**Appendix 3. Red flag action plan (throughput)**

Suggested action plan for practitioners assigned a red flag for throughput.

|  |  |
| --- | --- |
| **Practitioner ID number** |  |
| **Audit cycle number** |  |
| **Name of SSS** |  |
| **Name of local organisation/NHS trust** |  |
| **Date** |  |

FASP recommends that an individual training plan be negotiated between SSS and practitioner.

|  |  |  |
| --- | --- | --- |
| **Action** | **Date Completed** | **Comments** |
| Practitioner informed by SSS |  |  |
| Unsupervised screening ceases |  |  |
| Manager and local screening board informed |  |  |
| Review working practices |  |  |
| SSS to liaise with Regional QA team |  |  |
| Confirm action plan in place with Regional QA team within 2 weeks of DQASS report being received. (Regional QA team to inform SIL team) |  |  |
| DQASS reassess bias and throughput as acceptable |  |  |
| SSS confirms practitioner may resume independent practice |  |  |
| Review of outcome within 12 weeks and update sent by SSS to regional QA team |  |  |