

AAA screening programme specific operating model QA process

Pathway element: Public health system leadership and commissioning function: Governance	SQAS activities	Frequency
1. Risk assessment and management	Check risk assessment plans and risk management is discussed at programme board meetings and contract review meetings	QA visits Quarterly/Programme Boards
2. Business continuity and succession plans	Check plans are in place and form regular discussions with commissioners during contract review meetings	QA visits
3. Clinical governance, escalation processes and integration into the provider organisation systems	Check plans are in place and form regular discussions with commissioners during contract review meetings	QA visits
4. Management of Serious Incidents/ safety screening incidents	Check there is appropriate incident management processes which follow national guidance	QA visits Adhoc during incident review and Programme Boards
5. Complaints and compliments received, results of patient/user surveys, audit and feedback mechanisms	Check the service are assessing user feedback Check the number of compliments/complaints/concerns are being actioned where necessary and reported to the provider	QA visits

6. Information Governance	Check data is managed and used in line with GDPR and screening guidance	QA visits
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Pathway element: Infrastructure	SQAS activities	Frequency
1. Workforce	<p>Check the service has adequate staffing numbers to ensure effective screening of the population.</p> <p>Check lead roles are filled and meet national guidance, such as programme manager, clinical director and CST/specialist nurse</p>	QA visits
2. Organisation chart	Check if there is an organisation chart which shows all staff groups, line management arrangements and accountability to the provider organisation	QA visits
3. Training of staff; completion of the Healthcare Screening Diploma and reaccreditation	Check staff have completed the relevant health screener diploma and are following the guidance for reaccreditation	QA visits Quarterly/Programme Boards
4. Equipment replacement and maintenance/testing programmes (phantom use frequency?)	Check scanners are on the approved list, cleaning complies with infection prevention measures and all safety testing with medical physics is complete	QA visits

Pathway element: Identification of cohort	SQAS activities	Frequency
1. Cohort identified and imported into SMaRT (automated process by Northgate)	Check validation process prior to inviting men is appropriate. Date of cohort input into SMaRT has taken place by agreed date	QA visits
2. Failsafe monitoring, such as alerts, internal QA, incomplete screens	Results from audit of pathways and internal QA discussed at programme board, and during incident investigation	QA visits Quarterly/at programme boards
3. Prisons/Transgender patients	Check the process for ensuring hard to reach men is available Review frequency of screening/locations used so access is fair and equitable	QA visits Quarterly/at programme boards
4. Exclusion men	Check exclusions are managed in line with guidance Review audit data - may trigger incidents if exclusions are outside of national guidance	QA visits

Pathway element: Invitation, access and uptake	SQAS activities	Frequency
1. Letters to men (invitations, DNA letters (1st and 2nd)) and recall following non-visualisation & non-attendance of such, and any potential recalls following QA of	Check correct leaflets are used, easy read and alternative language versions are available and in use	QA visits Quarterly/at programme boards

scans, using approved national leaflets		
2. Coverage	Monitor quarterly standard reports and KPI data provided to PHE; discussed at programme boards	QA visits Quarterly/at programme boards
3. Health promotion / coverage / inequalities / equitable access	Discuss during programme board with review of promotional events, quarterly and annual coverage rates from national figures	QA visits Quarterly/at programme boards
4. Eligibility for screening	Check the annual ceasing audit; reported in quarterly figures	Quarterly/at programme boards

Pathway element: The screening test	SQAS activities	Frequency
1. Checking of ID/consent of patient	Check processes for requesting correct patient ID and consent is accurate and recorded in the software. Incorrect processes may trigger incidents	QA visits
2. Local QA of image quality and measurement accuracy	Check CST's and lead ultrasound clinicians are using national guidance to measure image quality and accuracy, including non-visualised images. IQA metrics should be reviewed during	QA visits Quarterly/at programme boards

	Programme Boards. Incorrect processes may trigger incidents	
3. Security of images, reconciliation and downloading at base	Check to ensure image download and transfer systems are effective and meet governance/IT policy. Internal failsafe processes should be reviewed to ensure images transferred match correct the patient	QA visits
4. Minimum individual staff workloads and internal QA measures	Review of individual scan numbers and IQA reports from PSOM metric reports (part of data and intelligence meetings)	QA visits Quarterly/at programme boards

Pathway element: Referral, intervention and treatment	SQAS activities	Frequency
1. Timely referral to vascular and results from medical imaging	Review of failsafe processes and KPIs/pathway standards to monitor timely referral of men >5.5cm	QA visits Quarterly/at programme boards 1. Programme board and visits 2. At visits 3. Quarterly reports, programme board visits 4. At visits

<p>2. Failsafe and timely appointments for surveillance men</p>	<p>Review of monitoring through KPI surveillance reports</p> <p>Check alerts in SMaRT to show surveillance men are receiving timely appointments</p>	<p>QA visits</p> <p>Quarterly/at programme boards</p>
<p>3. Timely appointments for out-patient appointment following referable size AAA</p>	<p>Check treatment time for referred men is within national guidance of 56 days.</p> <p>Review breach reports to find out which delays are due to patient or hospital factors</p>	<p>Quarterly/at programme boards</p>
<p>4. MDT arrangements</p>	<p>Check frequency of MDT meetings, minutes are in place and patients referred to vascular service are discussed at MDT in a timely manner</p>	<p>QA visits</p>