

Recommendations from Histopathology Inquiry – Action Plan

Actions not yet due

Ref No	Actions	Timescale	Responsible person	Progress	Complete	Evidence
Section 1 Section Lead: Rob Pitcher	Overarching recommendation A: A single Histopathology Service should be established for Bristol with the potential to be one of the leading service and academic centres.					
1.2	Develop Service Structure and Proposition for integrated cellular pathology service Agreed sub-milestones: <ul style="list-style-type: none"> • Integration of the management tier beneath Clinical Lead • Common reporting template for each speciality • Agreement of specialist and team roles & profiles • Common KPI suite and associated metrics agreed and in place 	31 Dec 2011	Rob Pitcher	These issues are being considered as part of the Pathology Services Review being led by NHS Bristol. Clinical Lead for Cellular Pathology is feeding into the review accordingly. Meanwhile, a governance structure has been put in place.		Revised management structure. Reporting template. Specialist and team role profiles. KPI suite.

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1.7	<p>Review consultant staffing levels in accordance with the Royal College of Pathologists' "Guidelines on staffing and workload for histopathology and cytopathology departments" (2nd edition) June 2005, and, if necessary, adjust to ensure they are sufficient for a safe, timely and reliable service.</p> <p>Further milestones:</p> <ul style="list-style-type: none"> Complete comprehensive Job Planning process for all Consultants working in Cellular Pathology across both UHB and NBT. Complete skill mix exercise to determine what work currently performed by Consultants could be carried out by other staff. Review outcome of the Job Planning and skill mix exercises and, if necessary, adjust staffing configuration to ensure sufficient support for a safe, timely and reliable service. 	Review 31 Aug 11.	Rob Pitcher	The review is complete. A paper has been produced to include recommending an in depth Job Planning and skill mix exercise.	√	Review paper.
		30 Nov 2011	Rob Pitcher			
		30 Nov 2011	Rob Pitcher			
		29 Feb 2012	Sean O'Kelly/ Chris Burton.			

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1.9	Identify short term and longer term location plan for department.	31 Oct 11	Rob Pitcher	The Inquiry recommended that the service should for the time being remain on two sites. The longer term plan is subject to the outcome of the Pathology Services Review. See actions for 1.2.	√ Linked to 1.2.	
Section 10 Section Lead: Alison Moon	Overarching recommendation I: Patients and Histopathology For information: The Royal College of Pathologists has an active programme to inform the public about histopathology. Next year is designated National Pathology Year.					
10.2	Implement PPI strategy – Year 2 (Expansion of Year 1 approach into Outpatients – pending identification of funding)	31 Mar 12	Alison Moon	Year 2 funding obtained. Two major internal surveys of outpatients to complement the National Outpatients Survey are taking place in 2011/12. Comments Cards are being implemented in Outpatients Departments and plans for surveys using hand held devices are currently under discussion.	√ On track	

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10.4	Develop proactive and constructive working relations with new 'Local HealthWatch', including its proposed responsibilities for patient advocacy (detail has yet to be announced by the DH).	DH expects HW to be "up and running by 2012"	Tony Watkin	<p>Bristol LINK is a national pathfinder for HealthWatch status and is attending the Trust's Patient Experience Group in November 2011 to present its plans.</p> <p>Meanwhile, the main thrust of engagement between the Bristol and South Gloucestershire LINK and Histopathology is through NHS Bristol's Healthy Futures Programme and the wider pathology review. UH Bristol's focus of Patient and Public Involvement in the Histopathology work has been about our patients and their stories.</p> <p>UH Bristol representation on Bristol LINKs Acute Hospital Group to facilitate operational activity.</p> <p>UH Bristol workshop with Bristol and South Gloucester LINKs has taken place to inform 2010/11 Quality Account.</p> <p>Robert Woolley has met with Chair of Bristol LINK to provide assurance of positive working relations.</p>	On-going	<p>Notes of meetings.</p> <p>Third party comments from LINKs on UHB Quality Account.</p>

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Section 13 Section Lead: Rob Pitcher	Overarching recommendation J: Specialist Pathology					
13.1	The Royal College of Pathologists should review its guidance on specialist histopathology with the intention of making it more explicit where possible.	For RC Path to determine	RC Path	Rob Pitcher has met informally with the President of the Royal College of Pathologists. There is a current Royal College of Pathologists document in existence and the College Histopathology Specialist Advisory Committee have been asked to comment on whether further work is required.		
13.2	There should be at least two specialist histopathologists in each subspecialist area to allow proper review and to provide cover for meetings and periods of leave.	Dependent on the outcome of 1.2	Rob Pitcher	Linked to action 1.2.		

Completed Actions

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Section 1 Section Lead: Rob Pitcher	Overarching recommendation A: A single Histopathology Service should be established for Bristol with the potential to be one of the leading service and academic centres.					
1.1	Appoint Clinical Lead for Cellular Pathology	30 Jun 11	Jane Luker/ Chris Burton	Complete. Clinical Lead in post as of 3 May 11.	√	Job Description and staff in post
1.3	Short term Consultants should work across both sites when necessary to provide the optimum service to patients.	31 Mar 11	Jane Luker/ Chris Burton	Agreed and implemented where appropriate. Cross site working in place for haemato- malignancy, Head and Neck, Lung and Her 2 Breast pathology. Further work underway to develop greater cross site working in line with planned service reconfiguration.	√	Letter of expectation sent to pathologists by Acting Medical Director. Honorary contracts in place.
1.4	Put in place honorary contracts for cellular pathologists with reciprocal trust.	31 Mar 11	Philippa Finch/ Tracy Smallwood	Honorary contracts issued to pathologists to be signed and returned by 17 Jun 11. UH Bristol and NBT pathologists have all signed their honorary contracts.	√	Honorary contracts in place.

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1.5	All new cellular pathology appointments to be joint	31 Dec 10	Jane Luker/ Chris Burton	Agreed. March 11: Two new adult pathologists appointed on 50:50 contracts	√	Appointment process and contracts for new staff.
1.6	Clarify roles and responsibilities of Heads of Division, Lead Doctor and Specialty Lead	31 Dec 10	Robert Woolley	Complete. Communications to relevant staff and revised job descriptions completed. This will be evidenced through Job Planning and appraisal. The UH Bristol Medical Director team will conduct an initial assessment of compliance with the clarified responsibilities.	√	Letters from CEO to Heads of Division. Lead Doctor Job Descriptions. Written confirmation to Lead Doctors.
1.8	Identify areas of urgent staffing need and produce action plan	31 May 11	Rob Pitcher	Complete. Necessary measures in place to manage current workload, including outsourcing.	√	
1.10	Develop process to ensure service changes are fully supported by Histopathology	31 Oct 11	Rob Pitcher	The Bristol Cellular Pathology Forum described is part of developing the wider team ethos and will include discussions with clinical teams on issues such as service reconfiguration, standards etc.	√	
Section 2 Section Lead: Mark Callaway	The MDTs in both Trusts should be reviewed to promote collaboration.					

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2.1	Complete MDT reviews	31 May 11	Mark Callaway/ Chris Burton/Rob Pitcher	UH Bristol MDT review for pathology completed. NBT review has been completed and a report received by their Board in June 2011.	√	MDT review papers and meeting minutes.
2.2	Agree a plan for on-going development of joint MDT	31 July 11	Mark Callaway/ Chris Burton/Rob Pitcher	A joint UH Bristol and NBT meeting took place on 16 th June to agree a joint approach for MDT development going forward. A joint report was produced by the end of July 2011.	√	Joint Report. Minutes of meetings SDG 25/07/2011 and Cancer Board.
2.3	Ensure slides are available at MDTs.	30 Mar 11	Lis Kutt	Complete. The MDT outcome records indicate where a patient referred in from another Trust is deferred to the next meeting if their slides are not yet available from the referring trust.	√	MDT audit results.
2.4	Agree and implement process to ensure patients are aware that a diagnosis given pre MDT may be refined at the MDT meeting.	30 May 11	Teresa Levy/ Dany Wells	Cross Trust patient information leaflet finalised and being piloted. The pilot is due to be completed by the end of August 2011.	√	Patient Information Leaflet
Section 3 Section Lead: Rob Pitcher	<p>Quality Assurance</p> <p>For information: The Royal College of Pathologists is working on a set of Key Performance Indicators for pathology.</p>					

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3.1	Agree audit programme 2011/12 for Histopathology	30 April 11	Lis Kutt	<p>Complete and shared with NBT</p> <p>5 audits are planned, of which 3 are underway:</p> <ul style="list-style-type: none"> • An audit of the double reporting protocol (not yet started) • An audit of reporting systems (not yet started). • Review of supplementary reports after multi-disciplinary team meeting (started August) • High grade serous carcinoma of endometrium-network audit (started August) • Correlation of breast tumour grading between core biopsies and resection specimens in a screened population (started July) 	√	Clinical Audit Forward Plan 2011/12
3.2	Develop joint audit plan across both Trusts	30 June 11	Rob Pitcher	Complete.	√	Joint Audit Plan
3.3	Ensure current involvement in all appropriate EQAs and CPD to develop specialisation	31 Mar 11	Lis Kutt	UHB EQA involvement identified. All specialist pathologists have an appropriate EQA programme. Relevant UH Bristol pathologists are registered for the regional lung EQA.	√	EQA scoping document

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3.4	Develop full joint EQA and CPD programmes	31 Aug 11	Rob Pitcher	The interviews with consultants demonstrated the current position on EQA. This information is held within the consultants' appraisal folders and reviewed annually as part of their appraisal. The Bristol Cellular Pathology Service in its policy statement on the recognition of specialist roles in cellular pathology recognises the need for pathologists to partake in appropriate EQA schemes. This will be monitored on an annual basis	√	Programme of interviews. EQA matrix.
Section 4 Section Lead: Lis Kutt	Upgrade Histopathology Department					
4.1	Upgrade work to be completed	31 Jul 11	Sven Howkins	Complete.	√	Site visit
Section 5 Section Lead: Rob Pitcher	Double Reporting For information: There is a current Royal College of Pathologists document in existence about double-reporting. The College Histopathology Specialist Advisory Committee is meeting in June 11 and will be asked to comment on whether further work is required.					
5.1	Agree and implement a revised joint double reporting protocol	31 May 11	Rob Pitcher	Complete. Protocol has been finalised and disseminated.	√	Double Reporting Protocol

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Section 6 Section Lead: Rob Pitcher	<p>Overarching Recommendation E: Raising Concerns about diagnostics Any concerns about the standard of pathology reporting should be thoroughly, rapidly and, where appropriate, independently investigated and the results made available to all those involved.</p> <p>Concerns should be dealt with at the lowest possible level and not escalated unnecessarily.</p> <p>The pathologist(s) involved should be consulted directly.</p>					
6.1	Agree and implement a revised raising concerns protocol	31 May 11	Rob Pitcher	Complete. Protocol has been finalised and disseminated.	√	Raising Concerns Protocol
Section 7. Section Lead Sarah Pinch	<p>Overarching recommendation F: Whistleblowing The Department of Health should review advice on whistleblowing to ensure that local policies include clear guidance on raising concerns about the work of a pathologist or any other clinician who works for a different Trust from the Trust employing the person raising the concern.</p>					
7.1	Strengthen UHB Whistleblowing policy	31 May 11	Sarah Pinch	Complete. Policy agreed and confidential staff helpline in place.	√	Revised policy
Section 8 Section Lead: Sarah Pinch	<p>Overarching recommendation G: Media Relationships. Relationships with the media should be proactive with an emphasis on openness, honesty and the involvement of senior managers and clinicians Relationships with the media should reinforce positive relationships with patients. Service change should be explained including the Chief Executive</p>					
8.1	The Trust Board will approve the revised communications strategy and plan in light of the report's recommendations	30 June 11	Sarah Pinch	The Communications Strategy was approved by the Board on 28 June 2011.	√	Revised Communications Strategy

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8.2	The Trust's media protocols will be revised in light of the report's recommendations and will include consultation with relevant staff groups. The revised protocol will then be reissued to all staff. The protocol will be included in the revised communications strategy.	31 Mar 11	Sarah Pinch	Complete. Revised media protocols approved 13 April 11.	√	Revised Media Protocols
8.3	The Trust's website is currently being redeveloped and will deliver a more responsive, interactive up-to-date tool for Trust communications, direct to patients, staff, FT members and the media.	30 June 11	Sarah Pinch	The new website was launched on 1 st July 2011.	√	New website.
Section 9 UHB Section Lead: Lis Kutt	<p>Overarching recommendation H: Paediatric and Perinatal Pathology Paediatric and perinatal pathology should be valued and supported by managers, pathologists and other clinicians.</p> <p>The minimum level of staffing should be one paediatric pathologist, one perinatal pathologist and one pathologist trained in both paediatric and perinatal pathology.</p>					
9.1	Recruit and permanently appoint to proposed staffing levels demonstrating full commitment to the service	31 Jul 11	Lis Kutt/ Rob Pitcher	Interviews held Feb 2011. No appointment made. Further interviews were held 23 June 11 and an offer has been made subject to references and employment checks. Anticipated start date end of September. Interim outsourcing provision in place.	√	Staff in post
9.2	CEO to write to Southampton and Oxford to seek opportunities for joint working in principle	31 Dec 10	Robert Woolley	Complete. Positive responses received from Southampton CEO and Oxford MD.	√	Letters between Trusts.

v19 20/09/2011

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9.3	Establish joint working arrangement	31 Jul 11	Sean O'Kelly	UH Bristol Medical Director has met with the Medical Directors from Southampton and Oxford to explore networking opportunities for paediatric pathologists. Agreement in made in principle, an operational specification is being drawn up.	√	Operational Specification.
Section 10 Section Lead: Alison Moon	Overarching recommendation I: Patients and Histopathology For information: The Royal College of Pathologists has an active programme to inform the public about histopathology. Next year is designated National Pathology Year.					
10.1	Implement PPI strategy – Year 1 (Inpatient feedback systems)	31 Mar 11	Alison Moon	Complete. Inpatient feedback mechanisms in place and providing timely information on the quality of patients' experiences, the results of which are being acted upon within the Trust.	√	Minutes and papers of Patient Experience Group and its predecessor.
10.3	Devise and delivery four UH Bristol patient focus groups to explore current awareness and future involvement in the on-going development of histopathology at UH Bristol	30 Apr 11	Tony Watkin \ Lis Kutt	Complete. The report from the focus groups has been finalised and has been shared with the Pathology Services Review.	√	Focus Group Outcome report.
10.5	Agree process to promptly inform patients of diagnostic errors	31 Jan 11	Jane Luker	Complete. Staff Support and Being Open Policy 2009 is already in place. Next update will make link to diagnostic errors more explicit.	√	Current and revised policy.

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10.6	Explore options for providing service users with information about the purpose of role and multi-disciplinary cancer teams and team meetings.	31 Mar 11	Teresa Levy	Cross Trust leaflet finalised and being piloted. The planned date for completion of the pilot is 31 August 2011.	√	Patient Information Leaflet.
10.7	Where a patient's care is going to be discussed at a multidisciplinary team meeting, patients should not be given information contained in histopathology reports until the reports have been considered by the multidisciplinary team.			The Trusts have agreed that implementing this recommendation could lead to a delay in patients being given information concerning their diagnosis and could put clinicians in the position of having to withhold important information from patients. The Trusts' ability to run one-stop clinics would also be compromised. Instead the Trusts propose that patients should be given information appropriate to their care, with an explanation of the diagnostic and treatment decision process by the Multidisciplinary Team.	N/A	N/A
Section 11 Section Lead: Rob Pitcher	Training					
11.1	Trainees should have supervised involvement in the full range of specimens, including the most complex cases, in accordance with their seniority	Nov 10	Lis Kutt	Complete. Trainees are supervised by individual consultants as befits their experience and seniority. The number of educational supervisors has been increased from 1 to 4 to further improve monitoring of progress with subsequent adjustments to individual learning plans as required.	√	Identified supervisors.

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11.2	Training plans to be adjusted to provide access to all levels of case	30 Nov 10	Lis Kutt	<p>Complete.</p> <p>Training plans for the trainees have been revised by Dr Mohammed Sohail.</p> <p>A written training plan has been in use since the January 2011 which advises on the type of case mix trainees should expect to see to ensure that they have opportunities to work with a broad range of specimens of varying complexity.</p>	√	Training Plan.
Section 12 Section Lead: Steve Aumayer	Overarching recommendation L: The histopathologists should be given whatever support they need to face the aftermath of this Inquiry including skilled facilitation.					

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12.1	Develop detailed organisational development plan to support the move towards an integrated cellular pathology service	31 Aug 11	Steve Aumayer/ Rob Pitcher	<p>Integrated Cellular Pathology Service:</p> <ul style="list-style-type: none"> • Joint Trust Monthly formal business meetings in place (Meeting 3 in September) • Joint Trust workshop programme enabling discussion on key issues – resulted to date in: <ul style="list-style-type: none"> ○ The recognition of specialist roles in cellular pathology ○ Definitions of Lead Roles in Cellular Pathology ○ Policy on the content of the reports from the Bristol Cellular Pathology Service • Educational activities including case discussion, audit presentations, research, feedback from external educational activities being planned • A series of workshops is planned to examine at specialist team level what cellular pathology service is required on which site to support the clinical service – commencement date TBA <p>Working with NHS Improvement</p> <ul style="list-style-type: none"> • Launch event 5th September for a core team who will be working on LEAN review of processes across sites. • Programme supported by site visits, the purpose of which to see how others provide integrated services to more than one acute Trust and to look at the work to improve efficiency (LEAN) that some have done. 	√	Training resources, attendance records and notes of meetings.

v19 20/09/2011

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12.2	Provide Counselling and Occupational Health support to affected staff	31 Dec 10	Steve Aumayer	Complete. Some staff have accessed this	√	
12.3	Provide facilitation and mediation	As required	Lis Kutt	Facilitation and mediation are available to staff should this be required. Externally facilitated event took place in Jan 11 with NBT and meetings of the Bristol Cellular Pathology Forum continue.	√	Letter from Head of Division to pathologists Jan 2011. Agenda, minutes and papers of Bristol Cellular Pathology Forum.
12.4	Support to assist in development of single service	On-going.	Lis Kutt/ Rob Pitcher	As for completed action 12.1 and ongoing.	On-going	
Section 14 Section Lead: Rob Pitcher	Pathology reports					
14.1	Review style of reporting and implement any changes if deemed appropriate	To be agreed	Rob Pitcher	The Bristol Cellular Pathology Forum has topics already identified to be built into its work programme. These topics for discussion, debate and development into policy and procedure include pathology reporting. A draft policy is in development.	√	Reporting policy.