

PATHOLOGY QUALITY ASSURANCE DASHBOARD

Pathology is core to what the NHS does. Advice on the interpretation of complex findings is greatly valued, as is the provision of rapid and consistent results. Advances in screening and therapeutic techniques, genetic testing and new technologies are often cited as key contributors to the predicted increases in longevity and the safety of treatments. Pathology is seen as key to prevention and early diagnosis of disease, and has an excellent reputation for the provision of accurate and timely advice.

What is the Pathology Quality Assurance Dashboard?

The *Review of Pathology Quality Assurance* (published January 2014) identified that *'The current pathology quality assurance framework lacks several key factors: transparency, integration, scrutiny, oversight and effective triggers for reward and sanction, without which we cannot say the best interests of patients and healthcare generally are truly being served'*. The Review recommended that a 'Pathology Quality Assurance Dashboard (PQAD)' be developed, that would draw *'transparent and meaningful information from existing data sources to provide a national picture of quality improvement across England, to enable trend analysis and the identification of opportunities for development of the system'*.

The PQAD has been developed with input from the cohort and others, and designed to use readily available data and information to assure Trust Boards, National and Regulatory bodies, users and commissioners of Pathology services, about the quality of NHS Pathology services. Further productivity metrics and benchmarks will follow later in the year, informed by the work of the Getting It Right First Time programme on pathology services.

A schematic of the proposed PQAD is included in **Annex A**, while detail of the proposed indicators, metrics and benchmarks is included in **Annex B**.

How trusts should use the PQAD

We are sharing the PQAD with trusts to use internally for the time being and trusts are asked to:

- Familiarise themselves with the requirements of the PQAD
- Consider whether the requested data is already being monitored
- Bring together the information and present it to the Trust Board or relevant sub-committee for discussion
- Feedback any questions or observations about the PQAD to the productivity&efficiency@dh.gsi.gov.uk mailbox

In parallel we will seek feedback from national bodies and other stakeholders. Based upon the feedback we receive we will make any necessary updates to the dashboard before providing further guidance about how the PQAD will be used by:

- **Trust Boards**, to receive assurance from the Clinical Director of their Pathology provider that the service is of an appropriate quality.
- **National and regulatory stakeholders and commissioners**, to understand trends, and to inform decisions about where local and national interventions and investments might best be targeted.
- **Patients and clinicians**, to assure themselves of the quality of NHS Pathology services.

Annex A - Schematic of the proposed Pathology Quality Assurance Dashboard

Trust X Pathology Quality Assurance Dashboard

Timeliness		
<i>Indicator</i>	<i>Benchmark</i>	<i>Current</i>
The proportion of clinically relevant tests agreed between the requestor and provider as 'urgent' reported within locally agreed turn-around times (from 'receipt of sample' to 'arrival of result at the requestor')	> 95%	97%
The proportion of diagnostic histopathology cases requested for the investigation of cancer that are reported within 10 calendar days of the procedure taking place	> 90%	84%
The proportion of diagnostic gynae-cytology cases requested for the investigation of cancer that are reported within 7 calendar days of the procedure taking place	> 90%	87%
The number of results / reports not available within 42 calendar days of request	0	2

People		
<i>Indicator</i>	<i>Benchmark</i>	<i>Current</i>
The proportion of Pathology staff whose annual appraisals have been completed on time	> 90%	95%
The proportion of consultant medical and scientific direct clinical care programmed activity not undertaken by Trust staff	< 10%	8%
The proportion of staff who interpret results whose annual appraisal included a discussion about their performance in an interpretative EQA scheme where one was available	100%	100%

Users		
<i>Indicator</i>	<i>Benchmark</i>	<i>Current</i>
The proportion of patients that respond to a survey expressing satisfaction with the service provided using a single item measure	> 90%	95%
The proportion of requesting clinicians that respond to a survey expressing satisfaction with the service provided using a single item measure	> 90%	94%

Analytical performance		
<i>Indicator</i>	<i>Benchmark</i>	<i>Current</i>
The number of incidences (not the number of results issued) of incorrect reports being issued that had a potentially significant, or actual, negative impact on patient safety	0	0
The number of referrals to the National Quality Assessment Advisory Panels for persistent poor performance since the last review	0	0

System		
<i>Indicator</i>	<i>Benchmark</i>	<i>Current</i>
The number of tests referred to third party Pathology providers that are not accredited to the ISO15189:2012 standard or equivalent, excluding locally agreed and documented exceptions	0	0
The number of tests, methods and analytes offered in the repertoire that are not subject to External Quality Assurance (EQA) schemes or suitable interlaboratory comparisons	0	0
The number of NICE guidelines that have been commissioned and funded locally that require action by Pathology that has not been completed	0	1
The number of applicable field safety notices not yet implemented where the notice was received more than 21 days ago	0	0

For the Board to note:
<ul style="list-style-type: none"> Analytical performance: Two incidences where the test kits provided by XXXXXXXX for PSA testing did not conform to specifications. All patients affected have been retested, and no unnecessary treatment took place People: Recruitment of additional consultant for Histology has reduced reliance of locum staff and resulted in 'People' indicator returning to 'Green' System: Still awaiting confirmation from Cardiology that the turn-around-time for Test X for NICE guideline 1234 is appropriate.

Signed
Clinical Director for Pathology
Wednesday 6th April 2016

Annex B – Supporting detail to the indicators, metrics and benchmarks

Indicators for the Pathology Quality Assurance Dashboard								
Indicator reference	PQAD domain	PQAD indicator	Source of indicator	The metric	The benchmark	Frequency of reporting		Does the NHS currently report a similar indicator?
						Medical Director to the Trust Board	Pathology directorate to the Medical Director	
1	Timeliness	The proportion of clinically relevant tests agreed between the requestor and provider as 'urgent' reported within locally agreed turn-around times (from 'receipt of sample' to 'arrival of result at the requestor')	Adapted from Plebani et al (2013) - <i>Quality indicators in laboratory medicine: A fundamental tool for quality and patient safety</i> , and feedback from stakeholders	%	> 95	Quarterly	Monthly	Yes
2	Timeliness	The proportion of diagnostic histopathology cases requested for the investigation of cancer that are reported within 10 calendar days of the procedure taking place	Adapted from RCPATH (2013b) - <i>Key performance indicators – proposals for implementation</i> , and feedback from stakeholders	%	> 90	Quarterly	Monthly	Yes
3	Timeliness	The proportion of diagnostic gynaecology cases requested for the investigation of cancer that are reported within 7 calendar days of the procedure taking place	Adapted from RCPATH (2013b), and feedback from stakeholders	%	> 90	Quarterly	Monthly	Yes
4	Timeliness	The number of results / reports not available within 42 calendar days of a request	Adapted from NHSE (2014b) - <i>England Quarterly Diagnostic waiting times census</i>	#	0	Quarterly	Monthly	Yes
5	System	The number of tests reported by Pathology that are not accredited to the ISO15189:2012 standard or equivalent	Pathology Quality Assurance Dashboard (PQAD) project, and feedback from stakeholders	#	0	Biannually	Biannually	Yes
6	System	The number of tests referred to third party Pathology providers that are not accredited to the ISO15189:2012 standard or equivalent, excluding locally agreed and documented exceptions	PQAD project, an expansion of BSI (2012) - <i>Medical laboratories - Requirements for quality and competence (ISO 15189:2012)</i> standard 4.5.1, and feedback from stakeholders	#	0	Biannually	Biannually	Yes
7	System	The number of tests, methods and analytes offered in the repertoire that are not subject to External Quality Assurance (EQA) schemes or suitable interlaboratory comparisons	Adapted from Plebani et al (2014) - <i>Harmonization of quality indicators in laboratory medicine. A preliminary consensus</i> , and feedback from stakeholders	#	0	Biannually	Quarterly	No
8	System	The number of NICE guidelines that have been commissioned and funded locally that require action by Pathology that has not been completed	Barth (2011) - <i>Clinical quality indicators in laboratory medicine: a survey of current practice in the UK</i> , and feedback from stakeholders	#	0	Biannually	Quarterly	No
9	System	The number of applicable field safety notices not yet implemented where the notice was received more than 21 days ago	MHRA, and feedback from stakeholders	#	0	Quarterly	Monthly	Yes
10	People	The proportion of Pathology staff whose annual appraisals have been completed on time	Adapted from RCPATH (2013b), BSI (2012) standards 5.1.7 and 5.1.8, and feedback from stakeholders	%	> 90	Quarterly	Monthly	Yes
11	People	The proportion of consultant medical and scientific direct clinical care programmed activity not undertaken by Trust staff	PQAD project, and feedback from stakeholders	%	< 10	Quarterly	Monthly	No
12	People	The proportion of staff who interpret results whose annual appraisal included a discussion about their performance in an interpretative EQA scheme where one was available	Adapted from Plebani et al (2014) - <i>Harmonization of quality indicators in laboratory medicine - a preliminary consensus</i> , and feedback from stakeholders	%	100	Quarterly	Monthly	Yes
13	Performance	The number of incidences (not the number of results issued) of incorrect reports being issued that had a potentially significant, or actual, negative impact on patient safety	Adapted from Shahangian and Snyder (2009) - <i>Laboratory Medicine Quality Indicators - A review of the literature</i> , Aston et al (2003) - <i>Classifying Laboratory Incident Reports to Identify Problems That Jeopardize Patient Safety</i> , and feedback from stakeholders	#	0	Quarterly	Monthly	Yes
14	Performance	The number of referrals to the National Quality Assessment Advisory Panels for persistent poor performance since the last review	Adapted from Plebani et al (2014), and feedback from stakeholders	#	0	Biannually	Quarterly	Yes
15	Users	The proportion of patients that respond to a survey expressing satisfaction with the service provided (as measured by a score of 4 or 5) using a single item measure 'On a scale of 1 to 5, where 5 is 'totally satisfied', and 1 is 'not at all satisfied', how satisfied are you with the quality of the service from your pathology provider?'	Adapted from RC Path (2013b), BSI (2012) standard 4.14.3, Fisher et al (2015) - <i>Developing and investigating the Use of Single-Item Measures in Organizational Research</i> , and feedback from stakeholders	%	> 90	Biannually	Biannually	Yes
16	Users	The proportion of requesting clinicians that respond to a survey expressing satisfaction with the service provided (as measured by a score of 4 or 5) using a single item measure defined as 'On a scale of 1 to 5, where 5 is 'totally satisfied', and 1 is 'not at all satisfied', how satisfied are you with the quality of the service from your pathology provider?'	Adapted from RC Path (2013b), BSI (2012) standard 4.14.3, Fisher et al (2015), and feedback from stakeholders	%	> 90	Biannually	Biannually	Yes