



	NRT P	athology - KF	PI Das	hboard	- 201	7							l Engla	nd
KPI Measure		Target		Feb-17		Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
	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		.,	.,	.,	.,		.,	.,	.,	.,	.,		
KPI 1.4	equivalent staff in RCPath CPD Scheme)	100%	Х	Х	Х	Х	100%	X	Х	Х	Х	Х	X	X
	Training and Education	I		222/			040/			040/			000/	
KPI 2.1	Training Future Laboratory Staff (numbers in training Medical, Scientist + BMS)	15-30%		22%			21%			21%			22%	
KPI 2.2	Undergraduate, post graduate and primary care teaching (participation and publication of training activities)	Publication of Activity	Wo	ork in Prog	ress	W	ork in Progre	ess	Wo	rk in Prog	iress	Wo	ork in Progr	ess
	Repertoire of Tests and Integrity of Reporting Results	,,								- 3				
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													
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	10070												
KPI 3.7	working 28 days for 80% notified errors)	80%	62%	67%	60%	61%	57%	68%	49%	46%	52%	52%	58%	62%
	Engagement with Patients and Users													
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%	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%
KF14.2	Quantitative user satisfaction survey (annual Rcpath user survey and incorporation in plans for service	100 %	10076	10076	10076	10076	10078	10076	10076	10076	10076	10076	10076	10070
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			_		_								
KPI 5.1	Availability of clinical advice at MDT's (Pathologist Presence)	90%	96%	98%	98%	96%	96%	96%	96%	96%	96%		93%	
10.1	Availability of clinical advice at MDT's (Designated lead cancer pathologist attendance)	66%	Work in		ress	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 Work in Progress			Work in Progress 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%												
KF1 5.5	Timeliness of reports and clinical advice	100%	Work in Flogress											
	Timeliness of reports and clinical advice	1												
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%
	Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing		Work in Progress			Work in Progress			Work in Progress			Work in Progress		
KPI 6.3	clinical advice on request)	100%												
KPI 6.4	Cellular pathology reporting times: 80% in 7 days	80%	55%	60%	61%	44%	53%	44%	44%	53%	44%	46%	42%	51%
1/01 0 5	Cellular pathology reporting times : 90% in 10 days	90%	76%	81%	75%	67%	78%	69%	67%	78%	69%	78%	73%	69%
KPI 6.5	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%	95%	97%	96%	96%	96%	97%	96%	96%	97%	98%	98%	95%
KPI 6.6	pathways)	100%	100%	100%	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%	100%	100%	100%
KPI 6.8	A+E blood sciences turnaround times (one hour receipt - result availability)	90%	90%	91%	92%	90%	91%	91%	87%	88%	88%	90%	91%	91%
	HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
KPI 6.9	HLA typing of deceased donors for solid organ transplantation (result available within 8 hours)	80%	100%	86%	89%	100%	100%	100%	100%	100%	100%	88%	80%	100%
KPI 6.10	HLA typing for haemapoeitic stem cell transplantation						NOT PROVI	DED AT NBT						
KPI 6.11	Routine antenatal screening tests HepB, HIV, Syphilis 21 and rubella (90% availability in 5 days)					99%	99%	99%	99%	100%	99%	99%	99%	99%
KPI 6.12	Late presentation antenatal screening tests (97% result availability in 24 hours)					100%	100%	100%	100%	86%	100%	100%	100%	100%
	External Quality Assurance	•	-	-	-									
I/DI 7.4	Analytical EQA Schemes Participation (participation and performance monitoring of External Quality Assurance Schemes, use of appropriate alternative mechanisms to assure qulaity where no EQA scheme is available)		100%	100%	1009/	100%	100%	1000/	1000/	1000/	1000/	1000/	100%	1000/
KPI 7.1 KPI 7.2		100%	100%	100%	100% 100%	100% 100%	100%	100% 100%	100% 100%	100% 100%	100% 100%	100% 100%	100%	100% 100%
KPI 7.2 KPI 7.3	Interpretive EQA Schemes Participation (Histopathology, Cytopathology, Biochemistry)	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
NF1 /.3	EQA Scheme Results Publication	100%	10070	10076	10070	10070	100%	10070	10070	10070	10076	10070	10070	100%