

ACGS Quality Sub-committee meeting minutes

**Location** Seminar Room 1a, Centre for Genomic Medicine, St Mary's Hospital  
**Date** 22 January 2014  
**Duration** 11am- 2.30pm  
**Chair** Gail Norbury  
**Secretary** Amy Roe

Attendee	Center	Attended	Apologies
Sandi Deans (SD)	UK NEQAS		Y
Nick Bown (NB)	Newcastle	Y	
Gail Norbury (GN)	Guys and St Thomas, London	Y	
Sian Morgan (SM)	Cardiff	Y	
Carl Fratter (CF)	Oxford		Y
Shirley Henderson (SH)	Oxford		Y
Richard Kirk (RK)	Sheffield	Y	
Will King (WK)	St Georges		Y
Natasha Leo (NL)	Manchester	Y	
Amy Roe (AR)	BartsHealth, London	Y	
Louise Monkman (LM)	Glasgow	Y	
Richa Sud (RS)	Institute of Neurology, London	Y	
Yvonne Wallis (YW)	Birmingham	Y	
Carolyn Campbell (CC)	Oxford		Y
Roger Mountford (RM)	Liverpool		Y
Rachel Butler (RB)	Cardiff		Y
Graham Fews (GF)	Birmingham	Y	
Simon Patton (SP)	EMQN		Y
Lara Creswell (LC)	Leicester		Y

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Item	Action	Timeframe
1. Apologies See above attendee list		
2. Minutes from previous meeting Accepted as true record		
3. Audit Update and plans for next year (GN)  GN received last returns in November 2013. The draft results of the audit to be circulated by end of next week. All regional labs and some specialised labs sent returns. AR raised issue of Haem/onc labs who has not been included in the audit. GF strongly thinks that data from these labs should be included.	GN	Feb 2014
<p>The general findings of the audit were:</p> <ul style="list-style-type: none"> <li>• Service samples have increased by ~20% from previous year</li> <li>• Prenatal total activity increased by ~3%</li> <li>• Non invasive PND – stabilised</li> <li>• Predictive testing has shown significant increase</li> <li>• Staffing levels related to workload will be shared so labs are able to benchmark against other labs</li> </ul>		
<p>YW commented on how activity was captured. GN said it's based on number of reports. However one report may relate to numerous tests so not a very accurate way to measure a labs activity</p>	GN	April 2014
<p>GN plans to send out audit for 2014 with guidelines as to what exactly is required. The audit is likely to be tweaked based on responses from year 2013.</p>		
<p>SM indicated that the FASP audit was still on going and data from that audit will be presented at the next QM.</p>	SM	June 2014
4. General reporting workshop and BPG		
<p>SD sent minutes of the workshop to all attendees. SD actioned to send to all ACGS quality members</p>	SD	Feb 2014
5. 3 day TAT audit		
<p>SM presented the findings from the 3 day TAT audit and whether</p>		

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<p>calendar days or working days should be used. There seemed to be a 50% split between the delegates of working vs. calendar days. Delegates asked for a further audit to identify how many samples would miss the 3-day turnaround if calculated by calendar compared to working days.</p> <p>SM presented the data which showed some labs would miss the 90% 3 day turnaround target. It was decided at the workshop that it is more appropriate to use calendar days and would be a driver to improve services.</p> <p>SM is actioned to email all participants who provided data for them to recheck they entered the correct figures. After which SM will send to SD to take to the ACGS exec committee. Once signed off the data will then be sent to the delegates and the proposal for calendar days will be motioned.</p>	<p>SM/SD</p>	<p>Feb 2014</p>
<p>6. NGS – Workshop and guidelines</p> <p>Final draft has been assembled. UKGTN has list of attendees of the workshop for the draft to be sent to for consultation. These will then be uploaded onto the website for consultation by all members and then finally they will go the ACGS quality sub committee for ratification.</p>	<p>YW</p>	<p>June 2014</p>
<p>7. Other BPG</p> <p>YW – First draft of general reporting guidelines have been generated. SD to review and then it needs to be sent out to attendees of workshop giving labs an opportunity to feedback on the draft.</p>	<p>SD</p>	<p>June 2014</p>
<p>Array BPG – draft been written by DM. This section on array findings of uncertain significance is still on going and in discussion. DM is in contact with experts in USA, Australia to see how they report/advise on this. The Royal College has recommendation on prenatal array findings, which should be incorporated into these guidelines.</p>		
<p>NB – Identified that the BPG’s for ALL, CLL and Myeloid malignancies need reviewing and updating. These were originally missed from the list of BPG’s in the previous meeting. NB to liaise with YW to update list, so these are included. NB will approach the original authors of these BPG’s with the hope of the original authors undergoing the review.</p>	<p>NB/YW</p>	<p>June 2014</p>
<p>NB also indicated that there needs to be a general BPG’s for Haem/ONC referrals. NB to take forward. Additionally RT-PCR sarcoma BPG’s need developing.</p>	<p>NB</p>	<p>June 2014</p>
<p>It was agreed that a review of where we are at with the outstanding</p>		

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<p>BPG's should be added as an agenda item. YW will lead on this.</p> <p>There was a discussion directed by GN regarding duplication of tests such as karyotyping and QF-PCR for Downs etc. SM/GF identified that this was not in our remit to decide what tests labs should be offering as this is up to the lab and the commissioners.</p>	<p>YW</p>	<p>June 2014</p>
<p>8. BPG pipeline</p> <p>YW has written the BPG pipeline document. The committee went through this and there were a few minor changes. YW to re-draft and email to all members for ratification.</p>	<p>YW</p>	<p>April 2014</p>
<p>YW actioned to create the pro-forma to be filled out if new/changed BPG's are required.</p>	<p>YW</p>	<p>April 2014</p>
<p>9. Accreditation workshop</p> <p>LM attended IBMS ISO15189 accreditation day. LM to organise accreditation workshop. WK is now unable to help so NL has offered support to LM. The workshop is nearly finalised (just awaiting confirmation of a date, after LC has gone through accreditation to the new ISO15189 standards. The day is planned as follows:</p> <ul style="list-style-type: none"> <li>• Talk from Ben Courtney (CPA) based mainly on GAP analysis, Validation and Verification, Retrospective analysis and Root cause analysis.</li> <li>• Lara Cresswell to present her experience of going through accreditation to ISO15189</li> <li>• GF to speak as an assessor</li> </ul> <p>Additionally LM/NK to contact QM from Birmingham as he has undertaken the GAP analysis to see if he would come and present findings.</p> <p>Once the day is finalised, LM actioned to send out invites to labs</p> <p>There are currently two trained Cytogenetic assessors and five trained molecular assessors. Some assessors have retired and some are still in need of training to the ISO15189 standards.</p> <p>GF discussed 2014 UKAS transition seminars. The dates for 2014 can be seen on the UKAS website and are as follows:</p> <ul style="list-style-type: none"> <li>• 09/04/14 – London</li> <li>• 22/05/14 – Birmingham</li> <li>• 05/06/14 – Bristol</li> </ul>	<p>LM/NL</p>	<p>ASAP</p>

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<ul style="list-style-type: none"> <li>• 25/06 – Glasgow</li> </ul> <p>LM to contact UKAS to ask if a ACGS quality sub committee member can attend one of these sessions.</p>	LM	ASAP
<p>GN added that there are also online seminars that have been organised by Eurogen.</p>		
<p>10. Genetic dashboards</p>		
<p>The data for the dashboards is submitted quarterly. Data sent by labs need to be standardised and consistent. GN actioned to send out current dashboard to all labs in England for comments on current performance indicators and if these need to be changed/updated to reflect actual practices and activity. These comments will then be collated and sent to the CRG for review.</p>	GN	June 2014
<p>11. Genetics Education Unit</p>		
<p>YW and SM offered to be ACGS contacts for GEU and UKGTN for guidance on UV reporting. SD to action</p>	SD	ASAP
<p>12. AOB</p>		
<p>None</p>		
<p>13. Date of next meeting:</p>		
<p>9<sup>th</sup> June 2014, Newcastle</p>		