

## Board of Directors Meeting in Public

<b>Subject:</b>	National Breast Screening Service Incident	<b>Date: 21/05/2018</b>		
<b>Prepared By:</b>	Elaine Torr – DGM D&O and Dr Ali Jahan – Director of Breast Screening			
<b>Approved By:</b>	Dr Andrew Haynes, Executive Medical Director			
<b>Presented By:</b>	Dr Andrew Haynes, Executive Medical Director			
<b>Purpose</b>				
To describe the issue affecting women who were not called for screening as part of the National Breast Screening Programme, which was highlighted to SFHT on Monday 30 <sup>th</sup> April 2018 by PHE. It's impact on local women, the response required from, and the impact on, our Local Breast Screening Service, and the timescales to deliver.			<b>Approval</b>	
			<b>Assurance</b>	<b>x</b>
			<b>Update</b>	<b>x</b>
			<b>Consider</b>	
<b>Strategic Objectives</b>				
<b>To provide outstanding care to our patients</b>	<b>To support each other to do a great job</b>	<b>To inspire excellence</b>	<b>To get the most from our resources</b>	<b>To play a leading role in transforming health and care services</b>
<b>x</b>				
<b>Overall Level of Assurance</b>				
	<b>Significant</b>	<b>Sufficient</b>	<b>Limited</b>	<b>None</b>
		<b>x</b>		
<b>Risks/Issues</b>				
<b>Financial</b>	<b>X Additional resources required to manage incident</b>			
<b>Patient Impact</b>	<b>X Increased anxiety, potential harm</b>			
<b>Staff Impact</b>	<b>X Additional hours to be worked by staff</b>			
<b>Services</b>				
<b>Reputational</b>	<b>X National issue but could reflect on local service, media interest</b>			
<b>Committees/groups where this item has been presented before</b>				
<b>Trust Executive Committee 16<sup>th</sup> May 2018</b>				
<b>Executive Summary</b>				
<p>The Trust was initially informed that potentially around 1000 local women were not called for their final screen as part of the routine National Breast Screening Programme.</p> <p>358 women aged 70-73 years were to be offered appointments to attend for screening, another 716 women aged 74-79 years would be offered the chance to self - refer to screening via a National helpline.</p> <p>These numbers were revised by PHE and on 16<sup>th</sup> May 2018 when we were informed that there were 205 women below the age of 73, who would be called for screening, in addition to 76 already known, and possibly 687 up to the age of 79 who can self-refer</p> <p>SFHT Breast Unit were informed of the names and details of the women who require screening, by the National Breast Screening Service (NBSS), on 16th.May 2018. These women have to be screened without impacting on the normal screening service. It is planned that additional Saturday sessions will be undertaken, the first of which will take place on 23rd June 2018. These will also incorporate a full assessment clinic as required, supported by a surgeon, specialist nurses, Radiographers and a Radiologist. It is hoped that 60 women will be screened at each session and these are planned for each Saturday from this date and throughout July.</p>				

It was originally hoped to start the additional screening in May, but there was some initial delay by PHE in providing the lists of women to be invited, and the Trust breast Radiologist is on leave during June, and therefore reporting of the images would not be available. The Trust will have a second Breast Radiologist in September.

PHE expect that most of the women will have been offered appointments by the end of July 2018, but all should have been offered before the end of October 2018. The Trust is expected to meet this requirement. It is unknown, at this stage, how many women in the older age range will request screening, but the additional sessions will continue until all have been screened.

Local and National support arrangements are in place for women and families. Harm reviews and Duty of Candour is being managed Nationally. External funding will be made available to all Trusts to cover the costs of the additional screening. There will be an impact on the symptomatic service, but it is not expected to be significant. At the normal screening range of 50-70 years, 5-10% of women would require further assessment, 50% of these would require a biopsy, and 50% of these, surgery. However, these women fall into an older age group, where cancer is more prevalent, but not necessarily requiring aggressive treatment.