


**Service Agreement
with NHS Tayside**

Histopathology EQA Scheme

1 April 2019 to 31 March 2022



**National
Services
Division
(NSD)**

Service Agreement – Histopathology EQA Scheme

1. Terms of Service Agreement

The purpose of this agreement is to set out the commissioner / provider service arrangements between National Services Division (NSD) and NHS Tayside for the delivery of the nationally designated Histopathology External Quality Assurance (EQA) Scheme. In the context of this agreement, NSD is the Commissioner and NHS Tayside is the Provider.

This agreement is for the period 1 April 2019 to 31 March 2022. It is set within the context of the National Health Service (Scotland) Act 1978 and the Patient Rights Act (Scotland) 2011.

The Provider must notify NSD immediately (or as soon as practically possible and within three working days) if there are any serious concerns including an adverse event, information governance breach or significant non compliance found during audits against local/national standards or protocols.

On notification of a serious concern, NSD will liaise with the Provider and clarify roles and responsibilities. This will include risk assessment, analysis and planning, and coordination of delivery of actions and sharing of any lessons learned.

The Provider should respond to any written requests for reported matters of concern within five days. When NSD or appropriate auditor requests to visit service premises, it is expected that the Provider facilitate this in a timely manner.

2. National Context

NSD acts on behalf of Scottish Government and NHS Boards to plan for and procure national specialist services. NSD supports the National Specialist Services Committee (NSSC). The remit of NSSC is to advise the NHS Board Chief Executives and through them, the Scottish Government Health and Social Care Directorate on designation and provision of specialist services.

NSD has delegated authority from NHS Boards to develop and progress operational changes in service provision in partnership with providing NHS Boards to ensure sustainable delivery of high quality efficient and effective services.

National funding is top-sliced from NHS Boards' allocations and is a limited resource. To ensure this funding is appropriately utilised, reporting standards as outlined in this agreement are a mandatory requirement for all nationally designated specialist services

The Provider will deliver services to meet demand and ensure best possible quality and value from the resources invested in the NHS as outlined in *A National Clinical Strategy for Scotland* (Scottish Government 2016).

The Provider is expected to demonstrate alignment with the *Chief Medical Officer's Realising Realistic Medicine Concept*. This includes, putting the patient at the centre of decision making, encouraging a personalised approach to care, reducing harm and waste, tackling unwarranted variation in care, managing clinical risk and innovating to improve.

Service Agreement – Histopathology EQA Scheme

3. Service Specification

3.1 Service overview and objective

The EQA Scheme is used to maintain and improve diagnostic standards in pathology laboratories. The Histopathology EQA Scheme aims to:

- Promote consistency in reporting across the country and contribute to the establishment of minimum national standards
- Contribute to continuing medical education
- Enhance confidence of participants in their reporting practice
- Increase participation levels throughout all centres
- Continue to review the governance issues for the scheme so these are as robust as can be
- Maintain full accreditation with UKAS

The principal function of the Scheme is education, with continuous quality improvement and improved patient care a result.

3.2 Participants

Participation in the Histopathology EQA Scheme is voluntary and is available to those who report surgical pathology cases and have the authority to report independently on material which is part of the scheme i.e. consultants post MRCPATH who have achieved their certificate of completion of training (CCT) and are reporting independently.

Specialty trainees may take part at the discretion of the Executive Committee however they will not be scored and therefore not be subject to action for persistent substandard performance.

3.3 Scope of scheme

3.3.1 In Scope

The Histopathology EQA Scheme comprises of:

- Administration of the Scheme
- Composition of each circulation
- Review of performance

3.3.2 Inclusion criteria

The scheme is offered free of charge to those who report surgical pathology cases and have the authority to report independently on material which is part of the scheme in NHS Scotland.

The scheme is also offered to participants from Northern Ireland, assuming there is no diminution in the service made available to Scottish participants. A participation fee of £250 per participant is charged to non-Scottish participants.

3.4 Scheme description

3.4.1 Management Committee

The EQA Scheme is managed by a Management Committee comprising the Chairman, Administrator and members from teaching hospitals in Scotland and Northern Ireland. The Administrator is supported by a Secretary, Data Manager and Quality Manager. The Committee administers the scheme, determines the composition of each EQA circulation and reviews the performance of the scheme and individual participants. Meetings of the Management Committee are held twice yearly.

3.4.2 Assessment of participants

Ten test slides and four educational slides are reported by each participant in the scheme after being circulated around eleven centres in Scotland and seven in Ireland. The ten test

Service Agreement – Histopathology EQA Scheme

slides are marked and all results circulated to participants after a meeting of the management committee.

The cases are chosen to emulate general histopathology in routine practice and do not include any controversial cases. The test slides are marked and all results circulated to participants after a meeting of the management team.

Marks are evaluated and monitored to establish a satisfactory level of reporting is being maintained. Problems are identified and action taken by the Chairman of the Management Team.

Within the scoring system, there will always be scores at the lower end of the range. If a finalised score means that the participant falls within the 2.5% group at the bottom of the ranked scores, it is considered to represent substandard performance for that circulation and a "2.5% Notification Letter" will be sent. A participant is considered to be a persistent substandard performer if their total score for a circulation falls within the 2.5% group and thereafter remains below this level in one of the next two circulations.

Consequently the First Action Point is triggered whereby the Chairman of the Management Committee sends a "First Action Point Letter" to the participant inviting an explanation, offering assistance and explaining that if their score falls within the 2.5% group in two out of the next three circulations then the Chair of the Professional Performance Panel within the Royal College of Pathologists will be required to investigate (Second Action Point).

3.5 Activity Levels

The agreed indicative level of activity for the scheme is:

Number of consultants participating	120 - 140
Number of Centres participating	18

NSD in partnership with the Provider will continually review the schemes' ability to meet indicated levels and consider and agree variations required. This will include any associated changes to the financial profile.

3.6 Performance Outcomes

The scheme will develop and agree with NSD, specific performance and quality measures to give assurance of service quality, effectiveness and performance. NSD will monitor these measures on an ongoing basis and will reserve the right to request improvement plans where appropriate, and will expect evidence of improvement over an agreed time period.

To facilitate the delivery of the quality ambitions, the six domains of quality offer a framework to measure and assess the scheme against specific performance and quality measures. The Histopathology EQA Scheme is expected to report on the following:

Six Domains of Quality	Indicators
Performance Measures:	
Equitable: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location or socio-economic status	<ul style="list-style-type: none"> Participation levels
Efficient:	<ul style="list-style-type: none"> Critical Incidents recorded (can include errors in document control, missing blocks, appeals)

Service Agreement – Histopathology EQA Scheme

Internal Audit:	<ul style="list-style-type: none"> • Vertical audit • Quality (horizontal) audit • Examination audit
Clinical Outcomes	
Effectiveness: Action points triggered	<ul style="list-style-type: none"> • 2.5% letter issued • First Action Point triggered • Second Action Point triggered
Participant focused Outcomes	
Person-Centred: Providing a scheme that is responsive to individual personal preferences, needs and values.	Participant feedback can be provided: <ul style="list-style-type: none"> • Association of Clinical Pathologist Meetings • Participant user survey

The Provider should contribute, where applicable, to national clinical registries. Data from national registries should be incorporated into reportable clinical outcomes and support benchmarking of the Histopathology EQA Scheme.

4. Regulation, Quality and Performance

4.1 Standards and Guidelines

The Provider must adhere to NHS Board policies and procedures to deliver a safe, effective and sustainable service that evidences effective clinical governance. Including:

4.1.1 National Context

- **Clinical Governance and Risk Management Standards**, (NHS QIS 2005) which have been developed to support NHS Scotland in the delivery of safe, effective and patient-focused services.
- **The Healthcare Quality Strategy**, (Scottish Government 2010) has been developed to ensure delivery of the highest quality healthcare services.
- **Health and Social Care Standards**, (Scottish Government 2017) which set out what patients should expect when using health, social care or social work services in Scotland. They seek to provide better outcomes for everyone; to ensure that individuals are treated with respect and dignity and that the basic human rights are upheld.
- **Duty of Candour** (2018) as provided in the **Health (Tobacco, Nicotine etc and Care) (Scotland) Act 2016** ensuring that every healthcare professional must be open and honest with patients when something goes wrong with their treatment or care causes, or has the potential to cause, harm or distress.

4.1.2 Service Specific

- United Kingdom Accreditation Service

4.2 Safety and Governance

The Provider must operate in a system that functions within a transparent clinical governance framework. The Provider must notify NSD of the management committee members to provide assurance and accountability for the service.

The Provider must comply with *Healthcare Improvement Scotland Healthcare Associated Infection (HAI) Standards*, (2015) and Healthcare Environmental Inspectorate requirements which support healthcare associated infection services in monitoring their performance and driving improvement across NHS Scotland. Any matters of concern should be reported to NSD.

Service Agreement – Histopathology EQA Scheme

4.2.1 Risks, Issues and Adverse Events

The Provider must adhere to NHS Board policies and procedures that evidence effective management of risk, issues and adverse events:

Risk and issue management

- The Provider is responsible for mitigating risks, managing issues identified within the nationally designated service. The Provider must comply with the principles of effective risk management.
- Potential threats to and challenges within systems should be identified at strategic and operational levels. The risks and issues should be entered onto a risk register and control measures should be reviewed at regular intervals.
- The risk and issue register for the service should be referenced in the annual report and any significant risks or issues highlighted. It is expected that the service will detail the mitigation actions in relation to the risks identified and this will be discussed as part of the annual performance review.

Management of adverse events

- The Provider will comply with national guidelines for managing significant adverse events *learning from adverse events through reporting and review: A national framework for NHS Scotland, (Healthcare Improvement Scotland 2015)* to support effective management of adverse events and drive improvements in care across Scotland.
- If a significant adverse event occurs, the Provider should inform NSD with immediate effect (for other adverse events these should be reported within three working days). Thereafter the Provider and NSD will agree the lead investigating organisation, roles and responsibilities of each party.
- The Provider must comply with the principles of Duty of Candour, ensuring transparency with patients, carers and colleagues when an adverse event occurs which causes, or has the potential to cause, harm or distress

4.2.2 Contingency Planning

The Provider must have appropriate contingency plans in the event of any incidents which would impact on delivery of the service. For example, adverse weather, power failure, illness of staff, outbreak of infection, industrial action, failure of essential facilities or specialist equipment.

If an incident occurs, the Provider will assess what essential services must be delivered in line with contingency plans. The Provider must advise NSD of the situation and discuss the contingency requirements.

4.3 Audit and performance outcome monitoring

The Provider will ensure and demonstrate the high quality of the service and constantly seek improvement through systematic clinical audit and use of improvement methodologies.

NHS Scotland's approach to improving the quality of healthcare is set out in the *Healthcare Quality Strategy for Scotland (2010)* and outlines the three quality ambitions for health service across NHS Scotland:

- **Safe** - There will be no avoidable injury or harm to people from healthcare, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all time
- **Person-Centred** - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrates compassion, continuity, clear communication and shared decision-making

Service Agreement – Histopathology EQA Scheme

- **Effective** - The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated

NSD will monitor service specific reportable measures as outlined in section 3.6. Additional baseline quality standards, performance targets and indicators established by the Provider should be also be referenced in Annual Report.

4.4 Quality Improvement

The Provider is expected to encourage a culture of audit and continuous improvement. NSD will reserve the right to request improvement plans where appropriate, and will expect evidence of improvement over an agreed time period.

4.5 Person Centred Care

The Provider will deliver a person centred and responsive service, assessing participant needs and considering their feedback to determine any possible improvements.

It is expected that the service will advise NSD on participant engagement activities, including reporting on surveys, audit and improvements in process.

Scheme information should be available in a written format and/or in a format that takes account of physical, cultural, educational and mental health needs. Person-specific communication should be done verbally by the relevant committee member.

4.6 Information Governance

4.6.1 Data protection

The Provider must comply with current Data Protection legislation including the requirements of the Data Protection Act (2018) and the General Data Protection Regulations (GDPR (EU) 2016/679) and apply the governing principles outlined in the Caldicott Report (1997) for management of personal data. The Provider will:

- Inform NSD of the names and contact details of the NHS Board Caldicott Guardian and Information Governance Lead
- Comply with the *Information Governance Commissioner's (IGC) Data Sharing Code of Practice (2011)*, including protocols in fair processing of information and reporting serious data breaches to the IGC Office.
- Advise NSD of any serious data breaches, including details of risk and impact on the individual(s)
- Annually audit its information governance practice against the *Scottish Government Information Governance Toolkit*
- Apply guidance on the *Information Security Policy Framework, Scottish Government (2015)* and *Records Management; NHS Code of Practice, Information Governance Alliance (2016)*.

The Provider will be the data controller for personal data collected and processed for the purpose of delivering the service. The Provider will ensure that all staff will be trained in safe information handling and aware of their responsibilities in relation to confidentiality.

For quality monitoring and performance management reporting requirements, the Provider should submit anonymised or aggregated data which does not disclose personal identifiable information. Only in exceptional circumstances will identifiable information be requested by NSD.

Service Agreement – Histopathology EQA Scheme

4.6.2 Freedom of Information (FOI) and Environmental Information Regulations (EIR)

In line with the Freedom of Information (Scotland) Act 2002 and the Environmental Information (Scotland) Regulations 2004, the Provider should underpin the principles of the Act by encouraging behaviour which is open and transparent and therefore increases public trust.

Where the Provider receives a request for information relating to the service, it will provide NSD with a copy of the response issued if NSD are quoted in the response.

Where NSD receives a request in relation to the service, the Provider will give any assistance required by NSD in forming the response to the request. NSD will ensure that the Provider is given notice of any intended disclosures under FOI or EIR in relation to the service that they provide.

4.7 Complaints

The Provider must publish, maintain and operate a complaints procedure in compliance with the *Scottish Public Services Ombudsman Model Complaints Handling Procedure (2017)*.

The Provider must provide clear information to participants and display prominently in the services environment on how to make a complaint.

4.8 Equality

The Provider must comply with the requirements of the Equality Act 2010. The Provider must not discriminate between or against participants on the grounds of age, disability, gender, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, sexual orientation, or any other non medical characteristics.

5. Workforce

5.1 Compliance with national employee policy and guidance

The Provider must apply the principles of staff governance guidance outlined in the NHS Scotland Staff Governance Framework (2012) and good employment practice detailed in the Partnership Information Network (PIN) policy framework.

The Provider has an obligation to ensure:

- appropriate staff are registered with professional bodies and where required, have completed their revalidations
- application of safe pre and post employment checks
- staff are aware and adhere to NHS Board policy in relation to the acceptance of gifts and hospitality

5.2 Staffing

The Provider must demonstrate safe and sustainable staffing levels, which will include:

- skill mix and staffing establishment determined using validated workforce tools, benchmarking and relevant guidance where appropriate
- ensuring that registered and non registered staff are sufficiently qualified and experienced and can access appropriate training when required. Training for staff will be funded by the Provider
- ensuring that services meet national absence target by having effective attendance management processes in place
- All staff must be subject to the local occupational health policy which adheres to best practice.

Service Agreement – Histopathology EQA Scheme

The Provider must have a programme in place to support absence and maternity leave for staff. The national funding for nationally designated specialist services does not include any provision to cover the cost of additional resources that may be required as a result of sickness, annual leave, maternity leave or any other absence. It is the responsibility of the Provider to ensure that there are adequate staffing levels in place to support the service.

The Provider must nominate and advise NSD of contact details of the management committee. They should advise when there are any changes to personnel in respect of these roles.

6. Facilities

The Provider is responsible for ensuring safe and sustainable facilities to support delivery of the nationally designated service and must ensure that there is a planned programme for the maintenance of buildings and associated facilities.

The Provider premises will comply with all relevant legislation and standards outlined by the Health & Safety Executive and Healthcare Improvement Scotland, Healthcare Environment Inspectorate.

The Provider must take all reasonable steps to minimise its adverse impact on the environment in line with the *NHS Scotland Policy on Sustainable Development (2012)* and demonstrate progress on climate change adaptation, mitigation and sustainable development and influencing and encouraging visitors, staff and suppliers to behave in a sustainable manner.

6.1 Equipment

It is the Provider's responsibility to ensure that an equipment replacement programme is in place to allow the continued delivery of the service. Capital is allocated directly to NHS Boards but NSD is responsible for funding the revenue consequences of capital purchases. NSD must be consulted when the Provider wishes to invest capital for national services to ensure that NSD can support the revenue consequences of the investment in future years.

7. Research and Development

It is expected that all nationally designated specialist services, facilitate a continuous programme of research, development and quality improvement in line with routine day to day service delivery.

The service should contribute to the Provider's Research and Development work plan and gain benefit from the partnership working between NHS Boards and the Chief Scientists Office to support the infrastructure to allow clinical research, application of best practice and processes that support efficient and effective working.

As indicated in section 4.3 the service must continuously demonstrate that they are delivering the service in an evidenced and cost effective manner, by auditing performance and applying best practice to support efficient, effective and innovative working.

8. Reporting and review

The Provider must submit the agreed reports within the specified timescales. Further information may be requested by NSD in relation to the service and it is expected that the Provider will respond to these requests within agreed timescales.

The Provider is responsible for the provision of information to NSD and for the validity, accuracy and timeliness of all returns and data. NSD must not receive participant identifiable data in any reports which could be subject to public scrutiny.

Service Agreement – Histopathology EQA Scheme

8.1 Reporting timetable

The Provider will supply the following reports on the progress of the service agreement throughout its duration:

Report	Date due	Format for report
Mid Year report	31 October	Annex A
Nine month finance report	31 January	Annex B
Annual report	31 May	Annex C

Reports should be sent to **NSS.nsd-reports@nhs.net** (and not to individual NSD staff). It is the Provider's responsibility to ensure that all reports are received within the agreed timescales. Failure to submit reports on time will impact on NSD's ability to reconcile funding to expenditure and fulfil the obligation to report to NHS Board Chief Executives on usage and performance of the designated service.

8.2 Annual Performance Review

An annual performance review will be undertaken each year by NSD based upon ongoing discussions and the annual report. The extent of the review meeting will depend on each service's circumstances.

The Provider is expected to work with NSD, when requested, to schedule the annual performance review meeting within an appropriate timeframe and ensure that all required personnel are present.

8.3 Commissioning review process

NSD undertakes reviews of each national designated service on a rolling programme of 3-5 years to ensure that each service is delivering the most clinically and cost effective service and in line with the original designation objectives. The Provider will be expected to participate in all commissioning reviews of the service.

9. Financial arrangements

9.1 Agreement structure & basis of funding

This funded profile takes the form of a cost and volume agreement under which the Provider will be entitled to receive an agreed sum reflecting the actual fixed costs of the service, together with an amount to cover the actual variable costs incurred in the delivery of activity by the service.

Funding for the first quarter of the financial year will be transferred during the June month end, with subsequent transfers completed on a monthly basis.

Initially, revenue transfer values will be calculated on the basis of the indicative budget that has been agreed and detailed in this Agreement. However, on receipt of the 6 month and 9 month finance reports, and as long as variations in activity and cost are within 10% of indicative values, funding transfers will be adjusted to bring funding in line with year to date actual costs and full year expenditure forecasts.

The Provider's finance team will be contacted in early April to agree outstanding balances and funding mechanisms will be put in place to ensure that the final funding level for the year matches the actual costs incurred by the service.

Service Agreement – Histopathology EQA Scheme

Should it become apparent, at any point during the year, that activity and/or costs are likely to differ significantly from the indicative levels set out in this agreement (for the purpose of this agreement, material variations in activity and expenditure will be assumed to be +/-10%) then the onus is on the service to contact NSD and initiate negotiations around activity and funding, for both the current year, and for future years (if it is felt that any material variations are likely to be long term).

9.2 Funded value of agreement

The total indicative funded value for the service is £28,524. This is based on expected pay and price levels for 2018/19, and the levels of activity set out in section 3.6. (the value of the profile for 2019/20, 2020/21 & 2021/22 will be reviewed in line with any funding uplifts, or increased savings targets announced by the Scottish Government Health and Social Care Directorate).

A full breakdown of the funded value is available in Annex D.

9.3 Cost shifting & Cross Subsidisation

The Provider shall not take action to shift activity or costs to other budgets or to make agreements with other commissioners or providers without prior consent in writing from NSD.

9.4 Capital funding

It is the Provider's responsibility to ensure that a capital and equipment replacement programme is in place to ensure the continued delivery of the service. Capital is allocated directly to NHS Boards but NSD is responsible for funding the revenue consequences of capital equipment purchases. NSD must be consulted when the Provider wishes to invest capital for national services to ensure that NSD can support the revenue consequences of the investment in future years.

NSD receives a nominal capital allocation to augment the capital replacement programme put in place by the Provider. This allocation is to ensure that any dated or failing equipment can be replaced before service delivery is compromised. The allocation does not cover buildings or infrastructure. The Provider will therefore ensure that the service has a planned programme for the maintenance of the buildings and facilities.

The Provider will be invited to submit applications for capital investment by June of each year. Applications must be submitted by the Provider's management team. NSD will undertake a prioritisation process and will allocate the capital funds to Providers where there is risk to delivery of the service. Procurement must be completed before the end of the financial year.

Minor capital (items under £5,000 including VAT) is funded by revenue. All minor capital purchases not explicitly included in the indicative baseline should be requested in a business case to NSD.

10. Changes to terms of the agreement

10.1 Changes to scheme specification

Significant changes as to how the scheme is delivered will only be made following the submission of a business case to NSD and approval by NSSC. There must be formal written agreement between NSD and the Provider before changes are implemented.

Other significant changes to the service may result as a recommendation from a major review. These changes will only be applied following approval by NSSC and written agreement between NSD and the Provider on a plan for implementation.

Service Agreement – Histopathology EQA Scheme

10.2 Notification times

Changes to the terms of the agreement will only be made following formal written agreement between NSD and the Provider unless there are exceptional reasons for deviating from this procedure. Minimum notification times are:

- Six months' notice of any proposed changes in the agreement which require a reduction in staffing
- Two months' notice of any other material changes by either NSD and/or the Provider

Changes to the terms of the agreement will be considered in the event of unforeseen circumstances such as:

- The occurrence of major incident
- Emergency needs
- A major outbreak of illness or infection
- Industrial action

10.3 Sub-contracting

No sub-contracting shall be undertaken without the prior agreement in writing from NSD.

11. Resolution of disputes

NSD and the Provider both resolve wherever possible to settle any disputes or disagreements in relation to this service agreement by negotiation.

When a resolution cannot be reached, this will be escalated to the relevant group or committee to resolve eg National Specialist Services Committee, Scottish Government, Scottish Association of Medical Directors as appropriate.

Service Agreement – Histopathology EQA Scheme

12. Distribution

A copy of this service agreement is to be held by the provider.

**For and on behalf of the
Scottish Government**

Signature

Block Capitals

Designation

National Services Division

Date

[Handwritten Signature]
[Handwritten Block Capitals]

[Handwritten Designation]

[Handwritten Date: 11/3/19]

**For and on behalf of
NHS Tayside**

Signature

Block Capitals

Designation

NHS Tayside

Date

Signature

Block Capitals

Clinical Lead

Date

Service Agreement – Histopathology EQA Scheme

Annex A

Provider: NHS Tayside
Service: Histopathology EQA Scheme
Report format: Six month report

1. Report of Actual V Planned Activity:

Information on referrals, assessments and admissions for treatment must be broken down by NHS Board of residence.

2. Notification of anticipated problems.

Identify any issues in relation to any of the following areas which may be impacting on the performance of the service:

Resources, Workforce, Waiting/Response Times, Audits, Performance & Clinical Outcomes, Risks & Clinical Governance issues, Adverse Events, etc.

3. Potential developments in future years with financial implications.

Service to indicate developments with potential financial implications for future years.

4. Financial report (as below):

This section should detail expenditure to date against funded value and explain any significant variances from planned including yearend financial outturn.

	<i>Agreement value to 30 September</i>	<i>Actual expenditure to 30 September</i>	<i>Projected outturn to 31 March</i>
Costs as per Annex D			
Total			

Service Agreement – Histopathology EQA Scheme

Annex B

Provider: NHS Tayside
Service: Histopathology EQA Scheme
Report format: Nine month report

Financial projections

	<i>Agreement value to 31 December</i>	<i>Actual expenditure to 31 December</i>	<i>Projected outturn to 31 March</i>
Costs as per Annex D			
Total			

Comment on any material variances from planned expenditure

Forward year baseline

	<i>Current NSD funded value</i>	<i>Proposed baseline</i>	<i>Variance</i>
Costs as per Annex D			
Total			

All variances must be fully explained.

Developments not previously agreed with NSD must be supported by a full business case.

NB Developments highlighted at this late stage will not normally be considered for funding from 1 April of the following year

Service Agreement – Histopathology EQA Scheme

Annex C

Provider: NHS Tayside
Service: Histopathology EQA Scheme
Report format: Annual report

- 1. Service Delivery**
 - 1.1 Overview of service
 - 1.2 Service Description
- 2. Activity Levels**
- 3. Performance and Clinical Outcomes**
 - 3.1 Equitable
 - 3.2 Efficient
 - 3.3 Timely
 - 3.4 Effectiveness
 - 3.5 Safe
 - 3.6 Person centred
- 4. Quality and service Improvement**
- 5. Governance and Regulation**
 - 5.1 Clinical Governance
 - 5.2 Risks and Issues
 - 5.3 Adverse Events
 - 5.4 Complaints and Compliments
 - 5.5 Equality
- 6. Financial reporting and workforce**
- 7. Audit & Clinical Research / publications**
- 8. Looking ahead**

Service Agreement – Histopathology EQA Scheme

Annex D

Provider: NHS Tayside
Service: Histopathology EQA Scheme
Report format: Financial Reporting

<u>Staff Costs</u>		<u>w.f.e.</u>	<u>£</u>
Band 4		0.640	12,697
Quality Manager (Band 8c)	(4 sessions per month)	0.100	7,209
Data Manager (Band 8a)	(1 session per month)	0.025	1,611
Total Staff Costs			21,516
 <u>Service Costs</u>			
Postage, Stationery, Sundries			2,738
Committee Meeting & Travel			3,408
Travel			3,646
National Meetings			2,027
Overheads			1,346
Capital Charges			567
UKAS Accreditation			3,276
Income from Northern Ireland	£250 per participant		(10,000)
Total Service Costs			7,008
 Total Costs			 28,524

Notes:

The above profile is based on 2018/19 pay & price levels. Profiles for 2019/20, 2020/21 & 2021/2022 will be added as and when national uplift levels are agreed with Scottish Government.

