

### NBT Pathology - KPI Dashboard - 2018

KPI Measure		Context	Target	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18
<b>Staffing</b>															
KPI 1.1	Provision of Senior Staff (Consultant grade staff with FRCPATH)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 1.2	Senior Staff Cover Handover (Availability of Consultant staff for 24/7 365 services)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 1.3	Senior Staff Appraisal (Consultant/Consultant Equivalent staff)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 1.4	Senior Staff Clinical Professional Development (Registration and satisfactory performance of Consultant equivalent staff in RCPATH CPD Scheme)		100%	X	X	X	X	100%	X	X	X	X			
<b>Training and Education</b>															
KPI 2.1	Training Future Laboratory Staff (numbers in training Medical, Scientist + BMS)		15-30%	22%			21%			22%					
KPI 2.2	Undergraduate, post graduate and primary care teaching (participation and publication of training activities)	Publication of Activity		Work in Progress			Work in Progress			Work in Progress					
<b>Repertoire of Tests and Integrity of Reporting Results</b>															
KPI 3.1	Integrity of Data Transmission (ensuring error free data transfer processes)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 3.2	Messaging to Primary Care Community (use of standardised messaging to primary to ensure error free data transfer)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 3.3	Demand Management (reduction of unnecessary test, ensuring appropriate testing is used)		100%	Work in Progress			Work in Progress			Work in Progress					
KPI 3.4	Test Repertoire (repertoire of tests to meet clinical practice of service users)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 3.5	Point-of-care testing (governance structure for point of care testing)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 3.6	Long-term stability of methods (mechanisms to ensure all test are appropriately validated and result consistency over time is documented)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 3.7	Incident + Error Reporting (Recording and review of errors. Local standard of root cause closure within 10 days for 80% notified errors)		80%	72%	84%	86%	82%	79%	78%	72%	66%	66%			
<b>Engagement with Patients and Users</b>															
KPI 4.1	Communication of results to Patients (audit against reporting standards for results given directly to patients e.g Warafrin monitoring)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 4.2	Patient Opinions (Annual patient users survey)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 4.3	Quantitative user satisfaction survey (annual RCPATH user survey and incorporation in plans for service delivery)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
<b>Interpretive Clinical Advice and engagement with MDT's</b>															
KPI 5.1	Availability of clinical advice at MDT's (Pathologist Presence)		90%	98%	99%	99%	98%	100%	100%	99%	98%	98%			
	Availability of clinical advice at MDT's (Designated lead cancer pathologist attendance)		66%	Work in Progress			Work in Progress			Work in Progress					
KPI 5.2	Cellular Pathology cancer resection reports contain template/proforma reports		95%	Work in Progress			Work in Progress			Work in Progress					
KPI 5.3	Documentation of cellular pathology second opinions (concordance and recording processes for second opinions)		100%	Work in Progress			Work in Progress			Work in Progress					
<b>Timeliness of reports and clinical advice</b>															
KPI 6.1	Critical Result Communication (evidence of effectiveness of laboratory critical result communication policy)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 6.2	Communication of microbiological isolates of potential significance for infection control/prevention		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 6.3	Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request)		100%	Work in Progress			Work in Progress			Work in Progress					
KPI 6.4	Cellular pathology reporting times : 80% in 7 days	80%	51%	59%	50%	45%	32%	38%	33%	33%	39%				
	Cellular pathology reporting times : 90% in 10 days	90%	69%	83%	78%	72%	59%	62%	57%	65%	65%				
KPI 6.5	Monitoring cellular pathology delayed reports (unreported cases > 20 days)		100%	95%	99%	98%	96%	97%	96%	95%	95%	95%			
KPI 6.6	Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 6.7	Policy for provision of results and blood products for patients with massive haemorrhage		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 6.8	A+E blood sciences turnaround times (one hour receipt - result availability)		90%	90%	91%	92%	90%	91%	91%	88%	86%	85%			
KPI 6.9	HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
	HLA typing of deceased donors for solid organ transplantation (result available within 8 hours)		80%	100%	72%	100%	91%	80%	91%	88%	100%	100%			
KPI 6.10	HLA typing for haemopoietic stem cell transplantation			NOT PROVIDED AT NBT											
KPI 6.11	Routine antenatal screening tests HepB, HIV, Syphilis 21 and rubella (90% availability in 5 days)		90%	98%	99%	99%	99%	97%	98%	99%	99%	99%			
KPI 6.12	Late presentation antenatal screening tests (97% result availability in 24 hours)		97%	100%	50%	50%	71%	100%	84%	50%	100%	33%			
<b>External Quality Assurance</b>															
KPI 7.1	Analytical EQA Schemes Participation (participation and performance monitoring of External Quality Assurance Schemes, use of appropriate alternative mechanisms to assure quality where no EQA scheme is available)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 7.2	Interpretive EQA Schemes Participation (Histopathology, Cytopathology, Biochemistry)		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
KPI 7.3	EQA Scheme Results Publication		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			