

Single Pathology Service for Kent and Medway – update for Kent Health Overview and Scrutiny Committee September 19th 2019

SINGLE PATHOLOGY SERVICE FOR KENT AND MEDWAY

Report from: Miles Scott, CEO, Maidstone and Tunbridge Wells NHS Trust; Chair, Kent and Medway Pathology Programme Board

Author: Amanda Price, Kent and Medway Pathology Programme Manager and Workforce Lead

Summary

The report informs the Committee of progress in the Kent and Medway Pathology Programme since the update in January 2019.

1 Background

- 1.1 The report to the Committee in January 2019 provided details of the review of pathology services undertaken by provider NHS Trusts across Kent and Medway on the creation of a single service in response to the National Pathology Network Strategy.
- 1.2 As a reminder, two reviews carried out by Lord Carter indicated potential savings of up to £200million nationally from unwarranted variation and consolidation in pathology services.
- 1.3 Following this a review of pathology services across Kent and Medway was initiated, driven by a desire to deliver a sustainable and improved service. A pathology network was formed for Kent and Medway, one of 29 such networks across England.
- 1.4 The report stated that the Chief Executives of the four acute provider trusts in Kent and Medway – Medway NHS Foundation Trust (MFT), East Kent Hospitals University NHS Foundation Trust (EKHUFT), Maidstone and Tunbridge Wells NHS Trust (MTW), and Dartford and Gravesham NHS Trust (DGT) agreed to work towards a single pathology service in the spring of 2018, and confirmed a clear goal, key principles and requirements on which to base a strategic outline case (SOC).
The key principles and requirements were detailed in the report to Committee in October 2018 and the goal is reiterated here:

"The creation of a single pathology service across Kent and Medway under a single management to deliver high quality, sustainable pathology services and embrace new technologies and diagnostics requirements of primary and secondary care.

It will become a nationally leading pathology service in the areas it concentrates on by 2030 and the best place to learn, work and research. The service will deliver a net £5.6million reduction in its own costs from 2017/18 outside any investments in the new single service. This will be secured by 2020/21 and will be net of individual trust efficiency requirements for 2018/19 - 2020/21 for the

pathology services."

2. Strategic outline case

- 2.1 The SOC was developed by the Pathology Programme Project Team under the governance of the Pathology Programme Steering Group in Autumn 2018, presented to Trust and STP Boards in January and February 2019; and the final document signed by the five CEOs submitted to NHS Improvement/NHS England in April 2019. The project team comprised the clinical directors and general managers of the three pathology services (EKHUF, MTW and North Kent Pathology Services which comprises MFT and DGT); and the core project team of programme director, programme manager, finance lead and workforce lead. The Steering Group was chaired by Lesley Dwyer, CEO of Medway NHS Foundation Trust, until her departure in November 2018; when Miles Scott, CEO of Maidstone and Tunbridge Wells NHS Trust took her place. The group included executive directors from the acute trusts and the project team.
- 2.2 The SOC was written following treasury guidance for business cases and comprised the case for change; current services; principles, vision and key requirements; long list of options; benefits; risks and barriers; and proposed next steps.
- 2.3 Recommendations from the trust Boards shaped the final SOC, with a number of elements carried into the next phase of outline business case (OBC) development.

3. Outline business case

- 3.1 A new governance structure was developed and implemented from January 2019 for the outline business case (OBC) phase.
- 3.2 The steering group developed into a programme board. The Chair, trust executives, clinical directors, programme director and programme manager remain unchanged. New members representing commissioners and primary care were invited to join.
- 3.3 A number of sub-groups were set up from February 2019, in order to broaden engagement and involvement in the business case process; and to feed into the project team developing the business cases.
The sub-groups are: Clinical, workforce and engagement, operations, finance, information, and patient and public engagement. Additional stakeholder engagement with GPs by locality is in development.
- 3.4 The Programme Board governs the development of the three business cases. The service change OBC is concerned with service configuration, service delivery, and management (see section 5 – Options – below).
The laboratory information management system (LIMS) OBC will detail the scoping, procurement and implementation of a single IT solution for the single pathology service.
The managed service contract (MSC) OBC will detail the scoping, procurement and implementation of a core contract for equipment; plus a

- range of potential additional services including business intelligence, logistics (transport) and phlebotomy.
- 3.5 The LIMS and MSC are enablers for the service change OBC, so will be presented to trust Boards first. The target for the LIMS and MSC OBCs to be presented to Boards is September/October 2019; and for the service change OBC to be presented in November/December 2019.
- 3.6 This timeline is extended from that set out in the SOC on the request of the trust Boards and, in particular, from North Kent; following the challenges of the North Kent Pathology Services merger.

4. Options

- 4.1 Service change OBC: the option appraisal centres on two key decisions: where the pathology services are to be delivered from; and the organisational form for delivery of services.
- 4.2 Service configuration – nine options were evaluated by the programme board and the pathology community in Kent and Medway; including evidence from sub-groups as appropriate.
- 4.3 The nine options were:
- Do nothing – three hubs in Dartford, Maidstone and Ashford and essential service laboratories (ESLs) at Medway, Canterbury, Margate, and Tunbridge Wells.
- Do minimum – as above with pathology services assisting other pathology services in difficulty.
- Three hub option – as above plus single LIMS, MSC and management.
- Two hubs options – Dartford and Maidstone, Dartford and Ashford, Ashford and Maidstone.
- Single hub options – Dartford; Ashford or Maidstone.
- 4.4 A recommendation based on the service site configuration evaluation was developed by the Programme Board and is currently going through trust Boards for approval before being communicated more widely internally and externally in September.
- 4.5 Service delivery – evaluation of three options – in-house NHS delivery, including management arrangements; strategic partner and outsourcing – is currently underway. Trust boards have rejected outsourcing as a service delivery model.
- 4.6 The LIMS and MSC OBCs, including options generation and appraisal, are currently in development.

5. Risk management

Description	Action to avoid or mitigate risk
There is insufficient management and clinical capacity to support the delivery of the plans	Resource plan in SOC approved, prioritise the input of clinical and managerial staff and project team. Involve the departmental teams more across the county
The recruitment and retention of staff deteriorates, impacting on the service capacity and capability to deliver the change	Develop an effective recruitment and retention strategy for pathology, identify and implement the skill mix and technological solutions to maintain or improve service delivery, involve staff in the development and creation of the new service. Deliver on the SOC revised timetable to minimise further staff anxiety.
The impact on quality of the pathology service on patients, GP's, acute hospitals and commissioners as the integration occurs	Ensure robust transitional plan is in place for creating the new service, implement changes in a timely and scalable manner, maintain laboratory accreditation, quality impact assessment of each option. Involvement of primary care in option appraisal.
The potential failure of current pathology partnerships in Kent and Medway due to quality and safety concerns	Ensure issues are addressed they arise, develop a clear contingency plan and look to share management expertise to resolve issues
The failure to meet recommendations from Trust Boards in OBC	Seek approval of actions to meet Trust Board recommendations at Programme Board; incorporate these into project plan and track monthly through project team and programme board. Update August programme board.
The failure to have access to data required for modelling and option appraisal	Ensure timescales for data request are reasonable; escalate where data is not provided
Delays in procurement process due to supplier and pathology capacity Delays in procurement process due to supplier and pathology capacity	Ensure timescales for work needed is reasonable and escalate where project slips Ensure timescales for data request are reasonable; escalate where data is not provided

6. Engagement and consultation

- 6.1 The programme governance includes a Patient and Public Engagement Sub-group. The group includes representatives from Healthwatch; patient groups representing those with medical conditions requiring regular pathology input; STP Patient and Public Advisory Group; Foundation Trust governor; Point of Care Coordinators from Pathology; and members of the Project team. The purpose of the group is:
- the engagement of key public and patient stakeholders in understanding the goal, methods and outcome of the OBC

- the use of the group as a sounding board for input into the project
 - awareness of the progress of the project
 - internal communication to their organisations
 - equality impact assessment of options on groups and individuals.
- 6.2 A continued programme of internal communication and engagement has been taking place, including monthly staff forum meetings at each hospital site, which pathology colleagues are given time to attend to feed in their experiences and questions to the project team.

A monthly newsletter is sent directly to all colleagues and includes an anonymous feedback survey to temperature check how colleagues are feeling about the progress of the programme. Pathology colleagues and union representatives have been encouraged to join the sub-groups to ensure staff concerns and suggestions are fed into the change process.

7. Recommendations

The Committee is asked to note and comment on the progress of the Kent and Medway Pathology Programme.

Report contact

Amanda Price, Programme Manager and Workforce Lead
Glynis Alexander, Director of Communications and Engagement, Medway NHS Foundation Trust
Chloe Crouch, Communications and Engagement Manager, Kent and Medway Sustainability and Transformation Partnership.

Appendix

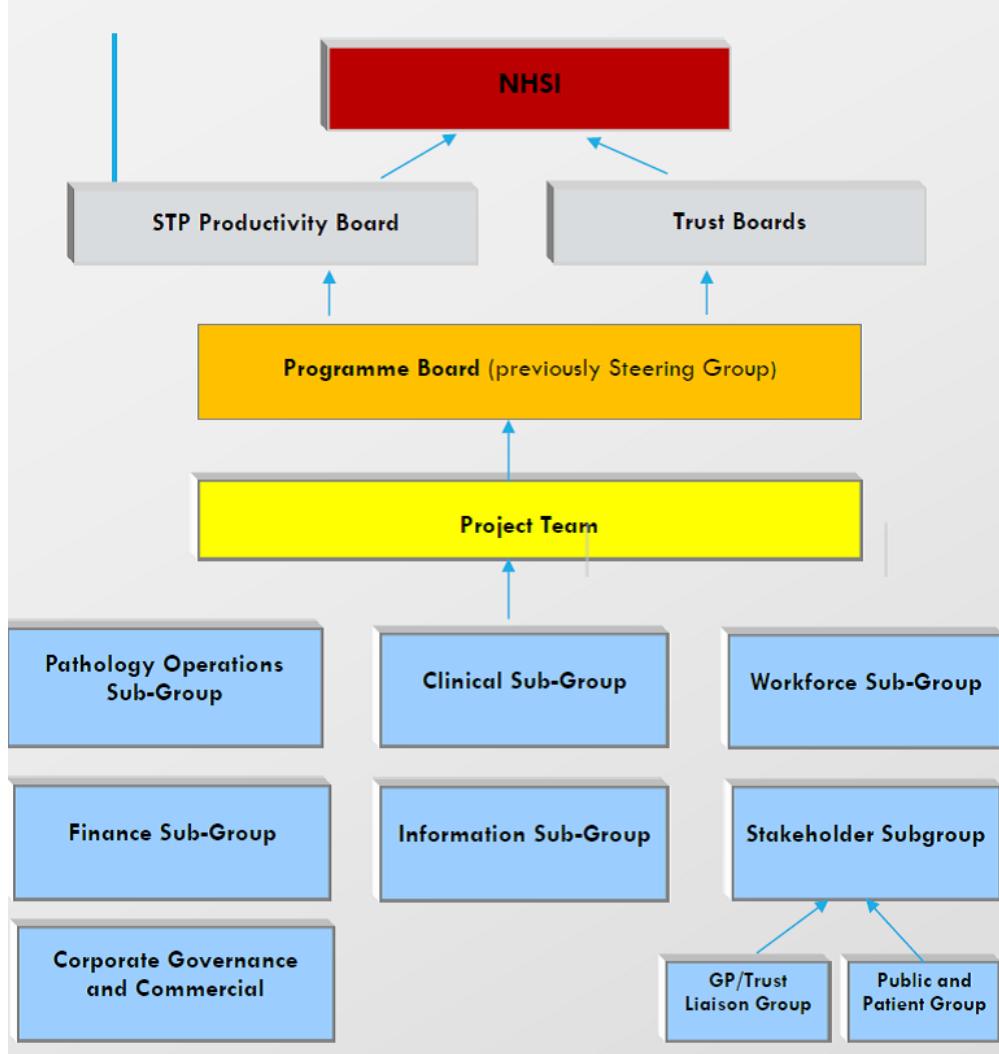
Pathology Programme Structure

Background papers:

Kent and Medway Pathology Programme Strategic Outline Case, January 2019.
Kent HOSC update, January, 2019.

Appendix 1 – Pathology Programme Structure

PATHOLOGY PROGRAMME STRUCTURE



Programme Board	CEO Lead MTW, Trust Exec Reps (inc Managing Director NKPS), Programme Director, Programme Manager, STP Productivity Lead, Commissioner Exec Rep, Primary Care Locality Lead, HRD Lead Pathology, Deputy Trust Medical Director, South of England Diagnostics Lead, Communications Lead, Staff Side Rep
Project Team	Programme Director, Clinical Directors (all labs), General Managers (all labs), Project Finance Manager, STP HR Manager/Project Manager, Comms Lead, STP IT Lead, South of England Diagnostics Lead (ex officio).
Pathology Operations Subgroup	Lead General Manager MTW, Lead Clinical Director, Finance Manager, Project Manager, LTS, Clinical Leads, GP Federation Rep, Procurement Lead, Staff rep
Finance Subgroup	Lead Clinical Director NKPS, Finance Manager, HR Manager, Clinical Directors EKHUFT and MTW, General Managers, Programme Director, LTS, Staff rep
Clinical Subgroup	Clinical Director EKHUFT Chair, Clinical Director MTW Deputy Chair, Clinical leads in key disciplines, General Managers, Quality Assurance/Health and Safety Pathology Leads, GP Federation Rep Trust Medical Director or nominee, Trust Nurse and AHP Director Rep, Programme Director, Staff Rep
Information Subgroup	STP IT Lead Director MTW IT Director, General Manager MTW, Pathology IT Leads, Trust IT Leads, Commissioner IT Lead East/West CCGs, GP Locality Leads Reps, Project Manager, Staff rep
Workforce and Engagement Subgroup	Lead General Manager, HRD/HRBP, Project Manager, HR Lead, LTS, Finance Manager, Clinical Leads, Staff Rep
Stakeholder Subgroup (x 2)	<u>GP/Trust Liaison Group:</u> Clinical Director MTW Chair, Programme Director, Reps of CCGs, GP Federations, LMC etc, Comms Lead <u>Public and Patient Group:</u> Project Manager Chair, Clinical Director MTW, Public and Patient groups from Health Watch, HOSC, etc, Comms Lead.
Corporate Governance and Commercial Subgroup	Lead Non-Executive Directors from the 4 Trusts, A nominated Trust Rep, Programme Board CEO, Programme Director

