

TRUST BOARD
28th May 2012**TITLE****Surrey Pathology Project Update****EXECUTIVE SUMMARY**

From 1 April 2012 Surrey Pathology Services (SPS) began operating as a single Pathology organisation with a unified budget and management structure.

The reconfiguration is still in an interim phase and the transfer of staff and equipment is not yet complete. This means that some aspects of the service are running at a suboptimal level in terms of staffing rotas, equipment efficiencies and space.

There are challenges in undertaking such a complex reconfiguration but the issues occurring are part of the transition phase and temporary.

All concerns are documented and investigated; controls and mitigations have been put in place to address the issues wherever possible. Performance is being monitored daily covering the full end-to-end journey of the sample from the point of collection to return of results.

Nationally, NHS Pathology in Surrey is at the forefront of modernisation. We believe this change will deliver benefits to our patients and service users earlier than may be expected elsewhere in the country. At the same time, we recognise that there are risks inherent to a major project of this type and that service quality has been temporarily affected.

The purpose of this paper is to:

- To update the Board on progress

BOARD ASSURANCE
(RISK)/
IMPLICATIONS

- IT Operational Failure
Mitigation: Disaster Recovery plans being put in place..
- Delay on service transfer affecting savings and performance
Mitigation: Programme Manager in place; detailed planning established monitored through Steering Group
- Inability to maintain service due to reduced staffing levels due to unfilled vacancies, redundancies and staff turnover during transition
Mitigation: managed through Steering Group and joint working closely with Finance and HR, using temporary staff as and when required

		<ul style="list-style-type: none">• Reduced performance leading to reduced service satisfaction during change period• Mitigation: Robust project management and monitoring of key performance indicators on a daily basis. Agreed timescale to complete change through programme management. Improved logistics with extra transport runs to GPs and electronic requesting of tests.
STAKEHOLDER/ PATIENT IMPACT AND VIEWS	AND	<ul style="list-style-type: none">• Regular review through direct contact with users. Issue log on complaints.• Survey of user transport and IT needs• Where transport and IT are working, level of satisfaction is good.
EQUALITY AND DIVERSITY ISSUES	AND	None known
LEGAL ISSUES		None known
The Trust Board is asked to:		To note recent progress in developing an integrated Pathology service in Surrey.
Submitted by:		Surrey Pathology Services Management on behalf of Andrew Liles, Chief Executive
Date:		24 th May 2012
Decision:		For noting

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Reconfiguration Programme (see Appendix 1)

- Service Transfer Dates
 - February 2012 – Centralisation of Bacteriology, Blood Sciences and Specimen Reception at FPH COMPLETE
 - March 2012 – Phase 1 Centralisation of Cytology at SPH COMPLETE
 - May 2012 – Centralisation of Virology at SPH; Phase 2 Centralisation of Cytology at SPH COMPLETE
 - June 2012 – Centralisation of Immunology at SPH
 - July 2012 - Complete reconfiguration of Cytology
 - Sept 2012 – Complete GP Order Comms roll out
 - Sept 2012 – Complete centralisation of Histology at RSCH

HR (see Appendix 2)

- 70 WTE posts made redundant across the three sites
- Due to vacant posts and suitable alternative employment the actual number of staff currently affected is 11.
- One individual grievance and one collective grievance being undertaken on the FPH site.

IT (see Appendix 3)

- Phase 1 – Clinisys Lab2Lab link between Laboratory Information Management System (LIMS) implementation
 - Lab2Lab system operational and fully tested in all disciplines, currently the system requires high level of intervention and maintenance. Issues logged and investigated.
 - Business contingency plans confirmed
- Phase 2 – Migration to single LIMS
 - Planning workshops with Clinisys took place in November 2011
 - Phase 2 initiated May 2012 (preliminary completion date November 2012)
- Order Comms
 - Project underway to roll out Sunquest ICE GP Order Comms
 - Hospital Order Comms is available on all three sites but is not widely utilised, project is planned to improve usage in order to improve quality and reduce cost.

Communication

- Regular Staff Briefing Notes issued
- Letter sent to GPs updating them of changes to service in February and May 2012
- May 2012 Article printed in ASPH GP Bulletin and posted on ASPH GP Portal
- Transport survey requesting information on requirements for specimen pick up sent to GPs beginning of May 2012
- Telephone survey to individual practices commenced May 2012 – enquiring about issues with service following changes.
- Sourcing Communication Lead to support

Complaints and Issues (see Appendix 4)

- Number of formal complaints recorded since Feb 2012:
 - Feb - 3
 - March – 23
 - April – 12
 - May – 16
- All enquiries, comments and issues received from users are documented on an issues log and responded to by clinical leads and/or managers.

Business Development

- First success for SPS to win the HPV screening work for Surrey (start June 2012)
This represents a significant change in the management of women with low grade abnormalities and means we will be able to significantly reduce the number of repeat cytology tests required and to target our colposcopy services more effectively. More importantly, women will be screened more effectively and efficiently, reducing unnecessary procedures and minimising any associated anxiety. Ultimately, by regularly screening all women at risk so that conditions which might otherwise develop into invasive cancer can be identified and treated, the number of women who develop invasive cervical cancer will be reduced and fewer women will die.
- Following tender by Hounslow PCT Tender passed the PQQ stage, full submission by end of July 2012.

Appendix 1 - SPS Reconfiguration Programme

Report completed by	Jo Watts – Programme Mgr	Date of Report	22nd May 2012
Current Programme Status	Red	Amber	Green
Reason for RAG rating			
<ul style="list-style-type: none"> IT risks around lab to lab regarding labour required to maintain it, speed and complexity of system Refurbishment required at the St Peters site in order to move equipment and staff as planned Issues and Risks around IT and refurbishment and interim operation state. Staff not fully moved; work split between sites for some specialties meaning still in transition so services sub optimal. 			

Overview of Current Status	
Area/Projects	Progress
Blood Sciences	<ul style="list-style-type: none"> GP work moved from ASP to FPH on 6th February OPD (including Anticoagulant clinic work) to remain at SPH until compliance with newly agreed quality indicators incl. turnaround times demonstrated. Refurbishment at ASPH to create new Blood Sciences Lab nearing completion Move into new Blood Sciences lab planned for early June but dependent on equipment contracts. Essential to relocate staff and equipment required at FPH to optimise hub site at FPH.
Microbiology	<ul style="list-style-type: none"> Phased approach of moving benches now completed Lab staff now all located at FPH – have been trained on Kiestra system and working on extended day Ongoing issues related to the IT solution (lab2lab). Longer term solution to move to single LIMS system.
Virology	<ul style="list-style-type: none"> Lab refurbishment at St Peters completed Move of staff and complete completed in week commencing 14th May Some remaining IT and processing issues being addressed
Cytology	<ul style="list-style-type: none"> 3 screeners and 60% of slides per day have moved from RSC to ASP (2nd phase completed on 14th May) Completion of reconfiguration – ETA July 2012
Histology	<ul style="list-style-type: none"> Planning activities now underway. Sub specialisation questionnaire results analysed and distributed for review. Series of meetings over next 6 months now planned. Business Cases being developed for service resources.
Immunology	<ul style="list-style-type: none"> Provisional move date of service from RSC to St Peter's – June 2012 Dependencies on space and some minor building reconfiguration work at ASPH (however cannot move in until Blood Sciences have moved out and the robotic track has been removed) Service at RSC has taken on all the ASP immunology work before moving
Support services	<ul style="list-style-type: none"> Service has now stabilised and turnaround times within target Order Comms to be fully rolled out for full savings in September 2012 Some additional van runs in place for GPs
Programme level	<ul style="list-style-type: none"> Risk registers for programme level and discipline level in place and managed Issues logs for programme level and discipline level in place and managed FPH Cat 3 room scheduled for May 2012 Space reconfiguration at St Peters – 1st phase well underway (lab areas). Business case being developed for 2nd phase (offices and specimen reception)

Overview of Current Status	
Area/Projects	Progress
IT	<ul style="list-style-type: none"> • Lab2lab roll out for Blood Sciences and Microbiology – high level of intervention and maintenance required • Post Go Live IT/process issues with Blood Sciences & Micro being worked through • GP ICE Order Comms & Open Net roll out schedule being prepared • Trust IT deploying DR solution through cloud as previously agreed • Phase 2 of IT roll out needs to commence due to intense nature of maintaining lab to lab and the potential risks it provides on turnaround times.

High Level timeline

Sub Projects	WC 14 th May	WC 21 st May	WC 28 th May	Notes
OP Blood sciences (to FPH)				TBC
Microbiology (to FPH)				Completed
Virology (to St Peters)				Completed
Cytology (to St Peters)				In progress - June 2012 to complete
Immunology				June 2012
Histology				TBC
Space/facilities work at St P				In progress
Space /facilities work at FPH				In progress
Establish Clinical Gov Structure				June 2012
Complete restructure staffing				June 2012
Complete Phase 2 LIMS				Nov 2012
Complete GP Order Comms				Sept 2012
Introduction of Revised Transport Runs				Sept 2012

Key Issues and Risks

No	Issues / Risks	Details and mitigation actions
1	Blood Sciences	<p>Controls and Mitigations in place to address issues with quality of service experienced by users;</p> <ul style="list-style-type: none"> • Agreed targets for inputting process (< 3 hours) and analysis of BS samples (<6 hours for >95%) in place as of 15th Feb with daily monitoring against targets ongoing • Introduced “urgent” sample carriers for GP surgeries to enable fast-tracking of these samples with effect from 8th March • Number of “lost” samples (UNAH and UNAB) now being tracked and reported on a weekly basis – measures taken with effect from the 15th March are expected to cause a decrease in this number • Handover process (from night shift to a senior member of staff) put into action with effect from 15th March – enabling review of issues and performance • Additional transport runs to selected surgeries in place – more runs to be scheduled • GP Order Comms roll out to be expedited
2	IT	Lab2Lab is working but there are many residual issues related to the differences between the two systems. Many issues were not expected. These are being logged and gradually being worked through. Phase 2 initiated to address these issues.
3	Microbiology	The phased move of Microbiology work is completed. During the move period the turnaround times for results increased due to transport, staff training, waiting to implement the shift system and managing the work across the two sites. This is now settling down and turnaround times are showing improvement.

Appendix 2 - HR Update

Staff at Risk/Redundancy Costs

Currently 11 members of staff are at risk of redundancy across the network:

- 6 FPH
- 3 ASPH
- 2 RSCH

Suitable Alternative Employment (SAE)

- 30 staff have been appointed to SAE posts across the three sites.

Issues.

- Delayed redundancy notices, as a result of dealing with material detriment cases and grievances, have led to some at risk staff being paid into the new financial year and a delay in staff related savings.
- Changes to the service have led to a higher than normal staff turnover. This is mainly due to staff who do not want to move to another site or are unable to fit in with new shift patterns. In the event of staff resignation, wherever possible posts have been offered as suitable alternative employment to staff at risk (thereby reducing redundancies). Some senior posts have arisen following retirement of staff, these were advertised externally and attracted excellent candidates resulting in successful recruitment with high calibre, experienced people.

Attachment 3 – IT Project Highlight Report

Project Name	Surrey Pathology Network – Phase 1 (IT)		
Project Manager	Sarah Scanlan (SS)	SRO (Sponsor)	Ian Fry
Project Start Date	July 2010	Project end date	Nov 2012

Period covered by this highlight report	April/May	Date of Report	May 2012
IT Project Steering Group Membership	<ul style="list-style-type: none"> • Andrew Laurie Medical Director (Surrey Pathology) • Ian Fry Clinical Director (Surrey Pathology) • Kate Cox Blood Sciences GM SPS • Steve Shiel Commercial and Specialist Services GM SPS • Vic Frewin IT Mgr (FPH) • Jonathan Spinks Senior Project Mgr (ASPH) • Mike Cavaye IT Programme Mgr (RSCH) • Sue Hookins Clinisys Project Mgr 		

Current Project Status	Red	Amber	Green
Description of status	Serious issues and delays with this project	Some issues and risks with project	No significant issues or risks. Project proceeding satisfactorily
Reason for RAG rating		High level of intervention and maintenance required	

Work completed during this period (April/May)

Progress
<ul style="list-style-type: none"> • Lab2lab roll out for Blood Sciences and Microbiology – high level of intervention and maintenance required • Post Go Live IT/process issues with Blood Sciences & Micro being worked through • Go Live Virology (equipment transferred from FPH to ASPH) • GP ICE Order Comms & Open Net roll out schedule being prepared • Phase 2 of IT roll out initiated

Work to be completed in next period (May/June)

Planned actions
<ul style="list-style-type: none"> • Work with Programme Manager on integration of service moves with IT • Support Lab2lab roll out for remaining service moves • Continued GP ICE Order Comms roll out • Immunology transfer equipment RSCH to ASPH • Cloud Infrastructure (DR solution) to be implemented.

Highlighted Issues and Risks

Issues / Risks	Mitigation actions / status
Lab2Lab	Lab2Lab is working but there are many residual issues related to the differences between the two systems. Many issues were not expected. These are being logged and gradually being worked through. Phase 2 initiated to address these issues.

Appendix 4 – Actions implemented to date in response to user issues

Issue	Status												
Turnaround times (blood sciences)	<p>These have improved since the first weeks of the reorganisation. We have set targets for receipt, data entry and analysis of all samples and are monitoring this on a daily basis. For instance, our key performance indicators show us the following improvements to date:</p> <table border="1"> <thead> <tr> <th>Measure</th> <th>March 2012</th> <th>22nd May 2012</th> <th>Notes</th> </tr> </thead> <tbody> <tr> <td>GP samples analysed within 6 hours</td> <td>30%</td> <td>93%</td> <td>Target 95%</td> </tr> <tr> <td>Vitamin D turnaround within 6 hours</td> <td>0%</td> <td>83%</td> <td>Target 95%</td> </tr> </tbody> </table>	Measure	March 2012	22 nd May 2012	Notes	GP samples analysed within 6 hours	30%	93%	Target 95%	Vitamin D turnaround within 6 hours	0%	83%	Target 95%
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Turnaround times (microbiology)	<p>The turnaround times experienced with regard to our microbiology service have slipped, primarily due to the significant re-training that needs to take place as the ASPH microbiology staff get to grips with the new automated systems that are in place at FPH. In addition, we have had issues with staffing levels not matching the demands being placed on the service. This is due to change as a result of the introduction of new shift systems. We have also recently modified the key performance indicators being used to monitor this service and believe we will now be better placed to track performance and improve. Finally, the revised transport schedules planned (see MCV issue below) will improve this turnaround time from a service user perspective.</p>												
Urgent samples	<p>We have introduced special carriers (lunch boxes) which are used to separate out urgent samples from routine. These appear to be working well in most instances, such that urgent samples received at our Frimley lab now get data entered and analysed within 90 minutes (for >90%).</p>												
Urgent/abnormal results not phoned through.	<p>This was an issue during the early weeks of the Network due to a lack of clarity with regards to responsibilities. We believe there has been improvement since April.</p>												
Receipt of replicate reports issue	<p>This has been a troublesome issue for biochemistry and haematology reports from the outset and is related to the fact that we have two separate laboratory IT systems communicating with each other. This wasn't an issue that could have been predicted, so it took some time for us to understand the causes. We are steadily reducing the frequency of this issue, as we are able to speed up the turnaround time for routine analysis and add tests to our automated systems repertoire. We have recently done this for vitamin D and most recently, testosterone. Further refinements are necessary and we expect to improve upon the current position further over coming weeks</p>												
HbA1c reporting issues	<p>We plan to be able to report an appropriate reference range in IFCC units for the differing patient groups (screening for diabetes, known type I and known type II). This will be possible for those ordering HbA1c using the ICE system which can be used to capture the clinical details for individual patients.</p>												
Increased numbers of spoilt and "lost" samples	<p>We have been monitoring this indicator from day 1 of the Network change and can report that there is a four-fold decrease in incidence of spoilt and lost samples now (mid May) in comparison to March 2012. We continue to make changes to our systems which will result in a decreasing number of spoilt samples.</p>												

Issue	Status
Increase in raised MCV levels.	<p>This issue is a combination of two factors;</p> <ul style="list-style-type: none"> a) the effect of age on FBC samples (major factor) b) a difference in analytical platform between the ASPH labs and the FPH labs <p>We have demonstrated that there is a modest difference between the mean MCV on samples measured on the two platforms, with a slightly lower mean MCV (85fl) at ASPH in comparison to FPH (88fl). This partially accounts for the increase in raised MCVs seen. In addition, we believe that sample age (timed from sample collection) has a greater effect on MCVs measured using the FPH equipment in comparison to the ASPH equipment. Hence, when samples are old (timed from collection to analysis), the MCV measured is higher on a sample analysed at FPH than the same sample analysed at ASPH.</p> <p>This issue is being resolved as we manage to analyse more and more samples within the targets we have set. In addition, this factor will be improved upon significantly as and when we introduce the revised sample transport schedule for practices. We communicated with all practices by letter in the first week of May to survey your sample transport needs. Once we have responses we plan to redesign the transport schedules and implement these as soon as possible. This is likely to take some weeks, given the expected need for additional vehicles and drivers, so we expect to fully implement this change during July.</p>
Cholesterol reference range	<p>We are aware that many GPs wish to see a reintroduction of a simple reference range for total cholesterol. We plan to survey our GP service users before we can consider introducing any such change and so you should hear from us soon with regard to this matter.</p>

Glossary

ASHFORD AND ST PETER'S HOSPITALS NHS FT	Ashford & St Peter's Hospitals NHS Foundation Trust
BLOOD SCIENCES	Blood Sciences
Cat 3	Category 3 Room (A containment facility built within Microbiology laboratory)
CSF	Cerebrospinal Fluid
FPH	Frimley Park Hospital NHS Foundation Trust
HPV	Human Papillomavirus
Lab2Lab	A Clinisys product to allow transfer of information between different LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)
LABORATORY INFORMATION MANAGEMENT SYSTEM (LIMS)	Laboratory Information Management System (Pathology Computer System)
Order Comms	Order Communications (electronic requesting and resulting systems)
PPS	Partnership Pathology Services (joint pathology service provided by FPH and RSCH prior to Surrey Pathology Services)
RSCH	Royal Surrey County Hospital NHS Foundation Trust
SAE	Suitable Alternative Employment
SPH	St Peter's Hospital (refers to the site of the laboratory)
SPS	Surrey Pathology Services (how we are referring to the new joint pathology service provided by Ashford and St Peter's Hospitals NHS FT, FPH and RSCH)
Sunquest ICE	Integrated Clinical Environment (Sunquest ICE is a trademarked product providing Order Comms for GPS and Trusts)
TAT	Turnaround time
UNAH and UNAB	Laboratory codes used when it is not possible to complete a blood sciences test (Unable Haematology, Unable Biochemistry)