are invited for their first screen, • Black and Minority Ethnic (BME) groups • Deprivation areas 1—5 • Carers • Women with learning Difficulties <p>The team are continuing to work with CNet, Sharing Voices (Mental Health), Well Bradford, BAME voices, WOW, MacMillan, local Mosques, (BIMA) and are concentrating on the following areas:</p> <ul style="list-style-type: none"> • Considering mobile site location to make screening more accessible in low uptake areas • Improving the use of the internet to convey information as well as hospital websites and social media • Positive feedback: Pennine staff are more aware of health promotion (HP) activities and encouraging more engagement with the HP team • Sharing information and activities with other screening programmes and health promotion teams – making one contact count • Regular training sessions for carers and frontline GP staff <p>Community engagement self-care events have been successful. These have generated interest from other women's networks and groups.</p> <p>The team have established stronger connections with the BME community leaders in Bradford. The aim is to extend this to other</p>

	<p>areas covered by the programme.</p> <p>The positive impact of the health promotion team can be seen when reviewing screening uptake for example:</p> <table><tr><td>Bingley</td><td>increase</td><td>3%</td><td>to</td><td>77%</td></tr><tr><td>Meltham</td><td>increase</td><td>1 %</td><td>to</td><td>79%</td></tr><tr><td>Cleckheaton</td><td>increase</td><td>3%</td><td>to</td><td>75%</td></tr><tr><td>Dewsbury</td><td>increase</td><td>1%</td><td>to</td><td>69%</td></tr><tr><td>Skelmanthorpe</td><td>increase</td><td>2%</td><td>to</td><td>80%</td></tr></table>	Bingley	increase	3%	to	77%	Meltham	increase	1 %	to	79%	Cleckheaton	increase	3%	to	75%	Dewsbury	increase	1%	to	69%	Skelmanthorpe	increase	2%	to	80%		
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Client Feedback/Client Involvement	<p><i>Overall trend in numbers of Patient comments/complaints/compliments in the last 12 months (e.g. 12 comments 35 complaints and 72 compliments out of 200 patients screened)</i></p> <p>Customer Feedback – April 2018 to March 2019</p> <p>Customer feedback is collated from all screening locations.</p> <p>Client Comment Sheets</p> <table><tr><td>Positive Comments</td><td>=</td><td>59</td></tr><tr><td>Negative Comments</td><td>=</td><td>7</td></tr></table> <p>Positive comments were for Saturday appointments mostly and the efficiency, caring nature and positive attitude of the staff. Negative comments were aimed at radiographer attitude and the maps enclosed with their appointment letters.</p> <p>Compliments</p> <table><tr><td>Written</td><td>=</td><td>15</td></tr><tr><td>Verbal</td><td>=</td><td>1</td></tr><tr><td>Email</td><td>=</td><td>6</td></tr></table> <p>Complaints</p> <table><tr><td>Written</td><td>=</td><td>3</td></tr><tr><td>Verbal</td><td>=</td><td>2</td></tr><tr><td>Email</td><td>=</td><td>2</td></tr><tr><td>Formal Complaint</td><td>=</td><td>3</td></tr></table> <p>Written:</p> <ul style="list-style-type: none">• Woman claimed that her hearing device was knocked off during the examination and felt rushed. She did not want to attend for a Technical Recall appointment.• Equipment breakdown, woman not informed due to health centre not releasing telephone number	Positive Comments	=	59	Negative Comments	=	7	Written	=	15	Verbal	=	1	Email	=	6	Written	=	3	Verbal	=	2	Email	=	2	Formal Complaint	=	3
Positive Comments	=	59																										
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Formal Complaint	=	3																										

	<ul style="list-style-type: none"> • Woman had received an invitation and felt there had been an information governance breach. She felt the screening programme should not have been allowed access to her details <p>Verbal:</p> <ul style="list-style-type: none"> • Lady saw Breast Surgeon. Discrepancy with palpable lump • Lady booked on clinic in error. Complaint from husband due to inconvenience caused. Lady had previously not attended for screening <p>Email:</p> <ul style="list-style-type: none"> • Cancelled appointment twice due to breakdown • No childcare or toilet facilities on mobile units <p>The service has completed a customer satisfaction survey within the clinic provided for women with disabilities. The results were positive and the suggestion of more disabled parking bays has been passed onto the Trust estates department.</p>
Programme Operational Group	<p><i>How effective are the Programme Operational Groups at managing the Screening /Action Plans/Challenges etc.</i></p> <p>There have been 4 Programme Operational Groups and one annual review during 2018-2019.</p> <p>The annual review feeds into several reports and is an important aspect of the quality management system and retention of the ISO9001:2015 certification. The unit objectives are set during this meeting which are in accordance with National Guidance, the Service Specification, the QA Action plan, Trust wide objectives and internal goals.</p> <p>The operational groups are an opportunity to review the unit objects and set actions in order to achieve these. They are also useful when identifying risks to the service and how these risks can be mitigated.</p> <p>The aim is to hold these monthly over the next 12 months with the Annual Quality Management Review in May.</p>
QA Action Plan	<p><i>Consider the outstanding actions on the QA action plan for the next 12 months and how they will be prioritised</i></p> <p>All outstanding actions relate to capacity and demand work and multidisciplinary meeting room facilities (including video conference and projection of imaging).</p> <p>Capacity and demand work has been completed and has identified a need to increase mammography equipment availability, radiographic staffing and Radiology staffing. However, due to the</p>

	current availability of resources and the uncertainty surrounding the National Breast Screening Review, this cannot be progressed at this time.
Next Steps/Service Developments or Expansion Plans	<p><i>Are there any significant service developments underway or planned for the next 12 months?</i></p> <p>The service has applied to the National Breast Screening Imaging Academy for a Breast Imaging Fellow. This is new national initiative to increase the workforce in breast imaging.</p> <p>There is a planned Picture and Archiving System (PACS) and Mammography equipment replacement programme. Preferred suppliers are being identified and work is ongoing around the business cases.</p>
Incidents	<p><i>What is the overall trend of incidents over the last 12 months (e.g. have incidents in/de/creased in number, are they generally less/more serious than the previous 12 months?)</i></p> <p>There were 20 incidents logged in 2018-2019 which is an increase on the previous year. 11 of these incidents relate to equipment break down.</p> <p>5 incidents were reported to the Screening Quality Assurance service and to the Commissioning Team. Investigations have been completed and evidence submitted within the required timescales.</p>
Risks & Issues	<p><i>What were the most significant risks/issues affecting the programme over the last 12 months?</i></p> <p>No significant risks have been recorded</p>
Achievements	<p><i>Any good news/achievements/proud to share events/staff awards/ over the last 12 months?</i></p> <p>The service has raised charitable funds to improve patient waiting areas. All chairs have been recovered and future improvement works are planned for the main waiting area in the Pennine Suite.</p> <p>The PACS manager for the service received the employee of the month award in recognition of his support for the service.</p> <p>The unit had 3 posters accepted for the national conference Symposium Mammographicum . All 3 posters were selected for the walking tour which is an indication of the high standard of the audits presented.</p> <p>The service was exceptionally proud of teams response to the</p>

	national screening incident.
Future vision/horizon planning	<p><i>Over the next 12 months</i></p> <p><u>Facilities</u> We plan to update the meeting room facilities to enhance the Multidisciplinary team meeting, connecting PBS with all the centres we refer to.</p> <p><u>Equipment</u> We plan to introduce tomosynthesis into the service. Tomosynthesis capabilities have been included in the replacement equipment specification to facilitate this.</p> <p><u>Radiographer Advanced Practice</u> We are training 2 Advanced Practitioners in breast ultrasound and 1 Advanced Practitioner in x-ray guided breast biopsy</p> <p>We are developing a new extended role position in response to the anticipated increase in demand as the screening population expands.</p>