	NBT Pa	athology - KF	PI Das	hboard	- 201	6									
KPI Measure		Target	Jan-16	Feb-16	Mar-16		May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	
	Staffing														
KPI 1.1	Provision of Senior Staff (Consultant grade staff with FRCPath)	100%	100%	100%	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%	100%	100%	100%	
KPI 1.3	Senior Staff Appraisal (Consultant/Consultant Equivalent staff)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Senior Staff Clinical Professional Development (Registration and satisfactory performance of Consultant	1000/	V	v	V	V	4.000/	V	V	v	V	V	V	v	
KPI 1.4	equivalent staff in RCPath CPD Scheme)	100%	X	X	X	X	100%	Х	Х	Х	Х	Х	Х	Х	
KPI 2.1	Training and Education Training Future Laboratory Staff (numbers in training Medical, Scientist + BMS)	15-30%		23%			20%			20%			21%		
KP12.1	Training Future Laboratory Stan (numbers in training Medical, Scientist + BMS)	15-30%		2370			20%			2070		2170			
KPI 2.2	Undergraduate, post graduate and primary care teaching (participation and publication of training activities)	Publication of Activity	Wo	Work in Progress			Work in Progress		Work in Progress		Work in Progress				
	Repertoire of Tests and Integrity of Reporting Results					-			-			•			
KPI 3.1	Integrity of Data Transmission (ensuring error free data transfer processes)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Messaging to Primary Care Community (use of standardised messaging to primary to ensure error free data		4.000/	4000/	4.000/	4.000/	4.000/	4000/	4.000/	4000/	4000/	4000/	4000/	4.000/	
KPI 3.2	transfer)	100%	100%	100%	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			Work in Progress			
KPI 3.4	Test Repertoire (repetoire of tests to meet clinical practice of service users)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
KPI 3.5	Point-of-care testing (governance structure for point of care testing) Long-term stability of methods (mechanisms to ensure all test are appropriatelay validated and result	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
KPI 3.6	consistency over time is documented)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Incident + Error Reporting (Recording and review of errors. Local standard of definition of corrective action in														
KPI 3.7	28 days for all notified errors is reported)	80%	53%	56%	54%	46%	46%	49%	52%	48%	53%	55%	49%	51%	
	Engagement with Patients and Users Communication of results to Patients (audit against reporting standards for results given directly to patients e.g														
KPI 4.1	Warafrin monitoring)	100%	100%	100%	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%	100%	100%	100%	
	Quantitative user satisfaction survey (annual Rcpath user survey and incorporation in plans for service														
KPI 4.3	delivery)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Interpretive Clinical Advice and engagement with MDT's							A 141							
KPI 5.1	Availability of clinical advice at MDT's (Pathologist Presence)	90%					100% 100% 94% Work in Progress			87% 86% 87% Work in Progress			96% 97% 100%		
	Availability of clinical advice at MDT's (Designated lead cancer pathologist attendance)	66%	WC										ork in Prog		
KPI 5.2	Cellular Pathology cancer resection reports contain template/proforma reports Documentation of cellular pathology second opinions (concordance and recording processes for second	95%	93% 90% 92%			87% 90% 90%			84% 89% 90%			Work in Progress			
KPI 5.3	opinions)	100%	Work in Progress			Work in Progress			Work in Progress			Work in Progress			
	Timeliness of reports and clinical advice														
KPI61			4000/	10000	40000	1000/	10000	40000	4.000/	4000/	40000	4000/	4000/	40004	
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%	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%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	
KPI 6.2		100%		100%	100%		100%	100%	100%	100%	100%	100%	100%	100%	
KPI 6.2 KPI 6.3	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing				100%	100%									
KPI 6.2	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request)	100% 100%	Wo	100% ork in Prog	100% ress	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	
KPI 6.2 KPI 6.3	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days)	100% 100% 80%	Wc 55%	100% ork in Progr 60%	100% ress 61%	100% 100% 33.0%	100% 100% 15.0%	100% 100% 13.0%	100% 100% 11%	100% 100% 41%	100% 100% 19%	100% 100% 31.0%	100% 100% 40.0%	100% 100% 45.0%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient	100% 100% 80% 90% 100%	Wc 55% 76% 95%	100% ork in Progr 60% 81% 97%	100% ress 61% 75% 96%	100% 100% 33.0% 60.0% 94.0%	100% 100% 15.0% 41.0% 93.0%	100% 100% 13.0% 22.0% 86.0%	100% 100% 11% 22% 66%	100% 100% 41% 61% 91%	100% 100% 19% 46% 93%	100% 100% 31.0% 53.0% 94.0%	100% 100% 40.0% 61.0% 94.0%	100% 100% 45.0% 70.0% 96.0%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways)	100% 100% 80% 90% 100% 100%	Wc 55% 76% 95% 100%	100% ork in Progr 60% 81% 97% 100%	100% ress 61% 75% 96% 100%	100% 100% 33.0% 60.0% 94.0% 100%	100% 100% 15.0% 41.0% 93.0% 100%	100% 100% 13.0% 22.0% 86.0% 100%	100% 100% 11% 22% 66% 100%	100% 100% 41% 61% 91% 100%	100% 100% 19% 46% 93% 100%	100% 100% 31.0% 53.0% 94.0% 100%	100% 100% 40.0% 61.0% 94.0% 100%	100% 100% 45.0% 70.0% 96.0% 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage	100% 100% 80% 90% 100% 100%	Wc 55% 76% 95% 100% 100%	100% ork in Prog 60% 81% 97% 100% 100%	100% ress 61% 75% 96% 100% 100%	100% 100% 33.0% 60.0% 94.0% 100% 100%	100% 100% 15.0% 41.0% 93.0% 100%	100% 100% 13.0% 22.0% 86.0% 100% 100%	100% 100% 11% 22% 66% 100% 100%	100% 100% 41% 61% 91% 100% 100%	100% 100% 19% 46% 93% 100% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100%	100% 100% 40.0% 61.0% 94.0% 100%	100% 100% 45.0% 70.0% 96.0% 100% 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability)	100% 100% 80% 90% 100% 100% 100% 90%	Wc 55% 76% 95% 100% 100% 89.9%	100% ork in Prog 60% 81% 97% 100% 100% 87.3%	100% ress 61% 75% 96% 100% 100% 85.3%	100% 100% 33.0% 60.0% 94.0% 100% 100%	100% 100% 15.0% 41.0% 93.0% 100% 100% 87.0%	100% 100% 22.0% 86.0% 100% 100% 90.2%	100% 100% 22% 66% 100% 88.4%	100% 100% 41% 61% 91% 100% 100% 90.5%	100% 100% 19% 46% 93% 100% 100% 90.7%	100% 100% 31.0% 53.0% 94.0% 100% 100% Wc	100% 100% 40.0% 61.0% 94.0% 100% 100% ork in Prog	100% 100% 45.0% 70.0% 96.0% 100% 100% ess	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution)	100% 100% 80% 90% 100% 100% 90% 100%	Wc 55% 76% 95% 100% 89.9% 100%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100%	100% ress 61% 75% 96% 100% 100% 85.3% 100%	100% 100% 33.0% 60.0% 94.0% 100% 100% 100% 100%	100% 100% 41.0% 93.0% 100% 87.0% 100%	100% 100% 13.0% 22.0% 86.0% 100% 100% 100% 100%	100% 100% 22% 66% 100% 88.4% 100%	100% 100% 41% 61% 91% 100% 100% 90.5% 100%	100% 100% 19% 46% 93% 100% 100% 90.7% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% Vc 100%	100% 100% 40.0% 61.0% 94.0% 100% 100% rk in Prog 100%	100% 100% 45.0% 70.0% 96.0% 100% 100% ess 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (result available within 8 hours)	100% 100% 80% 90% 100% 100% 100% 90%	Wc 55% 76% 95% 100% 100% 89.9%	100% ork in Prog 60% 81% 97% 100% 100% 87.3%	100% ress 61% 75% 96% 100% 100% 85.3%	100% 100% 33.0% 60.0% 94.0% 100% 100%	100% 100% 41.0% 93.0% 100% 100% 87.0% 100%	100% 100% 13.0% 22.0% 86.0% 100% 100% 100% 100% 100%	100% 100% 11% 22% 66% 100% 100% 88.4% 100%	100% 100% 41% 61% 91% 100% 100% 90.5%	100% 100% 19% 46% 93% 100% 100% 90.7%	100% 100% 31.0% 53.0% 94.0% 100% 100% Wc	100% 100% 40.0% 61.0% 94.0% 100% 100% ork in Prog	100% 100% 45.0% 70.0% 96.0% 100% 100% ess	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9 KPI 6.10	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution) HLA typing for haemapoeitic stem cell transplantation	100% 100% 80% 90% 100% 100% 90% 100%	Wc 55% 76% 95% 100% 89.9% 100%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100%	100% ress 61% 75% 96% 100% 100% 85.3% 100%	100% 100% 33.0% 60.0% 94.0% 100% 100% 100% 100%	100% 100% 15.0% 41.0% 93.0% 100% 100% 87.0% 100% 100% NOT PROVI	100% 100% 22.0% 86.0% 100% 90.2% 100% 100% 100% DED AT NBT	100% 100% 22% 66% 100% 100% 88.4% 100%	100% 100% 41% 61% 91% 100% 100% 90.5% 100%	100% 100% 19% 46% 93% 100% 100% 90.7% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% Vc 100%	100% 100% 40.0% 61.0% 94.0% 100% 100% rk in Prog 100%	100% 100% 45.0% 70.0% 96.0% 100% 100% ess 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9 KPI 6.10 KPI 6.11	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution) HLA typing for haemapoeitic stem cell transplantation Routine antenatal screening tests (HepB, HIV, Syphilis 21 and rubella)	100% 100% 80% 90% 100% 100% 90% 100%	Wc 55% 76% 95% 100% 89.9% 100%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100%	100% ress 61% 75% 96% 100% 100% 85.3% 100%	100% 100% 33.0% 60.0% 94.0% 100% 100% 100% 100%	100% 100% 15.0% 41.0% 93.0% 100% 100% 87.0% 100% 100% NOT PROVI NOT PROVI	100% 100% 22.0% 86.0% 100% 100% 90.2% 100% 100% DED AT NBT DED AT NBT	100% 100% 22% 66% 100% 100% 88.4% 100%	100% 100% 41% 61% 91% 100% 100% 90.5% 100%	100% 100% 19% 46% 93% 100% 100% 90.7% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% Vc 100%	100% 100% 40.0% 61.0% 94.0% 100% 100% rk in Prog 100%	100% 100% 45.0% 70.0% 96.0% 100% 100% ess 100%	
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KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9 KPI 6.10 KPI 6.11 KPI 6.12	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution) HLA typing for haemapoeitic stem cell transplantation Routine antenatal screening tests External Quality Assurance	100% 100% 80% 90% 100% 100% 90% 100% 80%	Wc 55% 76% 95% 100% 100% 89.9% 100% 71%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100% 75%	100% ress 61% 96% 100% 100% 85.3% 100% 60%	100% 100% 33.0% 60.0% 94.0% 100% 85.1% 100% 83%	100% 100% 15.0% 41.0% 93.0% 100% 100% 87.0% 100% 100% NOT PROVI NOT PROVI NOT PROVI	100% 100% 22.0% 86.0% 100% 100% 90.2% 100% 100% DED AT NBT DED AT NBT	100% 100% 22% 66% 100% 100% 88.4% 100% 100%	100% 100% 41% 61% 91% 100% 90.5% 100% 93%	100% 100% 46% 93% 100% 100% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% 91%	100% 100% 61.0% 94.0% 100% 100% rk in Prog 100%	100% 100% 45.0% 96.0% 100% 100% ess 100% 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9 KPI 6.10 KPI 6.11 KPI 6.12 KPI 7.1	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution) HLA typing for haemapoeitic stem cell transplantation Routine antenatal screening tests (HepB, HIV, Syphilis 21 and rubella) Late presentation antenatal screening tests External Quality Assurance 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% 80% 90% 100% 100% 90% 100% 80% 100% 80% 100%	Wc 55% 76% 95% 100% 89.9% 100% 71%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100% 75%	100% ress 61% 96% 100% 100% 85.3% 100% 60%	100% 100% 33.0% 60.0% 94.0% 100% 85.1% 100% 83%	100% 100% 41.0% 93.0% 100% 100% 87.0% 100% 100% NOT PROVI NOT PROVI NOT PROVI	100% 100% 22.0% 86.0% 100% 100% 90.2% 100% 100% DED AT NBT DED AT NBT DED AT NBT	100% 100% 22% 66% 100% 100% 88.4% 100%	100% 100% 41% 61% 91% 100% 90.5% 100% 93%	100% 100% 46% 93% 100% 100% 100% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% 91%	100% 100% 61.0% 94.0% 100% 100% 100%	100% 100% 45.0% 96.0% 100% 100% ess 100% 100%	
KPI 6.2 KPI 6.3 KPI 6.4 KPI 6.5 KPI 6.6 KPI 6.7 KPI 6.8 KPI 6.9 KPI 6.10 KPI 6.11 KPI 6.12	Communication of microbiological isolates of potential significance for infection control/prevention Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request) Cellular pathology reporting times : 80% in 7 days Cellular pathology reporting times : 90% in 10 days Monitoring cellular pathology delayed reports (unreported cases > 20 days) Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways) Policy for provision of results and blood products for patients with massive haemorrhage A+E blood sciences turnaround times (one hour receipt - result availability) HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution) HLA typing for haemapoeitic stem cell transplantation Routine antenatal screening tests External Quality Assurance	100% 100% 80% 90% 100% 100% 90% 100% 80%	Wc 55% 76% 95% 100% 100% 89.9% 100% 71%	100% ork in Prog 60% 81% 97% 100% 100% 87.3% 100% 75%	100% ress 61% 96% 100% 100% 85.3% 100% 60%	100% 100% 33.0% 60.0% 94.0% 100% 85.1% 100% 83%	100% 100% 15.0% 41.0% 93.0% 100% 100% 87.0% 100% 100% NOT PROVI NOT PROVI NOT PROVI	100% 100% 22.0% 86.0% 100% 100% 90.2% 100% 100% DED AT NBT DED AT NBT	100% 100% 22% 66% 100% 100% 88.4% 100% 100%	100% 100% 41% 61% 91% 100% 90.5% 100% 93%	100% 100% 46% 93% 100% 100% 100%	100% 100% 31.0% 53.0% 94.0% 100% 100% 91%	100% 100% 61.0% 94.0% 100% 100% rk in Prog 100%	100% 100% 45.0% 96.0% 100% 100% ess 100% 100%	