

“Creating a great place to be cared for and a great place to work”

Job Evaluation Reference Number:



**University Hospitals of
Morecambe Bay**
NHS Foundation Trust

JOB DESCRIPTION

Job Title:	Programme Director for Breast Screening Services
Department/Ward:	Breast (Symptomatic and Screening)
Remuneration:	2 PA remuneration (medical and dental), or responsibility allowance (agenda for change)
Care Group:	(To be confirmed)
Responsible to:	Divisional Clinical Director
Accountable to:	Chief Executive Officer, UHMBFT
Organisational relationships:	Consultant Radiologists, Consultant Surgeons, Consultant Oncologists, Consultant Pathologists and Radiographers

JOB SUMMARY:	<p>The Programme Director for Breast Screening has overall accountability for the safe and effective provision of the local breast screening service. This is from the identification of the eligible screening cohort to the point of diagnosis as commissioned by NHS England.</p> <p>The position holder will:</p> <ul style="list-style-type: none">• Have responsibility for the leadership, management, performance, quality, governance, and coordination of the service.• Provide leadership and a behavioural role model for provision of compassionate care within the breast screening service.
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Main Duties and responsibilities

- Ensure lines of accountability and responsibility within the service are identified and documented and that this is clearly defined if the service refers women for treatment across trust or healthcare boundaries.
- Is accountable for budgetary planning and management to make sure the service can meet agreed standards.
- To ensure that effective business planning is in place.
- Accountable for programme management activities
- Responsible to the chief executive of the trust or organisation in which the service is based.
- Makes sure the service complies with conditions documented in the national breast screening service specification.
- Provides assurance that disclosure of audit/duty of candour guidance responsibilities are adhered to •with the host trust, supports the health and wellbeing of staff by making sure relevant legislation, for example, health and safety and radiation protection, national guidance and local policies are correctly implemented.
- Provides assurance that screening safety incidents and serious untoward incidents (SUI) are reported within the trust and to the screening quality assurance service (SQAS) in line with local trust, current screening programme and NHS England guidance.
- Maintains awareness of incidents in breast symptomatic practice that involve staff or equipment associated with the screening service.

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- Provides assurance that image readers and pathologists reporting images and material participate routinely in external quality assurance (EQA) schemes as indicated in the breast screening service specification.
- Have an understanding of the local eligible population to help address issues of inequality of access.
- Encourages participation in screening research trials and makes sure research undertaken locally has appropriate ethical and national research advisory committee approval.
- Provides assurance that all staff involved in client diagnostic work-up are appropriately trained and have the relevant competency sign-off to meet national NHS Breast Screening Programme (BSP) standards.
- Should provide assurance that all internal and outsourced or subcontracted services (for example medical physics provision, pathology services or administrative letter outsourcing) meet NHS BSP guidance and associated quality, safety, and performance standards •provides assurance that appropriately managed systems are in place to deliver all aspects of the service including:
 - staff training
 - facilities and equipment
 - call and recall
 - external provider compliance
 - risk assessment
 - quality management system
 - adherence to NHS BSP standards • escalating risks and issues to trust managers where required.

Clinical accountability

The director of breast screening:

- ensures clinical policy is maintained through regular multidisciplinary team (MDT) meetings.
- ensures decisions taken about patient management at MDTs are consistent with that policy and are documented in one consistent record agreed by all members of the MDT.
- with concerns about individuals working within the screening service and reporting and escalating performance concerns in accordance with trust processes
- examines ad-hoc audits for national collation, statistical returns, and audits prior to submission and formally “signs off” as appropriate and also ensures any resulting actions to improve performance are undertaken.
- ensures all performance monitoring and mandatory audits are undertaken according to guidance and all performance data is reported including:

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- National audits (NHS BSP and Association of Breast Surgery (ABS), interval cancers and others)
- KC62 Department of Health returns
- KPI and routine monitoring statistics

Other responsibilities of the role

The director of breast screening:

- coordinates the running of the service, communicating with the management and clinical leads within the trust(s), with commissioners and with screening and immunisation leads (SILs) within local commissioning teams.
- Work with the Head of Department, programme manager and screening office manager to agree appropriate delegation of tasks which must be reflected in job descriptions and be adequately resourced .
- takes responsibility for data accuracy, accurate allocation of named individuals on the national breast screening system (NBSS) and the completeness of the NBSS record.
- makes sure the service’s working environment is open and transparent, developing a learning culture and avoiding a blame culture.
- works with the host trust to maintain adequate numbers of trained, qualified and competent staff to provide a high-quality breast screening service in line with national guidance.
- attends regular management meetings within the host trust, programme board meetings and director of breast screening professional network meetings with SQAS.
- makes sure there are regular senior leadership team meetings, at least monthly, with the lead radiographer, programme, and screening office manager to discuss operational aspects of the programme.

Many of the duties listed may be delegated by the director of breast screening through the senior management team structure.

It must be explicitly clear who is responsible for which tasks and functions with clear lines of accountability. There may be additional responsibilities of the role in accordance with local organisation and clinical requirements.

Transfer from screening to treatment services

Links between screening and treatment responsibility must be seamless. So that women at the end of the screening process are referred to treatment services once diagnosis with breast cancer is made explicit.

The BSP relies on systematic, specified relationships between screening services and stakeholders, which include treatment services, histopathology, laboratories, genetics services, external diagnostic services, primary care representatives and others.

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The director of breast screening (or designate) should take the lead in making sure interorganisational systems are in place to maintain the quality of the whole screening pathway.

This includes, but is not limited to:

- providing coordinated screening across organisations, so all parties are clear about their roles and responsibilities at every stage of the screening pathway, and particularly where responsibility for a patient is transferred from one party to another.
- agreeing joint failsafe mechanisms, where required, to ensure safe and timely processes across the whole screening pathway.
- contributing to any initiatives led by NHS England or Public Health England to develop the screening pathway in line with NHS BSP expectations.
- maintaining electronic links with IT systems, including picture archiving and communication systems (PACS) and relevant organisations across the screening pathway
- agreeing links with primary care, secondary and tertiary care

Budgetary oversight

The director is responsible for screening budget oversight and should develop a working understanding of budget management and the requirements of the service.

They should liaise with management accountants and budget managers to understand the total budget for screening and have an understanding of revenue (if tariff driven) and costs – both pay and non-pay and how to balance the service’s budgets.

The director must work with trust management and commissioners in reviewing service needs and managing the budget.

The director’s budgetary responsibilities include:

- working collaboratively with commissioners in reviewing the service in line with service specifications and needs, for example resulting from SQAS reports.
- considering the eligible population, running costs, new programme guidance and new service developmental costs resulting from changes in practice which would require a change in resources or equipment replacement.
- meeting regularly with trust management to review service needs and costs
- planning, budgeting and seeking funding for changes in service needs and quality improvements;
- to ensure robust financial management systems and processes are in place to optionally utilise the budget and resources;
- to meet annual financial targets including cash releasing efficiency savings;
- to ensure all departments’ financial management systems adhere to Trust standing financial instructions and standing orders.

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The day-to-day management of the budget will usually be delegated to the Head of Department.

Appraisals and continuous personal development

The director of breast screening must be appraised annually, and trusts should allow for input from a second appraiser with experience of breast screening if the appraiser is not the service line manager or lead.

The director of breast screening is responsible for making sure all breast screening staff are appraised annually by their line manager.

The role of medical appraisal and revalidation is directed by the General Medical Council (GMC) for medical workforce.

The appraisal process must include NHS BSP professional measures and standards and the service must regularly review the appraisal process.

Image reader appraisal should compare performance against national programme standards and outcomes such as film reader quality assurance (FRQA) from the breast screening information system (BSIS). Same site previous assessment and interval cancer reviews should also be included in the discussion.

Identified continuing professional development (CPD) needs should be recorded in the appraisee's personal development plan (PDP). CPD needs may be identified:

- during participation in EQA training
- as a result of new technologies or changes to working practices
- from a performance review (for example from BSIS or assessment and interval cancer reviews)

CPD processes should follow the appropriate professional guidance where available.

The director of breast screening should develop similar processes for staff who are appraised by another organisation, for example staff who hold honorary contracts, locum staff or staff in hub and spoke models.

This job description is not exhaustive and will be reviewed and amended, with the post holder, when necessary.

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TERMS AND CONDITIONS

This post will be subject to the terms and conditions of the University Hospitals of Morecambe Bay NHS Foundation Trust.

CONFIDENTIALITY

Information relating to patients, employees and business of the Trust must be treated in strictest confidence. Under no circumstances should such information be discussed with any unauthorised person(s) or organisations. All staff must operate within the requirements of the Freedom of Speech policy.

SAFEGUARDING & PROTECTING CHILDREN

Everyone shares responsibility for safeguarding and promoting the welfare of children and young people, irrespective of individual roles. As a senior manager you will need to be aware of your responsibility in relation to safeguarding and protecting children. You will be expected to provide effective leadership in ensuring safeguarding children is a priority within all service delivery and developments.

ENVIRONMENTAL SUSTAINABILITY – NET ZERO CARBON

University Hospitals of Morecambe Bay NHS Foundation Trust are committed to sustainable development, social value and achieving the NHS Net Zero Carbon reduction targets. All employees must play their part and adhere to the principles in the Green Plan, this will ensure our services are efficient, sustainable and carbon emissions are reduced. As an employee you will be expected to conserve energy / water, minimise wastage in all formats, actively promote biodiversity and use sustainable transport whenever possible.

- **Energy:** Switch off non-essential electrical equipment and lighting when not in use. Report heating issues such as when buildings are too hot or too cold to the Estates Team.
- **Water:** Do not leave taps running and report all drips, leaks, and condensation issues to the Estates Team.
- **Waste:** Follow the Trust waste policy – Reduce – Reuse – Recycle. Do not over order equipment or medicines. Healthcare waste must be disposed of in line with the Trust's Waste Management policy.
- **Biodiversity:** Enhancing biodiversity has a wealth of positive outcomes for our colleagues, services users and the environment. Think of your site, can an area be improved to have a quality green space, specific planting for habitat improvement or the installation of a couple of bird boxes? Contact the Estates Team for further details.
- **Transport & Travel:** Where possible lift share, cycle, walk or use public transport.

HEALTH AND SAFETY

The Health and Safety at Work Act stipulates that it is the responsibility of each employee to observe all rules governing safety and conduct and as such safety equipment and Personal Protective Equipment provided must be used.

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INFECTION CONTROL

The Trust is committed to protecting the health of all staff, patients and visitors to the Trust. As such all staff is personally responsible for compliance with all Trust and department infection prevention and control policies. Failure to comply with such policies and associated procedures is likely to lead to disciplinary action and may result in dismissal.

MANUAL HANDLING

The post holder will be provided with adequate training in correct lifting techniques by a recognised lifting instructor.

NO SMOKING POLICY

A No Smoking Policy operates across all Trust sites.

QUALITY OF SERVICE

The trust is committed in its use of available resources to obtaining the best possible service for patients and staff. The Post holder must share this objective and seek to maintain and improve the quality of service provided.

EQUAL OPPORTUNITIES

The Trust is pledged to equal opportunities for all and is committed to ensure that no job applicant or employee receives less favourable treatment on the grounds of gender, marital status, age, race, colour, sexual orientation, creed, nationality, ethnic or national origin or disability. We promote flexible working opportunities wherever possible to enable staff to balance their work with their private lives.

TRAINING AND DEVELOPMENT

Maintain your professional standards in respect of education and training and ensure that you are aware of your specific area specialty training and needs analysis.