

An addendum is subsequently added to the report, highlighting progress against the actions and any amendments made. The final QA visit report is then issued to the Director of/Lead for Breast Screening and the Trust Chief Executive for distribution as appropriate. Copies are also sent to the Director of Public Health, the Chief Executive of the Public Health Agency, the Chief Executive of the Health and Social Care Board, the Chief Executive of the BSO, the Director of Nursing of the Public Health Agency, Assistant Director of Public Health with responsibility for screening and the Senior Medical Officer at the NI DOH with responsibility for screening.

YPAST continues to liaise with the Breast Screening Unit at regular intervals after the visit to monitor and facilitate implementation of the recommendations of the visit report.

Quality assurance visits should be viewed as a risk management exercise, with an educational and supportive focus. Any member of the Breast Screening Unit team with queries or concerns about a visit should not hesitate to contact the Young Person & Adult Screening Team.



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Northern Ireland Breast Screening Programme

NOTES ON PROCEDURE

FOR

QUALITY ASSURANCE VISITS

DOCUMENT REVIEW	
Version	1.1
Review Date	15/02/2022
Approved by	
Date Approved	
New Review Date	February 2023

SUMMARY OF CHANGES			
Version	Date	Author(s)	Notes on Revisions/Modifications
1.1	15/02/2022	C Hall	YPAST changed to YPAST Office address changed from Ormeau Ave to Linum Chambers Removed line: In addition one hard copy is sent to the Director of/Lead for Breast Screening. This is sent via Royal Mail special delivery. QA Visit Guidelines, NHSBSP Publication No. 40 and relevant NHSBSP discipline-specific guidelines replaced with programme specific operating model (PSOM) QA visits have been extended to every 4 years

Version:	1.0
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Approved By:	Breast Screening QA Committee
Date Approved:	
Review Date:	February 2023

Introduction

Formal breast screening quality assurance visits are conducted by YPAST and have been extended to every 4 years. A visit date is agreed 6 months in advance. Once confirmed the Trust should ensure that each member of the breast screening unit team is informed. All breast screening unit (BSU) personnel should be present at the formal visit.

The QA visit team includes the QA Lead of the NI Breast Screening Programme (Chairperson), the Young Person & Adult Screening Team (YPAST) Breast Screening Programme Manager, and the QA leads for radiology, pathology, surgery, radiography, nursing, medical physics and administration and clerical. On occasions other identified staff may accompany the visiting team as observers.

Before the Visit

Four months prior to the visit questionnaires for each discipline are sent to the unit for completion. These are based on the programme specific operating model (PSOM) for quality assurance of the NHS Breast Screening Programme. The questionnaires should be returned to YPAST no later than six weeks before the visit.

Two months before the visit, YPAST will send a statistical package on the BSU's performance to the Director of Screening/Lead for Breast Screening and the office manager for verification. Any issues or errors should be reported to YPAST.

One month before the visit an information pack is emailed to the Director of/Lead for Breast Screening and the Office Manager for dissemination to all BSU staff. The pack includes:

- Visit programme
- List of QA visit team members and others in attendance
- List of Trust screening personnel and organisational structure
- Cases for review at the mock multi-disciplinary team meeting
- Diagnostic and treatment protocols
- Completed questionnaires and supporting evidence
- Statistical package
- Copy of last QA visit report
- Final template on implementation of timed recommendations and recommendations from previous QA visit and notes from preliminary meeting
- Copy of consumer satisfaction survey
- Record of participation in QA group meetings and MDM Meetings
- Right Results Report (if available)
- QA visit evaluation form

The Right Results Walkthrough

The 'Right Results' walkthrough will normally occur in advance of the visit and will take a full day. It is based on a detailed audit checklist which will have been completed by the office manager and superintendent radiographer. All levels of staff in the right results processes must be present at the 'Right Results' walkthrough i.e. admin and clerical staff, radiography staff, including the superintendent radiographer/s and a film reader/consultant radiologist. Staff at all levels within these disciplines may be observed working and asked about their normal working practices. They will also be asked what they would do under certain scenarios. The right results walkthrough will generate a separate report. The Unit will be given 2 weeks to comment on the factual accuracy of the draft report. The final report will be included within the main QA visit report.

The Day of the Visit

The actual visit takes a full day and will commence with a 'mock' MDM. This will be followed by case review for individual specialties. A list of cases for review by individual specialties and for the 'mock' MDM are provided in advance of the visit. During case reviews the management meeting takes place. This is followed by an optional tour of the unit (a visit to the mobile unit will take place during the day or shortly before the day of the visit). After this the visiting QA team will hold a preliminary meeting to identify issues for further discussion and review.

Individual specialist group meetings are then held after lunch. Performance data, responses from the questionnaires and issues arising from the case reviews will form the basis for discussion at these meetings. After these meetings the QA Visit Team will meet to discuss their findings and recommendations. At the conclusion of this a meeting will be held with the Trust Chief Executive and other relevant Trust senior management staff (but not members of the screening team) to discuss any significant issues (as appropriate) in a confidential forum.

Following this the QA Director provides a verbal report to all members of the screening team and representatives of the trust. This feedback will cover points of good practice and any key recommendations for improvement.

After the Visit

A letter will be sent to the Chief Executive of the Trust, before the draft report is issued, outlining any recommendations that require immediate action. These are provided in advance of the draft QA visit report so that the Trust can proceed with their implementation.

The draft QA visit report contains recommendations against timescales and is sent to the Director of/Lead for Breast Screening six weeks after the visit for comments on factual accuracy. At that time YPAST shall ask for an update on the implementation of the recommendations needing immediate action. The update should be entered onto the template provided and returned to YPAST along with any comments on the factual accuracy of the draft QA. The update will be included as an appendix in the final QA visit report.