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## Northern Ireland Breast Screening Programme Learning Event/Incident Protocol

<b>Version:</b>	<b>6.1</b>
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<b>Approved By:</b>	<b>Public Health Lead for Breast Screening</b>
<b>Date Approved:</b>	<b>27 August 2021</b>
<b>Review Date:</b>	<b>31<sup>st</sup> March 2023</b>

# **NORTHERN IRELAND BREAST SCREENING PROGRAMME**

## **INCIDENT/ LEARNING EVENT REPORTING PROTOCOL**

**August 2021**

**Young Person and Adult Screening  
Team**

## **NORTHERN IRELAND BREAST SCREENING PROGRAMME** **INCIDNET / LEARNING EVENT REPORTING PROTOCOL**

This protocol provides guidance to Breast Screening Units in Northern Ireland on identifying and reporting incidents/ learning events. The aim is for Units to alert YPAST at the earliest opportunity of any potential or actual untoward incidents within the Northern Ireland Breast Screening Programme. The definition of an untoward incident is variable, but relates to potential clinical risk to the eligible population, risk to the service, adverse media attention and risk of litigation. If in any doubt, it is advisable to report the incident regardless.

The Breast Screening Unit's Director/Lead for Breast Screening is responsible for adherence to this protocol. This protocol should be used concurrently with local Trust clinical governance policies and HSC serious adverse incidents reporting mechanisms. It should also be used in conjunction with NHS guidance "Managing Safety Incidents in NHS Screening Programmes", published in August 2017.

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/672737/Managing\\_safety\\_incidents\\_in\\_National\\_screening\\_programmes.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672737/Managing_safety_incidents_in_National_screening_programmes.pdf)

### **Initial procedure for informing YPAST**

The process for reporting incidents/ learning events is detailed in **Appendix 1**. Initially the Unit's Director/Lead for Breast Screening (or nominated representative) should immediately inform, by telephone or email, either the Cancer Screening Programmes Manager or the QA Consultant Lead at YPAST of any event. A incident/ learning event reporting form (**Appendix 2**) should also be completed and emailed to [screening.breast@hscni.net](mailto:screening.breast@hscni.net). This email inbox is monitored regularly by all members of the Breast Screening team at YPAST. In the case of a serious adverse incident (SAI) the Unit concerned will also be asked to submit their internal Trust incident reporting form for information to YPAST within 5 days. This is in addition to the normal SAI reporting processes.

### **Quarterly Reporting**

In addition to incidents/ learning events being reported to YPAST as they occur, all Directors/ Leads for Breast Screening are asked to complete and sign off the Northern Ireland Breast Screening Programme quarterly learning event /incident report (**Appendix 3**). These should be signed and emailed to YPAST Breast Screening Shared inbox [Screening.Breast@hscni.net](mailto:Screening.Breast@hscni.net), no later than 2 weeks after the end of the quarter; even if there is a nil return.

**Please note that quarterly reporting is to be used as a failsafe and should not be used to report incidents as they occur.**

### **What constitutes an incident?**

Many problems identified by breast screening units are isolated events and do not pose a serious risk to the eligible population. However, the YPAST team should be informed of these "near misses" and other minor incidents/ learning events, whatever the perceived importance at the time.

*The following are suggestions as to what may constitute as an incident/ learning event:*

- Failure to invite women when due / as planned (e.g. GP practices/individuals left off call and recall system)
- Inadequate failsafe batching
- Failure to follow programme guidance (e.g. Right Results protocol, note clinical signs and symptoms, IR(ME)R guidance)
- Quality control procedures not followed
- Inadequate screening/film reading
- Inadequate/incomplete assessment
- Recall to assessment not actioned
- Failure to invite back women on early recall
- Failure to identify and report an interval cancer
- Biopsy specimen mix-up
- Client identity mix-up
- Equipment failure (including PACS & digital integration)
- Inability to retrieve digital images
- Breach of confidentiality / GDPR issues (e.g. loss of screening packets/screening samples)
- Any resignation or unexpected absence (for example due to ill health for more than 10 working days) of personnel (*usually lead personnel in each discipline and all consultant staff*).
- Any equipment failure that results in stopping screening/assessment for more than 5 working days.
- Postponing screening/assessment for more than 5 working days or a reduction in the usual screening or assessment workload equivalent to 5 working days.
- Any potential serious untoward incident or any concerns considered as significant by the local breast screening team.

*These examples are taken from NHSBSP publication no 44<sup>2</sup>, the East Midlands Adverse Incident Reporting Protocol and the QARC's incident database.*

### **Reporting to the YPAST**

The above is not an exhaustive list. The Consultant Public Health Lead for the PHA must be informed immediately of a suspected problem in any of the following circumstances:

- actual harm or risk of harm to women eligible for breast screening
- actual harm or risk of harm to staff
- concern about professional competence of an individual
- concern about the competence of the screening team
- failure or misuse of equipment
- failure or malfunction of the breast screening IT system (NBSS)
- breach of patient confidentiality or data security
- systematic failure to comply with national guidelines or local breast screening protocols
- the potential for adverse media coverage with resulting public concern

The process for managing incidents/ learning events in the Breast Screening Programme is outlined in **Appendix 1**. This process will be applied in parallel to local and regional protocols for managing and reporting incidents.

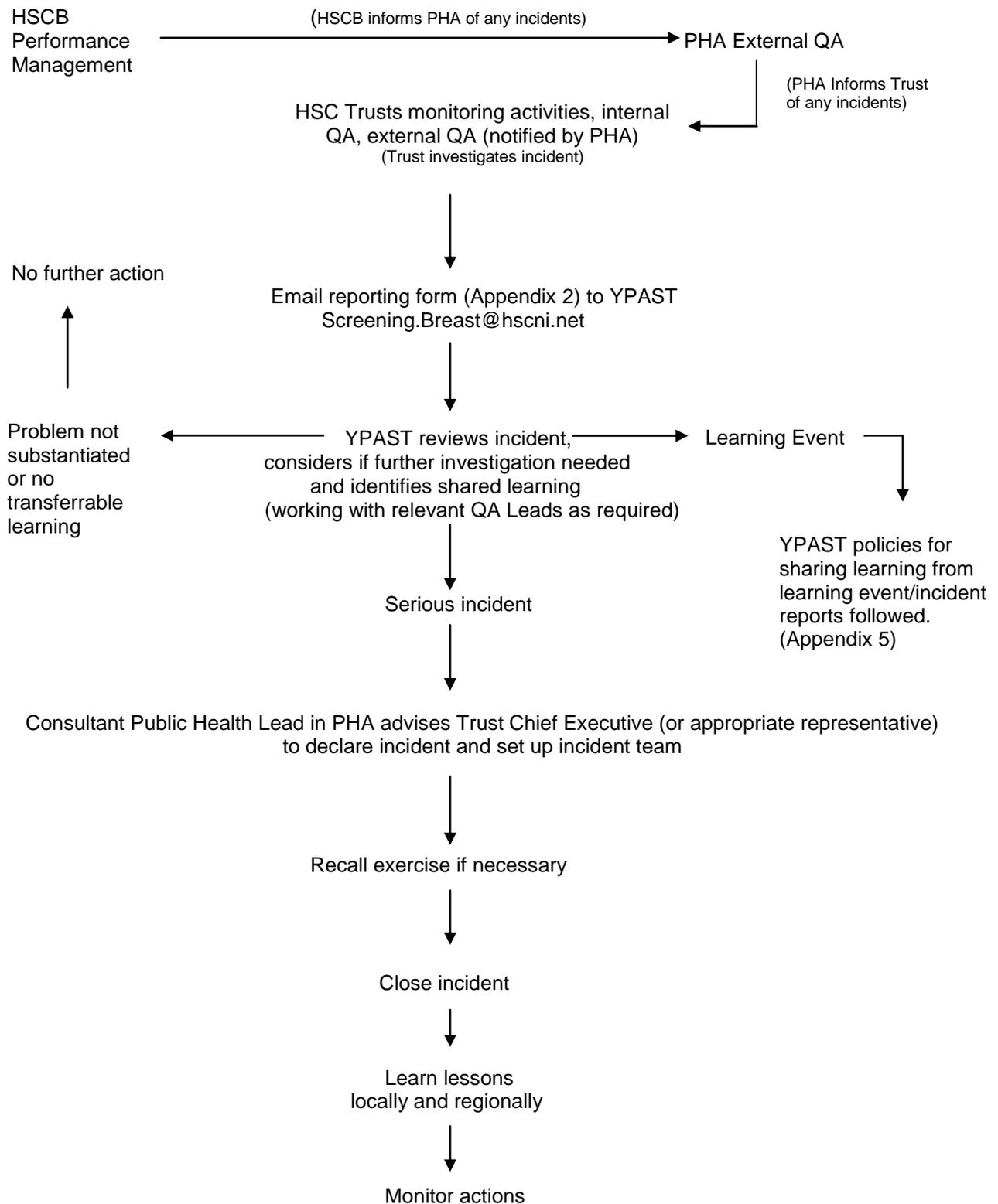
Where appropriate, incidents which are sufficiently serious will be managed as Serious Adverse Incidents. YPAST and the Unit's Director/Lead for Breast Screening will discuss the likely impact of the reported incident. An assessment of the situation will be made with

agreed actions between the Unit's Director/Lead for Breast Screening and the Consultant Public Health Lead in the PHA. If the incident is deemed sufficiently serious, the Consultant Public Health Lead in the PHA will advise the Chief Executive of the host Trust, the Director of Public health and the Assistant Director of Public Health: Screening and Professional Standards that an incident should be declared.

The role of YPAST is to work with the host Trust to investigate and to assist in resolving any issues and to identify and promote any shared learning. Incidents/ learning events will be reviewed by relevant QA Subgroups and the Breast Screening QA Committee. All of the incidents/ learning events will be presented at the June QA Committee.

**Appendix 1**

**Guidelines for Managing Incidents/ learning events  
in the Breast Screening Programme**



*\* This process will run in parallel with the Trusts' Adverse Incident Protocol and SAI process.*

## APPENDIX 2

### Incident/ learning event reporting form – for breast screening service providers reporting to YPAST, PHA

<b>YPAST REF:</b>	<b>Organisation</b>	<b>Service concerned</b>	<b>Has this been reported as an SAI? Yes/ No</b>	<b>Staff reporting incident to YPAST (and designation)</b>	<b>Date and person reported to in YPAST</b>	<b>Date of incident</b>
<b>Description of problem</b>						
<b>Action undertaken by unit to date</b>						
<b>Other people/organisations informed</b>						
<b>Further actions planned by unit</b>						
<b>YPAST comments/actions</b>						

**APPENDIX 3**



**NORTHERN IRELAND BREAST SCREENING**

Quarter .....  
**PROGRAMME QUARTERLY ADVERSE**

**INCIDENT/UNTOWARD EVENT REPORT**

**SERVICE NAME:** .....

**SCREENING DIRECTOR:** .....

Discipline	Admin & Clerical	Medical Physics	Nursing	Pathology	Radiography	Radiology	Surgery
No. of Incidents to report							
YPAST REF:							

Date of Event	Details	Involved Parties	Action Undertaken by Unit	YPAST previously advised? Y/N (with dates)	Any Further Action Required	How has the Learning been shared within the Unit?	Suitable for shared learning with other Units?	Is there potential for re-occurrence?

**REPORTED BY:** .....

**Date** .....

**SIGNATURE OF DIRECTOR/CLINICAL LEAD :** .....

**Date** .....

**FOR YPAST USE ONLY**



**NORTHERN IRELAND BREAST SCREENING PROGRAMME QUARTERLY ADVERSE INCIDENT/UNTOWARD EVENT REPORT**

**SERVICE NAME:** .....

**Quarter** .....

Learning shared regionally	Action taken by YPAST	Date

**Appendix 4**

# **POLICY FOR SHARING LEARNING FROM LEARNING EVENTS /INCIDENT REPORTS**

<b>Version:</b>	<b>4.0</b>
<b>Author</b>	<b>Breast Screening Team</b>
<b>Approved By:</b>	<b>QA Director for Breast Screening/BSP QA Committee</b>
<b>Date Approved:</b>	<b>10<sup>th</sup> February 2021</b>
<b>Review Date:</b>	<b>31st March 2023</b>

## **POLICY FOR SHARING LEARNING FROM LEARNING EVENTS/INCIDENT REPORTS**

- YPAST to review incidents/ learning events reported at monthly breast team meetings, and decide if there is shared learning.
- YPAST will contact the relevant Director/s or Lead/s for Breast Screening Unit/s to inform them that there is an incident/ learning event which would benefit from shared learning.
- YPAST will anonymise the information to be shared and provide a copy to the Director/Lead for Breast Screening Unit for information and comment.
- An anonymised incident/ learning event letter will then be distributed by YPAST to Directors/Leads for Breast Screening in each of the Units, (copied to superintendent radiographers and office managers) requesting that they share learning points with staff through discussion at relevant minuted meetings eg regular staff meetings or local multidisciplinary meetings. They should also be put on the agenda of the Trust's Breast Screening Quality Assurance/Coordinating Group.
- Incidents/ learning events will be put on the agenda of all the relevant QA sub group meetings organised by YPAST.
- A summary of incidents/ learning events for the previous financial year will be drawn up by the YPAST team and brought to the June Breast Screening QA Committee meeting. This will be broken down by category of incidents/ learning events and by unit. Trend data from previous years will also be provided by the YPAST team.
- Following discussion at the Breast Screening QA Committee the summary data will be sent to Leads/Directors of Breast Screening at each of the unit's for discussion at QA Coordinating groups.

## Northern Ireland Breast Screening Programme Incident/ Learning Event Protocol

<b>DOCUMENT REVIEW</b>	
<b>Version</b>	<b>6.0</b>
<b>Review Date</b>	<b>April 2021</b>
<b>Approved by</b>	<b>Dr Adrian Mairs</b>
<b>Date Approved</b>	<b>04/05/2021</b>
<b>New Review Date</b>	<b>31<sup>st</sup> March 2023</b>

<b>SUMMARY OF CHANGES</b>			
<b>Version</b>	<b>Date</b>	<b>Author(s)</b>	<b>Notes on Revisions/Modifications</b>
4	6 <sup>th</sup> June 2013	J McS	<p>“Adverse Incident” changed to “Learning Event” throughout document.</p> <p>2<sup>nd</sup> paragraph: Quality Assurance Service replaced by Quality Assurance Reference Centre.</p> <p>2<sup>nd</sup> Paragraph: “clinical risk to women” amended to “clinical risk to eligible population”</p> <p>3<sup>rd</sup> Paragraph: Added – “This protocol should also be used in conjunction with national guidance, NHSBSP publication no 44, for adverse incidents.”</p> <p>“Initial procedure for informing QA” amended to “Initial procedure for informing QARC”</p>



			Sentence beginning “The Directors of Screening...” deleted from 4 <sup>th</sup> paragraph.
Version	Date	Author(s)	Notes on Revisions/Modifications
4	6 <sup>th</sup> June 2013	J McS	<p>New paragraph – “Quarterly Reporting” added.</p> <p>Paragraph under: “What constitutes an incident” – minor incidents amended to : minor incidents/learning events.</p> <p>Paragraph under: “Reporting to QARC” –</p> <p>Added : “The process of managing Learning Events / Incidents in the Breast Screening Programme is outlined in Appendix 1.”</p> <p>Addition of:                      “Where appropriate incidents which are sufficiently serious will be managed as Serious Adverse Incidents.”</p> <p>Paragraph under “Reporting to QARC” added: “The role of QARC is to work with the provider organization to investigate and to assist in resolving any issues and to identify and promote any shared learning. Learning events will be reviewed by the Breast Screening QA Committee and relevant QA Subgroups.”</p> <p>Appendix 1 Flowchart:                      QAD replaced by QARC</p> <p>“Led by QAD” – amended to :                      “Led by QARC – working with relevant QA Leads”</p> <p>“locally and nationally” – replaced by:                      “locally and regionally”</p> <p>Appendix 2:                      Appendix 2 is now the telephone</p>



			<p>reporting form instead of the incident reporting form from the unit to QARC. It is now the same as the form used in the Cervical protocol.</p> <p>Appendix 3:                  Appendix 3 is now the reporting form instead of the QARC telephone contacts.</p> <p>Extra column added – “Shared within Unit”</p> <p>Addition of new Appendix 4: QARC telephone contacts.</p>
5.0	31/03/15	J McS and AM	<p>1<sup>st</sup> paragraph removed                  2<sup>nd</sup> para shortened and new link to new NHS guidance added.</p> <p><b>Initial procedure for informing QARC</b> – more detail added to concur with appendices.</p> <p><b>Quarterly Reporting</b>                  More detail added to concur with appendices.</p> <p><b>What constitutes an incident</b>                  Failure to identify and report an interval cancer added and 3 examples from QARC database.</p> <p><b>Reporting to QARC</b>                  Amended to concur with the appendices.</p> <p><b>Appendices</b></p> <p>Appendix 1 revised                  Appendix 3 – replaced by revised one                  Appendix 4 – updated                  Appendix 5 – added.</p>
6.1	30/04/2021	YPAST Breast Team	<p>Instances of QARC changed to YPAST throughout document.</p> <p>Contact details/address of YPAST updated throughout.</p>



			<p>Page 3 – Breast Screening ‘Service’ changed to Unit.</p> <p>Page 3 – NHS guidance “Managing Safety Incidents in NHS Screening Programmes” published October 2015 changed to update August 2017 version and new link included.</p> <p>Page 3 – Quality Assurance Coordinator changed to QA and Commissioning Manager.</p> <p><b>Initial procedure for informing YPAST</b>          New sentence added to the end of the paragraph as follows ‘This is in addition to the normal SAI reporting process’</p> <p><b>Quarterly Reporting</b>          Administrative assistant removed as contact person and changed to YPAST Breast Screening Shared inbox  <a href="mailto:Screening.Breast@hscni.net">Screening.Breast@hscni.net</a></p> <p><b>Quarterly Reporting</b> – new sentence added to end of paragraph regarding failsafe.</p> <p><b>What constitutes an incident</b>          word ‘these’ added in before “near misses”</p> <p>Last sentence changed to ‘learning event/incident’ rather than just incident.</p> <p>Page 4 – first bullet point – ‘/as planned’ added in after when due.</p> <p>Page 4 – third bullet point programming changed to programme.</p> <p>Page 4 fifteenth bullet point – ‘/GDPR issues’ added after confidentiality</p> <p>Page 4 – sixteenth bullet point – grammatical correction</p> <p><b>Reporting to the YPAST</b>          Title of QA Director and QA Director Lead</p>
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			<p>changed to Consultant Public Health Lead in the PHA throughout.</p> <p>The process of managing learning events/incidents changed to the process for managing learning events/incidents.</p> <p>The process will be applied in parallel to local protocols for managing incidents changed to The process will be applied in parallel to local and regional protocols for managing and reporting incidents.</p> <p>The YPAST and Units changed to The YPAST and the Units.</p> <p>Change to Units Screening Director/Lead for Breast Screening and Units Breast Screening Director/Lead for Breast Screening changed to Director/Lead for Breast Screening throughout.</p> <p>Title Assistant Director of Public Health: Screening and Professional Standards changed to Assistant Director of Public Health Screening and Professional Standards.</p> <p>Learning events will be reviewed by the Breast Screening QA Committee and relevant QA Subgroups changed to Learning events will be reviewed by relevant Subgroups and the Breast Screening QA Committee.</p> <p>Appendix 1 amended.                  Appendix 4 removed                  Appendix 5 becomes appendix 4 (changed throughout document) and changed to include the updated the new Policy For Sharing Learning from Learning Events/Incident Reports.</p>
6.1	03/08/2021	YPAST incident team	<p>Commissioning Support Manager removed throughout the document  <a href="mailto:screening.breast@hscni.net">screening.breast@hscni.net</a> added to document                  Page 4 line added all of the learning events/ incidents will be presented at the</p>



			<p>June QA Committee. Appendix 2 box added within main header Has this been reported as SAI? Yes/ No Appendix 2 box removed escalated as SAI Appendix 2 box added, YPAST ref Appendix 3 Nil return replaced with YPAST ref: Wording changed throughout document, learning event/ incident to incident/ learning event.</p>
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