University Hospitals Bristol NHS
NHS Foundation Trust

Meeting of the Trust Board of Directors to be held in Public

Date: Monday 22 December 2014

Time: 1500 – 1700

Venue: Conference Room, Trust Headquarters, Marlborough Street, Bristol BS1 3NU

Distribution

Chair:	John Savage	Trust Chairman
Board Members:	David Armstrong	Non-executive Director
	Julian Dennis	Non-executive Director
	Lisa Gardner	Non-executive Director
	John Moore	Non-executive Director
	Guy Orpen	Non-executive Director
	Emma Woollett	Deputy Chair and Senior Independent Director
	Jill Youds	Non-executive Director
	Robert Woolley	Chief Executive
	Sue Donaldson	Director of Workforce and Organisational Development
	Deborah Lee	Director of Strategic Development and Deputy Chief Executive
	Paul Mapson	Director of Finance and Information
	Sean O'Kelly	Medical Director
	James Rimmer	Chief Operating Officer
	Helen Morgan	Deputy Chief Nurse
In attendance:	Isobel Vanstone	Interim Corporate Governance PA
	Debbie Henderson	Trust Secretary
Observers:		
	Council of Governors	Members
Apologies:	Aiden Fowler	NHS Fast Track Executive
	Carolyn Mills	Chief Nurse
	Alison Ryan	Non-executive Director
Copy for Information:	Lynn Pamment*	PwC – External Auditor
	Jenny McCall*	Audit South West – Internal Auditor

*Agenda and Minutes only

Contact for apologies or any enquiries concerning this meeting should be made to:
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University Hospitals Bristol NHS
NHS Foundation Trust

Agenda for the Meeting of the Trust Board of Directors held in Public
Scheduled to take place on 22 December 2014 at 3.00 pm
in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

	Item	*Sponsor*	*Page*
1	**Chairman's Introduction and Apologies** To **note** apologies for absence received from the Chief Executive	Chairman	
2	**Declarations of Interest** In accordance with Trust Standing Orders, all members present are required to declare any interests relating to any item on the Agenda	Chairman	
3	**Minutes from Previous Meetings** To **approve** the minutes the Trust Board of Directors held on 27 November 2014	Chairman	3
4	**Matters Arising** To review the status of actions agreed for **assurance**	Chairman	15
5	**Histopathology Business Case** To receive this report for **approval**	Medical Director	17
6	**Care Quality Commission Action Plan** To receive this report to **note**	Medical Director	67
7	**Access Recovery Plan Progress Report** To receive this report for **assurance**	Chief Operating Officer (Report to follow)	70
8	**Any Other Business**	Chairman	
9	**Date of Next Trust Board Meeting:** Held in Public, 29 January 2015, 10:30 in the Conference Room, THQ, Marlborough Street, Bristol, BS1 3NU	Chairman	

University Hospitals Bristol NHS
NHS Foundation Trust

Unconfirmed Minutes of the Meeting of the Trust Board of Directors held in Public on 27 November 2014 at 10:30, the Conference Room, Trust Head Quarters, Marlborough Street, BS1 3NU

Board members present:
John Savage - Chairman
Robert Woolley – Chief Executive
Deborah Lee – Deputy Chief Executive
Sue Donaldson – Director of Workforce and Organisational Development
Paul Mapson – Director of Finance & Information
Sean O'Kelly – Medical Director
James Rimmer – Chief Operating Officer
Carolyn Mills – Chief Nurse
Emma Woollett – Non-executive Director
David Armstrong – Non-executive Director
Guy Orpen – Non-executive Director
Alison Ryan – Non-executive Director
Jill Youds – Non-executive Director
Lisa Gardner - Non-executive Director

Present or in attendance:
Debbie Henderson – Trust Secretary
Isobel Vanstone – Interim Corporate Governance PA (Minutes)
Rev Stephen Oram – Head of Spiritual and Pastoral Care, University Hospital Bristol and North Bristol Trust
Ruth Hendy – Staff – Lead Cancer Nurse
Hannah Marder – Cancer Services Manager
Bob Bennett – Governor (Public – Bristol)
Clive Hamilton – Governor (Public – North Somerset)
Karen Stevens – Governor (Staff - Non Clinical Healthcare Professionals)
Jeanette Jones – Governor (Appointed - Joint Union Committee)
John Steeds – Governor (Patient - Local)
Sue Milestone –Governor (Patient – Carer 16years or over)
Marc Griffiths – Appointed Governor
Wendy Gregory – Governor (Patient – Carer 16years or over)
Florence Jordan – Governor (Staff – Nursing & Midwifery)
Brenda Rowe –Governor (Public – Bristol)

26/11/14 Chairman's Introduction and Apologies
Apologies had been received from Aidan Fowler (Fast Track Executive), Julian Dennis (Non-Executive Director) and John Moore (Non-Executive director. The Chairman welcomed Isobel Vanstone and Jill Youds, Non-executive Director.

27/11/14 Declarations of Interest
In accordance with Trust Standing Orders, all Board members present were required to declare any conflicts of interest with items on the meeting agenda. No new declarations of interests were received.

28/11/14 Minutes and Actions from Previous Meeting
The Board considered the minutes of the meeting of the Trust Board of Directors held on 30 October 2014 and approved them as an accurate record, subject to the following amendments: Jill Youds commented that on page 2, the second paragraph to be re-worded to reflect that the delay in interviews was disappointing because of the continuing uncertainty and the impact this was having on the families and staff concerned.

Sue Donaldson referred to page 5, paragraph one should read a further deep dive on 'retention' was now required.

RESOLVED:
- **That the minutes of the meeting held 30th October 2014 were approved as an accurate record of proceedings subject to amendments outlined in the minutes**

29/11/14 Matters Arising
The action notes were received and closed actions were amended accordingly with regard to actions.

221 – Robert Woolley reported that the Business Case for the centralisation of Histopathology Services had been due at this Board, unfortunately the Case was delayed. He reported that discussions had taken place with North Bristol NHS Trust to submit the Business Case to the Board for approval in December to maintain progress towards a physical transfer date at the beginning of June next year. He reported that the Trust is working closely with NBT to finalise the business case and stated that they would communicate the reason for the delay to all staff involved.

335 – Sue Donaldson reported on the bid, unfortunately on this occasion the Trust were unsuccessful. She stated that the department had learnt a great deal from the process and have developed some good working relationships as a consequence.

16/10/2014 - James Rimmer reported that the Governors and Non-executive directors had undertaken a tour of the new buildings and he confirmed that had been very constructive and useful.

30/11/14 Chief Executive's Report
Robert Woolley provided the Board with a verbal update on key issues contained within the Senior Leadership Team report.

Robert Woolley took an opportunity to comment on the successful staff Recognising Success Awards Ceremony and wanted to record his congratulations to all of the winners and those highly commended. He confirmed that this was further evidence of the Trust's efforts to recognise success and acknowledge the work that staff undertake to provide exceptional care to patients in challenging times. Robert gave particular thanks on the evening to all staff involved in dealing with the water main burst affecting the Bristol Royal Infirmary on 17 November 2014 and particularly highlighted the work and commitment of the Estates Staff, domestic staff and Sterile Services Department. Robert also acknowledged his appreciation to North Bristol Trust for the use of the CSSD at Frenchay which enabled instruments to be sterilised.

Robert Woolley reported on the CQC Inspection undertaken in September and highlighted the Quality Summit which is scheduled to take place on Friday 28 November 2014 at which the CQC will present their findings. Monitor will then hold discussions with the wider Health Community on the support the Trust needs to address issues requiring improvement. It was confirmed that the report is due to be published week commencing 1st December.

He reported that the Trust had been rated as "requiring improvement", in the areas of patient safety, responsiveness and leadership and the Trust was rated good in two domains of caring and effectiveness. The CQC found the Trust providing compassionate care in every area they inspected. He confirmed that although the Board had been disappointed by the overall rating, however, it should be noted that 70% of Trusts inspected by the CQC receive a rating of "requiring improvement" or worse. It was noted that the Trust had not been found to be inadequate in any area. 80% of the individual ratings in the Report were classified as good and two were rated as outstanding. Children's Services were also rated as good across the board and outstanding for effectiveness. Robert confirmed that the Trust's End of Life Services were also found to be good in every domain. It was also noted that South Bristol Community Hospital was found to be good right across the board as was the Central Health Clinic.

Areas for improvement were highlighted in medicine, surgical services and outpatients. The issues identified are substantially driven by difficulties with patient flow and the CQC had given the Trust a list of recommendations for implementation. Robert confirmed that the Quality Summit will consider how the Trust and the wider health and social care system can make a real difference to patient flow issues. Robert confirmed that discussions will focus on the implications of the report and will communicate the findings internally and externally next week, highlighting the very many positive comments in the report. The Trust will produce an action plan within a month to address the issues raised. The action plan will be circulated to Board members for comment.

RESOLVED:

- **Draft Action plan to be circulated for comment**

The Chair confirmed that overall this is a good report, and he took an opportunity to record his thanks to all the staff who responded positively to the CQC visit.

Deborah Lee reported that arrangements are in place to communicate the positive narrative within the report and confirmed that they will do this with all stakeholders both internal and external, also local media through print, radio and TV. Clive Hamilton referred to their 1:1 meeting with the CQC, in which they emphasise the positive relationship between the Governors and the Board. Robert Woolley stated he would highlight to stakeholders that the report contained no surprises and that the Trust was aware of the issues raised by CQC and that the Trust had plans in place to address them. Robert also confirmed that the Trust had already had implemented a number of changes since the CQC visit with a very positive effect.

Guy Orpen commented on the Communication Strategy and felt it was absolutely appropriate for the media to hear the good news and felt it was very important to focus on the positive messages over to staff. Guy also noted there is a great deal to be proud of within the report but it is frequently buried in the detail. Deborah Lee stated that they had pulled out 20 of the

most powerful quotes and these will be built into screensavers which will be used for the next few weeks.

Robert Woolley reported that Taunton and Somerset NHS Foundation Trust have been named as a preferred bidder for Weston Area Health NHS Trust. He confirmed that Monitor will evaluate the proposition and Weston expect that phase to conclude by the end of January. Robert provided assurance that the Trust is in discussion with Taunton about their long term intentions to maintain services at Weston and Robert confirmed that the Trust are proposing to formalise arrangements in service level agreements for services that the Trust provides to Weston. The Trust will also communicate the Trust's commitment to continue to provide services at Weston to staff.

RESOLVED:

- **Trust to reassure University Hospitals Bristol staff working at Weston Area Health NHS Trust of their continuing commitment to deliver services from that Trust.**

In relation to the Monitor Certification for Quarter 2, Robert confirmed that Monitor are now likely to open an investigation into the Trust's failure to deliver its recovery trajectory against the access targets and reported that this will be confirmed by the end of December and the investigation process will play out in the New Year.

Robert advised the Board that Dr Mike Nevin and Dr Chris Monk, both former Heads of Division, are moving on from the Trust and recorded his thanks on behalf of the Board and confirmed that both individuals made an enormous contribution to the clinical leadership of the Trust, and played a key role in the Project Board around the Bristol Infirmary Redevelopment.

31/11/14 Patient Experience Story

Rev Stephen Oram introduced the Patient Experience Story, advising board members that the story highlighted the care and compassion delivered by staff at UHB. The story demonstrates the quality, impact and emotional/pastoral support provided by our Chaplaincy Team. The story related to the importance and value of pastoral support following the termination of a pregnancy and death of the mother following diagnosis of cancer.

The Chair gave thanks to Rev Oram for the work and commitment demonstrated by the Chaplaincy Team and the Board took an opportunity to thank the family for sharing their story. Following a query from Jill Youds regarding support mechanisms in place within the Trust to support as many faiths as possible, Rev Oram confirmed that his Team are the first point of contact, however, relationships are in place with all faiths throughout the City to ensure all support is in place for all patients. Alison Ryan queried the support in place for the Chaplaincy Team including the use of volunteers. Stephen Oram stated that his team provide support to one another at all times and the team continue to meet with North Bristol Team on a monthly basis for reflective practice, providing an opportunity to highlight the more challenging pastoral situations. Stephen Oram confirmed that the Service does use volunteers to support the team.

32/11/14 Research and Innovation Update

Sean O'Kelly introduced Diana Benton who provided an update of progress relating to Research and Innovation over the previous six months. Diana reported that weekly reporting

on: patients involved in R&I; expenditure; income and performance is now in place. Although there is a strong belief that organisations which undertake research can demonstrate better outcomes, there has been a lack of evidence to back this assertion up. Diana confirmed that the team are analysing mortality indicators which has established a positive correlation between the level of research activity and the Trust's mortality rate.

Diana provided an overview of the impact of research projects undertaken including Sofosbuvir in the use of treatment of Hepatitis C and participation in a commercial trial sponsored by Gilead Sciences. As a result, the Trust has been chosen as one of the centres to participate in an early access programme funded by NHS England to give access to 500 patients, making a real difference to that group of patients. Similarly, the Academic Health Science Network has commenced a project to roll out training for use of magnesium sulphate with women who are at risk of having pre-term labour.

Diana Benton confirmed that weighted recruitment and clinical trials income had increased during 2013/14. The Research and Innovation Team report to the Department of Health on performance relating to clinical trials. Diana confirmed the Trust's position as joint sixth out of fifteen trusts in terms of initiating research in Quarter One 2014/15. Overall the Trust is thirteenth in terms of weighted recruitment, ranked twentieth nationally for research capability funding for overall patient recruitment.

Diana Benton confirmed that this Trust had the first research CQUIN nationally, comprising two elements of oncology and cardiology, the oncology element has already been achieved and progress is strong towards achieving the cardiology element.

David Armstrong asked if it was possible to set specific key performance indicators with a specific action plan to achieve the objectives of the department to enable to Board to receive assurance of measurable improvement. Diana confirmed that targets are in place in relation to levels of improvement with specific key performance indicators, however targets in relation to rankings are challenging. It was noted that the team is constantly striving for strategic opportunities with patients at the heart of all decisions.

Following a query from Guy Orpen, Diana confirmed that the team had consciously opted for larger grants rather than smaller ones to benefit from further efficiency in bids.

Robert Woolley reported that the Chief Medical Officer and Chief Scientific Officer of the Department of Health opened the Collaboration for Leadership and Applied Health Research and Care for the West of England. He confirmed that this Trust hosts this Organisation. He reported that it was a very inspiring day and Guy Orpen reported that Dame Sally Davies had commented positively about Bristol in her speech.

33/11/14 Quality and Performance Report

Performance Overview

Deborah Lee gave an overview of the Trust's performance and reported in the respect of the key indicators within the balanced scorecard, there has been a deterioration of one and improvement of two. Deborah confirmed that the Trust's efforts relating to patient flow were demonstrating encouraging signs of improvement and noted that the number of long stay patients has reduced significantly, and the number of patients medically fit for discharge was at its lowest level this year. Deborah also referred to the positive impact of the introduction of the Planned Care Model on the number of operations cancelled in the month of October.

The Board were also informed of the decrease in the number of ambulance breaches. It was acknowledged that these improvements need to be maintained with a view to improving performance particularly in Accident and Emergency.

Deborah Lee confirmed that the Trust is failing six key targets in relation to A&E performance; 62 day cancer and 31 day standards, within Monitor's Risk Assurance Framework. Robert Woolley had already referred to the fact that Monitor will seek to investigate these matters more fully. It was noted that the Trust has experienced an unprecedented surge in critical care patients, impacting on capacity that the Trust would have afforded to cancer patients. She stated that this is a very mixed picture and it is one that the Board are taking very seriously.

Quality and Outcomes Committee Chair's report

Alison Ryan reported that in relation to our access and flow issues James Rimmer had warned the Trust of the impact of delays in handing over theatres had restricted capacity She also stated that the trajectories for RTT have not been adjusted to the new scheme for dealing with the Trust's backlog so the Trust will not be able to measure our success against the Trust's new plans for recovery until December. She stated alongside the encouraging things the Committee noted that the Trust are sustaining significant improvements in reducing patient falls and incidence of pressure ulcers.

Alison Ryan reported that the Quality and Outcomes Committee reported on research carried out by the Patients Association on learning from complaints. She confirmed that the Trust have a contract with the Patients Association to help the Trust understand patient experience better. She reported that the Patients Association had produced a really excellent report on the ways the Trust can deal with their complaints better and using them as positive learning experience. The Trust needed to be not quite so matter a fact but listen, and respond to how upset patients are and show more empathy. The Committee had looked in detail the response to the National Cancer Patient Survey Report which the Trust received early in the year. The Trust were very disappointed with this Report as it showed the Trust to be poor in terms of patient experience for cancer patients. Structural changes had been made in response to the report, however there had been very little impact on the ground. Alison Gardner stated the Trust need to understand better where the Trust sits in the whole patient journey. Cancer patients generally comment on the whole journey not just the Trust's part of it. She stated that the Trust along with the Patients Association are taking a longer term view in developing our action plan to make the cultural shifts that will lead to real improvement.

Alison Gardner reported that the Committee endorsed the recommendations but felt this was a two year not a one year programme. She confirmed that the next Cancer Survey will be in six months' time. She stated that the Committee were joined by Ruth Hendy and her colleagues who were really committed to understanding the patient journey better, doing their best to improve it and equipping their colleagues with interpersonal skills.

Alison Gardner reported on looking at serious incidents and traditionally this item has been put at the end of the Agenda and confirmed that she had added half an hour to the Quality and Outcomes Committee Meetings. She stated that the Committee had requested that Serious Incidents be put on the Agenda much earlier so that the Committee has time to look at the bigger issues. She reported that there had been a particular incident which had demonstrated substantial failings of the system in a number of points. The Committee felt that it was

necessary to tell a story in a way that was compelling both to patients and families involved but also to the Trust to give a sense of what it means to that patient.

David Armstrong suggested that the Quality and Outcomes report be improved in terms of format and content and felt that at some stage either the Quality and Outcomes Committee or at a Board Development Seminar the Trust could spend some time on to make this report balanced in terms of establishing where the Trust is and where the Trust it is going. James Rimmer stated Deborah Lee's overview addresses the forward look and it would be useful to be able to bring this out a little more. Robert Woolley stated this will tie in with the Well-Led Governance Review. James Rimmer confirmed that it is helpful for the Trust to look forward in respect of RTT, cancer targets and believes that the Trust are focussing on the right things in respect of Accident & Emergency, although improvements in performance were slow to demonstrate. The Chairman requested that this issue be discussed outside of the Board Meeting.

RESOLVED:

- **Discussion on a restructuring of the Quality and Outcomes Report to be taken forward outside the Board meeting.**

Jill Youds raised the issue of recovery of Access Standards and areas in which the Trust are missing the trajectory and requested assurance that the Board remains confident that the recovery programme continues to be appropriate. James Rimmer briefed the Board on areas of externally scrutiny, as well as by the Board scrutiny. James confirmed that the Board will receive revised trajectories by 19 December 2014. James Rimmer confirmed that the new plan will commence on 8 December 2014 and noted that the Trust has been reviewed positively by IMAS and that NHS England have prioritised the Trust for additional support.

RESOLVED:

- **Revised access trajectories to be circulated to Board Members by 19 December.**

James Rimmer referred to issues relating to cancer performance and noted that in November and December, a significant improvement was apparent. James confirmed that the four hour recovery plan is being scrutinised externally by the Emergency Care Support Team and by Monitor and stated that the other partners such as CCG and Social Care attended the Board Seminar about how they are working with the Trust to get traction. He also stated that the Trust will need to look at the system-wide structures in relation to Bristol, North Somerset and South Gloucestershire. He confirmed that within the CSU, Divisional Support Unit area, which covers Bristol, North Somerset, South Gloucestershire and Somerset, all five Acute Trusts are in escalation for performance and finances.

Robert Woolley confirmed that the Trust has been formally notified as a high risk by Monitor and NHS England for our progress in recovering referral to treatment times. James Rimmer stated that he anticipates some challenges in relation to non-admitted in December, however expected the target to be achieved from Quarter 4 onwards locally and nationally.

34/11/14 Infection Control Quarterly Report
Carolyn Mills gave an overview of this report and noted that the Trust will adopt the new MRSA Screening Guidance issued by the Department of Health from April 2015. Carolyn referred to three ongoing risks on the Risk Register relating to Infection Control, none of which are new however, provided assurance that these are being managed appropriately. Carolyn confirmed that this Report had been discussed at the Quality and Outcomes Committee.

Due to the outbreak of Ebola in West Africa the Trust has put plans in place to manage patients should they present in the Trust. The infection control team have been involved in extra training sessions, covering hand hygiene, management of Ebola and the use of Personal Protective Equipment.

35/11/14 Cancer Patient Survey Report
James Rimmer introduced Ruth Hendy, Cancer Nurse and Hannah Marder, Cancer Manager. He confirmed that the Cancer Patient Survey Report had been discussed in detail at the Quality and Outcomes Committee. James confirmed that Trust are undertaking a review of patients treated in the past two years to get a more detailed understanding of the Trust's patients and noted that the Trust are working with the Patients Association to get more understanding of their views. James stated that patients who receive all their treatment at UHB receive better treatment, have shorter waiting times and have better outcomes than those who receive part of their treatment elsewhere.

Ruth Hendy reported that recruitment into new posts within the Trust and other changes that have happened within the last year will have a positive impact going forward and outlined that the survey was under review by NHS England. Emma Woollett requested a deep dive into the information provided by the survey to better understand the patients' experience of the service and suggested that this could be undertaken by the Quality and Outcomes Committee. Deborah Lee confirmed that the Senior Leadership Team has discussed the outcome of the surveys in depth and has identified a new opportunity to rethink about how the Trust are supporting patients with cancer as part of their surgical pathway.

Robert Woolley stated that other local hospitals do not provide the level of complex care that this Trust provides. He stated the Trust needed to learn from its peers, such as Guys & St Thomas. Ruth Hendy confirmed that this has been done in the past with top performers. Ruth Hendy confirmed that there was programme being put forward by the NHS Improvement Programme and they are buddying up high performing trusts with peer trusts. She confirmed that this Trust has put itself forward to be part of the programme.

Wendy Gregory stated she was very encouraged by the work that is being carried out and noted that complex patient pathways involving other healthcare providers can pose a significant challenge. However, Wendy expressed concern that the Trust is being reactive rather than proactive. Robert Woolley provided assurance that the Trust has in place proactive actions to address the concerns. James Rimmer confirmed that some elements of the action plan were already in situ before the release of the report, monitored by the Cancer Board/Steering Group. James also emphasised the significant investment made by the Trust last year with regard to Cancer Specialist Nurses.

RESOLVED:

- **That the Board endorsed the direction of travel and noted that the Action Plan will go through the Quality and Audit Committee in April 2015.**

36/11/14 Annual Business Planning Guidance

Deborah Lee spoke to the guidance which is provided to the Board on an annual basis and noted the inclusion of an additional work stream in relation to Quality and Safety. Deborah stated that this is a very important development connecting with the actions of the work following the CQC report and outcomes. The Board have approved the Strategic Plan for the next 5 years, therefore looking at the 2-year operational plan is crucial, as well as the connect with divisional objectives.

37/11/14 Quarterly Workforce Report

Sue Donaldson spoke to the report and stated that this had been reviewed in detail by the Quality and Outcomes Committee. Sue noted that the Trust has set very ambitious Key Performance Indicators for the Workforce agenda to affect a step change in the Trust's focus and approach to workforce and organisational development. The Trust largely maintains a relatively strong position in comparison to other Trusts. Sue confirmed that the KPIs are monitored by the Senior Leadership Team, Workforce and OD Group, Quality and Outcomes Committee and the Board. Sue noted that the Board has previously looked in detail at the level of vacancies, turnover position and ongoing use of agency staff.

She confirmed programmes of work confirmed and went on to point out that the Trust's sickness absence levels have deteriorated as a consequence of an early onset of colds and flu and made reference to the importance of the Flu Campaign. Sue reported that the Trust's current position with regard to take-up of the campaign is 46%. She confirmed that stress related and psychological illness continues to be the key cause of absence notwithstanding the Trust's attempts to support staff particularly via the Lighten Up Campaign and piloting an Employee Assistance Programme, in addition to all the positive services that the Occupational Health provide which includes a counselling service.

Sue referred to the Lighten Up Campaign and noted relatively low attendance related to the commitment to complete six modules requiring staff to attend for an hour and a half. It had therefore been agreed to use the modules relating to managing stress and managing change and explore the possibility of providing local training to support these.

The Board were provided with an update on the Employee Assistance Programme and confirmed that the evaluation will involve a cost benefit analysis and noted that the programme has been well received within the Children's Hospital.

Finally she noted performance with regard to essential training is currently at 79%, against a trajectory of 90% by March 2015.

Jill Youds stated that the focus on the Workforce Agenda was very encouraging particularly with regard to the Divisions. She also commented on absence in relation to psychological problems and the positive impact of the Employee Assistance Scheme. Following a query from Emma Woollett regarding the tailoring of mandatory training to specific individual

roles, Sue Donaldson referred to the implementation of a new Essential Training Framework which established a number of 'portfolio groups'.

Clive Hamilton queried the approach taken by the Trust to achieve "Improving Staff Experience and Reducing Turnover" and Sue confirmed that the Trust has a comprehensive plan to improve the staff experience which she considers will have a direct bearing on turnover.

38/11/14 Finance Report

Paul Mapson stated that the report is a continuation of the previous month and confirmed that the Trust are still on track to deliver the year end plan. It was confirmed that the Trust had received £4m in respect of winter pressures and it may have an impact on the Trust's position at year end and noted that based on the recent figures produced by Monitor of 83 acute foundation trusts 77% are in deficit for Quarter 2. Paul then confirmed that this Trust is within the top quartile of foundation trusts in relation to finance. The Financial Year 2015/16 continues to look very challenging, and the more evidence that is gathered makes the position look worse not better. He felt that more time was needed at future Board Meetings to discuss the challenges in more depth during the budget setting/contracting round. The challenges around the country are very significant and the major issue facing the NHS is the use of agency staff. He confirmed that this is the biggest single factor that is causing the foundation trusts the problem and he confirmed that this Trust is less affected than others but it is still a significant problem. Paul Mapson confirmed to the Chairman that whilst the Trust is in a strong position, it must avoid complacency.

RESOLVED:

- **Time to be scheduled to discuss the financial position in 2015/16 and the challenges faced by the Trust.**

39/11/14 Finance Committee Chair's Report

Lisa Gardner confirmed that the Finance Committee looked at the Financial Plan for 2015/16 and noted that Paul Mapson confirmed that it will be the most challenging year in a decade. Lisa Gardner confirmed that the Finance Committee looked at the Medium Term Capital Plan and confirmed that the focus was moving from large to smaller schemes, which may be welcomed by Governors. She advised that a year ago the Trust looked at Surgery, Head and Neck and felt that it was not as efficient as it could be. Issues have been highlighted in Medicine, particularly in regard to the use of specialist staff, again the committee had asked for a report back explaining the issues. Savings performance for 2014/15 remains likely to come in at 82% of the Plan and the Committee have looked in depth at the forward plan.

40/11/14 Partnership Programme Board Report

The Chairman confirmed that the Partnership Programme Board continues and this has been covered at previous meetings. The Board of Directors received the report to note.

41/11/14 Capital: Medium Term Capital Programme including Campus Phase 5

Deborah Lee stated that despite the very challenging times, there are some very encouraging signs. The paper sets out £30m in capital investment that the Trust can make over the period between next year to 2020. The paper set out a different approach that recognises a group of much smaller schemes that have the potential to address some longstanding concerns, but have previously not been prioritised. The paper sets out an approach that the Trust ensures that they consult with wide groups of stakeholders including Governors. A thorough analysis

of complaints, incidents, risk registers will also take place to better understand where investment in operational areas or medical equipment can start to offset some of the issues that have caused concern to patients and/or staff in recent times. Deborah stated that intelligence gathering was likely to take three months, beginning in December. It was likely this would produce a very long list of potential investments. David Relph will be working with Governors through the Annual Planned Focus Project Group to gather opinions and Andy Headon will be leading the approach overall on Deborah Lee's behalf. She stated that she hoped that towards the end of this Financial Year the Trust will then work together Board and Governors as to how the Trust will set their priorities through a framework approach and agree the Programme for the next 5 years. Deborah stated that the paper does describe how the capital plan would need to build in an element of reserve as the Trust recognises that situations change and new pressing priorities may emerge and £6m will be held back for this. The Trust will have the £3/4m each year that the Trust invest in operational capital and medical equipment, this investment previously went into the Children's Hospital and BHSE and has been made available to address other things on the campus that have not been previously been addressed.

Alison Ryan referred to the lag between anticipated spending and actual spending around medical equipment and noted this as a longstanding issue and queried if there is a structural issue with regard to decision making. She suggested understanding the reasons around the process as to whether there are improvements to be made, the Trust are not doing a major strategic programme there may be an opportunity to look at that so the process could be improved so that the Trust have a clearer idea what is going to be spent and when. Paul Mapson stated he knows the reason, everything takes longer than the Trust thinks, the time required for specification, procurement, delivery delays etc. therefore bigger pieces of equipment always take longer to procure than the Trust initially thinks. He stated that with regard to Divisional Capital this is held back by Divisions to cope with things as the financial year progresses, he feels this is reasonable and this can be carried forward into the next Financial Year.

He stated that the Trust's current programme with a series of schemes adding up to £20m such as ward upgrades and inter-related schemes is very complex. The interdependencies are being thought through. Deborah Lee confirmed that from a divisional perspective the Trust could get more grip on the process and committing resources earlier in the financial year. She stated that the Trust may wish to reflect how it profiles schemes. Guy Orpen confirmed that procurement within the University is much more complex and that the University has exactly the same problems particularly around equipment. Deborah Lee stated that this is a real opportunity to build upon the improved appearance of the Campus and embrace the new environment.

42/11/14 Monitor Feedback on 5-year Strategic Plan

Robert Woolley reported that the Board had submitted the 5 Year Strategic Plan in May of this year and that Monitor had analysed the Plan and had discussions with the Trust around Sensitivity Analysis on the savings assumptions within the Plan. Robert Woolley explained that Monitor feel that this signifies a risk to sustainability and has therefore assigned an amber rating. He stated he does not know how other Foundation Trusts have been rated. Board members were asked to note the report. Paul Mapson confirmed that Monitor used a 4% efficiency target and any Trust that uses a lower figure than Monitor presented a risk. Paul Mapson confirmed that he felt the amber rating was reasonable in the circumstances.

43/11/14 Remuneration and Nominations Committee: Terms of Reference
Emma Woollett proposed that the two Committees for the Remuneration Committee and the Executive Nominations and Appointments Committee be combined due to the high degree of overlap primarily in respect of Senior Team development and succession planning. Emma referred to the Terms of Reference which reflect a combination of both committees.

RESOLVED:

- The Board approved the proposal to combine the Remuneration Committee and Nomination and Appointments Committee, and establish the Remuneration and Nomination Committee to operate and discharge its duties in line with these proposed Terms of Reference.

44/11/14 Governors' Log of Communications
The Chairman stated in relation to the Governors' Log Communication that the Non-Executive Directors get notification of items including responses, as they go on to the Governors' Log. He stated that this is a really important tool. Emma Woollett stated that it is very helpful to get the whole log.

45/11/14 Any Other Business
The Chairman wanted to congratulate staff in relation to the opening of the new wards and celebrate the fact that the Nightingale Wards in the BRI Old Building have been taken out of use.

Robert Woolley stated that industrial action was taking place this week. James Rimmer took an opportunity to thank staff for their professionalism during the process. It was confirmed that five operations were cancelled in advance of the Industrial Action.

The Chairman confirmed that an Extra-Ordinary Board Meeting would be arranged in December to consider the Business Case for Centralisation of Histopathology Services in Bristol. Given the Trust's continuing failure to delivering key access targets and the likelihood of regulatory investigation, be asked that the Executive bring the updated plans and trajectories for recovery to the same meeting for Board consideration.

46/11/14 Meeting close and Date and Time of Next Meeting
There being no other business, the Chair declared the meeting closed
The next scheduled meeting of the Trust Board of Directors will take place on Thursday 29 January 2015, 10.30am, the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

……. ……2015
Chair Date

University Hospitals Bristol NHS
NHS Foundation Trust

Trust Board of Directors meeting held in Public 30th October 2014
Action tracker

Outstanding actions following meeting held 30th October 2014				
Minute reference	**Detail of action required**	**Responsible officer**	**Completion date**	**Additional comments**
221	Options regarding further integration of histopathology services	Chief Executive	22/12/2014	Business case not available for November Board meeting. Scheduled for 22/12/2014
335	Feedback regarding the bid by the Bristol Medical Simulation Centre to be provided to the Board when available	Sue Donaldson	29/1/2015	Bid unsuccessful, Complete
15/10/14	A future Seminar Programme time to consider the Transformation Programme in depth	Trust Secretary	27/2/2015	Date subject to other items for discussion
30/11/14	Action plan in response to CQC report to be circulated	Chief Executive	29/01/2015	
30/11/14	A communication to be issued to staff working at Weston Area Health NHS Trust to re-assure them that UHB remains committed to delivering services at that site	Chief Executive	29/01/2015	
33/11/14	Discussion on restructuring of the Quality and Outcomes Report to be taken forward outside the Board Meeting	Deborah Lee Carolyn Mills James Rimmer	27/2/2015	Date to be agreed
33/11/14	Revised access trajectories to be shared with the Board	James Rimmer	19/12/2014	
38/11/14	Time to be scheduled for the Board to consider financial outlook for 2015/16	Trust Secretary	27/03/2015	Date subject to other items for discussion
Completed actions following meeting held 30th October 2014				
322	List of wards and locations to be circulated	Carolyn Mills	30/10/2014	Complete
344	Following patient story, environmental issues to be considered when there is impact on patient care	James Rimmer	30/10/2014	Complete
349	Ascertain health screening arrangements for agency staff	Sue Donaldson	30/10/2014	Complete
356	Royal Salford's Quality Improvement Plan to be circulated	Trust Secretary	30/10/2014	Complete

373	Results of the National Cancer Patient Experience Survey	Chief Executive	30/10/2014	Complete – agenda item 10

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Extra-Ordinary Board Meeting, to be held on 22 December 2014 at 3.00 pm in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

05. Histopathology Business Case (Cellular Pathology Service Transfer)

Purpose

Abstract

This Business Case enables completion of the final action arising from the Independent Inquiry into Histopathology Services in Bristol (2010), in creating a single Histopathology Service for Bristol.

The Business Case has been developed and written as a joint venture between North Bristol NHS Trust and University Hospitals Bristol NHS Trust. The planned date for transfer is summer 2015.

Key areas to note:

- This service will be added to the portfolio of provider to provider agreements that already exist across the two trusts
- There will be a fully functioning Essential Services Laboratory (ESL) with the following services available at UHBristol
    - Frozen section service
    - MDT cover
    - Supporting one-stop cytology clinics
    - Specimen dissection (where required)
    - Fresh tissue (where required)
    - Clinical interface
- The new model will enable improvements in quality indicators (eg turn around time) and commitment has been received from NBT that current standards at UHBristol will not be affected by the service transfer

The new service will cost £237k more per annum than the current service. The methodology for sharing this cost has been agreed between NBT and UHBristol. The total cost impact across both organisations is £616k, which includes un-releasable accommodation and overheads costs at UHBristol.

The solution described in this business case meets the needs of the two Trusts and all users of the cellular pathology service and completes the final stage of integration as described by the Bristol Histopathology Inquiry. It enables the service to meet the national quality agenda in a sustainable and affordable way and offers significant opportunities to address issues such as turnaround times, recruitment of staff and specialisation within the service that would require significant investment for each Trust to achieve without integration

Recommendations

The Board is asked receive this report to approve

Report Sponsor

Sean O'Kelly (Medical Director)

Appendices

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	17th December				

University Hospitals Bristol NHS
NHS Foundation Trust

North Bristol NHS
NHS Trust

Cellular Pathology Service Transfer

Report to:	Trust Board	**Agenda item:**	
Date of Meeting:	December		

Report Title:	Cellular Pathology Service Transfer			
Status:	**For information**	**discussion**	**assurance**	**approval**
				X
Prepared by:	David Gibbs, Fiona Jones, Rob Pitcher, Catherine Baldwin			
Executive Sponsor (presenting):				
Appendices (list if applicable):	• Appendix 1 I&E Detail • Appendix 2 Workforce Model • Appendix 3 Essential Services Laboratory • Appendix 4 Operating Model Options Appraisal • Appendix 5 Sample Flowchart • Appendix 6 Centralised Laboratory Level 0 • Appendix 7 Centralised Laboratory Level B • Appendix 8 Frozen Section Requirements • Appendix 9 Operating Standards • Appendix 10 Pathology RCPath KPI Targets			

Executive Summary:

The report of the Independent Inquiry into Histopathology Services in Bristol published in 2010[1] made a series of recommendations to improve patient safety and enhance the performance of histopathology services across the city. The majority of the recommendations made by this Inquiry have been implemented with the exception of creating a single Histopathology service. It was always been recognised that a single Cellular Pathology service for Bristol had certain pre-requisites including suitable single accommodation, a single integrated IT system and a suitable logistics solution to operate a cross city service.

From early summer 2015, for the first time, these pre-requisites will be fully realised and the two Trusts (North Bristol NHS Trust and University Hospitals Bristol NHS Foundation Trust) are in a position to enact the final major recommendation of the inquiry.

The two Bristol acute Trusts have worked closely to develop a conglomerate model that can provide an integrated service across the city whilst at the same time provide opportunities to improve the performance of the service for both trusts. The principles underpinning this work are to provide a sustainable resilient service that both meets the quality standards in cellular pathology and fully addresses the recommendations of the Histopathology Inquiry.

The conglomerate model has come out of extensive engagement across both Trusts and provides a service that can deliver all the requirements placed upon the service in a safe and sustainable way. An operating model for both the centralised laboratory sited at NBT and the essential services laboratory sited at UHBristol have been developed and a staffing model created.

The new service will cost £237k more per annum than the current service. The methodology for sharing this cost has been agreed between NBT and UHBristol. The total cost impact across both organisations is £616k, which includes un-releasable accommodation and overheads costs at UHBristol. There is some financial risk to NBT regarding potential future costs, workload and income. This is covered in detail in Sections 7 and 8.

The solution described in this business case meets the needs of the two Trusts and all users of the cellular pathology service and completes the final stage of integration as described by the Bristol

1 The Independent Inquiry into Histopathology Services, a report for University Hospitals Bristol NHS Foundation Trust, December 2010

Histopathology Inquiry. It enables the service to meet the national quality agenda in a sustainable and affordable way and offers significant opportunities to address issues such as turnaround times, recruitment of staff and specialisation within the service that would require significant investment for each Trust to achieve without integration

Action Required:
The Trust Board is requested to: Approve the transfer of the cellular pathology service from University Hospitals Bristol NHS Foundation Trust to North Bristol NHS Trust

Key Risks:	RCPath KPIs will not be met and/or will suffer a transient dip in performance during reconfiguration
Impact on Patients:	Higher quality and better performing service, better able to remain at the forefront of development including molecular pathology
Impact on Staff:	More sustainable service providing better security and greater opportunities for development, addressing the recruitment and retention issues that have been experienced for several years UHBristol staff will TUPE to NBT and most staff will work across both sites on a rotational basis.
Link to Trust Objectives:	
Care Quality Commission outcomes:	Meeting the recommendations of the Bristol Histopathology Inquiry
NHS Constitution:	
Financial Issues:	New service will cost £237k more than current service
Legal/regulatory Issues:	None
Equality Issues considered:	Yes – more consistent service across the city of Bristol

Cellular Pathology Service Transfer

No.	Component
	Strategic and Technical Case
1	**Overview** The report of Independent Inquiry into Histopathology Services published in 2010 made a series of recommendations to improve patient safety and enhance the performance of histopathology services across the city, many of which have been jointly implemented. This business case seeks to complete the last outstanding action to introduce a single Histopathology service for the city. This was initially considered as part of the PCT led Strategic Review of Pathology Services within which NBT developed a model to host all pathology services for Bristol but as a final agreement on this was not reached, both Trusts agreed to develop a model focusing only on cellular pathology. An options appraisal completed with the input of senior clinical and scientific colleagues was submitted and accepted by both Trusts, with a recommendation to adopt a conglomerate model and to develop a full business case. ***(Appendix 4)*** At a meeting of senior leaders from both Trusts in April 2014 it was agreed that staff should be employed by the hosting organisation. This would mean transferring staff employed by UHBristol to NBT under TUPE arrangements. It was also agreed that in pursuing the conglomerate model more details on the working of the essential services laboratory (ESL) within UHBristol premises should be included in the FBC including provision of frozen sections, multi-disciplinary team meetings and paediatric & perinatal pathology. It was also agreed that full transfer of services to NBT required the functionality provided by a new laboratory information management system (LIMS). A proposed timeline for staff transfer and service moves is proposed to coincide with the date for the implementation of this new IT system in June 2015. Neither cellular pathology service (NBT or UHBristol) currently meets the Royal College of Pathologists Key Performance Indicators (KPI targets detailed in Appendix 10).Therefore a primary driver for the agreed model is to facilitate a plan to meet these KPIs over time. It was agreed that the transfer of services must not lead to a reduction in performance for either Trust and that an SLA should be developed to provide quality assurance that the service is meeting the needs of the organisations and patients. The SLA will be based on the standard Provider to Provider agreement (subcontracts) which mirrors the requirements of the NHS Standard Contract. Schedules will include: Service Specification and Service Standards & Targets. The SLA will be developed in conjunction with clinical teams at UHBristol.
2	**Strategic context** The Independent Inquiry into Histopathology Services at UHBristol was commissioned by UHBristol after some serious patient safety concerns were raised. The Inquiry recommended establishing a single cellular pathology service for Bristol with consultants working across sites as necessary, common clinical leadership, greater transparency on performance, and increased specialisation with better peer review. Both Trusts have agreed to fully implement the recommendations of the Inquiry and much progress has been made. The main outstanding recommendation, to provide a single cellular pathology service was inevitably going to take time with the requirement for an expanded laboratory. With the new facility at NBT due for completion in March 2015 and the replacement LIMS (Laboratory Information Management System) available shortly afterwards, the enabling infrastructure required is in place to fulfil this recommendation. This business case aims to propose an affordable solution to integration that drives forward the quality agenda, improving performance and enhancing specialisation. Both NBT and UHBristol have found it difficult to recruit to consultant posts and some existing consultants have chosen to leave. This has led to the use of sequential locums and the outsourcing of specimens. Whilst it is recognised that there is a national shortage of cellular

1 The Independent Inquiry into Histopathology Service, a report for University Hospitals Bristol NHS Foundation Trust, December 2010

	pathologists it is also known that a contributory factor to recruitment within Bristol may be as a result of the recent history. A set of Key Performance Indicators was agreed with commissioners during the strategic review, and these have recently been replaced with standards based on those recommended by the Royal College of Pathologists. Both NBT and UHBristol have consistently failed to meet all of these new standards and the operating standards under development for the conglomerate model are designed to meet these KPIs. The model has been developed in consultation with clinical and scientific staff and specialty leads have been charged with the development of standard operating procedures for their areas of responsibility that will enhance performance and improve patient outcomes.
3	**Strategic fit** There are a number of areas of key strategic fit that will be achieved by the introduction of a joint cellular pathology service: • Both the Pathology Directorate at NBT and the Division of Diagnostics & Therapies at UHBristol are tasked with delivering the outstanding actions from the cellular pathology action plan that resulted from the Histopathology Inquiry. • Currently the cellular pathology services at both NBT and UHBristol fail to meet the Quality Standards agreed with the Commissioners which include turnaround times decreed by the Royal College of Pathologists in their Key Performance Indicators. The detailed plans for the single service are designed to achieve these when the service is implemented. • Cellular pathology provides important elements of the Cervical Screening Programme, the Bowel Cancer Screening Programme and the Breast Screening Programme. This proposal, by improving resilience and sustainability, enhances support for these programmes • Cellular pathology provides a Direct Access service to general practitioners. This service will be improved by achieving the turnaround times described in the KPIs • Diagnostic services are seen nationally as a pre-requisite for high quality effective health service delivery. It is also recognised that the genomics revolution will have a major impact on health services and molecular techniques are already becoming an important element particularly in cancer diagnosis. NHS England see the development of a molecular pathology service as a key part of ensuring that the NHS is able to maximise the benefits of the investment in technological innovation to the benefit of patients. It is recognised that the most cost effective method for delivering this innovation is by bringing services together to reduce duplication. • There has been much interest in the use of digital imaging in cellular pathology and this proposal will facilitate understanding how this can support the service in the future
4	**Support for project** This project has full support from the Trust Boards of both NBT and UHBristol, and the model has been developed through a collaborative approach between the two Trusts involving clinicians and managers. The Clinical Commissioning Groups have been kept fully informed of the emerging work being carried out by the two Trusts, whom are supportive of this approach. Similarly, the proposal has been presented to the joint meeting of the South Gloucestershire and Bristol Health Overview and Scrutiny Committees (HOSC) who are similarly supportive. The HOSC have delayed discussing the future of pathology services in Bristol to their January meeting to allow the outcome of this business case to be known, and presented at the January meeting. At a high level, the model, together with the process for consulting with their clinical teams as the detailed service model is developed, has been described to the Divisional Clinical Chairs and Directors at UHBristol. The Clinical Chair of a Division at UHBristol has agreed to represent the views of UHBristol Clinicians on the project board. The model was developed through a series of workshops held under the aegis of the Bristol

	Cellular Pathology Forum involving the consultants and senior biomedical scientists within the departments of cellular pathology at UHBristol and NBT. The Division of Diagnostics and Therapies then organised meetings with medical and other laboratory staff in cellular pathology to test the model.
5	**Proposal and case for change** Background The decision to create a single cellular pathology service was made when both UHBristol and NBT accepted the recommendations of the Independent Inquiry into Histopathology Services at UHBristol in 2010. Following the decision not to proceed with the centralisation of all pathology services under the PCT led Bristol Pathology Review, the Clinical Lead for Cellular Pathology, Dr Rob Pitcher, was tasked with developing differing models for providing a single cellular pathology service, carrying out an option appraisal and recommending a preferred option. Senior managers at both Trusts then asked for a full business case to be developed based on the preferred model within a number of parameters. These parameters were: - • That the service will be provided and managed by NBT • That the core laboratory will be in the new facility on the Southmead site • That there will be an essential services laboratory on the BRI site • That there will be a single LIMS (Laboratory Information Management System) supporting the service. The principles underpinning this work are to provide a sustainable, resilient service that both meets the quality standards in cellular pathology and fully addresses the recommendations of the Histopathology Inquiry. The models Three models were developed by Dr Rob Pitcher following a number of workshops with senior staff in cellular pathology from both NBT and UHBristol : - • Separation model. This model was viewed as regressive, moving backwards to two separate departments. There was no support for this model • Collaboration model. This model was similar to how cellular pathology is trying to work currently, establishing common ways of working and developing specialist teams across the two sites to provide cross cover for each other when needed • Integration model. This model would deliver a single service based on a single core laboratory and an essential services laboratory, with all staff based at the core laboratory site. Discussions following a lack of consensus for any of these models led to the development of a fourth model that combined aspects of Collaboration and Integration, which evolved into the 'conglomerate' model. This enables specialist teams to work in a way that delivers the necessary service to clinicians supported by a matrix that includes the technical, administration, IT and logistics services. As part of the process for assessing the different models an assessment of the different options against the relevant recommendations of the Inquiry was carried out. ***(Appendix 4)*** This Conglomerate model was approved by the Senior Leadership Team meeting at UHBristol and the Pathology Senior Management Team at NBT in March 2014. At a meeting of the medical and financial directors of both Trusts on the 30th April 2014, the departments were instructed to proceed to the development of a full business case. The Conglomerate model The conglomerate model is designed so that clinical teams will see minimal change to the service they receive with the more significant changes behind the 'front door' of the laboratory.

	The model delivers a single service based on a single Core Laboratory (CL) at NBT and an Essential Services Laboratory (ESL) at UHBristol. Services provided at both the ESL at UHBristol and the CL at NBT include the following: -: 1. Provision of the frozen section service The current on-site frozen section service will continue, performed by scientists and pathologists with the appropriate skills. Alternative approaches are in place elsewhere in the country using rapid transport and digital scanning; and locally rapid transport is used for intra-operative paediatric neurosurgical brain smears. These will be actively explored as part of the future developments of the service. 2. Enabling pathologists to support Multidisciplinary Team Meetings (MDTs) A large number of MDTs take place at both UHBristol and NBT supported by consultant pathologists. These will continue as at present. There are examples both locally (Haematology MDT and Unknown primary MDT) and elsewhere where pathologists can interact with these meetings remotely by teleconferencing and sharing of images. There are potential benefits of this approach by reducing travel time between sites and by increasing the availability of images. Videoconferencing facilities are available on both sites, and use of this technology will be explored as part of the implementation plan to explore the benefits. 3. Supporting one stop cytology clinics One stop clinics are those where a cytological diagnosis is given whilst the patient is still in the clinic helping to guide their treatment. This can be given on several cytological preparations including Fine Needle Aspirations (FNAs). Currently this service is provided at UHBristol for patients presenting with lumps in the neck and at NBT for some patients in breast clinics. There is also a demand for adequacy assessment of FNAs from intra-abdominal masses to reduce the need for repeat procedures. 4. Providing specimen dissection Whilst the majority of specimen dissection will be carried out in the CL limited specimen dissection will take place in the ESL to enable consultants spending considerable periods at the ESL to work efficiently. 5. Dealing with fresh tissue specimens A small proportion of specimens are received fresh in cellular pathology for purposes other than immediate frozen section diagnosis. This includes taking tissue for specific purposes including molecular testing and for trial work. Where required this will continue, and this has been factored in for this staffing model at the ESL. 6. Enabling other clinical interfaces The above encompass much of the requirements for pathologists to interact directly with their clinical colleagues, however, other interactions take place and will need to be supported by pathologists at the ESL. Many of these are by phone or email but current practice is for some joint microscopy particularly in haematopathology and for face to face discussion over complex specimens, and provision has been made in the future model to facilitate this. 7. Providing adequate clinical and administrative facilities to support the above functions 8. Management of the service There will be a single management structure in cellular pathology ensuring that both the CL and the ESL work effectively and efficiently. The relevant managers will be on site at both the ESL and the CL as needed Services provided solely at the Core Laboratory (CL) will include: - 1. The majority of the scientific, technical, administrative and clerical functions including all routine tissue processing, embedding, section cutting and staining

	2. Specialist immunohistochemistry To enable greater understanding of how the laboratories will function more detail on how specimens will flow through the ESL and CL are provided in ***Appendix 5*** The facilities currently under construction at NBT on the Southmead site as Pathology Sciences Phase 2 provide the necessary infrastructure for the CL. This includes reporting rooms for the pathologists based at the CL with hot desking for 'visiting' pathologists. It is planned that the majority of the consultant pathologists will spend the majority of their time in the CL. The base for the majority of cellular pathology trainees in Bristol will also be in the CL. The detailed plans are attached as ***(Appendix 6 Level 0 & Appendix 7 Level B)*** Space requirements and staffing for the ESL are provided in ***(Appendix 3)*** These include the provision of reporting rooms for consultant based in the ESL as well as hot reporting facilities for visiting pathologists. ESL requirements have been included in the costings for the future service. The importance of logistics has been recognised. There will be regular, routine transport between sites. This will be a minimum of a 2 hourly service running in each direction. This has been costed and included in the business case. It may be possible to increase this frequency by making use of the microbiology transport PHE are implementing. If there is a need to transport specimens more urgently the taxi service will be used as is currently the case for intra-operative neurosurgical brain smears taken at Bristol Royal Hospital for Children. There is a requirement for consultants and other staff to travel between sites during the working day, which will be kept to a minimum by careful planning. The current practice of using taxis when required will continue. With a decision to proceed, implementation will require a further level of operational detail, the preparatory work for which is underway. Each specialist team of pathologists is revisiting work completed in 2011 to ensure that there is an accurate description of the model of care for their service in terms of workload, MDTs, requirement for frozen sections etc, which will then confirmed as appropriate and accurate with the clinical teams. A recent analysis of the current frozen section service at UHBristol has been completed providing information on its volume and type **(Appendix 8)** which has been used to direct the future model of care. Draft operating standards for the service have been written **(Appendix 9)**. ***Other considerations*** • NBT has requested that UHBristol house the Electron Microscopy (EM) suite that forms part of NBT's Cellular Pathology portfolio. This equates to a further 50m^2. The co-location with the ESL would provide an extra technical support should it be required as it is staffed by part time band 7 Biomedical Scientists • In addition to the ESL, the peri-natal post mortem facilities in St Michaels Hospital are an essential part of the model. This part of the service will continue as present at St Michaels Hospital, with the management of paediatric and peri-natal pathology transferring to NBT. • The model recognises that some consultants have significant academic responsibilities with the University of Bristol, and therefore appropriate workspaces for their activities will be provided at the ESL.
6	**Targets and/or objectives to be met/benefits** Objectives • Establishing a cost-neutral single cellular pathology service for Bristol • Providing a resilient and sustainable service that is responsive to the needs of the clinical teams • Fulfilling the recommendations of the Histopathology Inquiry, completing the actions in the Cellular Pathology Action Plan • Achieving the cellular pathology quality objectives described as the key performance indicators recommended by the RCPath (80% of cases within seven calendar days and 90% of all cases within ten calendar days of a sample being taken) as agreed with the local commissioners • Creation of fully functioning Core Services Laboratory and Essential Services Laboratory,

meeting the needs of services on each Trust site
- Ability to flex staff to cover service requirements
- Ability to grow and develop the service to facilitate growth of service through bidding for new work
-

7 Financial analysis

REVENUE

Income & Expenditure

The table below shows the summarised income and expenditure for the current service at each organisation, compared with the future service model. Appendix 1 shows the income and expenditure in further detail.

The total current cost of the service (based on 2013/14 outturn) is £10.6m, after removing recharges between the 2 organisations. NBT's cost is £6.7m and UHB's cost is £3.9m. The recurring cost of the future service is £10.8m, which is an additional cost of £0.2m.

INCOME & EXPENDITURE	2013/14 POSITION			FUTURE SERVICE	INCREASE/ (DECREASE)
	NBT £000	UHB £000	TOTAL £000	£000	£000
Funding Sources					
Income	3,014	1,204	4,218	4,218	0
Tariff	3,720	2,649	6,370	6,370	0
Total Funding	6,734	3,853	10,587	10,587	0
Expenditure					
Pay	4,622	2,466	7,088	7,116	28
Non-pay	926	828	1,754	1,726	(28)
Premises & Capital Charges	339	300	639	876	237
Overheads	847	259	1,106	1,106	0
Total Expenditure	6,734	3,853	10,587	10,824	237
Total Surplus / (deficit)	0	0	0	(237)	(237)

The additional cost of £237k per annum is due to:-

1) Increase in cost of MDTs due to travel costs.
2) Increase in accommodation costs, as a result of the move into the new Pathology building at NBT.
3) Revenue impact of investment in IT and equipment.

The table below shows the funding sources for the future service cost of £10,824k per annum. The MDT cost increase will be met by UHB. The remaining gap of £185k will be allocated across service commissioners, based on income.

FUNDS OF FUTURE SERVICE AT NBT	Current Funds £000	MDT Increase £000	Remaining Gap £000	Total Funds £000
Commissioning income				
GP Direct Access	218	0	4	222
Paediatric/Perinatal Pathology	551	0	10	561
Other	1,920	0	35	1,954
Total Commissioning Income	2,689	0	48	2,737
Non commissioning income	1,087	0	20	1,107
MADEL	332	0	0	332
Charge to UHB for MDTs	239	52	0	291
Charge to UHB for specimens based on current value	2,520	0	50	2,570
NBT funding from tariff for MDT	278	0	0	278
NBT funding from tariff for specimens	3,442	0	67	3,509
Total income	**10,587**	**52**	**185**	**10,824**

The transfer of commissioning income from UHB to NBT needs to be part of the agreement for the 2015/16 Commissioning Contract. This will need to include the rebased paediatric/perinatal block contract.

Transitional costs

The non-recurring transitional costs total £187k over a 5 year period. It has been agreed that these costs will be shared equally between NBT and UHB, resulting in a cost of £93.5k to each organisation over a 5 year period.

TRANSITIONAL COSTS	2015/16 £000	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	TOTAL £000
Protection	28	25	22	4		78
Excess travel	10	12	12	12	2	48
Clinical leadership	30					30
Project support	12					12
MES contract	19					19
Total	99	37	34	16	2	187

The phasing by year is based on an estimated transfer date of 1st June 2015. The phasing will change if the transfer date changes.

Organisation Impact

The table below shows the income and expenditure for the current service at each organisation (2013/14), compared with each organisation's future position. The overall impact of the transfer is an additional cost of £616k per annum.

Income & Expenditure Impact by Organisation:

	UHB			NBT			TOTAL
	Current Service £000	Post Trans-fer £000	Impact of Transfer £000	Current Service £000	Post Trans-fer £000	Impact of Transfer £000	Impact of Transfer £000
Change in Income							
SLA Income	(808)	(110)	698	(1,991)	(2,689)	(698)	0
In Tariff Funding	(2,649)	(2,649)	0	(3,720)	(3,720)	0	0
Training Income	(120)	0	120	(212)	(332)	(120)	0
Recharge UHB - MDTs	0	0	0	0	(291)	(291)	(291)
Recharge UHB - Specimens	0	0	0	0	(2,520)	(2,520)	(2,520)
Recharge UHB - Gap	0	0	0	0	(50)	(50)	(50)
Recharge Commissioners - Gap	0	0	0	0	(48)	(48)	(48)
Recharge Other Income - Gap	0	0	0	0	(20)	(20)	(20)
Recharge NBT - ESL space	0	(38)	(38)	0	0	0	(38)
Recharge NBT - Mortuary space	0	(65)	(65)	0	0	0	(65)
Other	(537)	0	537	(1,131)	(1,087)	44	581
Total Change in Income	**(4,114)**	**(2,862)**	**1,252**	**(7,054)**	**(10,757)**	**(3,703)**	**(2,451)**
Change in Expenditure							
Pay	2,727	0	(2,727)	4,675	7,116	2,441	(286)
Non Pay	828	0	(828)	1,193	1,727	534	(294)
Site Accommodation	164	164	0	194	263	69	69
Capital Charges - Buildings	127	127	0	145	509	364	364
Capital Charges - Equipment	9	0	(9)	0	0	0	(9)
NBT Recharge-MDTs	0	291	291	0	0	0	291
NBT Recharge-Specimens	0	2,520	2,520	0	0	0	2,520
NBT Recharge-Gap	0	50	50	0	0	0	50
UHB Recharge - ESL	0	0		0	38	38	38
UHB Recharge - Mortuary	0	0		0	65	65	65
Divisional Overheads	63	63	0	206	269	63	63
Corporate Overheads	196	196	0	641	837	196	196
Total Change in Expenditure	**4,114**	**3,411**	**(703)**	**7,054**	**10,824**	**3,770**	**3,067**
Net Impact	**0**	**549**	**549**	**0**	**67**	**67**	**616**

Note: the current service income and expenditure includes inter Trust recharges.

UH Bristol Financial Impact

The financial impact on UH Bristol is shown as a loss of £549k.
This impact is understood and accepted; provision has been made in the Trust's 2015/16 budget. The loss is explained as follows:

	£'000
Diseconomy on corporate overheads	259
Diseconomy on premises costs	188
Share of overall increased service costs	
Travel costs for MDTs	52
Increased cost of new lab building at Southmead	50
Total Loss	549

The corporate overheads diseconomy is offset by offsetting service transfers in to the Trust (e.g. Specialist Paediatrics). The premises diseconomy is offset by the release of substantial floor area on BRI levels 8 and 9 which will be re-used to provide a restaurant facility and other accommodation that enables the BRI Old Building to be fully closed in 2016.

This re-use is supported by a capital investment of c. £2m to re-furbish and re-develop the space previously used by Pathology services such as Histopathology and Microbiology (Public Health England) moving to Southmead.

The financial impact assumes that the Paediatric & Perinatal Pathology SLA is rebased to increase its value by £101k due to the current non-payment by results SLA being understated when costed in 2009/10.

This will be made neutral by a compensating adjustment to the non-payment by results discount line in the SLA. This does however require commissioner (NHS England) agreement.

NBT Financial Impact

The impact on NBT is a cost pressure of £67k per annum. This will be dealt with through the budget setting process for 2015/16. The NBT position assumes that commissioners and other customers pick up a share of the additional accommodation and IT/equipment costs. This equates to an increase of 1.8%.

A formal SLA will be required to cover the recharge from NBT to UHB, covering an initial period of 5 years. This will include the methodology for the annual uplift. The annual uplift will include efficiency of 0% for the first 3 years. Inflation will be cost based and will be agreed annually. The recharge will be a block contract in year 1, with a shadow tariff developed based on a 2014/15 outturn refresh. Negotiations with commissioners will be required to secure a similar arrangement on inflation and efficiency for direct access and paediatric/perinatal pathology.

The estimated transfer date is 1st June 2015.

CAPITAL

There is a capital requirement of £464k for NBT including VAT. Approval will need to be sought for inclusion in the 2015/16 capital plan. This has been highlighted.

CAPITAL COSTS	£000
IT pathology speech module	21
IT pathology speech users	71
IT slide tracking system	130
IT cassette printers	14
Equip - UHB microscopes	48
Equip - UHB space at NBT	70
PC rebuild, ports & handsets	20
Purchase of UHB equip	48
Contingency	42
Total	464

UH Bristol will commit circa £2m capital to converting and refurbishing BRI levels 8 and 9.

8 Financial Risks

Risk	Mitigation
Increase / decrease in activity leading to over / under recovery of costs and exposing one Trust or another to unplanned cost pressure.	Block recharge in first year to allow for shadowing of the new contract and full assessment of the impact of transfer and negotiation on management of this impact between the two Trusts.
Difficulty in recruiting to permanent posts therefore risk of increasing agency / locum / send away test costs.	New service model provides attractive and stable opportunities for prospective members of staff.
Not obtaining agreement from commissioners to i) increase funding of Paediatric / Perinatal block contract by £101k, and ii) increase funding to reflect the additional accommodation cost.	Risk on paediatric/perinatal block is unlikely as similar agreement reached prior to the transfer of Avon Breast Screening Unit. Net impact to commissioners is zero. If commissioners won't agree, UHB will retain the SLA and pass through to NBT. If commissioners won't fund a contribution to accommodation, this will increase the cost pressure at NBT.
Base year for financial impact assessment is currently 2013/14. Risk of unknown impact of service transfers that took place in 2013/14 and 2014/15 on income and cost of existing and future cellular pathology service.	Agreement to update analysis to 2014/15 if business case is approved. Block recharge in first year to allow for shadowing of the new contract and mitigation of financial risk to either Trust.
Contract notice period. Risk to continuity of	Full service level agreement to be

	service, short-term expensive measures being used to manage activity should contract notice period not be sufficient to put in place alternative provider (UHB) / find alternative source of income (NBT).	developed and agreed between the two Trusts, including agreed and contract notice periods. Agreed to 5 year contract initially to allow the service to embed and develop. Other provider-to-provider arrangements in existence already.
	National tariff changes. Risk of reduced income from commissioners. Changes in the funding of outpatient and inpatient diagnostics would change financial impact by Trust and the overall service.	Risk exists regardless of service transfer.
	Higher than planned for transport costs.	Robust financial planning and maximum utilisation of existing transport.
	Higher than planned for direct costs.	Robust financial planning and strong negotiation with suppliers to realise economies of scale.
	Non commissioning income lower than planned for.	Robust financial planning.
	Capital not available to IT and equipment investment.	Consider lease option
	Financial model fails to provide resources to deliver service	Block in first year covering over 70% of current UHB income.
	Service does not allow the generation of efficiency savings	UHB have agreed that efficiency will be 0% in first 3 years.

Management Case

9 Project Control and Management

Proposed Project Governance

There are significant changes to be managed in delivering this model with the need for clear project governance. The following approach has been agreed.

Project Board

Reporting to:

- UHBristol – Division of Diagnostics & Therapies Divisional Management Board
- NBT – Core Clinical Services Senior Management Team

To be held monthly alternating between NBT and UHBristol

Membership

- Joint Clinical Lead (Chair)
- Management Representation (roles TBC) – NBT & UHBristol
- Finance - NBT & UHBristol
- Non-pathology clinical leads
- Project Manager/Support
- Standing invitation to Executive Leads (Medical Directors)

Project Implementation Team

Reporting to Project Board

To be held twice monthly alternating between NBT and UHBristol

Membership

- Project Manager/Pathology Services Manager (Chair)
- Project Support NBT & UHBristol
- Joint Lead for Cellular Pathology
- Finance – NBT & UHBristol
- HR – NBT & UHBristol
- Head Biomedical Scientists – NBT & UHBristol

Workstreams

- Workforce
  - Training
  - Staff development
- Managing the service
- Management of contract at UHBristol and development of the Service Level Agreement
- Finance
- Implementing the Operating Standards
- Transport/Logistics
- Link to LIMS implementation
- Specialist team working
  - Frozen section service
  - Supporting MDTs

10 Risk management strategy

Risk	Mitigation
Staff decide not to TUPE from UHBristol to NBT	Well managed TUPE process with good communication Where vacancies against staffing model become apparent ensure effective recruitment processes to fill gaps promptly
Staffing model does not deliver the required level of service through inadequate numbers or new structure not being achieved in time for forming the merged service	Monitor and report service levels against an agreed SLA. Monitor published KPI's against an agreed improvement trajectory. Good HR processes to facilitate a consultation process that allows the revised staffing structure to be delivered within required timescale.
Failure to merge teams leads to reduced service effectiveness and unhappy staff groups	Robust project management processes, staff engagement and communication to ensure that teams are brought together and merged successfully. Early recruitment to senior staff posts will support this.
That the specialist pathology teams that are based at UH Bristol, (e.g. oral pathology, paediatric/ perinatal pathology) become professionally isolated	Use of technology/ IT to view and discuss slides at the same time. Consultant appraisals to review impact of working practices. ESL Consultants will move between sites to maintain links with pathologists based at Southmead. Hot desking available at both sites to promote joint working with pathologists enabling

	consultants based at the CL to spend time at the ESL. Reflected in job plans as necessary.
That reduced interaction with the laboratory will adversely affect pathologists based at the ESL	As above
Laboratory and mortuary staff at ESL feel isolated from remainder of service	Rotation of staff from CL to ESL, review impact at staff appraisals to ensure all staff feel fully integrated into the new service Managers to maintain frequent contact with service at UHBristol including spending time at the E.SL
Model of service fails to meet user requirements	Continued engagement with service users on all sites to monitor performance against service needs. NBT user survey to be extended to service users at UHBristol
That the project fails to improve overall TATs (turnaround times) leading to a deterioration of the (current slightly better) UHBristol position	Develop KPI improvement trajectory and timeline and monitor against actual performance. Agreement that UHBristol TAT will not deteriorate to be included in the terms of the SLA
Delays in transport of specimens and slides between UHBristol and NBT impacting upon turnaround times	Robust logistics will be required to reduce this risk and have been included in the business case costings. See section 5 for details. Monitor any delays in transport and compare to TAT performance.
The reduced physical adjacency with the clinical teams will adversely affect communication, particularly in relation to MDTs.	Clinical adjacencies will be reduced, however hot desking capabilities will be available at both sites to enable close working Consultants will continue to attend MDTs Teleconferencing and use of IT will be used to help mitigate this.
That the more complex governance arrangements of the new service adversely affect performance	To be considered carefully when working up the model, with particular consideration of accreditation requirements. Early engagement with UKAS and HTA will take place to describe requirements. Maintenance of sound clinical and managerial links to manage incidents and risks A clear SLA that defines the service to be established, as outlined in Section 1, 'Overview'.
That the loss of adjacency to the University of Bristol could adversely impact upon ability to deliver teaching commitments	Discussions with relevant faculties in the UoB Requirement to travel between sites to maintain teaching at UHBristol written in to Job Plans as necessary Workspaces provided for consultants with significant academic responsibilities at the ESL
That the loss of adjacency to the University of Bristol could adversely affect research	Meeting with the R&I team to agree the steps required for pathology to continue to support research studies and projects Workspaces provided for consultants with significant academic responsibilities at the ESL

That the model will inadequately support the specific research project named Head and neck 5000	• The ESL includes facilities for dealing with unfixed tissue specimens and is staffed with BMS • There are facilities for consultants to work at the ESL • The model does not provide tissue processing and section cutting in the ESL but this will be available in the core laboratory
Public confidence in the service is damaged	• Good governance and project management arrangements • Transparency in all actions • Communication • Open and educational events to users and public • Clinical and Executive champions
That the project adversely affects Biomedical Scientist training	Reduction in number of training establishments for student placements (or equivalent) however the larger lab should be able to take on a greater number of students. Larger body of staff provides more scope for Continuing Professional Development (CPD) opportunities and for creating a career framework model to support development of individuals Staff exposed to the widest possible range of specialisms and techniques Co-location with Neuropathology, cervical cytology and other pathology disciplines will provide a centralised training centre for cellular pathology and potentially opportunities to share training and CPD with the broader Pathology community at NBT Could also provide opportunities for individuals to be specialist / 'expert' in a particular field. Better able to support higher level scientific training eg for BMS cut-up, BMS reporting Appropriate level of training resource and buy-in from medical staff will be required to assist in delivery. For BMS trainees based at UHBristol there will be collaborative working with NBT to ensure their experience in all disciplines referenced in the SLA
BMS rotations into areas carrying out specialised techniques will be less frequent than present	These areas will be relatively large units with a longer working day which should enable appropriate rotation
That this model will threaten the reputation of the haematology and clinical chemistry departments at UHBristol in the provision of Direct Access work	Good communication with the commissioners Achieving the performance standards agreed with the commissioners
Inability to expand service	There is limited space to accommodate more staff. Any expansion would be achieved through working longer days and through increasing weekend working.

That by providing a single core laboratory that in catastrophic failure there is reduced service resilience	Assessment of likelihood Discussions with neighbouring laboratories Development of contingency arrangements
Ways of working preferred by the surgical teams may constrain the development of the service model	The model is designed to minimise change from the perspective of the clinical teams. Detailed discussion with the surgical teams will identify how their specific requirements will be delivered.
That the model will worsen recruitment and retention of consultant staff particularly for those based in the ESL	Provision of onsite facilities and available support at the ESL to be agreed and defined in a SLA. The consultants based at the ESL will continue to work closely with their clinical services and for those with University of Bristol commitments with the relevant University department.
That NBT may not wish or be unable to support existing UHB/UOB plans to develop services such as the dental specialty of Oral & Maxillofacial pathology in Bristol and the Southwest..	Including a mechanism in the SLA by which developments such as this can be agreed and funded appropriately
That the model may compromise specialist training for those specialties bases in the ESL	The detailed work for each specialty based at the ESL will describe how training in their area will be delivered and the onsite facilities and support required. Specialist trainees to rotate to the core lab for general pathology experience as required and trainees in general pathology to rotate in the other direction to the ESL for specialist attachments. The training requirements will be recognised in the ESL.

11 Benefits realisation plan

The Bristol Cellular Pathology Service has been working to redefine the configuration of cellular pathology within Bristol in a manner which will enable the service to provide a sustainable resilient service that both meets the quality standards in cellular pathology and fully addresses the recommendations of the Histopathology Inquiry.

The below table shows the high level benefits and measurement parameters identified.

Benefits	**Benefit measurement**	**Benefit Metrics (for discussion with provider)**
Patients benefits will be…..		
Have confidence the service provided gives accurate and timely results	• Compliance with the quality standards agreed with the commissioners • Improved end to end turnaround times (TAT) • Clear information to explain to patients why some waits are necessary	• Via dashboards agreed with the commissioners • Information about compliance with quality standards regularly put into the public domain
Primary and secondary care clinicians benefits will …		
Be able to quickly provide accurate test results to patients	• End to end TAT • Primary and Secondary care feedback • Test samples are collected regularly • Test results are delivered in a timely way	• End to end TAT measurement • Primary care clinicians survey • Secondary care clinicians survey
Having confidence that they are providing appropriate	• Clinical advice is available when needed	• Primary care clinicians survey

	and accurate advice to patients		• Secondary care clinicians survey • Feedback system for clinical users
	Having an improved dialogue with the commissioners and providers of future pathology services	• Pathology service changes will be discussed with Primary and Secondary care clinicians via the commissioners	• Quarterly review process
	Staff benefits will be…		
	having the opportunities to: • work together to improve the quality of the service they provide • provide quality advice to clinical service users • specialise • develop careers • collaborate in research • deliver positive change in the patient pathway	• Improved performance • improved staff experience • More flexible and rotational posts available • Improved survey results • Increased CPD opportunities • Reduced staff absence and turnover • Increased research volumes	• Via national benchmarks • Staff survey data • Via service user questionnaires • Via annual appraisals and ongoing performance monitoring. • Data on cover during staff sickness and holidays. • Number of ongoing and new research projects.
	Have aligned service processes and practices	• Written documentation for clinical and operational processes available to all (regardless of location) and staff know about them and use them	• Via annual staff questionnaire • Audit • Via patient feedback on their experience of pathology services across the area
	Organisations benefits will be…		
	To demonstrate efficient, effective pathology resource management Able to operate and flourish in a competitive market	• Benchmarking shows cost effective service nationally • Productivity metrics increase • QIPP target is delivered as a minimum • Ability to deliver costs at a competitive market rate • Effective use of Estate and Equipment • Improved TATs • Market expansion • Pathology Website operational • Customer satisfaction survey	• Real time, visual performance management data on the walls of all laboratories • Data on the efficient use of equipment • Retention of service contracts/winning of additional contracts • Reduced cost per test • Reduced overheads

12 Post project evaluation plan

Introduction

NBT, working with UHBristol, will undertake a formal Post Project Evaluation of this project following its agreed methodology of: -

- Evaluation with commissioners of achievement against outputs in clinical terms.
- An evaluation of the project processes to ensure that lessons are learnt for future projects.

An outline approach to Post Project Evaluation has been developed, with the following key stages. The objective of the evaluation will be to show the outcomes of the project against the original objectives. It will also attempt to show what would have happened if the project had not been undertaken.

<u>Stage 1: Project Appraisal</u>

Post Project Evaluation to be undertaken to date is:

- Set out objectives of Post Project Evaluation
- Set out the scope of Post Project Evaluation
- Define success criteria
- Define performance indicators
- Identify team members
- State the proposed membership of the evaluation steering group
- Identify the resources and budget
- Develop a dissemination plan
- Clarify timing of Post Project Evaluation
- Use “Logical Framework Approach” methodology

The NBT pathology department will designate a Project Evaluation Manager, who will lead an Evaluation Team consisting of:

- Project Team members
- Representatives of Commissioners

Post Project Evaluation will be undertaken as an integral part of the monitoring of benefits realisation

Stage 2: Project Monitoring and Evaluation

The Pathology Manager will take responsibility for managing project monitoring from Business Case approval to implementation. Monitoring reports will be prepared quarterly and summarised for the Project Board

Regular reviews of the original option appraisal will take place at key decision points to confirm or modify future plans.

For Monitoring and Evaluation purposes, the scope of the project will comprise the following elements:

- Changes in clinical practice
- Improvement works monitoring
- De-commissioning/re-commissioning of clinical areas

Post completion, the functional suitability will be reviewed to address:

- Completion against schedule
- Rationale for any variations and mitigating action taken
- Recommendations for future projects
- Functional suitability of the facility

Stage 3: Review of Objectives

With due regard to the duration of the proposed schemes, the Trusts also envisage an interim review after the first full year.

Performance will be monitored against baselines as defined in Stage 1, and against approved, modified baselines.

Key Elements of Post Project Evaluation

The elements involved are as follows:

	• Measuring the success of the project in achieving its planned objectives • Monitoring the progress of benefits realisation • Identifying the reasons for any problems which arose • Assessing the management of risk • Identifying any necessary remedial action • Recording the lessons learned in order to improve the performance of subsequent projects • Disseminating the lessons learned from the project • Ongoing dialogue with the lead commissioners in order to ensure achievement of specific agreed objectives This will be a multi-disciplinary process, and will be contributed to by many levels within the Directorates and the Trusts. The key responsibilities and reporting mechanisms will be as follows: • The Project Manager will co-ordinate the process and be responsible for overall delivery of the plan. The Project Board will take the lead in the formal evaluation processes and will undertake the detailed consultation necessary with staff and users of services. • The Trusts Boards will receive the final report. • The Trusts will review dissemination of the Post Project Evaluation to all other stakeholders. **Key Questions** The fundamental questions to be addressed and specific pieces of work to be undertaken, via the mechanisms outlined above, are as follows: **Objectives** • How successfully have the project objectives been fulfilled? • Compared with the situation if the project had not been undertaken, what did the scheme deliver? • Is any remedial action necessary? If so, an action plan will be devised and implemented. **Benefits** • Monitor the progress of the benefits realisation plan. • Introduce any necessary corrective action. **Value for money** • Is the scheme delivering the expected value for money? • Is any corrective action required? **Option appraisal** • Could the original option appraisal have been improved, eg by considering a wider range of options or undertaking a fuller risk assessment? • Carry out qualitative assessment with benefit of hindsight? • What went well? • What could have been done differently and better?
13	**Involvement of key advisors** In 2011, under the aegis of the Bristol Pathology Review an expert advisory panel chaired by Dr Ian Barnes, then National Clinical Director of Pathology considered the question of integrated

	pathology services in Bristol. At that time the model under discussion for cellular pathology was very similar to the current model developed in this proposal. Though considering all disciplines in pathology the panel, when asked if they believed that the proposal for integrating laboratory services via a "central and essential services laboratory" model would deliver a high quality, safe and efficient service were supportive of this approach.
14	**Consequences of non-approval** The current method of provision is not sustainable and non-approval would be regressive leading to an unravelling of some of the existing achievements and a moving backwards to two separate departments. This option was looked at as the separation model in the option appraisal. It is neither resilient nor sustainable. There was no support for this model during discussion at the workshops developing the different models. A number of risks and issues have been identified • The service will continue to fail to meet the existing quality standards • It may not be possible to fully implement double reporting • Specialist teams are too small to effectively cover leave and few teams have the resource to cover unplanned leave • Recruitment of consultants may remain problematic • The technical staff will fail to deliver their aspects of the quality standards • Scope for future efficiencies of new ways of working is lost • The separation model only meets one of the recommendations of the Inquiry concerning a single cellular pathology service • The loss of joint clinical leadership for the service across the city as the services will become separated • The accommodation at UHBristol will need to be refurbished • The reputation of the Trust may be damaged • The adverse reputation of the department may persist Though these risks and issues may affect the two organisations to differing extents, mitigation will require additional resource in the form of workforce to ensure a sustainable service to meet the needs of the clinical services *Consultant staff* The teams of specialist pathologists at UHBristol are too small to provide a resilient and sustainable service with the current model of specialist reporting. To maintain the current model whilst providing a resilient and sustainable service it is estimated that two additional consultant pathologists will be required at UHBristol. Changing the current model would reduce this to a single additional post but would require retraining of existing consultants to work across a wider range of specialist teams with subsequent risks to retention of existing staff. At NBT the current establishment is sufficient to cope with the existing workload and to maintain the current model of specialist reporting. *Additional technical staff* If non-approval occurs there will need to be investment in technical staff at both sites to ensure KPIs are met given current workload.
15	**Conclusions and recommendations** The Bristol Histopathology Inquiry recommended a single Cellular Pathology service for Bristol to improve quality and performance. Neither the NBT nor UHBristol Cellular Pathology services currently meet the Royal College of Pathologists Key Performance Indicators, in particular the target turnaround times for reporting samples. Both services have historic issues in recruitment and retention of staff particularly at consultant level, which contribute to this poor performance. Neither service currently is of a scale to independently operate to the required level of specialisation or provide dual reporting with the current level of resource.

	For the first time the Trusts have the opportunity to provide suitable accommodation for an integrated service at a single site and to operate this single service on a common IT platform, both of which are pre-requisites for the provision of an integrated service. Both trusts have worked collaboratively to define an operating model that can provide a resilient, safe, high quality Cellular Pathology service that is sustainable and can meet the requirements of both trusts. In conclusion, a single Cellular Pathology service for Bristol enables both trusts to meet the final outstanding recommendation from the Bristol Histopathology Inquiry. It also enables the provision of a sustainable high quality service, the opportunity to bring the services together exists in a way that it has never previously been possible. **This paper recommends that the Trust Boards of NBT and UHBristol approve this business case.**

Appendices

Appendix 1 I&E Detail
Appendix 2 Workforce Model
Appendix 3 Essential Services Laboratory
Appendix 4 Operating Model Options Appraisal
Appendix 5 Sample Flowchart
Appendix 6 Centralised Laboratory Level 0
Appendix 7 Centralised Laboratory Level B
Appendix 8 Frozen Section Requirements
Appendix 9 Operating Standards
Appendix 10 Pathology RC Path KPI Targets

Appendix 2 Workforce Model

WORKFORCE MODEL

	TOTAL WORKED WTE 13/14	FUTURE SERVICE WORKFORCE WTE	INCREASE / (DECREASE)
Non-medical staff			
Band 8b	2.00	1.00	(1.00)
Band 8a	6.01	5.00	(1.01)
Band 7	13.81	13.50	(0.31)
Band 6	18.48	17.60	(0.88)
Band 5	10.53	13.10	2.57
Band 4	4.52	7.42	2.90
Band 3	10.77	15.47	4.70
Band 2	12.71	14.57	1.86
Admin band 4	8.42	7.87	(0.55)
Admin band 3	4.29	4.00	(0.29)
Admin band 2	1.93	3.53	1.60
Bank & agency	5.09	0.00	(5.09)
Other			0.00
sub-total	98.565	103.06	4.50
Medical Staff			
Consultant incl locums	24.77	25.18	0.41
Specialty registrar	9.89	10.50	0.62
sub-total	34.65	35.68	1.03
Total	**133.22**	**138.74**	**5.52**
Total Expenditure	**£7,088k**	**£7,116k**	**£28k**

Pay expenditure shows a small increase compared to 2013/14. Overall there will be an additional 5.52 WTE staff in post, but there has been a skill mix change with more junior staff and less senior lab staff.

Staffing

Cellular pathology remains a highly manual service for all staff groups and looking at technology available, further savings from automation at this time are limited. However the cellular pathology service run by NBT will continue to focus on the potentials provided by

future technologies. In some areas it is possible to change the current processes such as in cervical screening where there are pilots in place assessing the feasibility of looking at high risk HPV strains as the primary assessment of cervical smears. This is predicted to significantly reduce the number of cervical smears screened by microscopy. This work is led by the National CSP and is likely to take at least 5 years to fully evaluate. There are other areas where the introduction of new techniques in cellular pathology has downstream effects on the costs of patient care such as in guiding cancer therapies. This can reduce whole system costs however these are not attributed to pathology. Considering each staff group separately:

- Technical – given the increasing workload and the manual nature of much of the work there is little scope for changing the overall numbers of staff. Skill mix has already been looked at in the current service. Consolidating the service into a core laboratory and an ESL will create bigger teams and it is anticipated that this will enable extended days and weekend working to improve quality standards (Appendix 9).

- Managerial – creating a consolidated technical service with a single management structure enables a reduction in management staff with some concomitant savings.

- Pathologists – in histopathology every case has a report produced by a pathologist. Consolidating the service does not change this requirement however the additional flexibility as a result of consolidation will provide a more robust and responsive service.

- Administrative – there may be scope for further efficiencies in this area linked to opportunities arising from IT. These include electronic requesting and voice recognition

Discussions between NBT and UHBristol have suggested that the best approach is for all staff to be employed by the hosting organisation.

Appendix 3 Essential Services Laboratory

Essential Services Laboratory (ESL)

1.0 Location

The ESL will be based at UHBristol, with two potential locations currently being scoped. The staffing, set up and running of the ESL will be the same regardless of location. The most likely location is on level 9 of Zone A (QEB). The alternative is housing the ESL in the Bristol Dental Hospital. This would allow the H&N pathologist to be collocated with their clinical duties.

2.0 Layout

The footprint required for the ESL is 135 m^2 with a detailed breakdown as follows:

Specimen reception, cut-up with specimen store, area for frozen sections and space for admin support	35 m^2
Offices for Consultants (six)	60 m^2
Hot desks (four)	24 m^2
Desk for secretary	8 m^2
Perinatal paperwork archive	8 m^2
Total	135 m^2

3.0 Equipment

The equipment required to run the ESL are existing items which are currently based at UHBristol. These items will transfer to NBTs asset register.

4.0 Staffing

The staffing planned to be based at the ESL is as follows:

Consultant Histopathologist	x 6
Biomedical Scientist band 6	x 1
Medical Laboratory Assistant band 3	x 1
Audit clerk band 2	x1
Medical secretary band 4	x 1

This level of technical support will allow for frozen sections and specimen dissection for those consultants based at the ESL. In addition these members of staff will track cases in and out from UHBristol and NBT to ensure safe transportation. The secretarial support is primarily aimed at the perinatal pathologists. The current proposal is that the paediatric/perinatal and Oral MaxFax pathologists will remain based at UHBristol along with the other pathologists on a daily basis as frozen section and MDT cover demands. Frozen sections will be performed on site in the same way as is currently managed. Further work will be undertaken to explore alternative approaches to the provision of aspects of the frozen section service including rapid transport of specimens to the CL and scanning of digital images for remote reporting, both of which are in use in the UK in teaching hospital environments.

5.0 Hours of Operation

The ESL will operate from 9 – 5 from Mondays to Fridays. Cover for leave will be provided from the Core Laboratory to ensure that there is appropriate cover at all times.

APPENDIX 4 Operating Model Options Appraisal

Appraisal of the different models

Three models were described at the outset to focus discussion at the workshops. The advantages and disadvantages were discussed as well as an assessment of how each met the recommendations of the Histopathology Inquiry. The notes from the workshops and an assessment against the Inquiry recommendations are attached at Appendices 1, 2, 3 and 4. As mentioned above during discussion a fourth model was put forward taking features attributed to the collaboration and integration models. All 4 models are considered below against the following principles: -

1. Resilience – the ability to respond effectively to a potentially disruptive situation
2. Sustainability – the ability to be maintained over time
3. Meets the quality standards in cellular pathology
4. Fulfils the recommendations of the Histopathology Inquiry

Separation

There was no support for this model. It is considered regressive moving backwards to 2 separate departments and was not considered in as much detail as the other models

1. It is not resilient. Some teams are too small to effectively cover leave and few teams have the resource to cover unplanned leave (Appendix 5). To enable resilience would require investment in additional staff in both the medical and technical areas
2. It is not sustainable for the same reasons as in 1 above
3. It would meet few of the existing quality standards without significant investment in additional staff
4. It fails to meet all bar 1 of the recommendations of the Inquiry

Collaboration

The collaboration model is similar to how cellular pathology is trying to work currently establishing common ways of working and developing the specialist teams. There was some support for this model but it is evident that there are significant gaps when comparing with the principles.

1. It is not resilient. In some areas the specialist teams are too small. There are several where, in effect, there is a team of 1 pathologist. Whilst this may be acceptable in a non-urgent area with backup from informal networks it is not acceptable in more acute areas. We currently have to outsource gynae oncology cases to cover leave. Teams of 2 which exist in other areas are not able to cover unplanned leave. To enable resilience would require investment in additional staff in both the medical and technical areas
2. It is not sustainable. Whilst some specialist teams do work effectively across sites there are some that, for a variety of reasons, function as 2 separate specialist teams despite encouragement and support from the clinical lead. We have persistent consultant vacancies. Whilst the exact reasons for this are unknown it is reasonable to accept that current

arrangements and the lack of certainty over the future of cellular pathology are contributory factors

3. A number of the quality standards in cellular pathology are not currently met. Performance in most of the turnaround time (TAT) KPIs consistently fails to meet the targets on both sites (Appendix 6). Analysis of these shows that there are pressures both in the technically led aspects of the process and the pathologist lead aspects that cannot be resolved without additional investment in staff. Currently it is not possible to fully implement double reporting as full implementation requires recruitment of additional consultants and more effective cross organisation working
4. As regards the recommendations of the Inquiry this model meets some, partially meets others and fails to meet the remainder

Integration

The integration model delivers a single service based on a single core laboratory and an essential services laboratory. A series of workshops under the aegis of Severn Pathology looked at this service model in detail identifying what service would be required in each specialist area at each site. The major concern raised with this model revolved around consultants being able to meet there clinical and academic responsibilities

1. This model is more resilient. It creates larger specialist teams able to cover planned leave and more able to cope with unexpected, disruptive events. The larger teams of technical staff will also be able to cope with such events more effectively
2. It is more likely to be sustainable. The specialist teams of consultants will be larger and are more able to provide professional support between their members. Further it is believed that recruitment into such a service mostly based in a purpose built new laboratory will be easier. A caveat is that the information expected from cellular pathology in each report is increasing with a concomitant increase in technical work and clinical input. This puts increasing pressure on all staff groups and this model does not provide a long term solution to this issue
3. Bringing together all staff groups creating larger teams will enable different ways of working that will improve quality standards. It is anticipated that turnaround times will improve. Moving away from very small specialist teams of consultants will enable double reporting to be fully implemented
4. This model can fulfil all the recommendations of the Inquiry

Conglomeration

This need for this model emerged during discussions to address the concern expressed by some consultants as to how they would be able to work across sites to fulfil their clinical and academic responsibilities. It is called the conglomerate model in the geological sense and entails the specialist teams working in a way that delivers the necessary service to clinicians supported by a matrix that includes the technical, administration, IT and logistic services.

1. This model provides a more resilient service. The technical and administrative service will benefit from the larger teams working in a purpose built facility as described previously. I developing each specialist team's model of service provision criteria will be established to ensure that this provision is resilient
2. Similarly this model delivers a more sustainable service. The larger technical and administrative teams will have the same advantages as mentioned in 1 above and the same criteria followed by the specialist consultant teams will make sure that the service is sustainable
3. Bringing together all staff groups creating larger teams will enable different ways of working that will improve quality standards. Turnaround times will improve to exceed the RCPath KPIs of 80% of cases within seven calendar days and 90% of all cases within ten calendar days of a sample being taken. Moving away from very small specialist teams of consultants will enable double reporting to be fully implemented
4. This model can fulfil all the recommendations of the Inquiry

This 4th model taking features attributed to the collaboration and integration models as the favoured solution to provide a single cellular pathology service. It recognises that each specialist team is different and that a 'one size fits all' approach is inappropriate. It emphasises the need to revisit the work previously done on the service that each specialist team needs to deliver to the clinical teams. The model is described in more detail below

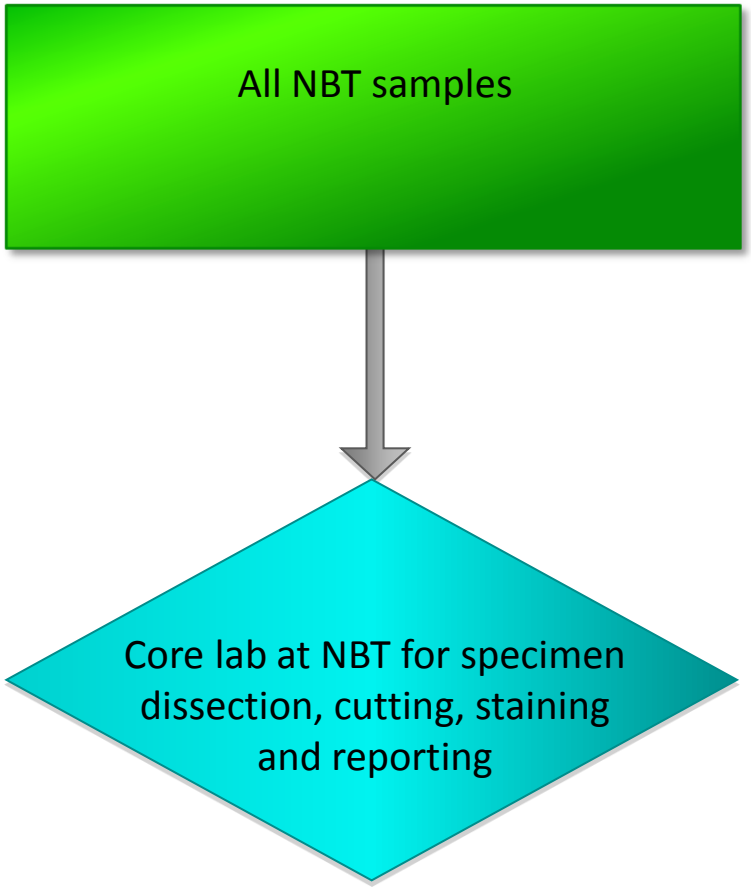
Compliance of model with Inquiry recommendations

Recommendation	**Separation**	**Collaboration**	**Integration**	**Conglomeration**	**Notes**
A single Histopathology Service should be established for Bristol with the potential to be one of the leading service and academic centres	×	±	✓	✓	An academic centre is not achievable within current resources
Consultant staffing levels should be reviewed…	×	±	✓	✓	These have been reviewed with additional staff funded though a shortfall remains against RCPath recommendations. Separation would require this to be looked at again as there are insufficient consultant staff at UHBristol to fully support specialist reporting. The collaboration model is neither resilient nor sustainable with the existing small teams at UHBristol
The service should for the time being remain on two sites	×	×	✓	✓	"for the time being" means temporary. The Inquiry published its report in December 2010 and the first opportunity for a permanent move to a single site is March 2015. neither of the separation and collaboration models achieve this recommendation. The other models by creating a central laboratory with integrated management do
The unified service should be managed by a lead Trust unless the two Trusts have been merged	×	×	✓	±	A Trust merger is not currently foreseeable. Therefore achieving this requires agreement across the organisations
The unified service should have strong management and effective clinical leadership	×	±	✓	✓	To achieve a unified service not only requires this within the service but also from the mangement of the Trusts where an agreed vision and paln to deliver it from the executive teams is essential. Without this it is difficult to envisage how the existing mangement and leadership can be

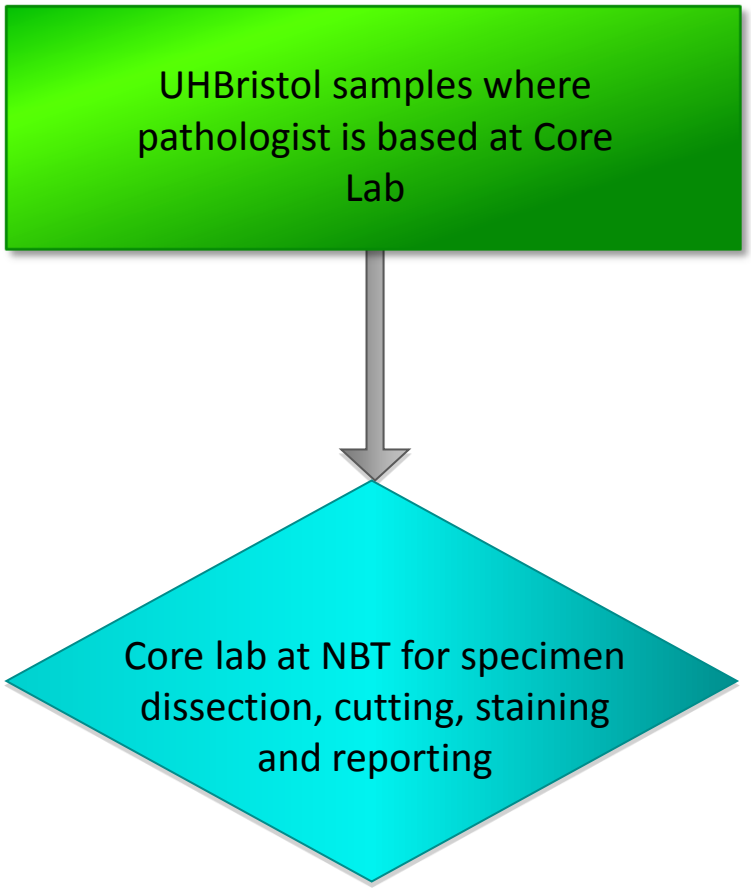
					replaced
A Job Description for the post of Head of the new integrated department should be prepared	×	✓	✓	✓	This recommendation clearly refers to a single integrated department. There is a current job description for the clinical lead though this fudges some aspects of the role.
All future consultant appointments should be joint appointments…	×	✓	✓	✓	This is currently the case, however it has not been possible for some of the newer consultants to work across sites as was envisaged due to the difficulties of cross site working with small specialist teams
Consultants should work across both sites when necessary to provide the optimum service to patients.	×	±	✓	✓	Some consultants currently do work across sites though though the need to minimise the inherent inefficiencies of travel between sites suggests this recommendation is best met by an integrated or conglomerate model
Specialisation should be developed with full participation in appropriate EQA schemes and attendance at relevant CPD events	×	±	✓	✓	All consultants are expected to participate in the appropriate EQA schemes and to focus their CPD on their areas of work. However the numbers of consultants in specialist teams currently in the departments is too small to provide a resiliant and sustainable service
The MDTs in both Trusts should be reviewed to promote collaboration	✓	✓	✓	✓	This has happened up to a point however it is clear that other services would benefit from reconfiguration across the sites
An audit programme should be established for all specialties	×	✓	✓	✓	Each speciality has been asked to develop its own audit programme with some audits mandated for all teams
The BRI histopathology department should be upgraded	×	×	✓	✓	This has partially happened but much of the department is little changed since I was a medical student in the 70s
Implementation of a unified histopathology service for Bristol should be carefully planned and should include direct involvement of all	×	±	✓	✓	A series of workshops was held in the autumn of 2011 to scope the services required in a core laboratory and in ESLs. These were attended by consultants and technical staff as well as. In some cases, members of the clinical teams. This is also a

consultants and other staff…					regular topic at our Bristol Cellular Pathology Forum. The attendance of some consultants at this monthly meeting is poor despite 50% attendance being an objective in their job plans
The histopathology service should place the provision of excellent services to patients at the centre of everything it does. Personal and organisational rivalries should not be allowed to stand in the way of the provision of excellent services	×	±	✓	✓	As part of the Severn Pathology proposal describing an integrated service extensive discussions took place with representatives of patients and the public to assure them of the advantages of this service model. The Inquiry identied a number of risks to the provision of an excellent service some of which remain in both the separation and collaboration models. the conglomerate model specifically refers to the need for each specialist team to describe how it will support the clinical team

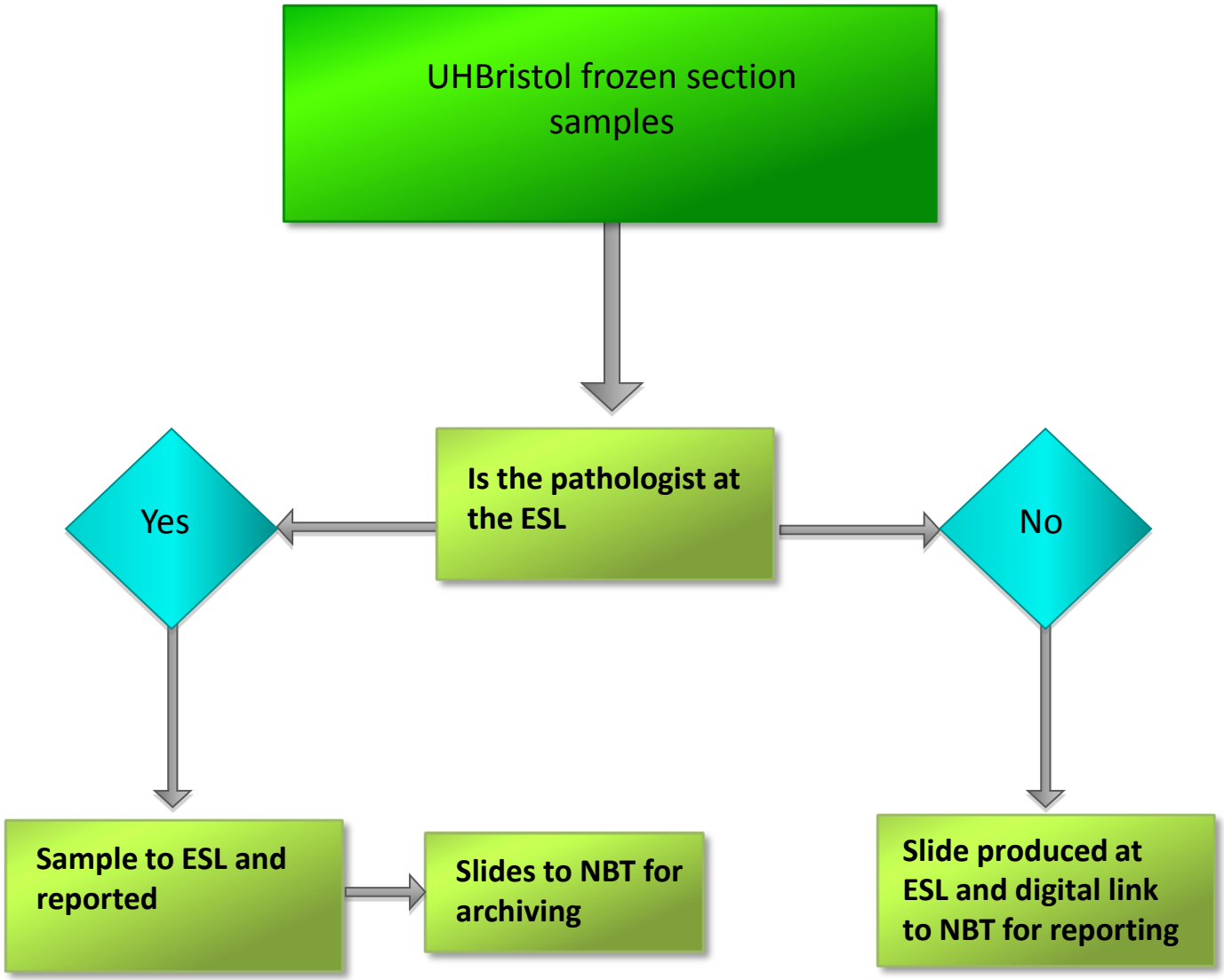
Flowcharts for Cellular Pathology samples in Conglomerate model



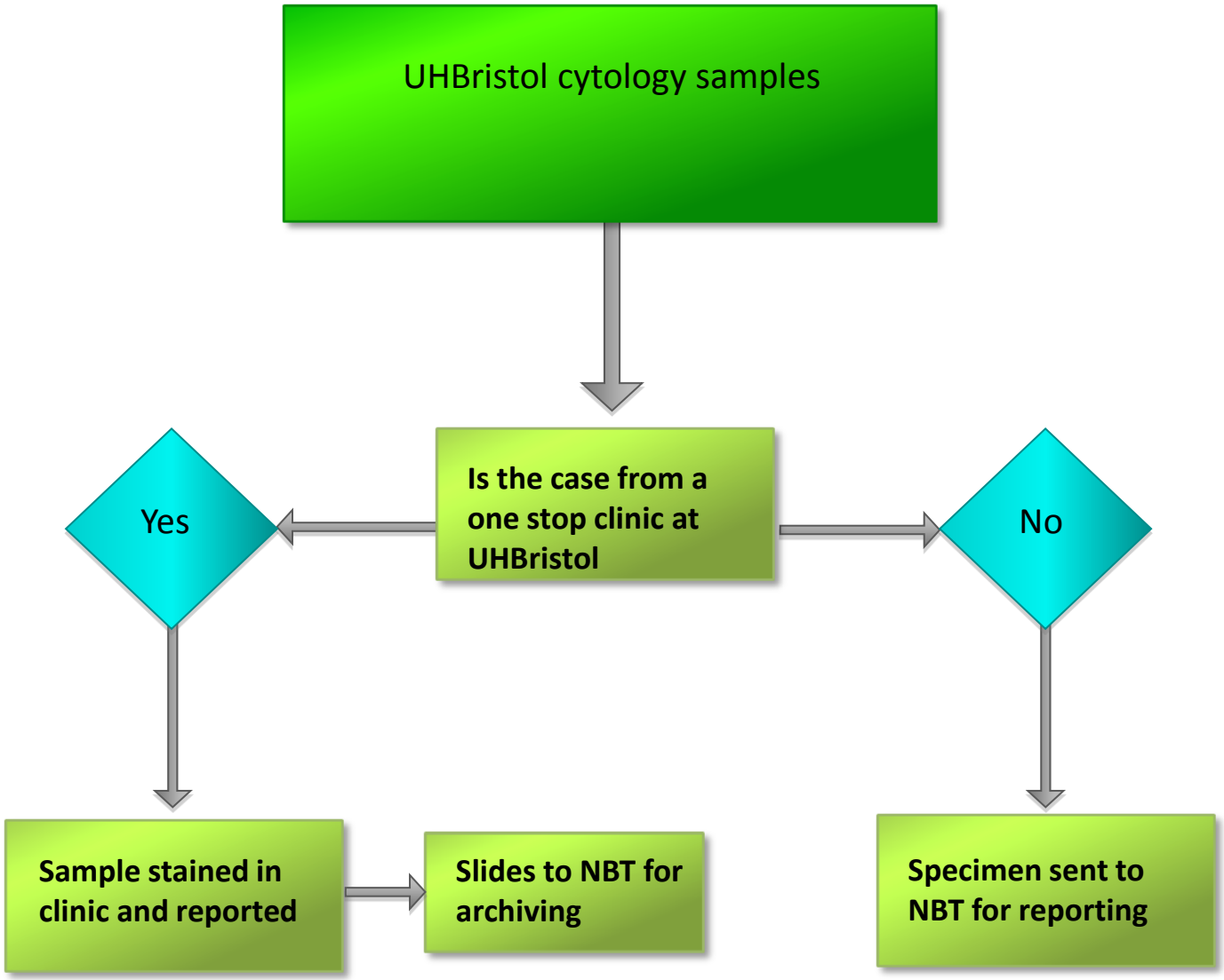
Flowcharts for Cellular Pathology samples in Conglomerate model



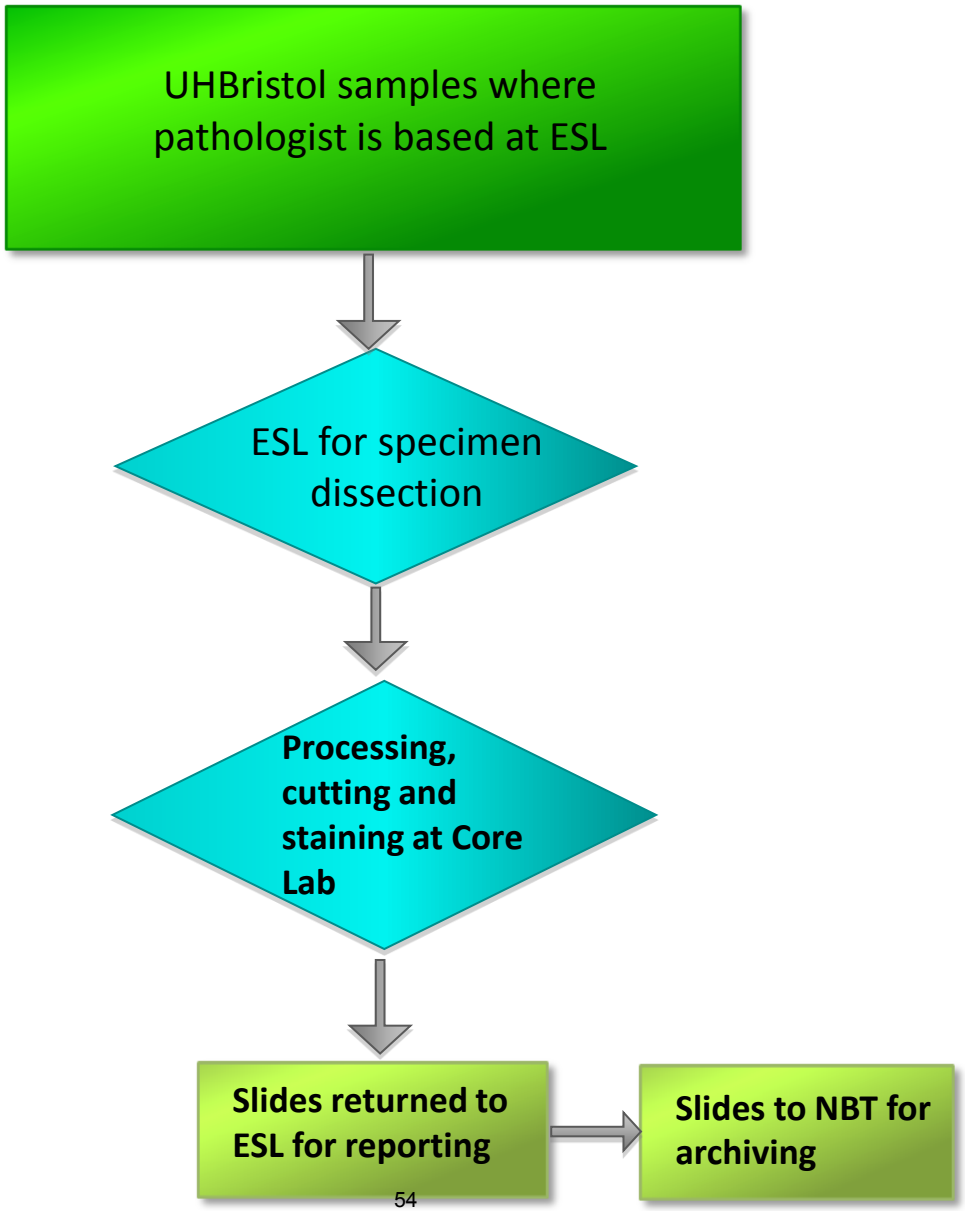
Flowcharts for Cellular Pathology samples in Conglomerate model

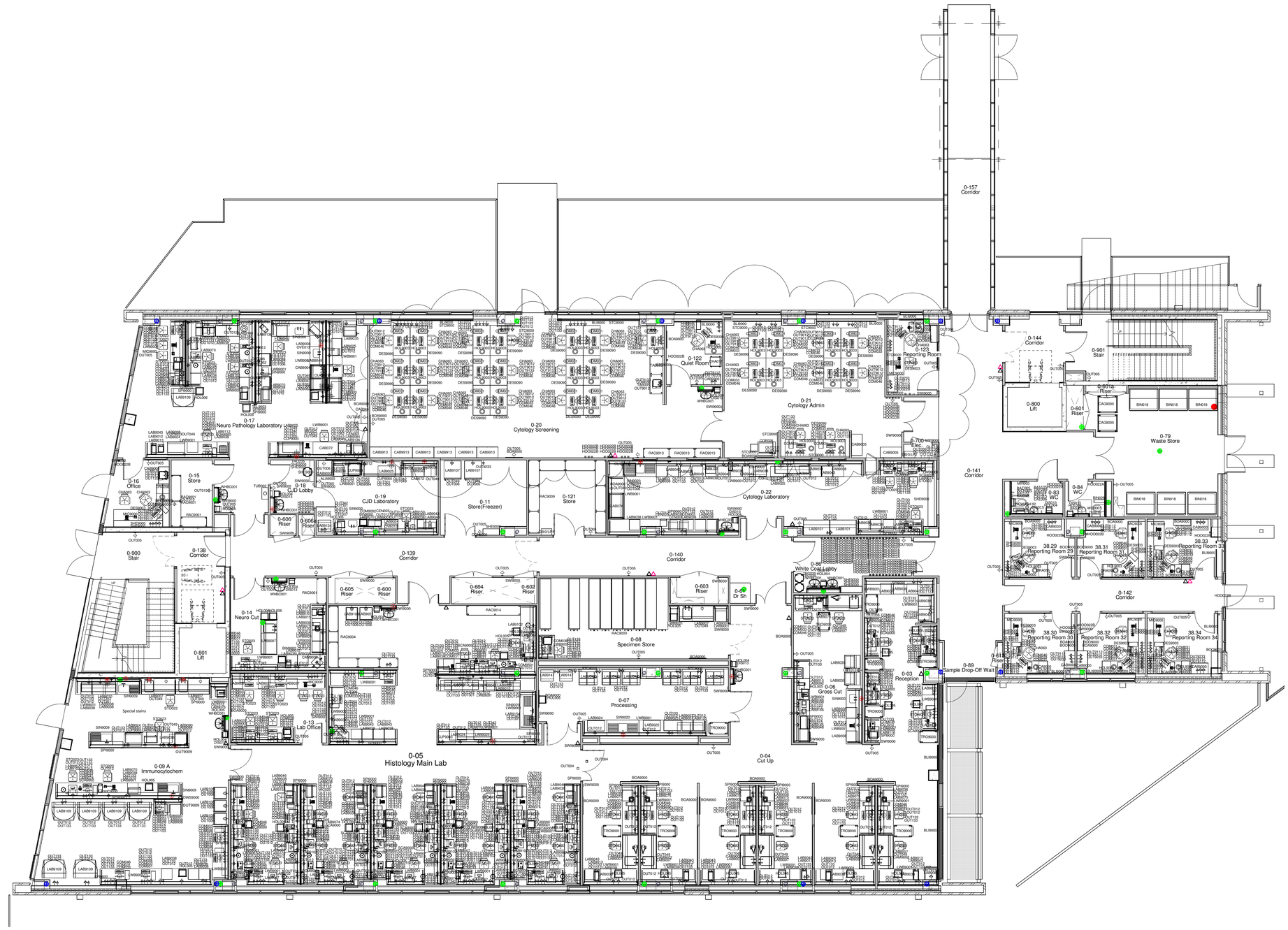


Flowcharts for Cellular Pathology samples in Conglomerate model



Flowcharts for Cellular Pathology samples in Conglomerate model





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Revision	Revision Description	Drawn	Checked
01.11.13	P01: General update	FM	RR
05.11.13	P02: Building added	FM	RR
18.11.13	P03: Load furniture in reporting rooms	FM	RR
09.12.13	P04: General update	FM	RR
02.01.14	P05: General update based on Trust's comments	FM	RR
07.01.14	P06: Tags added	FM	RR
26.03.14	P07: General update	FM	RR
23.04.14	C01: First construction issue	FM	RR
05.08.14	C02: Minor updates	FM	RR
12.08.14	C03: Offices layout amended following Clients comments	FM	RR

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PROJECT
SOUTHMEAD PATHOLOGY , Phase 2

DRAWING TITLE	DRAWING NUMBER	REVISION
Fully Loaded Plan - Level 0	1303_ADP_000	C03

PROJECT NUMBER: 1303 DATE: 21/10/13 DRAWN: FM SCALE: 1 : 100@ A1

 CHECKED:

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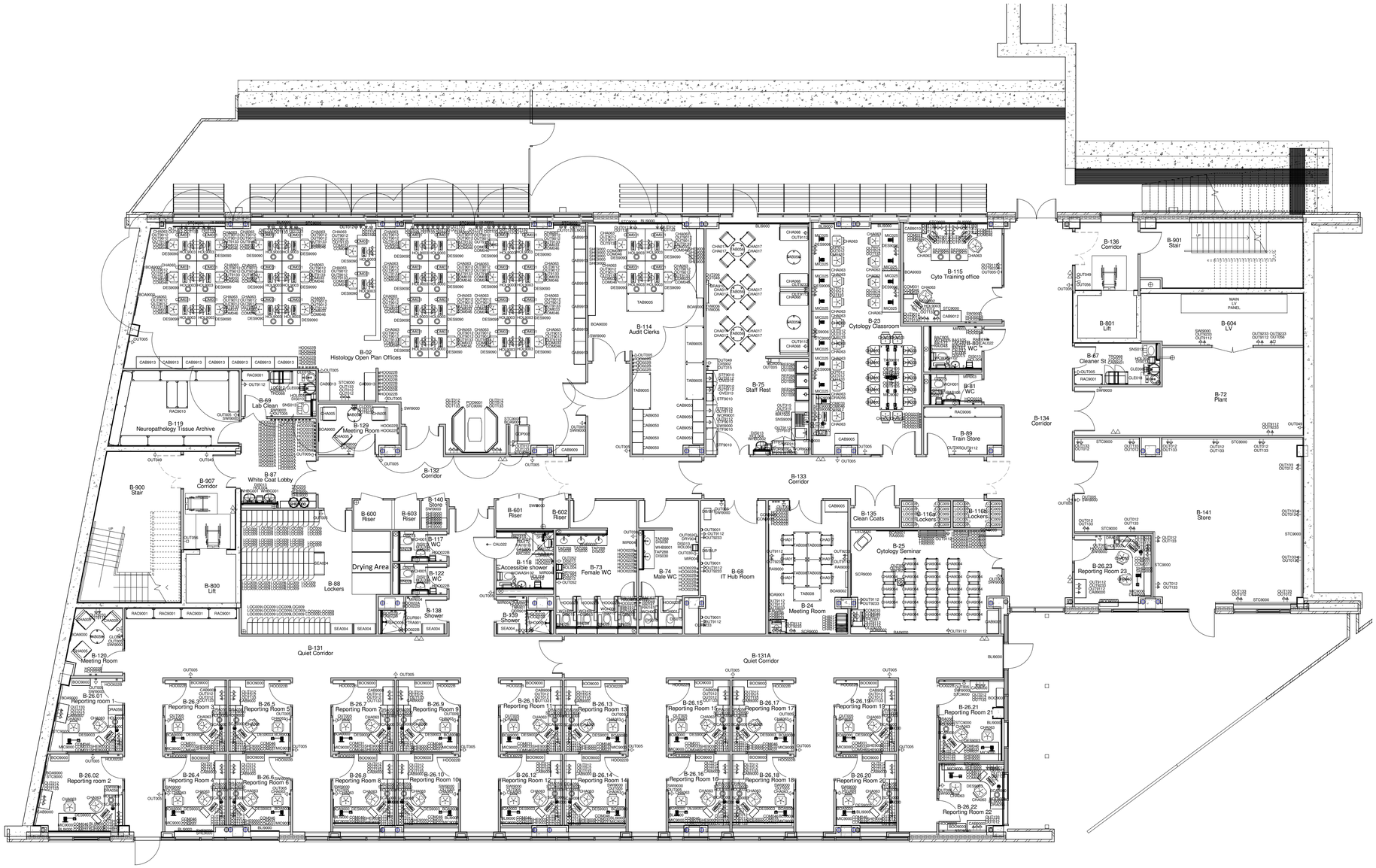

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Revision Schedule			
Revision	Drawn	Checked	Revision Description
01.11.13	FM		P01- General update
01.11.13	FM		P02- Bubbles added
05.11.13	FM		P03-Load furniture in reporting rooms
11.11.13	FM		P04- General update
25.11.13	FM		P05- General update based on Tuart's comments
02.01.14	FM		P06- Typo added
07.01.14	FM	RR	P07- Typo added
24.03.14	FM	RR	P08- Typo added
23.04.14	FM	RR	C01- First construction issue
29.05.14	FM	RR	C01- General update
29.05.14	FM	RR	C02- General update
03.07.14	FM	RR	C03- Minor amendments
12.08.14	FM	RR	C04- Minor amendments, EWN010
		RR	C05- Clifton layout amended following Clients comments

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PROJECT
SOUTHMEAD PATHOLOGY , Phase 2

DRAWING TITLE	DRAWING NUMBER	REVISION
Fully Loaded Plan - Level B	1303_ADP_B00	C05
PROJECT NUMBER: 1303 DATE: 21/10/13	DRAWN: FM	SCALE: 1 : 100@ A1
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APPENDIX 8

Review of frozen sections at UHBristol

The purpose of the review is to provide information on the frozen section service provided at UHBristol to inform discussions on the future model for provision of a single cellular pathology service for Bristol

Study period - April 2013 to March 2014 inclusive, a period of 52 weeks

Data was extracted from the LIMS system at UHBristol

Duplicates were removed

The number of frozen section specimens per case and the day of the week the frozen sections were performed were calculated

The cases were divided into a number of categories as follows: -

1. Primary diagnosis
2. Surgical margins
3. LN metastases
4. Is this lesion tumour
5. Specific
6. Other

The cases were allocated to the appropriate specialist team

This analysis excludes the following: -

- Breast frozen sections (13 cases) as these are private work and the source of the specimens is the Spire
- A single parathyroid specimen as this was private and had been sent to the wrong hospital from the Spire
- A single skin case as it cluttered up the tables

Table 1 shows the cases by specialist team, by day of week and by category

Count of cases	Reason for frozen					
Team/Day	Primary diagnosis	Surgical margins	LN metastases	Is this lesion tumour	Other	Grand Total
GI	**3**	**23**	**15**	**46**		**87**
Monday	1	1	2	6		10
Tuesday		5	3	9		17
Wednesday		6	4	12		22
Thursday	2	9	1	10		22
Friday		2	5	8		15
Saturday				1		1
Gynae	**2**	**3**	**3**			**8**
Tuesday	1					1
Wednesday	1	1	1			3
Thursday		2	2			4
H&N	**8**	**33**	**8**	**2**	**1**	**52**
Monday	3	4	1			8
Tuesday		3	2		1	6
Wednesday		4	3			7
Thursday	3	11	1			15
Friday	2	11		2		15
Saturday			1			1
Lower GI	**1**			**2**		**3**
Thursday				1		1
Friday	1			1		2
Lung	**84**	**12**	**4**	**3**		**103**
Monday	6	4	1			11
Tuesday	14	2	1	1		18
Wednesday	25	1	2	1		29
Thursday	29	3				32
Friday	9	2		1		12
Saturday	1					1
Grand Total	**98**	**71**	**30**	**53**	**1**	**253**

Table 2 shows the cases by specialist team, by day of the week and by number of specimens

Count of cases	Number of specimens per case								
Team by day of week	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**9**	**Grand Total of cases**
GI	**53**	**22**	**9**	**1**	**2**				**87**
Monday	6	2	1		1				10
Tuesday	10	4	1	1	1				17
Wednesday	12	5	5						22
Thursday	11	9	2						22
Friday	13	2							15
Saturday	1								1
Gynae	**6**	**2**							**8**
Tuesday		1							1
Wednesday	3								3
Thursday	3	1							4
H&N	**17**	**8**	**5**	**10**	**8**	**2**	**1**	**1**	**52**
Monday	4		1	1	2				8
Tuesday	2	1		3					6
Wednesday	1	2	1	1	1	1			7
Thursday	4	3	1	3	2	1		1	15
Friday	5	2	2	2	3		1		15
Saturday	1								1
Lower GI	**3**								**3**
Thursday	1								1
Friday	2								2
Lung	**80**	**18**	**4**			**1**			**103**
Monday	5	5	1						11
Tuesday	15	2	1						18
Wednesday	22	5	1			1			29
Thursday	28	3	1						32
Friday	9	3							12
Saturday	1								1
Grand Total	**159**	**50**	**18**	**11**	**10**	**3**	**1**	**1**	**253**

Table 3 shows the cases by specialist team, by category and by number of specimens

Count of cases with	Number of specimens								
Team/reason for frozen	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**9**	**Grand Total**
GI	**53**	**22**	**9**	**1**	**2**				**87**
Primary diagnosis	2	1							3
Surgical margins	11	8	3		1				23
LN metastases	9	2	3	1					15
Is this lesion tumour	31	11	3		1				46
Gynae	**6**	**2**							**8**
Primary diagnosis	1	1							2
Surgical margins	3								3
LN metastases	2	1							3
H&N	**17**	**8**	**5**	**10**	**8**	**2**	**1**	**1**	**52**
Primary diagnosis	5	3							8
Surgical margins	4	4	5	8	8	2	1	1	33
LN metastases	5	1		2					8
Is this lesion tumour	2								2
Other	1								1
Lower GI	**3**								**3**
Primary diagnosis	1								1
Is this lesion tumour	2								2
Lung	**80**	**18**	**4**			**1**			**103**
Primary diagnosis	69	15							84
Surgical margins	5	3	4						12
LN metastases	3					1			4
Is this lesion tumour	3								3
Grand Total	**159**	**50**	**18**	**11**	**10**	**3**	**1**	**1**	**253**

Table 4 shows the number of frozen by team per month

Count cases	Per month												
Team	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Grand Total**
GI	9	3	5	5	11	9	7	14	5	7	7	5	87
Gynae						1		3		1	3		8
H&N	4	2	4	3	7	2	7	4	5	8	4	2	52
Lower GI								2	1				3
Lung	9	8	9	10	9	5	5	6	10	7	17	8	103
Grand Total	**22**	**13**	**18**	**18**	**27**	**17**	**19**	**29**	**21**	**23**	**31**	**15**	**253**

Table 5 shows paediatric frozen sections by team, reason and day of week including the number of specimens with each case. Specific here refers to Hirschsprungs

Paediatrics	Number of specimens				
Team, Reason & Day	**1**	**3**	**4**	**5**	**Grand Total**
H&N	**1**				**1**
Primary diagnosis					
Wednesday	1				1
Paed	**4**	**4**	**2**	**2**	**12**
Specific					
Tuesday	2			1	3
Wednesday	1	1			2
Friday	1	3	2	1	7
Grand Total	**5**	**4**	**2**	**2**	**13**

Cellular Pathology Service: Operating Standards

There will be many challenges in creating a new service formed by the bringing together of the Department of Cellular Pathology at NBT and the Department of Histopathology at UHB. The vision is to create,

"an integrated, safe, innovative and efficient NHS-led pathology service which can thrive in the competitive and dynamic environment."

In order to achieve that aim, there is a need to describe a set of operating principles and standards which will enable the new service to function effectively. This document seeks to describe those standards.

Staffing

(a) All laboratory staff will be able to demonstrate evidence of training, competency and continuing professional development relevant to the roles that they perform. This will be to conform with current regulation and Trust and professional guidance.
(b) Staff managed to conform with current regulation and Trust and professional guidance eg appraisal
(c) Staffing levels to be able to meet agreed requirements of users.
(d) Workforce development will consider succession planning and the optimal use of extended roles for clerical, scientific and technical staff. An integrated training plan will facilitate this and seek to provide a more flexible and responsive workforce with improved job satisfaction.

Specialist Teams

Pathologists will function in Specialist Teams and the following principles will apply,
(a) Each specialist team or distinct section thereof must have a minimum of 3 consultant pathologists involved in reporting the work unless formal networking arrangement exist with other centres. The detail of this will need to be described by each specialist team.
(b) The work within each specialist team or distinct section thereof should be split so that all the pathologists involved undertake sufficient reporting to maintain their skills and competency.
(c) This split of work should be described in a rota produced regularly, shared within the service and outside the service where appropriate. This rota should cover the essential aspects of the specialist work including cutup, reporting, frozen sections and MDT attendance.
(d) Annual and study leave will be covered within the team. Leave will be planned so that there are normally at least 2 members of the specialist team at work.

Tests

(a) Available tests shall include all tests that meet the requirements of users of the service, whether by in-house analysis or outsourced (sent away). The service will agree with users which tests should be available and should ensure that appropriate (preferably electronic) communication links are in place for the requesting and reporting of tests. National guidance will be considered when advising users of the most appropriate investigations and the content of reports.
(b) Laboratory IT systems shall send results to primary and community care using appropriate messaging systems to ensure compliance with NLMC data standards.
(c) All methods used will meet national and international guidance. Where methods may change consideration will be given to ensure that results obtained will not differ significantly from those

obtained in other UK laboratories, particularly those laboratories serving the local population. New methods will be appropriately validated and verified.

Reports and reporting

(a) Routine report production will follow the following principles,
- A pull system will operate and cases from the pull system that don't require further work or discussion with colleagues will be dictated the day they are 'pulled'
- Cases allocated to consultants requiring cut-up issued before (a time to be agreed) that don't require further work or discussion with colleagues will be dictated the same day
- *There will need to be an allowance for cases involving trainees*
- The macro description will be dictated at the time of cutup. It will be typed before the case leaves the laboratory
- Cases where the report is dictated between 09:00 and 15:00hrs will be ready for sign out within 2 hours.
- Cases where the report is dictated between 15:00 and 09:00hrs will be ready for sign out before 11:00hrs
- Cases where the report is dictated before 15:00hrs will be ready for sign out by 17:00hrs
- Cases will be signed out by consultants at least twice a day, once must be at the end of the working day.

(b) Cancer resections will be reported using a template or proforma in accordance with National guidance

(c) A standard, fully documented, has been established to define cases that require double reporting or which should be sent for specialist opinion.

(d) The laboratory will define and document which results must be telephoned urgently to a responsible clinician.

(e) The service will have a system in place to identify cases remaining unreported longer than is anticipated, and shall have a documented system to manage and report these cases. Exception reporting shall be undertaken of all cases (including decalcified cases) remaining unreported after 20 calendar days

Timeliness of reports

(a) Diagnostic cytology and histopathology cases will be reported, confirmed and authorised to exceed the RCPath KPIs of 80% of cases within seven calendar days and 90% of all cases within ten calendar days of a sample being taken.. The expectation is that the majority of specimens will be reported in less than 3 working days obviating the need for an urgent work stream.

(b) Turnaround times shall be monitored, recorded and published. .

(c) Results for cervical screening will be available to meet national standards currently 98% within 14 days of a woman having had a sample taken.

(d) To facilitate a timely reporting of cases a set of operating principles described in Appendix A will be followed.

EQA

(a) The service will participate in qualitative, quantitative and interpretive EQA schemes appropriate to its repertoire. Individual pathologists will be expected to participate in professional schemes relevant to their areas of practice. In the absence of an accredited EQA scheme covering an area, the pathology service shall participate in an alternative EQA

scheme covering this aspect of the service repertoire or use inter-laboratory comparisons to ensure that results are similar in different laboratories.

(b) A procedure will describe how EQA submissions are managed including any poor performance issues.

(c) A report of laboratory performance in all quantitative EQA schemes will be published using a standard format, and available to service users and patients.

Incidents and complaints

(a) The service will ensure there is a log for documenting laboratory-based errors and shall demonstrate evidence of measures introduced to reduce the chance of similar future errors. Risks to the service will be managed in accordance with Trust requirements.

User requirements

(a) The service will have system in place to gather record and act upon feedback from service users.

Accreditation

(a) The service will seek to achieve accreditation with UKAS, CQC, NHSCSP and the HTA and meet the requirements of all other regulators and authorities to which the department provides services.

Appendix A: Ensuring a timely laboratory service

All specimens will be dealt with according to these standards. There will be no urgent workstream.

Receipt and booking in of cases

Booking in will be organised so there are no delays in cutup

Cutup

(a) Specimens requiring cutup must be cutup as soon as they are sufficiently fixed.
(b) Medical staff cutup will be rostered and timetabled. This will be treated as a fixed commitment with an expectation that consultants will attend on time.
(c) Three categories of specimens are described: -
    Category 1: Specimens requiring simple transfer from container to cassette
    Category 2: Specimens requiring use of a knife to prepare tissue for processing within the competencies of the BMS
    Category 3: Specimens requiring use of a knife to prepare tissue for processing requiring the skills of a consultant pathologist
(d) Category 1 specimens will go onto the processor the day they arrive in the laboratory. Potential advantages of the provision of in-day rapid processing will be evaluated.
(e) Categories 2 & 3 specimens will go onto the processor on the day they are cutup
(f) There will be a process to ensure specimens are prepared to fix rapidly on the day of receipt (opening bowels, slicing breasts etc.)
(g) Saturday cutup will be evaluated

Processing

The following principles will apply,
(a) Blocks coming off a processor before 09:00hrs will be embedded, cut, stained and issued by 15:00hrs
(b) Blocks coming off a processor before 15:00hrs will be embedded, cut, stained and issued the same day.
(c) Blocks coming off a processor after 15:00hrs will be embedded, cut, stained and issued before 12:00hrs the following working day.

Immunohistochemistry and special stains

Cases requiring immunohistochemistry or special stains will ready the same day if the request is received by 12:00 or, if received later, by 12:00 the following working day.

RC Path KPI Targets

KPI Measure	Context	Target
	Staffing	
KPI 1.1	Provision of Senior Staff (Consultant grade staff with FRCPath)	100%
KPI 1.2	Senior Staff Cover Handover (Availability of Consultant staff for 24/7 365 services)	100%
KPI 1.3	Senior Staff Appraisal (Consultant/Consultant Equivalent staff)	100%
KPI 1.4	Senior Staff Clinical Professional Development (Registration and satisfactory performance of Consultant equivalent staff in RCPath CPD Scheme)	100%
	Training and Education	
KPI 2.1	Training Future Laboratory Staff (numbers in training Medical, Scientist + BMS)	15-30%
KPI 2.2	Undergraduate, post graduate and primary care teaching (participation and publication of training activities)	Publication of Activity
	Repertoire of Tests and Integrity of Reporting Results	
KPI 3.1	Integrity of Data Transmission (ensuring error free data transfer processes)	100%
KPI 3.2	Messaging to Primary Care Community (use of standardised messaging to primary to ensure error free data transfer)	100%
KPI 3.3	Demand Management (reduction of unnecessary test, ensuring appropriate testing is used)	100%
KPI 3.4	Test Repertoire (repetoire of tests to meet clinical practice of service users)	100%
KPI 3.5	Point-of-care testing (governance structure for point of care testing)	100%
KPI 3.6	Long-term stability of methods (mechanisms to ensure all test are appropriatelay validated and result consistency over time is documented)	100%
KPI 3.7	Incident + Error Reporting (Recording and review of errors. Local standard of definition of corrective action in 28 days for all notified errors is reported)	90%
	Engagement with Patients and Users	
KPI 4.1	Communication of results to Patients (audit against reporting standards for results given directly to patients e.g Warafrin monitoring)	100%
KPI 4.2	Patient Opinions (Annual patient users survey)	100%
KPI 4.3	Quantitative user satisfaction survey (annual Rcpath user survey and incorporation in plans for service delivery)	100%
	Interpretive Clinical Advice and engagement with MDT's	
KPI 5.1	Availability of clinical advice at MDT's (Pathologist Presence)	90%
	Availability of clinical advice at MDT's (Designated lead cancer pathologist attendance)	66%
KPI 5.2	Cellular Pathology cancer resection reports contain template/proforma reports	95%
KPI 5.3	Documentation of cellular pathology second opinions (concordance and recording processes for second opinions)	100%
	Timeliness of reports and clinical advice	
KPI 6.1	Critical Result Communication (evidence of effectiveness of laboratory critical result communication policy	100%
KPI 6.2	Communication of microbiological isolates of potential significance for infection control/prevention	100%
KPI 6.3	Timeliness of responding to requests for clinical advice (evidence of effectiveness of systems for providing clinical advice on request)	100%
KPI 6.4	Cellular pathology reporting times : 80% in 7 days	80%
	Cellular pathology reporting times : 90% in 10 days	90%
KPI 6.5	Monitoring cellular pathology delayed reports (unreported cases > 20 days)	100%
KPI 6.6	Turnaround times linked to patient pathways (definition and audit of turnaround time for specific patient pathways)	100%
KPI 6.7	Policy for provision of results and blood products for patients with massive haemorrhage	100%
KPI 6.8	A+E blood sciences turnaround times (one hour receipt - result availability)	90%
KPI 6.9	HLA typing of deceased donors for solid organ transplantation (typed to minimum resolution)	100%
	HLA typing of deceased donors for solid organ transplantation (result available within 8 hours)	80%
KPI 6.10	HLA typing for haemapoeitic stem cell transplantation	**NOT PROVIDED AT NBT**
KPI 6.11	Routine antenatal screening tests (HepB, HIV, Syphilis 21 and rubella)	**NOT PROVIDED AT NBT**
KPI 6.12	Late presentation antenatal screening tests	**NOT PROVIDED AT NBT**
	External Quality Assurance	
KPI 7.1	Analytical EQA Schemes Participation (participation and performance monitoring of External Quality Assurance Schemes, use of appropriate alternative mechanisms to assure qulaity where no EQA scheme is available)	100%
KPI 7.2	Interpretive EQA Schemes Participation (Histopathology, Cytopathology, Biochemistry)	100%
KPI 7.3	EQA Scheme Results Publication	100%

University Hospitals Bristol NHS
NHS Foundation Trust

Cover Sheet for a Report for a Public Trust Extra-Ordinary Board Meeting, to be held on 22 December 2014 at 3.00 pm in the Conference Room, Trust Headquarters, Marlborough Street, Bristol, BS1 3NU

06. CQC action plan

Purpose

To update the Board on the process by which action plans are being developed and approved following the Care Quality Commission's recent comprehensive inspection.

Abstract

UH Bristol is required to submit an action plan (in reality, a series of action plans) in response to a number of compliance ("must do") actions listed by the CQC. The deadline for submission is 12th January 2015.

Detailed draft plans for compliance actions are being discussed by the Senior Leadership Team on 17th December and by the Executive Team the following day.

The intention is to sign off a collective health and social care community-wide response to the Trust's patient flow issues at a meeting of the BNSSG Strategic Resilience Group on 6th January. Approval of internal compliance action plans will take place via a planned meeting of Executive Directors on the same day.

Recommendations

The Board is asked receive this report to note.

Report Sponsor

Sean O'Kelly, Medical Director

Author: Chris Swonnell, Head of Quality (Patient Experience and Clinical Effectiveness)

Appendices

CQC action planning

Previous Meetings

Date the paper was presented to the relevant Group or Committee:

Executive Team	Senior Leadership Team	Quality & Outcomes Committee	Finance Committee	Audit Committee	Other
	3/12/14				

CQC action planning

Summary

UH Bristol is required to submit an action plan (in reality, a series of action plans) in response to a number of compliance ("must do") actions listed in the Care Quality Commission's report following its recent comprehensive inspection of services provided by the Trust. The deadline for submission is 12th January 2015, extended by one week from the original deadline at the CQC's suggestion, to take account of the Christmas break and to enable sufficient time for joint working across the local health and social care community.

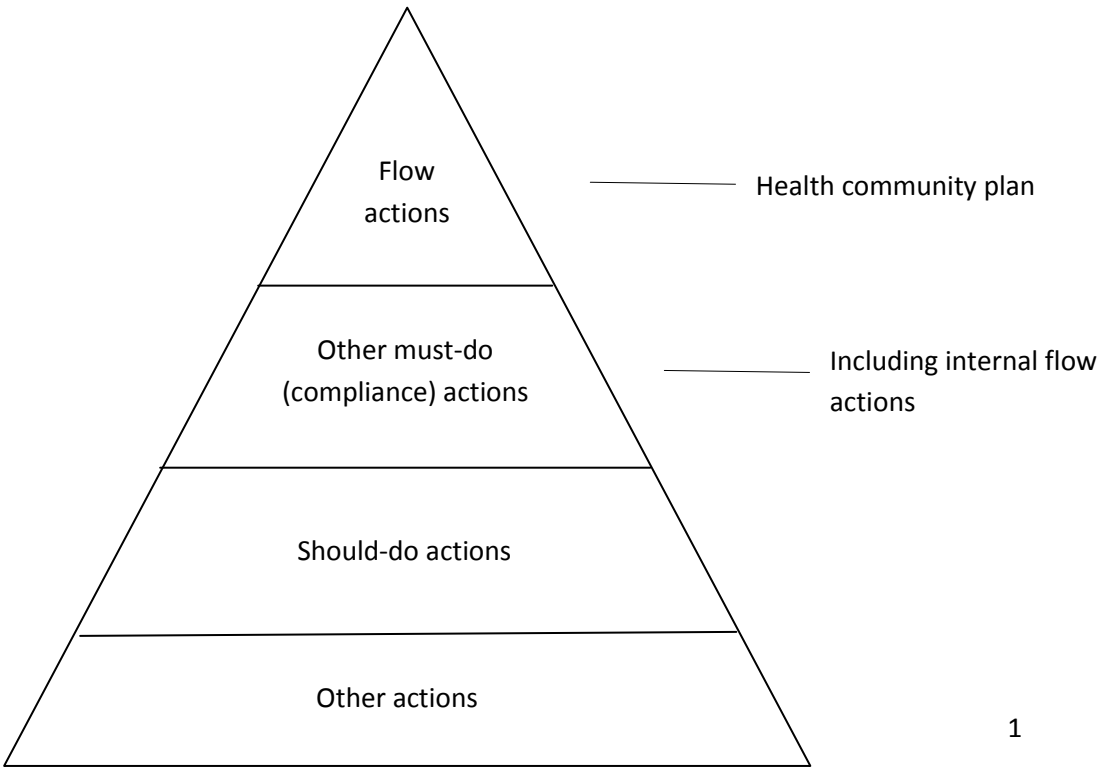
Draft plans for compliance actions are being discussed by the Senior Leadership Team on 17th December and by the Executive Team the following day.

The intention is to sign-off a collective response to patient flow issues at a meeting of the BNSSG Strategic Resilience Group on 6th January. Final sign-off of internal compliance action plans will take place via a planned meeting of Executive Directors on the same day.

The Trust's response to other "should do" actions will need to be prepared by early February.

Hierarchy of action plan themes

The Senior Leadership Team met on 3rd December and agreed the hierarchy of actions set out below. It has been agreed that post-inspection actions fall into one of four categories:



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Flow actions: James Rimmer to lead; clear expectations from Monitor for 7-8 key actions across the local health and social care community which can be delivered in a 12 week timeframe (in effect, by end of March). These actions will form part of the Trust's formal response to CQC, due 12th January.

Other must-do action: Appropriate Executive or divisional leads have been assigned. Along with the flow actions, these other must-do actions will together form the Trust's formal response to CQC, due 12th January.

Should-do actions: Appropriate Executive or divisional leads have been assigned. Since the Quality Summit, CQC have confirmed that they are "interested" in how we are responding to the should-do actions. CQC representatives will be seeking a meeting with the Trust mid-late February, and have asked to see the Trust's response to should-do actions in advance of that meeting. SLT has agreed that the initial focus for action planning must be compliance actions, with should-do actions following later.

Other actions: There may be other points of learning/improvement within the inspection reports which have not been identified by the CQC as must-do or should-do actions but which Divisions or corporate services wish to act upon. SLT has agreed that these plans will remain in Divisions/ services as improvement actions and will be developed via the annual Operating Plan process (quality section).

Summary of Divisional input

- Divisional lead role on some specified must-do and should-do actions
- Executive Directors may also engage Divisions on other must-do and should-do actions
- Freedom to develop other improvement actions not specified by CQC

Final sign-off of internal compliance action plans will take place via a planned meeting of Executive Directors on 6th January. The agreed action plans will be shared at the public Trust Board meeting on 29th January. Plans for monitoring the delivery of the actions are to be confirmed.

Note regarding previous non-compliance

The CQC has given clear guidance that the inspection supersedes any previous non-compliance with CQC standards. The Trust's CQC public web pages are now based on the new framework and the latest inspection results.