Initially respond to all requests within two

working days and

undertake furthe analytical work within an agreed timescale To record, monitor and analyse all requests for information

To record at least 6 examples per annum where WCISU supplied

data has been used by To record at least 3 examples per annum where WCISU has been

engaged in joint projects To work with CSCG as appropriate to identify potential patient cohort to

benefit from new agents
Data to be available for publication of cancer

incidence 12 months after

Initial response to AQs within 2 working days

meet ONS requirement Data available to meet

screening services Respond to enquiries within 7 working days

Production of reports to

steering groups timetable

Respond to all complaints

Annual user satisfaction survey % satisfied

Less than 0.5% status 3

Evidence of audit

reports to Trusts Copies of database

Evidence of feedback

Maintenance of requests and analysis logs

Audit trail available for

% of staff that received

% Staff sickness.

% staff costs on

agency/locum % Staff appraised

90% of operational management group meetings to have staff

undertaken

retained

records submitted to ONS No breaches of confidentiality

CSCG and site specific

scale specified by

vear end

HSW Provide quarterly download data to



User: Julie Rogers

Group: WCISU

Stakeholders

Timely provision of services

SLA targets for the registration of Cancer Incidence to be met using data from Data to be available 12 all available sources including pathology months after year end

To provide for the information needs in the field of Cancer for National Assembly for Wales

To provide information on cancer incidence and survival to all other users.

Encouragement of local clinician to make use of cancer data.

Participation in joint projects with Universities and other Research Institutions

To work with CSCG on early drug scanning trials

SLA targets for the provision of incidence publications to be met

Request for information to meet SLA targets

Targets for submission of data to ONS to be met

Production of information for inclusion in the Public Health Common Dataset

Provision of data for screening services

Response to cancer genetic enquiries

Production of detailed statistical reports covering major cancer sites

To work with CSCG to produce Wales specific audit reports by Cancer sites [Rea]

High quality & safe services

Complaints handled within required timescales

% of users satisfied with request and analysis service

Quality of data submitted to QNS

Standards of confidentiality and security to be maintained

Annual audit of 5% of relevant case notes from Welsh Trusts

Annual feedback of results to Welsh Trusts and Cancer Networks

Copy of database to be frozen at 3 monthly intervals

Retain copies of information provided in response to requests

Audit trail for all changes made to database as a result of validation

Statutory and Mandatory Training [Req]

Engaged workforce

Sickness rates

Meetings held in partnership with staff representatives

Agency/locum staff (Mod &Eff Target 8a)

KSF Appraisals WCISU [Reg]

Management Processes

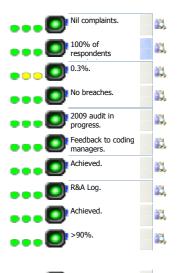
Management Processes that support the delivery of

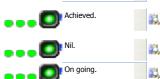


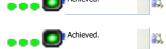


Scorecard: Apr-2010 to Jun-2010

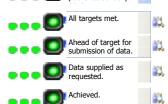














http://balancedscorecard.hsw.wales.nhs.uk/bsc.cfm

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timely, quality services Progessing. Operational objectives (Operational Plan) completed within an agreed Production of operational timescale plan progress reports % of risks classed as high Achieved. 10, Effective risk management being actively addressed 2nd phase of software development by March 2008 Achieved. íd, Maintain software for the accurate registration of cancer incidence **Learning & Innovation** Be an innovative learning organisation Achieved. Staff encouraged to contribute to IT system development **Developments based on best practice and evaluation** Host two Annual training events for Cancer Information staff. Peer review of papers and publications and attendance at UKACR training events Evidence of attendance at appropriate UKACR meetings On going. Data standards and definitions to be maintained Achieved. Ensure that statistical methods used remain in line with those employed by other Cancer Registries $\,$ Achieved. Ensure that methods used for Cancer Registration are in accordance with National and International rules nd guidance **Investment in Management Development and other** training Achieved. Training budget on monthly reports Ensure that the appropriate training budget is identified (HCS 22/27)