National Pathology Quality Assurance Dashboard - (Mar-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%	4.77%	
H5	Staff turn over	14.4%	14.8%	
H6	Overall Activity	Monitoring	968431	
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%	91.3%	
T1	% Turnaround time (Within 6 hrs) - Routine Chemistry - Potassium	95%	99.8%	
T1	% Turnaround time (Withi 1 hr) - Acute Haematology - FBC	95%	94.7%	
T1	% Turnaround time)Within 6hrs) - Routine Haematology - FBC	95%	99.9%	
T2	% Diagnostic Histopathology - within 7 days	90%	25.0%	
T2	% Diagnostic Histopathology - within 10 days	98%	45.0%	
T3	% Diagnostic gynaecology cases requested for investigation of cancer - Screening services	90%	19.0%	
T3	% Diagnostic gynaecology cases requested for investigation of cancer - Diagnostic services	90%	17.0%	
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 adoptation and adherence to NICE guidelines]	100%	Not captured currently	
T7	% TAT within 15 hrs of COVID-19 real time RT-PCR	95%	No data	

	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%	0.6%	

❋ 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	Being processed	
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 is it 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	