



# **SCOTLAND and NORTHERN IRELAND EQA SCHEME in GENERAL HISTOPATHOLOGY**

**Annual Report  
2020/2021**

**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](mailto: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 2020/2021 the UKAS Accreditation under ISO: 17043:2010 was postponed to May 2021 due to the Covid-19 pandemic. During this the scheme was assessed and 5 mandatory findings was raised. These have since being signed off and passed. There is a second half day visit scheduled for 23<sup>rd</sup> August to assess the quality management system. This was postponed due to difficulty in access to Tayside Q-Pulse by the new quality manager (based in NHS Lanarkshire).

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

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## 2. Activity Levels

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

## Activity Metrics

	SA level	Run 50	Run 51	Run 52
No. of centres participating	18	18	18	18
No. of registered participants	120 - 130	122	122	123
No. of participants in round		110	112	117

### 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 turnaround 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 50;

One "2.5%" letters were issued, along with one first action point letter. No second point actions were required.

Within circulation 51;

Three "2.5%" letters were issued, along with one first action point letter. No second point actions were required.

Within circulation 52;

Three "2.5%" letters were issued, along with one first action point letter. No second point actions were required.

## **Internal audit of quality management system**

Seven horizontal audits were carried out in early 2020. From these audits there were no non-conformances were raised. One observation was raised based on the return of consent forms from new participants. In August 2020 the quality manager retired and a new person was employed, this lead to 5 horizontal audits not being completed on time. Access to Q-Pulse was difficult for the new quality manager. These have been incorporated into an audit schedule which was approved by UKAS during the assessment in May.

## **Internal audit of EQA Scheme operation**

Two vertical audits was carried out during 2019/20, against run 49 and Run 50, resulting in no non-conformances.

Three examination audits were also carried out during 2020/2021, none of which gave rise to any non-conformances. There was one observation raised regarding wrong addresses for two participants.

### **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. There has been no DATIX raised for the EQA Scheme since it began.

Critical Incidents are recorded within our Q-Pulse 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 2020/2021.

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. The User Survey is required every 3 years, a new survey will be issued in December 2021.

From the 2018 survey 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.
- Introduction of an electronic pro-forma for each run.

Our annual performance review for 2020 was held on the 3<sup>rd</sup> December 2020 via MS Teams. Draft minutes from this meeting have been circulated and action points included:

1. Follow up of the new Quality Managers access to NHS Tayside Q-Pulse
2. NSD to seek approval for the purchase of an additional laptop for the service

Surveillance visit 2 was in May 2021. This was carried out remotely. Due to issues with access to Q-Pulse with the new Quality Manager, a second half day remote visit is scheduled for August 2021 to assess the quality management system.

The Scheme is looking at introducing an electronic pro-forma for participants to complete to replace the paper copies which are currently being sent out. A draft version will be sent with Run 53.

## **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.

Previously the quorate of participants meetings was not being achieved, however, during the Covid pandemic NHS boards introduced the use of MS Teams. This has proved beneficial for the Scheme and seen more participants join the meeting.

### **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.

No critical incidents have been raised within 2020/2021.

### **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.

No verbal complaints were received in 2020/2021.

#### **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 include: Discussion at the Executive Team Committee meeting, production of a draft revision to the relevant SOP, implementation, pending approval by the Steering Committee and discussion of any revision by the Steering Committee

No complaints or minor errors have been logged in 2020/2021.

#### **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 2020/2021.

## 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

EQA Histopathology (TCH013) Financial Year 2020/2021 – 12 month report

	2020/21 CONTRACT VALUES		12 MONTH REPORT		
	WTE	ANNUAL BUDGET	BUDGET TO MARCH	EXP TO MARCH	VARIANCE TO MARCH
-		£	£	£	£
<b>STAFF COSTS</b>					
Admin Band 4	0.64	13,932	13,932	20,382	(6,450)
Quality Manager - Band 8C		7,910	7,910	3,944	3,966
Data Manager - Band 8A		1,767	1,767	0	1,767
Secondee Admin Clerical				3,254	(3,254)
<b>TOTAL STAFF COSTS</b>		<b>23,609</b>	<b>23,609</b>	<b>27,580</b>	<b>(3,971)</b>
<b>SERVICE COSTS</b>					
Postages, Stationery, Sundries		2,766	2,766	1,895	871
Committee Meeting & Travel		3,443	3,443	0	3,443
Travel/Training		3,682	3,682	5,093	(1,411)
National Meetings		2,047	2,047	0	2,047
Overheads		1,359	1,359	1,350	9
Capital Charges		573	573	573	0
UKAS Accrediation		3,309	3,309	6,013	(2,704)
Income from Non Scottish Participants		(10,300)	(10,300)	(8,000)	(2,300)
Pay For Services Non-nhs Orgs				4,680	
<b>TOTAL SERVICE COSTS</b>		<b>6,879</b>	<b>6,879</b>	<b>11,604</b>	<b>(45)</b>
<b>TOTAL COSTS</b>		<b>30,488</b>	<b>30,488</b>	<b>39,184</b>	<b>(4,016)</b>

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 via the use of MS Teams
- Maintaining UKAS accreditation

## **Appendices**