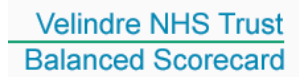


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User: Stephen Jenkins



Group: Screening corporate

Scorecard: Apr-2010 to Jun-2010

Stakeholders

Screening Services specific

Ensure the provision of an accurate and efficient screening programme

- Reduce mortality from breast cancer
- Achieve >=3.6 per 1000 diagnosis rate of invasive cancer for invited women screened for the first time (Breast)
- Achieve >=4.0 per 1000 diagnosis rate of invasive cancer for invited women screened at subsequent visits (Breast)
- >=80% of eligible women in Wales to be adequately tested within the last 5 years (Cervical)
- Reduce incidence of Cervical Cancer
- Maintain 70% or above coverage for women age 53-64 (Breast)

Annual Mortality rates

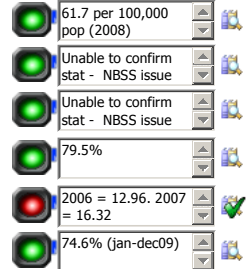
Numbers of invasive cancers diagnosed per 1000 screened

Numbers of invasive cancers diagnosed per 1000 screened

% of women aged 25-64 years of age tested within last 5 years

Incidence of Cervical Cancer

>=70% coverage



Ensure equal access to the screening programme for all babies

- 99% of babies resident in Wales offered the Newborn Hearing Screening programme

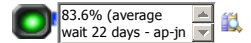
% of babies resident in Wales who are offered the screening programme



Quality of care following diagnosis

- Work with contracting Trusts to ensure 100% of women diagnosed with breast cancer to be offered treatment within 31 days

% women diagnosed being offered treatment within 31 days



Resource Utilisation

Adherence to core financial duties

- Remain within Resource Limit (Forecast Out-Turn) (HCS 27)
- Accurate forecasting - % difference between forecasts (HCS 27)
- Effective implementation of Agenda for Change
- Resource limit

Absolute Target

within 5%

Availability of required documents

Financial position against resource limit.



Efficient use of resources

Screening Services specific

- Achieve low staff turnover rate
- Minimise sickness rates
- Minimise % of DNA for assessment clinic appointments (Breast)
- Minimise vacancies in key staff groups; Radiographers, Nurses, Medical
- Minimise cancelled colposcopy clinics
- Ensure proper use of ringfenced funding by Trusts via LTA's
- Operate within annual budget
- Statutory and Mandatory Training
- Use of Agency/Locum Staff

% turnover

Achieve sickness rate of less than 4.2%

% of DNA for assessment clinic appointments

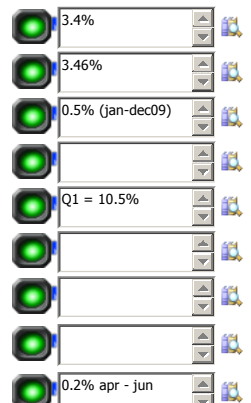
Self reporting

Percentage of cancelled clinics

Self reporting

Self reporting

Each Division to identify their core training and measure attendance
Less than 0.8% total staff costs



Management Processes

Screening Services specific

Compliance with Screening Protocols

- Recall 90% of women at appropriate screening intervals (within 36 months of previous screen)
- Recall 80% of women within 38 months of previous screen (Breast)
- Issue 100% of screening results to women within 2 weeks of screen (Breast)
- Issue 100% of screening results to women within 3 weeks of screen (Breast)
- Ensure all medical staff meet national standards for performance
- 80% of results to be issued within 4 weeks of sample being taken (Cervical)
- 100% of results to be issued within 6 weeks of sample being taken (Cervical)
- >=90% of women referred to Colposcopy with abnormal cytology to be seen within 8 weeks
- >90% of women with moderate or severe dyskariosis to be seen within 4

% of women invited back for subsequent screen within 36 months

% of women invited back for subsequent screen within 38 months
% of results issued within 2 weeks

% of results issued within 3 weeks of screen

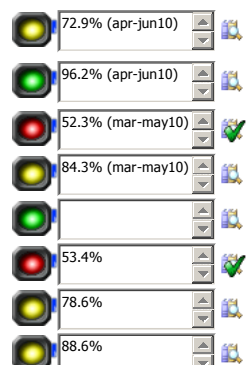
Self reporting annually

% of results issued within 4 weeks

% of results issued within 6 weeks

% of referrals to colposcopy seen in clinic within 8 weeks

% women with moderate or



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weeks

- 90% of cases where cytology indicates suspect invasion and abnormal glandular cells to be seen within 2 weeks
- >75% of well babies screened within the first week of life (NBHSW)
- >=90% of all well babies completing the hearing screening programme within 4 weeks
- >=95% of all high risk babies completing the hearing screening programme

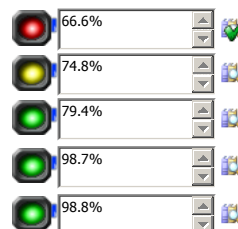
severe dyskariosis being seen within 4 weeks

% with suspect invasion seen within 2 weeks

% babies screened within the first week of life

% of well babies entering the screening programme and completing within 4 weeks

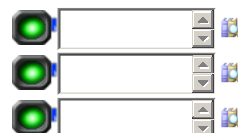
% high risk babies entering the screening programme



Service planning and governance [Req]

- Progress against operational/business plan [Req]
- Progress against clinical governance plan [Req]

Self reporting quarterly



Business Plan Availability

Business Plan available by 1st April

Learning & Innovation

Screening Services specific

Close working with the English screening programmes

- Representation at all appropriate national meetings

Self reporting



Support role development and innovative staffing methods

- Support Supernumerary training, colposcopy nursing, advanced practitioners and other appropriate roles across the programme

Number of new roles created by year



Coordinate service development with pathology modernisation (Cervical)

- Progress on the development of cooperative working and managed networks

Production of strategic plan and progress against work plan report quarterly



Review protocols and procedures in light of experience

Self reporting



To Ensure effective Information governance arrangements [Req]

% of mandatory ISO 27001 controls that are implemented within the IT department



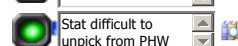
Complaints

Respond to all complaints within 20 days



KSF Appraisals

Staff appraised annually



Sharing of Best Practice

Sharing of Best Practice (HCS 27)

Self assessment questionnaire.



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