SCOTLAND and NORTHERN IRELAND EQA SCHEME in GENERAL HISTOPATHOLOGY

Annual Report
2019/20

NHS TAYSIDE

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Please refer to Guidance Notes for completion of the Annual Report prior to submission

The completed Annual Report should be sent electronically by 31 May to:
Email: nss.nsd-reports@nhs.net

Executive Summary

1. Service Delivery

The scheme is based at the Pathology Department within NHS Tayside and was inaugurated in 1994. Consultant Pathologists from departments in Scotland and Northern Ireland are assessed bi-annually on their diagnoses of 10 general histopathology slides. Four optional additional cases of special educational interest are also circulated, but not marked. The slides continue to be provided for each circulation by two members of the scheme's Management Committee on a rotational basis. The cases are chosen to emulate general histopathology in routine practice.

The aims of the General Histopathology EQA Scheme are 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.

During 2019/20 the scheme has maintained full accreditation under ISO: 17043:2010

Further details can be found on the dedicated web page at:
https://www.pathology.scot.nhs.uk/resources/pathologists-eqa/

Contact details:
Linda McDonald (Scheme Secretary)
Pathology Department
Level 6
Ninewells Hospital
Dundee
DD1 9SY
Tel. 01382 660111 ext. 33545
E mail: linda.mcdonald3@nhs.net

2. Activity Levels

The scheme continues to plan and carry out 2 runs per year.

Activity Metrics

	SA level	2018/19 Run 49	2018/19 Run 48	2018/19 Run 47	2018/19 Run 46
No. of centres participating	18	18	18	18	18
No. of registered participants	120 - 130	123	127	129	123
No. of participants in round		109	115	120	116

3. Performance and Clinical Outcomes

3.1 Equitable

Whilst the scheme has not undertaken a formal Equality and Diversity Impact Assessment, we do strive to make the scheme accessible to all relevant Pathology Consultant staff.

Our ongoing informal recruiting initiative regularly results in new participants. Participation levels remain relatively stable and the scheme is open to all pathologists who are reporting individually within Scotland and Northern Ireland.

3.2 Efficient

The scheme continues to operate within the financial budget provided by NSD. Full report available in Section 6.

3.3 Timely

Although not relevant to patient care, the scheme does have clearly defined turn around times laid out in the quality manual in respect of receiving pro-formas, issuing of participant results etc. The scheme has no control over the timing of the participants meeting, which can sometimes lead to a delay in the dispatch of final results.

3.4 Effectiveness

Within circulation 49;
Four “2.5%” letters were issued, along with one first action point letter. No second point actions were required.
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Internal audit of quality management system

Twelve horizontal audits were carried out during 2019/20, against all sections of ISO 17043 and these gave rise to one non conformance. This was for the annual appraisals for the salaried staff of the scheme being overdue. These were dealt with, corrective actions put in place and signed off.

Internal audit of EQA Scheme operation

One vertical audit was carried out during 2019/20, against run 48, resulting in no non conformances.

Four examination audits were also carried out during 2019/20, none of which gave rise to any non conformances. The final of these audits was against all the corrective actions put in place during 2019/20 to study their effectiveness.

3.5 Safe

Risk Register

NHS Tayside operates a risk management system called the DATIX system. This is an electronic web-based system which enables staff to record and monitor incidents that occur within their department. The DATIX system produces a high level of accuracy and automatically links to the Root Cause Analysis (RCA), Executive Summaries and External Reporting. Our EQA scheme has not had to record any incidents on the DATIX system over the past 11 years.
Critical Incidents are recorded within our Qpulse database and are described in Section 5.3.

The pathology department also takes an active part in departmental and site Health and Safety meetings, which gives the scheme a communication for any HAI and other safety issues.

3.6 Person centred

No complaints have been received by the scheme during 2019/20.
Participants of the scheme can also provide feedback about the scheme at the Participants meetings held twice a year.
The most recent participants User Survey was carried out in December 2018. Approximately 27% of participants responded and although disappointingly low, the vast majority of the feedback was very supportive of the scheme. There was particularly good feedback with regard to possible future access of digital imaging. The final analysis of the results has been discussed at executive and management meetings and a summary paper was submitted last year to NSD.

4. Quality and Service Improvement

Items for improving the service delivered by the scheme include:

- Continue to explore further possibilities of utilising the Scheme Web page to communicate with participants. Information from NSD has shown an increase of activity in use of the page.
- Continue to actively invite all new consultant appointments to join the scheme.
- Maintain UKAS accreditation.

Continuing investigation of the possible use and benefits of participants being able to access scanned images remotely. There is now a digital scanning system available within the Pathology Department at Ninewells and initial approval has been given for our scheme to access. An initial Risk Assessment has to be completed, but it is felt that this could be a way forward for our scheme.

Our annual performance review for 2019 was held on the 11th. November 2019 at Ninewells. Draft minutes from this meeting have been circulated and action points included:
1. Dr. S. Thomas to raise session time for the Data Manager role in his NHS Lothian appraisal for inclusion in his job plan.
2. NSD, along with NHS Tayside, to investigate the possible replacement of the Quality Manager role, due to impending retirement.

April 2019 saw a full external assessment visit of the scheme by UKAS. This resulted in 9 improvement actions, evidences for which were submitted to UKAS and full accreditation under ISO 17043:2010 was maintained in May 2019.

5. Governance and Regulation

5.1 Clinical Governance

Clinical Governance is discussed at Executive Team meetings. The latest restructuring within NHST now sees our host Pathology Department lie within Specialist Services in the Access and Assurance Care Division. The department has a Clinical Governance Group, which meets regularly and feeds into the Clinical Governance Committee within Access and Assurance Care Division. This gives our EQA scheme a defined route in which to take forward any clinical governance issues relevant to NHS Tayside, our host site.

5.2 Risks and Issues

All risks and issues are discussed and minuted at the executive meetings held regularly throughout the year.

Results of provisional marking continue to be presented and discussed at Participant's Review Meetings. Quorate meetings are still not regularly achieved and when not quorate our procedure is that participants are circulated with a minute of the meeting, along with conclusions by email and are asked to provide feedback on the marking. During 2019/20 both meetings failed to be quorate. Actions taken to try and approve this situation include;
a) Fixing the dates of the meetings well in advance. They are now held on the first Wednesday of March and October.
b) Attempting where possible to secure locations with teleconferencing facilities to allow those from further afield to take part.
c) All trainees in histopathology are invited to attend the EQA meetings
d) Further adaption of the programme to make the meetings more appealing.
e) Combining the meetings with those of specialist groups.

5.3 Adverse Events

If an adverse event is deemed to have taken place then the Quality Manager must be informed and the incident must be recorded within the Q-pulse system. They are recorded as a critical incident and can be described as an incident that has resulted in an incorrect result being issued or any other error being issued by the scheme which will have, or has had, an adverse effect on a participant. All critical incidents will be discussed by the executive team and a Root Cause Analysis carried out and recorded, with appropriate corrective measures put in place.
One Critical Incident was recorded during 2019/20: Following distribution of Circulation 49 it was brought to our attention by one of the participants that the clinical histories provided did not match the corresponding slides in Cases A to E. The cases were reviewed the following Monday, where it was discovered that the 10 submitted cases had been labelled back to front i.e. case 1 was actually case 10, case 2 was case 9 and so on. All participants were e-mailed immediately 20/05/19 informing them and advising that 3 replacement cases would be supplied and that cases B and E should be swapped over. Procedure EQAO 03 "Obtaining and Selecting Case Material and Initiating a Circulation" was updated to ensure double checking of each step of the process takes place, where possible.

5.4 Complaints and Compliments

Verbal Complaints
Logging of verbal external complaints received will be recorded by the Quality Manager within the Q-pulse CA/PA module, as described in Section 2 below. These will be discussed by the executive team and appropriately responded to.

Written Complaints
All written complaints will be logged. The Quality Manager must be informed of any written complaints and they will also be recorded within the CA/PA module within Q-pulse. Any outcomes will be acted upon and procedures amended accordingly. A written response must be sent and recorded, along with any corrective actions taken to remedy the complaint.
If the Quality Manager judges the complaint to be justified and of a nature which requires any alteration in the procedures of the Scheme, the preferred sequence of events for enacting such changes would be:

1. Discussion at the Executive Team Committee meeting
2. Production of a draft revision to the relevant SOP
3. Implementation, pending approval by the Steering Committee
4. Discussion of any revision by the Steering Committee

No complaints or minor errors have been logged in 2019/20.

Appeals
Any appeals against the final result issued should be made in writing and sent to the scheme secretary within two weeks of the results being issued. The appeal will be discussed by the executive committee and a response sent to the participant. They will also be recorded within the CA/PA module within Q-pulse.
No appeals were received during 2019/20.

5.5 Equality
Whilst the scheme has not undertaken a formal Equality and Diversity Impact Assessment, we do strive to make the scheme accessible to all relevant Pathology Consultant staff, as discussed in Section 3.2.
Our ongoing informal recruiting initiative regularly results in new participants.

6. Financial reporting and workforce

NATIONAL SERVICES DIVISION CONTRACT
EQA HISTOPATHOLOGY (TCH013)
FINANCIAL YEAR 2019/20 - 12 MONTH REPORT

	2019/20 CONTRACT VALUES			MONTH REPORT		
-	WTE	ANNUAL BUDGET £		BUDGET TO MAR £	EXP TO MAR £	VARIANCE TO MAR £
STAFF COSTS						
Admin Band 4	0.64	13,526		13,526	19,722	(6,196)
Quality Manager - Band 8C		7,680		7,680	10,701	(3,021)
Data Manager - Band 8A		1,716		1,716		1,716
TOTAL STAFF COSTS		**22,922**		**22,922**	**30,424**	**(7,502)**
SERVICE COSTS						
Postages, Stationery, Sundries		2,738		2,738	2,119	619
Committee Meeting & Travel		3,408		3,408		3,408
Travel/Training		3,646		3,646	568	3,078
National Meetings		2,027		2,027		2,027
Overheads		1,346		1,346		1,346
Capital Charges		567		567	567	0
UKAS Accrediatation		3,276		3,276	8,107	(4,831)
Income from Non Scottish Participants		(10,000)		(10,000)	(8,000)	(2,000)
TOTAL SERVICE COSTS		**7,008**		**7,008**	**3,361**	**3,647**
TOTAL COSTS		**29,930**		**29,930**	**33,785**	**(3,855)**

Whilst no great Efficiency Savings have been achieved, continued efforts are made at keeping overheads to a minimum in areas such as postage, travel for meetings and participant meeting organisation. Some extra staffing is usually required around annual UKAS assessment visits and management team meetings.

7. Audit & Clinical Research / publications

Research would include the continuing investigation of the possible use and benefits of participants being able to access scanned images remotely along with further use of video conferencing at both management and participant meetings.

8. Looking ahead

Relevance of a general histopathology EQA scheme at a time of increasing specialisation remains an active issue. Occasionally participants withdraw from the Scheme, or from selected areas of specialisation within the terms of the Scheme's protocols, in response to changes in their own practice. Nevertheless, continuing support from many participants does suggest that the Scheme is relevant to the professional practice of many diagnostic Histopathologists in Scotland and Northern Ireland.

Most of the key priorities for the scheme have been discussed above, but in summary:

- The possibility of introducing access to scanned images remotely with access via the host department scanning system
- Improving attendance at participants meetings
- Pursuing possible replacement for the retiring Quality Manager
- Maintaining UKAS accreditation

Appendices