Public Health England

NHS

Screening Quality Assurance visit report

NHS Abdominal Aortic Aneurysm Screening Programme North Yorkshire and Humber

9 November 2016

Public Health England leads the NHS Screening Programmes

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About PHE Screening

Screening identifies apparently healthy people who may be at increased risk of a disease or condition, enabling earlier treatment or better informed decisions. National population screening programmes are implemented in the NHS on the advice of the UK National Screening Committee (UK NSC), which makes independent, evidence-based recommendations to ministers in the four UK countries. The Screening Quality Assurance Service ensures programmes are safe and effective by checking that national standards are met. PHE leads the NHS Screening Programmes and hosts the UK NSC secretariat.

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Executive summary

The findings in this report relate to the quality assurance (QA) visit of the North Yorkshire and Humber Abdominal Aortic Aneurysm (AAA) screening programme held on 7 July 2016.

Purpose and approach to quality assurance (QA)

The aim of QA is to maintain minimum standards and promote continuous improvement in AAA screening. This is to ensure that all eligible people have access to a consistent high quality service wherever they live.

QA visits are carried out by the PHE screening quality assurance service (SQAS).

The evidence for this report is derived from the following sources:

- routine monitoring data collected by the NHS screening programmes
- data and reports from external organisations as appropriate
- evidence submitted by the provider(s), commissioner and external organisations as appropriate
- information collected during pre-review visits: familiarisation visit 31 May 2016
- information shared with SQAS (North) as part of the visit process

Description of local screening programme

The North Yorkshire and Humber AAA screening programme (the programme) has an eligible population of approximately 9200. Total population of the area covered by the programme is 1,600,000.

The majority of the population (99.2%) is white. North Lincolnshire has the greatest ethnic mix at 1.3%. Kingston upon Hull is one of the most deprived local authority areas in the country.

Provisional data for quarter 4 of 2015 to 2016 indicates the programme has exceeded the acceptable standard for uptake at 83.6%.

The programme is provided by Hull and East Yorkshire Hospitals NHS Trust. It is commissioned by NHS England – North (Yorkshire and the Humber).

The abdominal aortic screening programme covers most of North Yorkshire and the Humber and started screening as part of the national screening programme in 2010.

Between 2005 and 2010, screening was provided in the Hull area following a grant from the Humberside Charitable Health Trust.

The programme covers most North East Lincolnshire, North Lincolnshire, East Riding of Yorkshire, Hull and all North Yorkshire and York clinical commissioning groups (CCGs). The exceptions are Hambleton, Richmond and Whitby, and the Craven area of Airedale, Wharfedale and Craven CCG.

Screening is provided at 31 community sites.

Men with aneurysms measuring 5.5cm and above are referred to vascular clinics at Hull Royal Infirmary (HRI) or York Hospital (YH). There are also five ‘spoke’ sites for clinical review appointments.

Non-visualisation clinics are held at the vascular lab at HRI and the ultrasound department at YH. Provisional data for quarter 4 2015 to 2016 suggests the programme have exceeded the achievable level of <1% for this quality standard.

The programme appointed a new clinical director from June 2016 and also has a deputy director.

Key findings

The immediate and high priority issues are summarised below as well as areas of shared learning.

Shared learning

The QA visit team identified several areas of practice for sharing, including.

Invitation, access and uptake:

- additional information sent to men with invitation – for example, parking facilities and costs for screening venues
- reminder letter sent two weeks before appointment

The screening test:

- both technicians attempt to scan men where the aorta is hard to visualise, to reduce the likelihood of needing a further scan
- monthly continuing professional development (CPD) and training day

Immediate concerns for improvement

The QA visit team wrote to the chief executive of Hull and East Yorkshire Hospitals NHS Trust on 8 July 2016 asking that measures to address items below were agreed within seven days.

During the QA visit a number of concerns were identified relating to governance structures, accountability, resilience and clarity of roles within the screening programme. Combined, these were viewed as a significant risk to the programme. The areas of concern included:

- lack of appropriate clinical leadership, oversight and accountability of the programme that feeds upwards to senior Trust management
- roles within the programme poorly defined, without job descriptions/job plans reflecting national guidance
- no business continuity plans in place to maintain service provision, ensure resilience and adequate failsafe in the absence of key staff members
- insufficient capacity to deliver each aspect of the screening pathway against roles outlined in national guidance, both for current service provision and to support growth
- no formal agreements and policies in place between Hull and East Yorkshire Hospitals and York Teaching Hospital to ensure screening pathways are managed consistently, robustly and are understood by all involved

The chief executive responded and measures have been taken to mitigate the immediate risks within the programme. An action plan has been produced and assurance has been provided that service provision will be monitored robustly.

High priority issues

The QA visit team identified five high priority issues, as grouped below:

- lack of documented accountability, governance and escalation arrangements defined within trust contracts
- workforce resource does not fully meet national service specification. No business continuity plan or capacity planning. Some job descriptions, roles and job plans do not reflect national guidance and the service specification
- QA of screening equipment, processes and image management not in line with national requirements
- lack of audit across screening pathway and transfer to treatment services, to inform service improvement
- conflicting evidence regarding programme involvement in re-screening of men with aortas 2.5 – 2.9cm

Key recommendations

A number of recommendations were made related to the immediate and high level issues identified above. These are summarised in the table below.

Level	Theme	Description of recommendation
Immediate		Immediate concern relates to an over-arching governance theme. Related recommendations are throughout the report.
High	Governance and accountability	Fully documented accountability, governance and escalation arrangements to be put in place and defined within provider to provider contracts. To include formal oversight and reporting of programme performance, quality, risks, reporting and management of incidents. Working relationships, roles and process for transfer of care to treatment services to be clearly defined.
High	Infrastructure	Conduct a workforce capacity and demand review, against the national service specification. Develop a business continuity plan for provision of screening, internal QA and administration to ensure there is adequate resource and service continuity during times of planned or unexpected absence, including receiving treatment centres. Job descriptions, roles and job plans to be reviewed and updated to reflect important functions as described within national guidance and the service specification.
High	Infrastructure The screening test	QA of screening equipment, processes and image management to be in line with national requirements and information governance compliant.
High	Identification of cohort Intervention and treatment	Audit schedule to be implemented across screening pathway and transfer to treatment services, as per national guidance. Review pathways for referral to treatment to support programme in meeting 2 and 8 week standards.
High	The screening test	Programme to formally describe the 4 yearly recall pathway for men with aortas measuring <3cm, explaining who manages these men and provide confirmation there is complete separation form the screening programme.

Table of consolidated recommendations

No.	Recommendation	Reference	Timescale	Priority *	Evidence required
1	Fully documented accountability, governance and escalation arrangements to be put in place and defined within provider to provider contracts. These arrangements need to support the formal oversight and reporting of programme performance, quality, risks, reporting and management of incidents. Working relationships across the whole screening pathway and the transfer of care to treatment services to be clearly defined.	Service Specification 2016 to 2017	1 month	H	SLAs, pathways mapped and agreed/ formalised between providers (commissioners as appropriate) – signed off at programme board.
2	Programme board terms of reference to be updated to reflect membership as outlined in the 2016 to 2017 service specification. Regular attendance by all members of the board to be monitored.	Service Specification 2016 to 2017	6 months	S	Updated terms of reference and circular to programme board members from commissioners.
3	The provider, with support from commissioners, to conduct a workforce capacity and demand review, against the national service specification, to ensure that resilience can be maintained within the system. Develop a business continuity plan for provision of screening, internal QA and administration to ensure there is adequate resource and service continuity during times of planned or unexpected absence. Job descriptions, roles and job plans to be reviewed and updated to reflect key functions as described within national guidance and the service specification.	Service Specification 2016 to 2017 NAAASP standard operating procedures	3 months	H	Business continuity plans, capacity review, job descriptions and plans agreed/formalised between providers and commissioners – signed off at programme board.
4	Ultrasound equipment to be tested as recommended in ultrasound equipment quality assurance guidance and replaced when it no longer meets national requirements.	Abdominal aortic aneurysm screening: ultrasound	6 months	H	Equipment QA, testing and replacement plan agreed and presented

		equipment quality assurance guidance			at programme board.
5	Images to be uploaded to the central image storage system as soon possible following a clinic. The process for back up and transfer of images, and local SOPs, to be in line with trust information governance and national requirements.	NAAASP standard operating procedures	6 months	H	Updated SOPs and confirmation of IG/NAAASP SOP compliance to be signed off at programme board.
6	Develop an implementation plan to deliver screening services for men from hard to reach, vulnerable groups and facilities not already identified. For example, homeless people and mental health facilities (see Invitation, access and uptake section for linked recommendation).	Service Specification 2016 to 2017 NAAASP standard operating procedures	12 months	S	Action plan produced and presented at programme board as part of health inequalities plan.
7	Review all exclusions to ensure compliance with national guidelines, appropriate documentation of status, and provide assurance that all men are excluded/off register appropriately. Implement audit schedule for ongoing validation of exclusions.	NAAASP standard operating procedures	6 months	H	Outcomes of audit shared with programme board. Updated SOPs to be sign off by programme board.
8	Standard operating procedures and policies for all elements of the screening programme to be updated and reviewed. These should include, but not be limited, to: • management of exclusions • incidental findings (including timescales for management) • image transfer and information governance (including timescales and definition for upload of	Service Specification 2016/2017 NAAASP standard operating procedures	6 months	S	SOPs signed off by programme board.

	urgent scans) • men residing in secure facilities and other hard to reach groups • internal QA processes/QA of image • referral process • audit • failsafe activities and responsibilities	Quality assurance framework and resources for training in the NHS Abdominal Aortic Aneurysm Screening Programme			
9	Use suitable public health information tools and the SMaRT system to address screening inequalities, to consider the needs of diverse populations, and those populations that rarely access screening services or do not access screening services at all. An action plan to be developed and implemented in coordination with commissioners, relevant local authority and CCG stakeholders. Action plan to include strategy for increasing self-referral rates (see Identification of cohort section for linked recommendation).	Service Specification 2016 to 2017 NAAASP standard operating procedures	12 months	S	Health inequalities action plan produced and presented at programme board.
10	Check all data and results for accuracy, after each clinic, as required by national guidance.	NAAASP standard operating procedures	6 months	H	Audit as per national SOP – summary of outcomes of audit shared at programme board.
11	Programme to formally describe the 4 yearly recall pathway for men with aortas measuring <3cm, explaining who manages these men and provide confirmation there is complete separation from the screening programme.	Service Specification 2016 to 2017	6 months	H	Pathway document produced and shared at programme board.

12	The local policy and process for management of incidental findings to be reviewed to ensure it is within national guidance and the remit of the screening programme.	NAAASP Clinical guidance and scope of practice	6 months	S	Updated SOP signed off by programme board.
13	The programme to review clinics, to ensure technicians are not at risk of getting work related upper limb disorders from over booking of clinic slots.	NAAASP - Clinical guidance and scope of practice	6 months	H	Risk assessment.
14	The programme to review data and practices during 2015 to 2016 to establish why data shows a sudden increase in false positives.	Service Specification 2016 to 2017 Pathway standards and service objectives	6 months	H	Outcome/action plan presented to programme board.
15	The provider to ensure MDTs are documented, as advised by the Vascular Society of Great Britain and Ireland (VSGBI).	Vascular Society - Service Specification for the Non-Arterial centres or Spoke units of a Vascular Hub and Spoke Network	6 months	S	MDTs minuted/proforma used for all MDTs.
16	In discussion with commissioners, review referral pathways and access to vascular surgeons across vascular sites, and revise processes to ensure all men are seen within national	Service Specification 2016 to 2017	6 months	H	Outcome/action plan and supporting SOPs presented at

	standard timeframes for review in clinic and treatment.	Pathway standards and service objectives			programme board.
17	Develop and implement a systematic audit schedule, across the whole screening pathway, to include review of timelines for referral to clinic and treatment and exception reporting against QA standards. Report results to programme board and develop action plan to improve performance against standards.	Service Specification 2016 to 2017	3 months	H	Completion of audits and resulting actions presented to programme board.

* I = immediate. H = High. S = Standard.

Next steps

Hull and East Yorkshire Hospitals NHS Trust is responsible for developing an action plan to ensure completion of recommendations contained within this report.

The SQAS will work with commissioners to monitor activity/progress in response to the recommendations made for a period of 12 months. Following the issuing of the final report to allow time for at least one response to all recommendations to be made.

After this point, a letter should be sent to the chief executive of the trust and the commissioners summarising the progress made and asking for their direct intervention to address any remaining issues.