North Bristol NHS Trust

NBT Pathology - KPI Dashboard - 2019														
KPI Measure	Context	Target	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
	Staffing	1										1		
KPI 1	Pathology Staff Turnover (Monitored Quareterly)	14%		12.1%			11.8%			12.2%			11.6%	
Training and Education														
KPI 2	Registration with GMC, National School of Health and IBMS for training Pathology Staff (Annually Reviewed)	Curent Registration												
	Repertoire of Tests and Reporting of Errors													
KPI 3.1	Number of Non Accredited Tests (Annual Assessment)	0		32			32			32			32	
KPI 3.2	Incident Root Cause Closure	90% in 10 Days	75%	70%	73%	71%	74%	70%	71%	74%	61%	62%	49%	71%
KPI 3.3	CAPA Corrective Action Closure	90% within target date	83%	69%	70%	69%	72%	74%	69%	72%	62%	81%	71%	84%
Engagement with Patients and Users														
KPI 4.1	Quantitative user satisfaction survey	Conduction of annual survey + published action plan												
KPI 4.2	Outstanding Complaints Awaiting Response (reported as an index of number of complaints)	0	0	0	0	0	0	0	0	0	0	0	0	0
Timeliness of service and clinical advice										•				
KPI 5.1	Histology turnaround time: cases 7 days from being taken to report being available to requestor	80%	52%	38%	39%	39%	36%	53%	43%	39%	34%	25%	30%	21%
KPI 5.2	Histology turnaround time: cases 10 days from being taken to report being available to requestor	90%	73%	69%	68%	66%	65%	73%	70%	67%	61%	48%	55%	49%
KPI 5.3	NG Cytology turnaround time: samples 7 days from being taken to report being available to requestor	90%	86%	80%	86%	80%	81%	84%	84%	73%	84%	84%	83%	81%
KPI 5.4	Cervical Cytology turnaround time: samples 14 days from being taken to result being returned to patient	98%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	80%
KPI5.5	A+E blood sciences turnaround times (one hour receipt - result availability)	90%	88%	86%	89%	87%	84%	83%	87%	84%	86%	87%	85%	86%
KPI 5.6	In Patient blood sciences turnaround times (four hour receipt - result availability)	90%	99%	99%	98%	99%	99%	99%	99%	98%	99%	99%	98%	99%
KPI 5.7	Numbers of failed transport collections from GP Surgeries	0	1	0	0	0	0	0	5	4	1	0	0	0
KPI 5.8	Routine antenatal screening tests HepB, HIV, Syphilis 21 and rubella (90% availability in 5 days)	90%	99%	99%	99%	95%	98%	98%	99%	98%	99%	99%	100%	100%
KPI 5.11	Late presentation antenatal screening tests (97% result availability in 24 hours)	97%	57%	80%	86%	43%	100%	100%	100%	100%	100%	60%	100%	100%
	External Quality Assurance													
KPI 6	Adequate performance in all EQA scemes. Referral to NQAP reportable	0	0	0	0	0	0	0	0	0	_0_			0

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