

 GIG CYMRU NHS WALES	Iechyd Cyhoeddus Cymru Public Health Wales	Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 16 June 2021 Agenda item: 4
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Breast Test Wales (HIW) Action Plan - Progress Update

Executive lead:	Andrew Jones, Interim Executive Director of Public Health Services
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Approval/Scrutiny route:	Dr Sharon Hillier, Director Screening Division

Purpose

To provide an update report on the progress against action plan following the local review undertaken

Recommendation:

APPROVE <input type="checkbox"/>	CONSIDER <input type="checkbox"/>	RECOMMEND <input type="checkbox"/>	ADOPT <input type="checkbox"/>	ASSURANCE <input checked="" type="checkbox"/>
The Quality, Safety and Improvement Committee is asked to: <ul style="list-style-type: none"> receive this report as assurance that good progress has been made against the action plan. 				

Link to Public Health Wales [Strategic Plan](#)

Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities.

This report contributes to the following:

Strategic Priority	6 - Supporting the development of a sustainable health and care system focused on prevention and early intervention
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Summary impact analysis

Equality and Health Impact Assessment	The breast screening programme is offered in line with policy and eligibility criteria dependent on demographics.
Risk and Assurance	Issues around workforce have been identified on the Risk Register.
Health and Care Standards	Theme 5 - Timely Care
Financial implications	No financial implications identified as workforce issues are due to the inability to recruit rather than funding issues
People implications	Implications on timely care of assessment offer. Women very positive in terms of quality of care. Staff are recognised for the care and attention provided to women

1. Background

Just before the coronavirus pandemic and as part of its local review programme, Health Inspectorate Wales undertook a local review of Breast Test Wales. The review focused on the experience of women who are asked to attend for assessment. The purpose was to assess whether BTW manages its breast screening pathway in a timely manner for women identified as having a mammographic abnormality. The rationale for this is that a short wait for follow up investigations and results provides a better patient experience.

The aim of the report was to highlight key themes, good practice and make recommendations for improvement where necessary. The report recognised the dedication and care of the team to the women. It also recognised that the team has challenges around being able recruit to the specialist workforce which impacts on timelines in some areas.

The report can be accessed via the link below –



HIW PHW Local
Review.pdf

https://hiw.org.uk/sites/default/files/2020-12/20201007PHWBreastTestWalesLocalReview_Eng.pdf

A detailed action plan was published with the report and this paper outlines the progress made against the action plan. Good progress of the actions has been achieved despite the disruption caused by the pandemic over this period.

This paper detail the progress made against each of the actions.

2. Update against Actions

Health and Care Standard: 3.3 Quality Improvement, Research and Innovation	
Recommendation: Replicate the Breast Care Nurse audit of national standards across all regions.	
Action To undertake further annual audit of breast care nursing national standards in the South East region during 2021 and North region during 2022, as previously agreed at BTW programme Board To report on the above to BTW programme board and identify areas for improvement, sharing the learning across Wales.	Timescale 2021/2022
Update –Ongoing. Agreed at BTW Programme Board to undertake further audit of Breast Care Nursing national standards in the South East region in 2021 and the North region in 2022. The 2021 Audit is currently underway, we are awaiting return of sufficient numbers of questionnaires before proceeding to analysis. Once analysed the finding will be shared for learning across Wales.	

Health and Care Standard: 4.2 Patient Information	
Recommendation: Develop documentation for women with a positive cancer diagnosis to clearly identify the care and treatment pathway, including signposting women to a point of contact at each stage.	
Action Service user literature to be reviewed and updated. Head of Nursing and Breast Care Nurses to review with public information group	Timescale March 2021
Update – Action Complete. The nursing team have developed a pre-operative information sheet to provide to women, with written information regarding their surgeon and Breast Care Nurse (BCN), their proposed treatment and the contact number of the BCN	

Health and Care Standard: 4.2 Patient Information	
Recommendation: Update the text in the leaflet literature to ensure the appropriate timescales for sending results to women are included.	
Action Update Service User literature (Helping You Decide Leaflet) to reflect standard wait times for results for each stage of the pathway.	Timescale March 2021
Update – Action Complete. Update to Service User literature (Helping You Decide Leaflet) to reflect standard wait times for results for each stage of the pathway.	

Health and Care Standard: 4.2 Patient Information	
Recommendation: Review the wording on the recall invitation letter to make the wording less alarming and more reassuring for women	
Action BTW Public Information Group to review in conjunction with Screening Engagement Team with review and sign off from QA and clinical screening leads.	Timescale December 2020
Update – In progress. The BTW Public Information Group in conjunction with the Screening Engagement Team have developed a service user survey specifically around the wording of the assessment invitation letter. This is to ensure that women who have cancer diagnosis also have opportunity to feed into the review of the letter to ensure letters strike the correct balance. Results will be collated and fed into the QA and leads group for sign off. Delayed due to competing priorities due to pandemic. Expected to be completed September 2021	

Health and Care Standard: 4.2 Patient Information

Recommendation: Expand the information that is provided on parking to include various options of where to park and how long it may take to find a space

Action

Each screening centre to review local information sheet and detail parking options and timescales

Timescale

September 2020

Update -- In progress.

This work was delayed due to large scale road works in both Cardiff and Swansea, this has now been updated and is with the Public Information group for review. Expected to be completed July 2021

Health and Care Standard: 5.1 Timely Access

Recommendation: Develop a firm position on the new arrangement of sharing reading from the Swansea Centre to the Llandudno centre, including how long the arrangement will be in place.

Action

Agenda discussion item for August BTW Programme Board to agree timescales

Timescale

August 2020

Update – Action Complete.

Volumes of work to be transferred have been agreed and the arrangement is on a 12 month review cycle, next due for review in October 2021.

Health and Care Standard: 7.1 Workforce	
Recommendation: Explore issues identified by staff around regional divides	
Action Local Management Groups have added as an agenda item, and will continue to explore opportunities for cross region staff collaboration. This issue will also be raised at staff meetings, when these are re-established, to ensure staff have an opportunity to highlight/escalate issues for attention.	Timescale March 2021
Update --Ongoing Local Management Groups are exploring opportunities for cross region staff collaboration. Item included in Local Management Group meeting agenda, sub groups to be formed as necessary with staff side involvement to implement agreed initiatives.	

Health and Care Standard: 7.1 Workforce	
Recommendation: Develop and implement a workforce plan to set out the short, medium and long term goals, of how the workforce capacity issues will be managed to deliver a timely service. This should be shared with staff at all levels of the service to capture their views and input.	
Action Current draft workforce plan to be updated to reflect current position, setting out ambitious for short, medium and long terms actions, this is then to be circulated for comment via local management group meetings across all region	Timescale December 2020
Update -- Action Complete. Workforce plan informed by local management groups in place, review date is 15/10/21.	

Health and Care Standard: 7.1 Workforce	
Recommendation: Explore opportunities to ensure sufficient training and development opportunities are available for all staff in the North Wales region and wider service	
Action The Screening Workforce Development manager in conjunction with the Risk Health and Safety and Clinical Governance Manager for Screening are working with the Organisational Development and Learning Team to facilitate video conferencing training for staff to access. External training companies have been approached to deliver these sessions via video conferencing facilities.	Timescale January 2021
Update – Action Complete. The Screening Workforce Development manager in conjunction with the Risk Health and Safety and Clinical Governance Manager for Screening have worked with the Organisational Development and Learning Team to facilitate video conferencing training for staff to access. Statutory and Mandatory Training is now offered over Teams for all staff groups across Wales.	

Health and Care Standard: 7.1 Workforce	
Recommendation: Explore opportunities to establish additional training and development opportunities for Assistant Practitioners.	
Action Establish task and finish group to explore opportunities for Assistant Practitioners, Produce recommendations to be considered by BTW Programme Boar	Timescale March 2021
Update - Action Complete. SBAR completed describing current position and further recommendations in line with service need.	

Health and Care Standard: 7.1 Workforce

Recommendation: Develop a strategy for teaching and training that takes into account all roles across all regions.

Action

The Screening Workforce Development manager in conjunction with the Risk Health and Safety and Clinical Governance Manager for Screening are working with the Organisational Development and Learning Team to facilitate video conferencing training for staff to access. It is hoped that following the pilot and feedback from those involved that we will be able to utilise this delivery method in the future to ensure that staff are able to access the training in a timely manner. Thought will need to be given to ensure that staff who are based in different geographical regions are not disadvantaged by receiving training via videoconferencing and that there is an equity of provision in areas where historically, training has been a challenge to access

Timescale

January 2021

Update – Action Complete.

The organisation has implemented a digital strategy in relation to the delivery of training utilising Microsoft Teams. This should ensure greater equity of provision across all regions. Training needs analysis documents for staff groups are in place

Health and Care Standard: Governance, Leadership and Accountability

Recommendation: Explore all options to utilise digital technology to invite and remind women of appointments dates and times, which includes when appointments are rescheduled.

Action

A business case is currently being developed with the aim of implementing a text reminder service for BTW Submission to Business Executive Team planned for September 2020.

Timescale

September 2020

Update –Ongoing.

Work has been completed within Programme documenting Programme level requirements for digital communication. There is currently insufficient IT resource available within the wider organisation to progress these potential developments at this time due to other competing priorities following the pandemic. This is strategic intent and new ways of working identified by staff and stakeholder review.

Health and Care Standard: Governance, Leadership and Accountability	
Recommendation: Review the merits of the different local arrangements for administrative processes and standardise the processes where possible.	
Action Admin sub group to identify areas of non-standardisation across admin processes and review and revise in conjunction with relevant teams	Timescale December 2020
Update – Action Complete. Administration sub group undertakes reviews to identify areas of non-standardisation across administrative processes. It should be noted that there will be a degree of variation when taking into account local constraints in relation to staff, equipment and variation between the different Health Boards we interface with.	

Health and Care Standard: Governance, Leadership and Accountability	
Recommendation: Introduce a consistent and systematic process of reviewing, updating and disseminating changes to the processes and procedures. This should also include the use of version control.	
Action Processes and procedures are held in the BTW Quality Manual, as the quality manual is updated and reviewed it will be stored onto the document management system (SharePoint) where version control is automatically added. It will be held in electronic form. The Quality Manual will be review and updated quarterly by the Quality Manual Review group	Timescale Current and ongoing
Update: Action Complete. Processes and procedures are held in the BTW Quality Manual, as the Quality Manual is updated and reviewed it will be stored onto the document management system (SharePoint) where version control is automatically added. It will be held in electronic form. The Quality Manual is reviewed and updated quarterly by the Quality Manual Review group.	

Health and Care Standard: Governance, Leadership and Accountability

Recommendation: Ensure mechanisms are in place to regularly share positive feedback in a systematic manner to all staff

Action

Current process - all compliments received via comment sheets are collated, entered onto Datix, and reports tabled at Local Management Group, Programme Board and team meetings and displayed on notice boards. - All compliments received via letter/card locally are entered onto Datix, reported at Local Management Group meetings, and copies provided to the team/individual and line manager. - All compliments received via central route – director office/website. All Wales secretary enter onto Datix. - All compliments on Datix are tabled at BTW Programme Board Review current process via BTW Programme Board, item to be added to agenda for September 2020 meeting.

Timescale

September 2020

Update–Action Complete.

All compliments received via comment sheets are collated, entered onto Datix, and reports tabled at Local Management Group, Programme Board and team meetings and displayed on notice boards. All compliments received via letter/card locally are entered onto Datix, reported at Local Management group meetings and copies are provided to the team/individual and line manager.

Health and Care Standard: Governance, Leadership and Accountability

Recommendation: Align the target for the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment, with the national minimum standard of 98%

Action

Align the target for the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment, with the national minimum standard.

Timescale

October 2020

Update –Ongoing.

As the programme was reinstated following necessary pause in the first wave of the pandemic, the demand and capacity for assessment is monitored by the Local Management Groups in each region to ensure that film reading and assessment clinic appointments is optimised. Assessment will need to be monitored and optimised in line with the relaxation of social distancing as it changes. The BTW Programme Board will provide management oversight at an all Wales level as the programme enters the recovery phase which will require increase in activity.

3. Conclusion

The programme has completed in full 10 of the 16 actions identified which considering the work that the pandemic has created for the team is very positive. The governance of this work has been under the Breast Test Wales Programme Board.

Good progress has been made for the six remaining actions. Two actions are task specific have revised completion dates proposed in the next few months.

The remaining four actions are ongoing and will be part of routine programme work under the governance of the programme board and screening division senior management team as this includes strategic work for recovery plan and digital technology.

- Replicate the Breast Care Nurse audit of national standards across all regions.
- Explore issues identified by staff around regional divides
- Explore all options to utilise digital technology to invite and remind women of appointments dates and times, which includes when appointments are rescheduled.
- Align the target for the proportion of women who are offered their first assessment clinic appointment within three weeks of the initial screening appointment, with the national minimum standard of 98%