

Single Pathology Service for Kent and Medway – update for Kent Health Overview and Scrutiny Committee July 22nd 2020

SINGLE PATHOLOGY SERVICE FOR KENT AND MEDWAY

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Summary

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

1 Background

- 1.1 The report to the Committee in September 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. Twenty nine networks are in development in England.
- 1.2 The September report stated 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); and the Kent and Medway Sustainability and Transformation Partnership signed off the strategic outline case (SOC) in April 2019. It then outlined the initiation of the outline business case (OBC) phase which would develop OBCs in service change, a laboratory information management system (LIMS) and managed service contracts (MSC).

2. Outline business cases

- 2.1 The OBCs were developed through working groups reporting to the project team which in turn reported to the programme board, chaired by Miles Scott, CEO, Maidstone and Tunbridge Wells NHS Trust.
- 2.2 The service change OBC is concerned with service configuration, service delivery, and management. For service configuration, nine options were considered which were: Do nothing; do minimum - where services operate independently but help each other out as required; single hub laboratory at Ashford, Maidstone or Dartford and six smaller essential services laboratories (ESLs); two hubs (from the three hubs listed above) and five ESLs; and three hubs with four ESLs. The option put forward in the OBC was to retain the current configuration of three hubs and four ESLs as there was insufficient evidence for a two hub model at this time; and

serious risks regarding resilience and sustainability with a one hub model, do nothing and do minimum.

The OBC also outlines commercial options including outsourcing and working with a major strategic partner. There was little appetite for either of these options and no successful evidence of this working well elsewhere in the country. Therefore the single service will be an NHS-owned and managed contractual joint venture.

The service change OBC outlines a range of workforce opportunities based on a number of external and internal benchmarks relating to productivity. As pathology demand is growing we have been able to commit to no planned redundancies as a result of the programme.

- 2.3 The LIMS OBC details the scoping, procurement and implementation of a single IT solution for the single pathology service. The preferred option in the OBC is a single LIMS for the whole county. This is presented as two options – one capital option where the IT hardware is hosted by one trust; and a cloud based revenue solution. The final option will be selected ahead of the best and final offer stage of procurement. LIMS is the clinical priority for pathology transformation in Kent as the current systems are up to 25 years old and will soon be no longer supported by suppliers.
- 2.4 The MSC OBC details the scoping, procurement and implementation of a core contract for equipment; plus a range of potential additional services including business intelligence and logistics (transport). The preferred option for MSC is to tender by pathology discipline and to select an overall lead supplier to manage the contracts.
- 2.5 The LIMS and MSC are enablers for the service change OBC. The order of deployment is LIMS followed by MSC followed by service change. In reality, there are likely to be service changes in advance of the completion of LIMS and MSC rollout. The whole programme timeline is 13 years with LIMS from year three, MSC from year five and service change from year six/seven.

3. OBC approval

- 3.1 The three OBCs went through a comprehensive appraisal and approvals process including programme team, programme board, senior peer appraisal, check and challenge with deputy finance directors, back to programme board and finally a gateway review of trust CEOs and CFOs before going through individual trust board approvals. The three OBCs were all approved up to and including the gateway review. The OBCs have been approved by MTW Board, EKHUFT Strategic Investment Committee and MFT Finance Committee. The trusts managing North Kent Pathology Services (NKPS) have, since the gateway review in March, proposed a hybrid option – joining in the single LIMS and MSC but not at this time joining a single service with single management. They do not want their pathology services to go through more major change following the merger of their two trusts' pathology services at this time.
- 3.2 The feasibility of the NKPS hybrid model was considered by the programme board on 7 July 2020. Five considerations were explored: 1) Feasibility of single LIMS without a single management; 2) the content of the service change full business

case and impact to the target operating mode of a single service; 3) financial impact including phasing on all trusts and the system as a whole; 4) lessons learnt from the NKPS merger; and 5) the requirements of NHSE/I. The paper concluded the hybrid model is possible but would be more complex and difficult to manage; would result in lower savings across the system and the service change FBC would need to demonstrate commitment for working towards a single service to meet NHSEI requirements.

The programme board did not conclude discussions on this issue. MTW and EKHUFT CEOs are meeting urgently to understand and agree the contractual vehicle they wish to adopt should the hybrid model be agreed.

4. Full business cases (FBC)

The programme governance structure has been refreshed from June 2020 to include four new steering groups – one each to manage the FBC process for LMS, MSC and service change; and a governance and legal steering group to work through the detail of agreements which will be required by the joint venture and partner organisations.

The full business cases are in development pending OBC board approval. The service change FBC development includes development of the target operating model and the workforce and ways of working to deliver it. It will also describe the governance and legal arrangements needed to operate the joint venture.

The priority for LIMS is to launch the tender as the process of planning and implementation with the selected supplier is significant for such a complex project. The priority for MSC is to agree baseline activity with which to go out for a market testing exercise to seek robust indicative prices for the required service to include in the FBC. A tender cannot be undertaken at this time due to the time lag required to implement LIMS first before a new MSC.

5. Timeline

PROJECT	Milestone	Current scheduled Date	
LIMS	Tender launched (stage 1),	15/07/2020	
	Launch Stage 2	31/07/2020	
	End stage 2 to confirm which option	20/11/2020	
	End of stage 3	11/12/2020	
	End of stage 4	11/01/2021	
	Preferred Bidder identified	15/02/2021	
	FBC complete	18/03/2021	
	MSC	Activity validation	30/09/2020
	Market testing launch,	31/10/2020	
	Market testing closed	30/11/2020	
	FBC complete	18/03/2021	
	Tender launched	01/01/2022	
	Tender complete	31/10/2022	
	Contract award	31/01/2024	
	SERVICE CHANGE	TOM developed	03/07/2020
		Issue Strategic Case for review	15/05/2020
Issue Economic Case for review		04/09/2020	
Issue Commercial Case for review		17/07/2020	
Issue Financial Case for review		09/10/2020	
Issue Management Case for review		18/09/2020	
FBC complete		15/11/2020	
APPROVALS GOVERNANCE		SC FBC approved by Programme Board	28/02/2021
	Gateway review of SC FBC	15/03/2021	
	LIMS FBC approved by Programme Board	15/04/2021	
	MES (MSC) FBC approved by Programme Board	15/04/2021	
	Gateway review of LIMS FBC	21/04/2021	
	Gateway Review of MSC (MES) FBC	21/04/2021	
	FBCs approved by Trust Boards	30/06/2021	

IMPLEMENTATION	Go live site 1 LIMS	30/08/2023
	Go live sites 2 and 3 LIMS	31/01/2024
	Commence MES (MSC) – MTW	30/04/2024
	LIMS Project Closed	30/06/2024
	Complete MES (MSC) MTW	28/02/2025
	Commence MES (MSC) – EKHUFT	30/11/2025
	Commence MES (MSC) – NKPS	31/05/2026
	Complete MES (MSC) EKHUFT	31/08/2026
	Complete MES (MSC) NKPS	31/08/2027
	Commence service change	31/08/2027
	Programme Complete	31/08/2033

6. 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 OBC 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 FBC 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
Not all Trusts agree to a single model	Assess feasibility of alternative models and present to 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	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
Impact of Covid-19 on pathology services	Ensure pathology included in break even bids to NHS E/I. Ensure TOM flexibility to prepare for surges and continuous antigen and antibody testing

7. Engagement and consultation

7.1 The programme governance includes a patient and public engagement assurance group. The group includes representatives from Healthwatch; patient groups representing those with medical conditions requiring regular pathology input; STP patient representatives; 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.

7.2 A continued programmed of internal communication and engagement has been taking place, including monthly staff forum meetings at each hospital site, made virtual since Covid-19, 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 has included 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.

8. Recommendations

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

Report contact

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