

NORTHERN IRELAND BREAST SCREENING PROGRAMME QUALITY ASSURANCE STRUCTURE

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Aims of the Northern Ireland Quality Assurance Programme for Breast Screening

Core Purpose

To monitor, maintain and improve upon minimum standards of service, performance and quality across all elements of the breast screening programme.

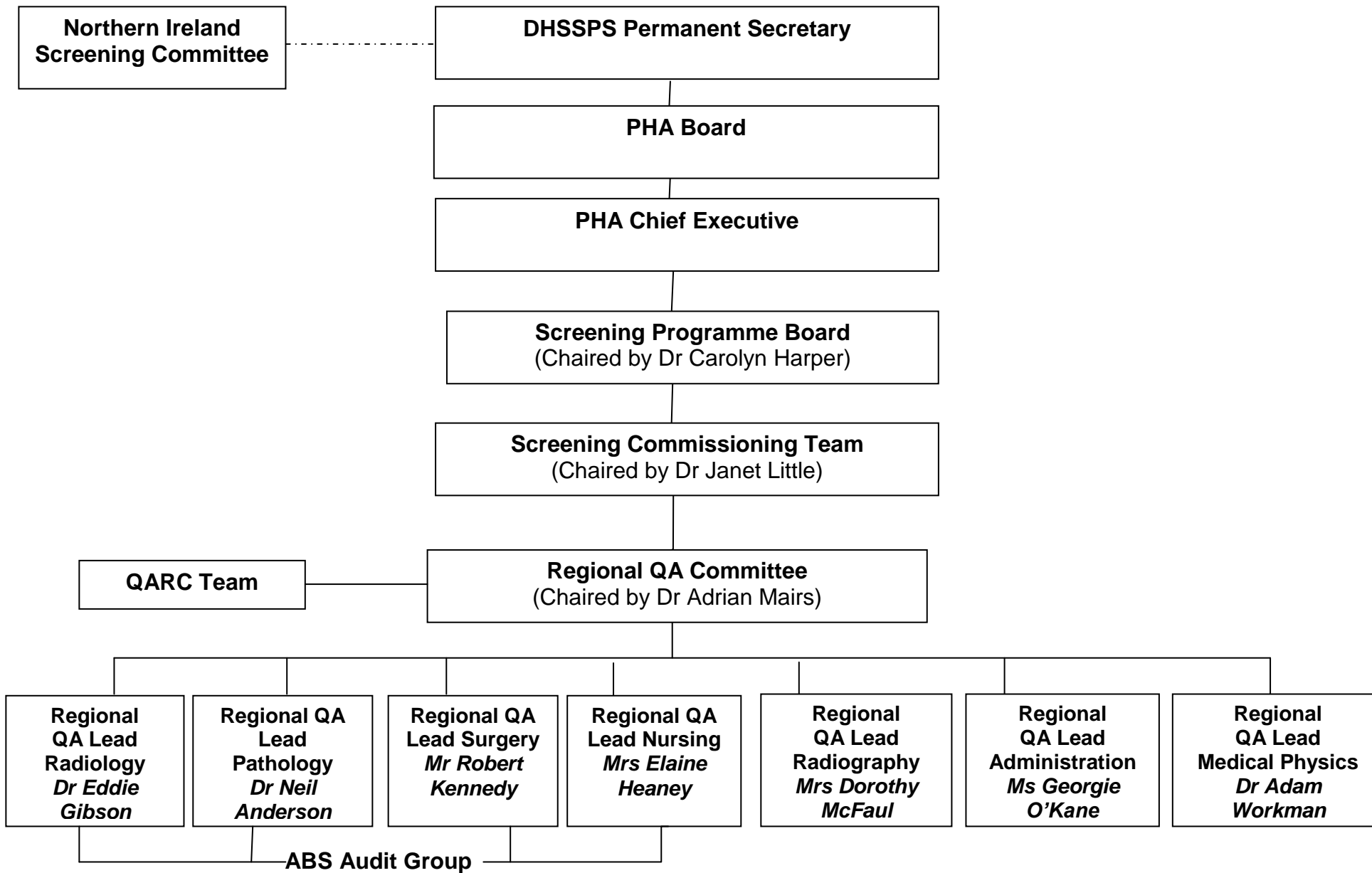
Aims

1. To support both commissioners and providers in the specification, commissioning and delivery of the screening programme.
2. To act as a resource to provide specialist advice and expertise on the programme.
3. To coordinate QA activities between and within professions.
4. To monitor and review the performance and effectiveness of the QA mechanisms in each individual screening unit.
5. To devise and operate robust monitoring arrangements and check that screening services are delivered to the highest levels of quality and safety.
6. To ensure that failsafe mechanisms are in place to prevent, identify, any breakdown of systems or processes
7. To monitor and report whether the screening services are delivered by appropriately trained and qualified staff, and to:-
 - Provide advice about and encourage continued professional education for individuals within the programmes.
 - Facilitate close liaison between screening units and national training centres.
8. To devise, implement and operate quality systems which:-
 - a) Maintain a multidisciplinary approach to QA
 - b) Include collection, review, validation and dissemination of data
 - c) Provide a programme of QA visits and their follow-up actions
 - d) Enable problems to be identified and responded to at an early stage and ensure action is taken by the appropriate individuals/organisations
 - e) Support the achievement of necessary changes.
9. To contribute to the development of national and regional policy by identifying and promoting key areas of development, which are evidence-based.
10. To develop and implement effective communication systems, ensuring clear lines of communication through local, regional and national levels, and that relevant information is properly consulted upon and disseminated.

Essential Components of Quality Assurance

- The Director of Public Health is accountable to the PHA for ensuring that robust QA structures and processes are in place and for the effective operation of a regional QA programme.
- The QA Director should be appointed and should be accountable to the Director of Public Health, PHA.
- The Cancer Screening Programmes Manager should be appointed to support the QA Director and manage the Quality Assurance Reference Centre staff.
- The QA Coordinator should be appointed to support the QA Director.
- Individual Professional QA Leads should be appointed through a formalised process with agreed job descriptions and fixed term contracts.
- The Professional QA Leads will be responsible to the Regional QA Director and accountable to the Director of Public Health, PHA.
- A QA team (consisting of members of the QA Committee) should be established and undertake QA Visits to each breast screening unit in Northern Ireland every three years.
- Interim visits should be undertaken by each QA Lead.
- The QA Director and QA Coordinator should ensure that each maintains close links with the NHS Cancer Screening Programmes.
- Each of the QA Leads should attend their own national specialty group twice a year.
- Under the Chairmanship of the Lead QA Surgeon an annual ABS study day should be held once a year to consider national (ABS) Audit results and agree associated action as required.
- The QA Lead for Administration should also act as the regional representative on the National Breast Screening Software (NBSS) users group.
- QA professional leads should encourage all relevant professionals to participate in and be aware of the results of national audits and External Quality Assurance (EQA) activities, in particular
 - (a) Association of Breast Surgery (ABS) audit
 - (b) PERFORMS film set
 - (c) National Breast Pathology EQA scheme
 - (d) National physics surveys.
- Regular monitoring of statistical returns should be undertaken.
- Interval cancers should be regularly reviewed.
- Management of screening incidents, including contributing to resolution and disseminating learning.
- Appropriate equipment monitoring should be overseen.

Regional Quality Assurance Structure (Breast)



Key Roles of the QA Reference Centre

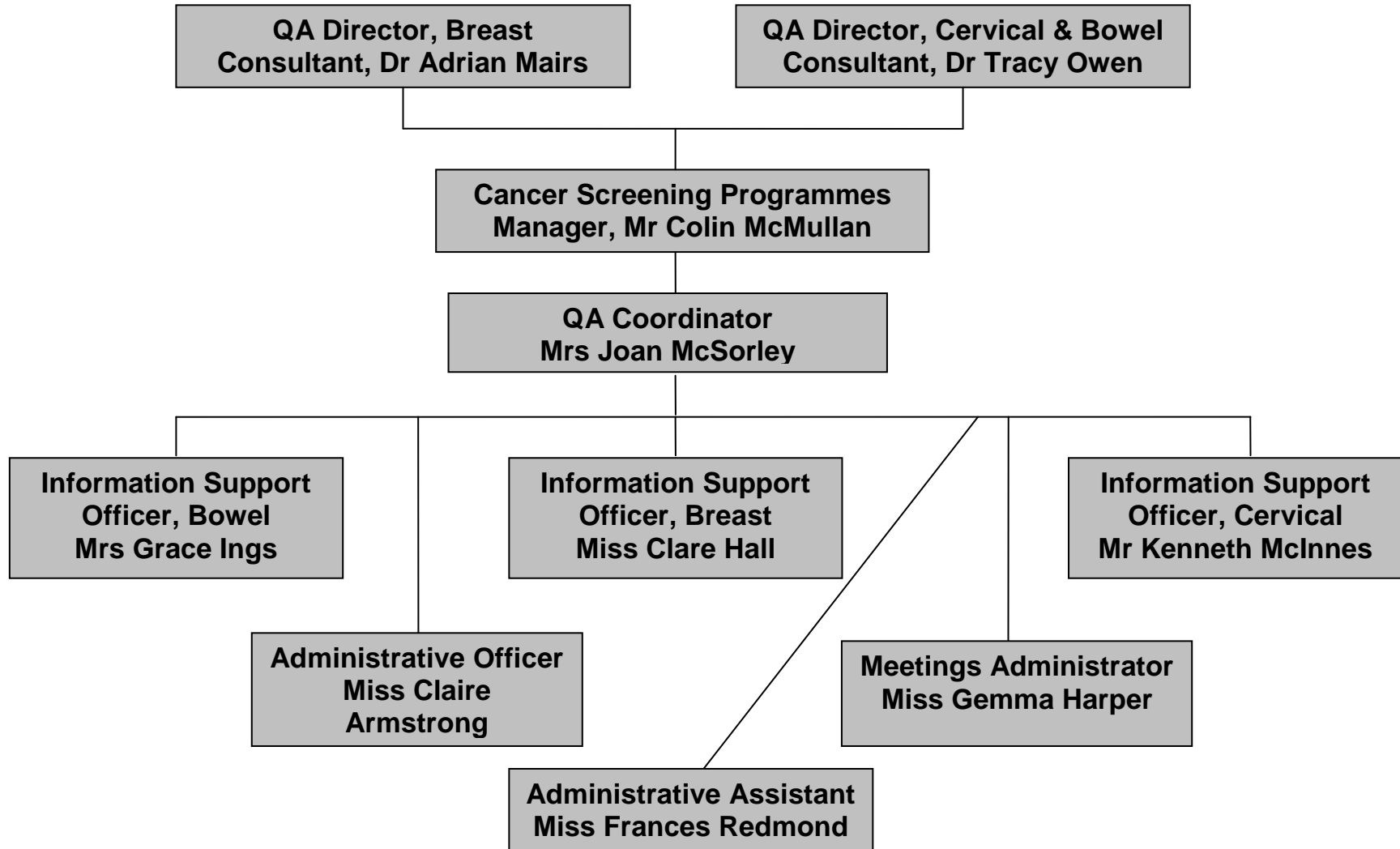
1. To support the QA Director in fulfilling his/her functions and role.
2. To maintain close liaison with and support key professionals within the service, including the local Directors of Breast Screening Units and Professional QA Leads.
3. To organise three yearly QA Visits to Breast Screening Units.
4. To establish links and liaise with associated bodies both regionally and nationally, e.g. the DHSS&PS, NI Cancer Registry and the NHS Breast Screening Programme (NHSBSP).
5. To establish links and liaise with voluntary, community groups and external service providers.
6. To act as a focus for the collection, dissemination and storage of information, including audit data.
7. To organise, facilitate and follow up on regional QA meetings and their action points from minutes and reports.
8. To work with screening units in the development of protocols and in addressing local QA as part of an integrated Quality Management System.
9. To provide information and advice to support commissioning decisions.
10. To provide relevant documentation and information to the Screening Programme Board.

More specifically the QA Reference Centre undertakes the following tasks:-

- Review and report performance data against national standards.
- To monitor any elements of the breast screening service commissioned to private providers against national standards.
- Ensure responsibility for monitoring the implementation of change is delegated to the appropriate professional lead.
- Monitor progress of screening rounds and identify difficulties within local screening programmes.
- Review satisfaction surveys.
- Collect, monitor and report on interval cancer data.
- Disseminate performance information within agreed communication strategy.

- Represent Northern Ireland at national QA Group meetings.
- Arrange all relevant seminars, conferences and education/training days.
- Maintain a library of relevant national and local publications, including all NHS BSP/CSP documents.
- Manage QA Budget.
- Produce relevant newsletters and leaflets.
- To work with internal and external stakeholders to promote informed choice in cancer screening programmes

QARC STRUCTURE – ALL PROGRAMMES



Role and Membership of Breast Screening QA Committee

Remit

1. To review QA statistics and information, make recommendations and take action where necessary.
2. To support the Quality Assurance Reference Centre in the development, updating and implementation of local protocols, guidelines, public and professional information.
3. To advise on and coordinate QA activities within the region.
4. To share information provided at national meetings and to advise on its relevance locally.
5. To support and assist the QA Director in the event of a quality failure within the service.
6. To assist the QA Director to carry out his/her functions.
7. To advise the Assistant Director for Screening and Service Development on issues affecting policy, strategic planning and quality assurance.

Frequency

The Breast QA Committee will meet twice yearly in June and December.

Membership

- | | |
|--|-------------------------|
| 1. QA Director (Chair) | - Dr Adrian Mairs |
| 2. Cancer Screening Programmes Manager | - Mr Colin McMullan |
| 3. QA Co-ordinator | - Mrs Joan McSorley |
| 4. QA Lead Radiologist | - Dr Eddie Gibson |
| 5. QA Lead Pathologist | - Dr Neil Anderson |
| 6. QA Lead Surgeon | - Mr Robert Kennedy |
| 7. QA Lead Nurse | - Mrs Elaine Heaney |
| 8. QA Lead for Administration | - Ms Georgie O’Kane |
| 9. QA Lead Medical Physicist | - Dr Adam Workman |
| 10. QA Lead Radiographer | - Mrs Dorothy McFaul |
| 11. QARC QA Coordinator | - Mrs Joan McSorley |
| 12. QARC Information Officer | - Miss Claire Armstrong |
| 13. QARC Meetings Administrator | - Miss Gemma Harper |

When a QA Lead cannot attend the Breast Screening QA Committee meeting the designated Deputy QA Lead should attend on their behalf

Deputy QA Leads

- | | |
|--------------------------------------|-----------------------|
| 1. Deputy QA Lead Radiologist | - Dr Paul Farry |
| 2. Deputy QA Lead Pathologist | - Dr Grainne McCusker |
| 3. Deputy QA Lead Surgeon | - Mr Stephen Dace |
| 4. Deputy QA Lead Nurse | - Ms Brenda O’Kane |
| 5. Deputy QA Lead for Administration | - Mrs Denise Park |
| 6. Deputy QA Lead Radiographer | - Mrs Hilary Speers |

Subgroups

1. Radiology
2. Pathology
3. Surgery
4. Nursing
5. Radiography
6. Administration

Remit and Membership of the Regional QA Administration Sub Group

Overall

To advise the Regional QA Committee on all aspects of administrative and clerical functions in relation to the NI Breast Screening Programme.

To monitor and improve performance against national quality standards.

Specific

- Coordinate and monitor the local implementation of national guidelines.
- Encourage and participate in audit and quality improvement for the benefit of the programme.
- To share information and learning regarding incidents relating to admin and clerical
- Advise the Regional QA Director on administrative issues within the programme, to include units and individuals, with due regard for confidentiality.
- Represent the views of the administrative and clerical staff within the region.
- To help coordinate administrative activity across all Breast Screening Units.
- To give advice on training and educational requirements for all administrative and clerical staff in the region.
- To give advice on the current computerisation system and subsequent changes.

Membership

QA Lead for Administration & Screening Office Manager, Eastern Area	Ms G O’Kane (Chair)
Screening Office Manager, Northern Area	Mrs A Moody
Screening Office Manager, Southern Area	Mrs D Park
Screening Office Manager, Western Area	Mrs J Hasson
Deputy Screening Office Manager, Eastern Area	Mrs D Owens
Deputy Screening Office Manager, Northern Area	Mrs J McFall
Deputy Screening Office Manager, Southern Area	Mrs K Devlin
Deputy Screening Office Manager, Western Area	Mrs D Davitt
QA Director of Breast Screening	Dr Adrian Mairs
QARC QA Coordinator	Mrs Joan McSorley
QARC Information Officer	Miss Claire Armstrong
QARC Meetings Administrator	Miss Gemma Harper

Frequency of Meetings

At least twice yearly

Remit and Membership of the Regional QA Nursing Sub Group

Overall

To give advice to the Regional QA Committee on all aspects of the Breast Screening Programme in relation to nursing issues.

To monitor and improve performance against national quality standards.

Specific

- Coordinate and monitor the local implementation of national guidelines for the profession.
- Encourage and participate in audit and quality improvement for the benefit of the programme.
- Participate in quality assurance visits.
- To share information and learning regarding incidents relating to breast care nursing
- Participate in, promote and monitor participation in appropriate external assessment schemes.
- Advise the Regional Director of Quality Assurance on the breast care nursing (screening) performance of the programme, units and individuals, with due regard for confidentiality.
- Support, investigate and advise Breast Screening Units on all aspects of breast care nursing (screening) performance, in conjunction with the Regional Director of Quality Assurance.
- Coordinate discussions on appropriate aspects of professional quality assurance with other professional coordinating groups.
- Encourage research and development for the benefit of the programme.
- To represent the views of the profession in the region at the National Coordinating Group and report back.

Membership

QA Lead Nurse & Breast Care Nurse,
Northern Area
Breast Care Nurse, Eastern Area

Breast Care Nurse, Southern Area
Breast Care Nurse, Western Area
QA Director of Breast Screening
QARC QA Coordinator
QARC Information Officer
QARC Meetings Administrator

Mrs Elaine Heaney (Chair)

Ms Brenda O’Kane/
Ms Martina McVeigh
Mrs Eimear McGeown
Mrs Mandy Bradley
Dr Adrian Mairs
Mrs Joan McSorley
Miss Claire Armstrong
Miss Gemma Harper

Frequency of Meetings:

At least twice yearly

Remit and Membership of the Regional QA Pathology Sub Group

Overall

To give advice to the Regional QA Committee on aspects of the Breast Screening Programme in relation to the provision of pathology services.

To monitor and improve performance against national quality standards.

Specific

- To monitor QA data from each Laboratory, identifying problems and designing solutions.
- To share information and learning regarding incidents relating to pathology
- Encourage and participate in audit and quality improvement for the benefit of the programme.
- To identify areas of diagnostic difficulty, reviewing published guidelines and drawing up local guidelines.
- To disseminate information regarding national EQA schemes and guidelines.
- To contribute to national groups and meetings, as required.
- To give advice on developments within the specialty of Pathology and those relevant to Breast Cancer Screening Programmes.
- To encourage good communication throughout all aspects of the Programme.

Membership

QA Lead Pathologist	Dr Neil Anderson (Chair)
Consultant Pathologist, Eastern Area	Dr Tong Fang Lioe
Consultant Pathologist, Northern Area	Dr Brian Kenny
Consultant Pathologist, Southern Area	Dr Grainne McCusker
Consultant Pathologist, Western Area	Dr Iain Cameron
QA Director of Breast Screening	Dr Adrian Mairs
QARC QA Coordinator	Mrs Joan McSorley
QARC Information Officer	Miss Claire Armstrong
QARC Meetings Administrator	Miss Gemma Harper

*Pathology representatives will usually be Lead Pathologists for Breast Pathology within each Laboratory

Frequency of Meetings

At least twice yearly

Remit and Membership of the Regional QA Radiography Sub Group

To give advice to the Regional QA Committee on aspects of the Breast Screening Programme in relation to the provision of radiography services. To monitor and improve performance against national quality standards.

Specific

1. To coordinate and monitor the local implementation of national guidelines.
2. To share information and learning regarding incidents relating to radiography
3. To share best practice.
4. To encourage and participate in audit and quality improvement for the benefit of the programme.
5. To identify matters of professional concern.
6. Specific Issues to be identified
 - Standards of mammography
 - Technical aspects - QA time
 - Equipment Q.C.
 - Equipment fault reporting & Monitoring
 - Equipment replacement plans
 - Radiation Protection
 - Health & Safety issues
 - Management & Organisation issues
 - Staff levels
 - Impact of symptomatic workload
 - Team work - staff meetings links with healthcare colleagues
 - Training & Development
 - C.P.D.
 - Role Extension
 - Updates for courses etc.
 - Client Satisfaction/Acceptability
 - Complaints
 - Health Promotion

Membership

QA Lead Radiographer
QA Medical Physicist
Deputy QA Lead and Radiography
Representative, Eastern Area
Radiography Representative, Northern Area
Radiography Representative, Southern Area
Radiography Representative, Western Area
QA Director of Breast Screening
QARC QA Coordinator
QARC Information Officer
QARC Meetings Administrator

Mrs Dorothy McFaul(Chair)
Dr Adam Workman
Mrs Hilary Speers

Mrs Janis Cameron & Mrs Carol McConkey
Mrs Margaret Holland
Mrs Donna Kerlin
Dr Adrian Mairs
Mrs Joan McSorley
Miss Claire Armstrong
Miss Gemma Harper

Frequency of Meetings

At least twice yearly

Remit and Membership of the Regional QA Radiology Sub Group

To give advice to the Regional QA Committee on all aspects of the Breast Screening Programme with particular emphasis on radiology.

Specific

- To monitor and improve performance against nationally agreed standards.
- To share information and learning regarding incidents relating to radiology
- To encourage and participate in audit and quality improvement for the benefit of the programme.
- To give advice on internal and external standards relating to application of mammography to Breast Cancer Screening.
- To give advice on developments within mammography.
- To give advice on equipment development, staffing, training and educational needs.
- To give advice on the proper management of identified liaison.
- To take the lead in the identification and confirmation of interval cancer.
- To give advice on the coordination of the various aspects of the Screening Programme.
- To ensure harmony of advice across all four Boards on all radiological and coordination aspects of the Programme.
- To give advice on the follow up of 'abnormal' mammograms.
- To give advice on the implication of regional and national policy statements on the diversity of the screening programme.
- To give advice on suitable audits within speciality.

Membership

QA Lead Radiologist

Radiology Representative – Eastern Area

Radiology Representative – Eastern Area

Radiology Representative – Eastern Area

Radiology Representative – Eastern Area

Radiology Representative – Eastern Area

Radiology Representative – Eastern Area

Radiology Representative – Northern Area

Radiology Representative – Northern Area

Radiology Representative – Northern Area

Radiology Representative – Northern Area

Radiology Representative – Southern Area

Radiology Representative – Southern Area

Radiology Representative – Western Area

Radiology Representative – Western Area

Radiology Representative – Western Area

Regional QA Director

QARC QA Coordinator

QARC Information Officer

QARC Meetings Administrator

Dr Eddie Gibson(Chair)

Dr Clive Majury

Dr Jordana McAllister

Dr Jacqueline McKillen

Dr Graham Crothers

Dr Nicole Pierce

Dr Keith Lowry

Dr Tracy O'Neill

Dr Eddie Gibson

Dr Rosalind Smith

Dr Calvin Ng

Dr Linda Johnston

Dr Stephen Hall

Dr Brendan Devlin

Dr Michael Reilly

Dr Paul Farry

Dr Adrian Mairs

Mrs Joan McSorley

Miss Claire Armstrong

Miss Gemma Harper

Film Readers:

Mrs Joan Bennett (EB)

Mrs Janis Cameron (NB)

Mrs Carol McConkey (NB)

Dr Cathy Farnon (SB)

Mrs Marie McStay (SB)

Mrs Donna Kerlin (WB)

Frequency of Meeting

At least twice yearly.

Remit and Membership of the Regional QA Surgery Sub Group

Overall

To provide advice to the Quality Assurance Reference Centre and the Regional QA Committee on all surgical aspects of the Breast Screening Programme. This will include analysis of the data presented annually at the AGM of the Association of Breast Surgery and how our results compare with the national picture and recommendations for action.

Specific

1. To provide advice on all aspects of surgery in relation to the breast screening programme.
2. To monitor and improve performance against national quality standards.
3. To encourage and participate in audit and quality improvement for the benefit of the programme.
4. To advise on, and participate in the investigation of, relevant incidents and near misses.
5. To contribute to national groups and meetings, as required.
6. To give advice on developments within the specialties that have implications for the breast screening programme
7. To encourage good communications throughout all aspects of the programme
8. To nominate a deputy QA Lead for surgery when required.

Membership

QA Lead Surgeon (Chair)	Mr Robert Kennedy, Ulster Hospital
Surgery Representative, Eastern Area	Mr Glen Marshall, Ulster Hospital
Surgery Representative, Eastern Area	Ms Sigi Refsum, BCH
Surgery Representative, Eastern Area	Ms Samantha Sloan, BCH
Surgery Representative, Eastern Area	Mr Stephen Kirk, Ulster Hospital
Surgery Representative, Eastern Area	Mr Stuart McIntosh, BCH
Surgery Representative, Northern Area	Mr Stephen Dace, Antrim Area Hospital
Surgery Representative, Northern Area	Mr Michael Whiteside, Antrim Area Hospital
Surgery Representative, Northern Area	Mr Brendan McFall, Antrim Area Hospital
Surgery Representative, Southern Area	Mr Peter Mallon, Craigavon Area Hospital
Surgery Representative, Southern Area	Mr David Gilpin, Daisy Hill Hospital
Surgery Representative, Southern Area	Ms Helen Mathers, Craigavon Hospital
Surgery Representative, Western Area	Mr Ron Thompson, Altnagelvin Hospital
Regional QA Director	Dr Adrian Mairs
QARC QA Coordinator	Mrs Joan McSorley
QARC Information Officer	Miss Claire Armstrong
QARC Meetings Administrator	Miss Gemma Harper

Frequency of Meetings

At least twice yearly

(ABS) Audit Duties of QA Surgical Lead

1. To attend 2 meetings per annum of the national committee of ABS to discuss issues pertaining to the audit of screen detected breast cancers for the relevant year.
2. To sign off the data returns for the NI submission to the annual ABS audit for the screening programme – prepared from KC62 returns.
3. To provide data for the ABS survival audit, in liaison with the NI Cancer Registry.
4. To coordinate the provision of data for the ABS adjuvant audit.
5. To undertake such extra audit projects as may be agreed at the ABS Study Day.

Remit and Membership of Primary Care QA Advisory Group for the NI Cancer Screening Programmes

Purpose

To advise the Regional Cancer Screening QA Committees on all QA aspects of the cancer screening programmes as related to primary care.

Specific:

1. To give advice on the overall standards which relate to the delivery of the cancer screening programmes with the primary care setting.
2. To give advice on issues relating to education and training within the primary care setting (ie both nurses and general practitioners).
3. To give advice on the most appropriate way to monitor relevant standards.
4. To give advice on communication issues, and encourage good communication, in relation to primary care and the public.
5. To give feedback on the relevant assessment and treatment services.
6. To give advice on issues related to the commissioning of relevant services.
7. To give advice on the collection of relevant data and information from primary care to facilitate programme monitoring.
8. To give feedback and advice on relevant issues relating to the IT systems and interfaces at primary care and regional level which support the cancer screening programmes.
9. To advise on uptake and health improvement issues for cancer screening.
10. To advise on the local implementation of related National guidance.
11. To advise on audit and quality improvement initiatives within the cancer screening programmes.
12. To identify, and advise on, adverse incidents, hazards and “near misses”.

Membership:

GP Representative SHSCT & QA Lead for Primary Care
GP Representative NHSCT
GP Representative WHSCT
GP Representative SEHSCT & BHSCT (BMA Rep)
Representative of Practice Managers
Nurse Consultant, PHA
Primary Care Medical Advisor, HSCB
Representative of Sexual & Reproductive
Healthcare
Registration and Screening Manager, BSO
QA Director for Cervical and Bowel Screening Programme
QA Director for Breast Screening Programme
QARC QA Coordinator
QARC Information Officer
QARC Meetings Administrator

Dr Michael Chambers (Chair)
Dr Catherine Pollock
Dr Paul Molloy
Dr Maria Callaghan
Ms Maria Nugent-Murphy
Ms Rose McHugh
Dr Kathryn Booth
Currently vacant

Ms Norma Magee
Dr Tracy Owen
Dr Adrian Mairs
Mrs Joan McSorley
Miss Claire Armstrong
Miss Gemma Harper

COLLABORATIVE WORKING WITH THE QUALITY ASSURANCE REFERENCE CENTRE

All QA Leads should work collaboratively with the Quality Assurance Reference Centre on all aspects of professional quality assurance

1. Provide the QARC in a timely fashion with agendas, minutes and papers of national meetings attended.
2. Instruct QARC on the dissemination of relevant national papers, guidelines and publications.
3. Instruct QARC on the dissemination of information on relevant training courses.
4. The Convenor/Chair of Quality Assurance Subgroup meetings should:
 - a. Liaise with Meetings Administrator on dates, times and venues
 - b. Instruct on distribution of papers
 - c. Collaborate with Meetings Administrator to ensure action has been followed up
 - d. Approve minutes in a timely way.
5. Collaborate with the QARC on the organisation of regional Training Courses, Conferences, Seminars etc.
6. Liaise with the QARC Information Officer on the measurement of local statistics against national standards and coordinate action as required.
7. Provide QARC with their QA Visit discipline report template within 2 weeks of the date of the visit.
8. Write an article for Screening Matters on a yearly basis.

GENERAL PERSONNEL SPECIFICATION FOR QA PROFESSIONAL LEADS

Person Specification	Senior professional currently working within relevant specialty. Ability to command respect of their professional colleagues in the region.
Experience	Substantial experience in the breast screening programme and active involvement with quality assurance
Skills and Attributes	Communication Leadership Team working Committee chairmanship Report writing Analytical skills Disciplinary/negotiation skills Motivation skills
Knowledge	NHS breast screening programme Peer review Continuing professional development Professional audit NHSBSP professional standards
Attitudes	Commitment to the aims of the breast screening programme. Display tact and diplomacy when dealing with all members of the NI Breast Screening Programme.
Period of Appointment	3 years with the possibility of re-appointment.

NORTHERN IRELAND BREAST SCREENING PROGRAMME

QUALITY ASSURANCE STRUCTURE

DOCUMENT REVIEW	
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SUMMARY OF CHANGES			
Version	Date	Author(s)	Notes on Revisions/Modifications
V 1.0	05/06/14		Addition of Primary Care Group role remit, addition of QARC staff details in the subgroup role remits, edit of BASO Sub group to ABS Study Day, removal of the flow chart for the Regional Accountability for Screening Programmes, removal of the QA Lead job specifications



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