

National Pathology Quality Assurance Dashboard - (Feb-22)

| 1) Health check | | Target | Current Performance | Exec Lead |
|-----------------|------------------------------------------------------------------------|------------|---------------------|-----------|
| H1 | Number of Serious Incident assigned to pathology | 0 | 0 | |
| H2 | Number of outstanding Datix reports over 30 days old | 0 | 0 | |
| H3 | Number of RIDDORs reported | 0 | 0 | |
| H4 | Staff sickness rate | 3.96% | 4.14% | |
| H5 | Staff turn over | 14.4% | 14.4% | |
| H6 | Overall Activity | Monitoring | 869319 | |
| H7 | Headline risk for Pathology service | Monitoring | ✱ | |
| H8 | Services currently meets statutory requirements - MHRA | Yes | Yes | |
| H8 | Services currently meets statutory requirements - HTA | Yes | Yes | |
| H8 | Services currently meets statutory requirements - HFEA | Yes | N/A | |
| H8 | Services currently meets statutory requirements - HSE | Yes | Yes | |
| H8 | Services currently meets statutory requirements - DHSC POCT guidelines | Yes | Yes | |

| 2) Operational Performance | | Target | Current Performance | Exec Lead |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------|--------|------------------------|-----------|
| T1 | % Turnaround time (Within 1 hr) - Acute Chemistry - Potassium | 95% | 90.9% | |
| T1 | % Turnaround time (Within 6 hrs) - Routine Chemistry - Potassium | 95% | 99.9% | |
| T1 | % Turnaround time (Within 1 hr) - Acute Haematology - FBC | 95% | 94.1% | |
| T1 | % Turnaround time (Within 6 hrs) - Routine Haematology - FBC | 95% | 99.8% | |
| T2 | % Diagnostic Histopathology - within 7 days | 90% | 32.0% | |
| T2 | % Diagnostic Histopathology - within 10 days | 98% | 57.0% | |
| T3 | % Diagnostic gynaecology cases requested for investigation of cancer - Screening services | 90% | 15.0% | |
| T3 | % Diagnostic gynaecology cases requested for investigation of cancer - Diagnostic services | 90% | 22.0% | |
| T4 | Local patient pathways, agreed with requestors, shall include anticipated turnaround times for all laboratory investigations | 95% | 100.0% | |
| T5 | Proportion of non-emergency or non-prophylactic administered antibiotic issued to inpatients with a confirmatory diagnostic test. | 100% | Not captured currently | |
| T6 | Effectiveness of the acute sepsis pathway [as measured by adoption and adherence to NICE guidelines] | 100% | Not captured currently | |
| T7 | % TAT within 15 hrs of COVID-19 real time RT-PCR | 95% | 99.0% | |

| 3) Quality & Clinical Governance | | Target | Current Performance | Exec Lead |
|----------------------------------|--------------------------------------------------------------------------------------|-------------|-------------------------|-----------|
| Q1 | List Investigations not covered by ISO (Total Investigation available and reported) | 0 | 12 | |
| Q2 | List Investigations not covered by ISO (Total Investigation referred to third party) | 0 | 44 | |
| Q3 | All investigations should be covered by EQA scheme. | 100% | 86.4% | |
| Q4 | Number of NICE Guidance - Commissioned and funded and actions has not been completed | 0 | Ongoing work to capture | |
| Q5 | Number of safety notice received >21 days and not yet implemented | 0 | 0 | |
| Q6 | Total number community POCT audit to support primary care | 2 per annum | Not currently supported | |
| Q7 | % of transport delays recorded as non-conformances | ≤1% | 0.5% | |

✱ Headline risk for pathology (Comment box)
 The only risk with a score of 15 is: Since 2016, and despite multiple adverts, the department has been unable to recruit to its full establishment of Consultant staff meaning that work cannot be completed within target turn-around times (TATs) - this relates specifically to Cellular Pathology

| 4) People | | Target | Current Performance | Exec Lead |
|-----------|--------------------------------------------------------------|--------|---------------------|-----------|
| P1 | Staff annual Appraisal Rates | 100% | 0.0% | |
| P2 | Locum and bank staff to substantive ratio | 5.5% | 8.1% | |
| P3 | All senior staff - Annual appraisal | 100% | Not delineated | |
| P4 | Proportion of staff in formal training | 5% | 12.0% | |
| P5 | Proportion of staff undergoing training/education programmes | >5% | 4.0% | |

| 5) Stakeholder | | Target | Current Performance | Exec Lead |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-----------|
| S1 | Friends and Family survey rate - Completed and published | One per year | Compliant | |
| S2 | Service user satisfaction survey rate - Completed and published | One per year | Delayed | |
| S3 | Attendance at identified MDT Meetings | 100% | 100.0% | |
| S4 | Pathology Staff Survey - Completed and published | One per year | Compliant | |
| S5 | Number of business review meetings held in the last quarter with primary pathology provider where it is not provided by the trust. | One per quarter | N/A | |
| S6 | Number of business review meetings held in the last quarter with diagnostic suppliers | One per quarter | 2 | |
| S7 | % of Equipment contracts in effect that are over original term agreement. | 0% | No data | |
| S8 | The laboratory shall actively engage in demand optimisation design both to reduce the number of unnecessary tests and to help ensure that appropriate tests are used | In date Policy | Compliant | |
| S9 | Laboratories shall demonstrate commitment to sustained innovation in their services through continuous quality improvement (CQI), which may include conducting formal academic research and evaluating novel approaches aimed at improving | In date Policy | Compliant | |

| 6) Future Metrics | | Target | Current Performance | Exec Lead |
|-------------------|--------------------------------------------------------------------------------------|------------|------------------------|-----------|
| F1 | The proportion of inpatient results required for discharge available at time of need | 100% | Not captured currently | |
| F2 | Average number of blood draws per patient episode. | Monitoring | No ability to capture | |
| F3 | % of blood culture bottles that meet the minimum fill level of 20ml | 100% | Not captured currently | |