

# Frequently Asked Questions



**NORTHERN IRELAND  
PATHOLOGY BLUEPRINT PROGRAMME**

Version 1 / 09.11.2022

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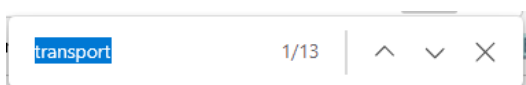
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**Directions for searching key words in the FAQ Log Booklet:**

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## CREATION OF FREQUENTLY ASKED QUESTIONS (FAQ) LOG

The Blueprint Programme was established in early 2022 and one of its first priorities was to engage with stakeholders and so a number of events were set up in April to June of 2022 in the form of meetings, Townhalls and Workshops. In addition, a Newsletter was published.

During stakeholder engagement, any questions or queries about the Blueprint Programme were noted. These questions were then collated into a Log. This Log was then shared with the newly formed FAQ Group that included Human Resources and Trade Unions. The process in Figure 1 describes how the FAQ group members worked together to produce this document.

Figure 1 – Quality Assured by HR and Trade Unions



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## **FREQUENTLY ASKED QUESTIONS**

This Log will be continually updated as more questions are asked, and as more information becomes available to answer questions.

To help you navigate the numerous questions submitted, they have been grouped together as noted below. Some questions could have been included in more than 1 group but we have added these to the Group that most represents them.

As this is an evolving Log these groupings may change in future versions to better reflect the types of questions our stakeholders are submitting.

[Section 1 - Impact on staff during the Blueprint Programme planning and implementation](#)

[Section 2 - Impact on staff when new management structure is established](#)

[Section 3 - Future Operations Structure](#)

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## Section 1 – Impact on staff during the Blueprint Programme planning and implementation

During Phase 1 of this programme, the programme will produce:

- a recommendation to the Department of Health and Minister for Health on the preferred options for the organisational form the new pathology management structure could take
- a design for this structure
- an outline plan for transitioning this structure.

The programme will engage with staff and stakeholders to ensure they understand what is happening and enable them to get involved in the work.

### 1.1 Will all Pathology staff be engaged in this programme?

**'Meaning staff 'on the bench' as well as senior pathology staff.'**

Pathology staff at all levels will be engaged in the programme as we believe that the programme will not be able to do its work without the involvement of all staff working in pathology services.

There are four main engagement points with staff during the first phase of the programme, with the aim of enabling staff to:

- comment on programme plans and input to the design of the new management structure
- make sure the benefits we hope to achieve from the work are at the centre of the design
- understand and comment on the process of identifying, shortlisting and appraising the shortlisted options
- input to the design of the operating model for the new structure, help to plan transition and understand potential impacts on staff so that the programme can address these.

Staff have told us that engagement through 'virtual' events does not always work well for staff working in the lab. In response, we are working with Trust HR, Pathology and Communications staff to plan on-site opportunities to ask questions and get answers about the programme.

We also plan to provide information about what is happening in the programme in poster format, once we get resources in place to do this. In the meantime, we are publishing a set of questions and answers online, and will use our website to communicate.

- 1.2 Do Pathology Services have enough staff and time to take part in this change programme alongside delivering business as usual, and rolling out new IT systems and other service changes?**
- In response to staff telling us their concerns about the scale of change happening in the HSC alongside rebuilding and delivery of business as usual, an analysis of other major HSC change programmes was undertaken and considered by Programme Board. Alongside this, current funding challenges for the programme were considered. The Programme Board agreed to extend the timeline for first phase of the blueprint programme by six months as a result, so Phase 1 will now complete at the latest by the end of March 2024. The situation will be monitored closely.
- In addition, the programme team is working to provide more detail to the programme about the level of effort required from different groups of staff by the programme at different times during Phase 1. This will help pathology and corporate staff understand what the programme requires of them, and they can then help the programme minimise any potential clashes on major pieces of work happening through other programmes.
- 1.3 Will there be a communication and engagement strategy for the Blueprint Programme?**
- Yes, the Blueprint Programme has a communication and engagement strategy. The programme also has a register of all stakeholders and a plan for how it will engage them, and communicate with them. This was developed following 3 months of engagement with stakeholders to find out about how they wished to be involved in the programme.
- 1.4 Who can I call when I have questions about the programme?**
- In the first instance email [blueprint@nibts.hscni.net](mailto:blueprint@nibts.hscni.net)

**The Blueprint Programme has an open-door policy and welcomes any contact from stakeholders so please email [Blueprint@nibts.hscni.net](mailto:Blueprint@nibts.hscni.net) with any questions, queries or observations.**

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## Section 2 – Impact on staff when new management structure is established

It is important that stakeholders understand what are the possible implications of the introduction of a new pathology management structure and how it could impact them, for example as a staff member, patient or service user. The Programme scope helps stakeholders to understand more about this, however until the preferred option for the organisational form that the new management structure could take is known, it is not possible to be any more definitive about this. This section therefore provides as much information in response to these question as is possible to provide at this time.

It's important that staff do raise any questions as it all helps to inform the work of the programme and ensure the design and transition plan take these questions into account.

### 2.1 How will this change impact pathology staff?

The Pathology Blueprint Programme is exploring options for establishing a new pathology management structure. There are three phases to the programme, each will have a different impact on pathology staff:

1. The first phase (runs to the end of March 2024) is creating the design for the future management structure and agreeing the preferred option for the organisational form it will take (for example a new Special Agency or another option). Staff will have the opportunity to contribute to the design and share their views either through programme engagement events, on-site drop-in Q&A opportunities, or by contacting their organisation's representatives on the design workstreams and Design Team.
2. Subject to the Minister and Department of Health's' decision to progress to establishing the new management structure, and funding being available to support this, the programme will move into Phase 2 (estimated to begin Autumn 2024). This is the phase when change begins and work to transition to the new management structure will get underway. A plan for this phase will be produced by the end of Phase 1; it is expected that staff will be engaged throughout Phase 2 in the process of creating the detailed arrangements necessary to be ready for the setup of the new management structure.
3. Finally, the third phase (currently estimated as beginning in mid-2026) is when the new management structure will be established. This is when the greatest impact will be felt by pathology staff:
  - Whilst staff will remain in the same roles, locations and services as exist now, it is currently envisaged that the pathology management hierarchy at Assistant Director level and above will look different since it will be in the form of a new regional management structure.

- There will be new governance arrangements for the structure and how lab services report into it. Staff will in future work within those new arrangements. These will be specified during Phase 2.
- The arrangements for ensuring smooth operations continue between pathology services and clinical services will have been created with staff and clinical service users, shared with staff, clinical service users and others and will be understood, enabling smooth transition to the new arrangements and continued high quality service provision. It is intended that there would be the most minimal impact possible in this area.
- In addition, the arrangements for the provision of corporate functions like finance and HR to the new management structure are likely to be different, as they may also be for planning and performance management, and the management of laboratory assets and facilities. The impact for staff is that they may in future have to contact these services through different arrangements, however until the form the new management structure will take is known it is not possible to say with certainty what any of this will look like. That detail will start to emerge during 2023 and will be shared with staff.

**2.2 Will staff terms and conditions change under a new regional pathology management structure?**

**Including in particular:**

- **will our employer change?**
- **will pathology staff become employees of the Department of Health? and if so, work under civil servants' terms and conditions?**
- **will there be early retirement or redundancy?**

**Will our employer change?**

At this early stage in the programme it is not yet known whether in future the employer of pathology staff will be different to at present. The process to finding the answer is:

- It is expected that the programme will produce a recommendation on the preferred option for the organisational form that the new pathology management structure will take mid-way through 2023.
- By the end of March 2024 this recommendation will be submitted to the Department of Health and Minister to inform a decision on whether to proceed with the recommended option. At this time staff will have some indication of what is proposed and what the proposal might mean for them, and that will be informed by the report of an equality impact assessment setting out any anticipated impact on staff; this will also be submitted to the Minister and department to inform their decision.

**Will pathology staff become employees of the Department of Health? and if so, work under civil servants' terms and conditions? and will there be changes to our pensions?**

It is unlikely that the preferred option will mean that pathology staff will become employees of the Department of Health and/or work under civil servants' terms and conditions. Policy anticipates that the new pathology management structure is a fundamental part of patient diagnosis treatment and care and would therefore remain part of health service delivery.



Furthermore, the same policy statement on pathology (Nov. 2021) indicates that:

*"While potentially in the future the pathology service might have a regional employer there will be no detriment to the current general terms of employment and pension arrangements for the pathology workforce arising from any future reorganisation;"*

**Will there be early retirement or redundancy?**

At this time there are no plans associated with the Blueprint Programme focused on enabling staff to take early retirement or opt for voluntary redundancy, and there is no plan for any type of forced redundancy scheme. The understanding of the Blueprint Programme is that the challenges facing pathology services point to the need to retain existing pathology staff and recruit new staff to fill existing service gaps.

**2.3 Will arrangements for out of hours working change?**

The Blueprint Programme scope does not include making changes to the arrangements for out of hours working; its aim is to design the new management structure and establish it.

This excludes making decisions about how out of hours service cover will work in future. The future arrangements for out of hours working are currently being discussed through the NI Pathology Network in response to challenges that pathology services are facing in staffing services out of hours.

This is likely to be considered as part of a regional workforce review that the Pathology Network is planning to take forward in 2022/23. The recommendations of that review will inform a regional Pathology Workforce and Training plan that it is envisaged would be developed through the Pathology Network, and adopted by the new pathology management structure once it is established.

**2.4 Will there be regional rotas in future with staff expected to travel to; and work in new locations?**

The Blueprint Programme scope excludes making decisions about pathology service provision, regional rotas or asking staff to travel to and work in new locations. The programme will not change the location of pathology services or the jobs of the staff that work in those services. Those working at Assistant Director and above may, however, experience a greater impact on their roles. This is because the Blueprint Programme is tasked with re-designing the management structure at Assistant Director level and above.

The NI Pathology Network is currently the mechanism for enabling the HSC to agree regional solutions to many different service challenges, including workforce challenges. The Pathology Network is planning to undertake a regional workforce review in 2022/23. The recommendations of that review will inform a regional Pathology Workforce and Training plan that it is envisaged would be developed through the Pathology Network, and adopted by the new pathology management structure once it is established. It is not known whether the review will highlight a need for regional rotas.

**2.5 Will there be changes to teams?**

The Blueprint Programme scope does not include changes to teams, and aims for the lowest possible negative impact on team working. The programme's design principles include:

- designing to enable networks and regional team working between different pathology disciplines, professional groups, operational management and administration; and
- working with clinical teams, including public health, to provide the best possible pathology diagnostics, treatment and care for patients, and adapt and respond quickly to changing demands.

The programme is working with the Pathology Network to understand what the future arrangements for clinical practitioners in the new management structure could look like, and how these arrangements might work in practice in the recommended option when it is known around mid-2023.

The process and timeline for the work on the future arrangements for clinical practitioners will be published, but this work is not likely to be completed until around autumn 2023. This is something that could potentially impact team working, however the principle of supporting team working will be taken into consideration by the Pathology Network and the Blueprint programme to minimise any potential impact.

Those working at Assistant Director level and above may experience greater impact in terms of the future arrangements for linking with pathology teams, regional teams and networks. More will be known about this when the preferred option for the organisational form the new structure may take is understood around mid-2023.

**2.6 Will staff be able to apply for an internal transfer to work in another HSC laboratory under the new regional pathology management structure?**

The preferred option for the organisational form the new structure may take will be known around mid-2023. Work will then commence to design how that structure would work in practice, what potential impacts there may be for staff, and how transition would happen. This will be submitted to the Department and Minister in March 2024, who will then decide whether to proceed with the recommended option. Subject to this decision, work will begin on Phase 2, to transition to the new structure in the second half of 2024.

The scope of decisions, including decisions on the operational policies for the new structure, that will be taken during Phase 2 (transition), and those that will be taken in Phase 3 (when the new structure is established) is not yet defined. Those that are necessary to get the new structure up and running will be prioritised for Phase 2, whilst those which may be better taken when the structure is actually up and running will be planned for Phase 3. It is likely that those decisions will be initially listed during Phase 1, and then filtered into which are required for Phase 2 and which for Phase 3. This decision will be considered as part of that process by the programme.

**The Blueprint Programme has an open-door policy and welcomes any contact from stakeholders so please email [Blueprint@nibts.hscni.net](mailto:Blueprint@nibts.hscni.net) with any questions, queries or observations.**

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### Section 3 – Future Operations Structure

A large number of questions were raised about what the future operations of the Pathology Service will be and how the new management structure links to this. Until the 'preferred' option for the organisational form the new structure may take is known it is not possible to design the future arrangements in any detail. This section provides as much information in response to these question as is possible to provide at this time.

#### 3.1 One option is that the new regional pathology management structure may be created in the form of a Special Agency (or 'Arms-Length Body' / ALB).

**Will the new regional pathology management structure include the following corporate functions and schemes?**

**Human Resources  
Recruitment  
Health & Safety  
Occupational Health  
Cycle to Work Scheme  
Car Leasing Scheme**

Yes, all of these functions and schemes are currently included within the initial blueprint design.

Four Design Workstreams will take this initial design and develop it further to make sure that it includes all relevant areas. The design will be guided by 'design principles' which include:

- focussing effort on designing the things that will deliver agreed benefits
- aligning with wider Health and Social Care policy, strategy and delivery plans
- demonstrating best use of resources, avoiding unnecessary duplication, and delivering efficiency and value for money through regional working.

The initial design will be shared with stakeholders in February 2023, along with a list of the anticipated benefits, to make sure the design is focused on the areas that will deliver benefits.

#### 3.2 How will the new regional pathology management structure be funded?

When the business case for the new management structure is developed, we will understand what the costs are of setting up the new structure, and we will comment on how this might be funded as part of the business case. We expect to do this by March 2024.

In addition, the future arrangements for commissioning pathology services and the new management structure will be considered within the design. Part of this will be defining how funds will be provided to the new structure, and how that will be different to the current funding arrangements for pathology services, and any potential implications of this for Trusts, the new structure, commissioners, policy makers and public health.

#### 3.3 In the new regional pathology management structure, who will I call when I have questions?

The transition to, and set up of the new management structure will include the development of a change management strategy and plan, operating arrangements for the new structure, including advice on who to call in relation to different matters.

**3.4 When new regional pathology management structure is up and running, will there still be a need for the NI Pathology Network?**

The functions of the NI Pathology Network are seen as critical and central to the effective regional planning and management of HSC pathology services. For this reason, they will become part of the new pathology management structure.

**Or will the Network become the new regional pathology management structure?**

The Pathology Blueprint Programme has a workstream that will design the future governance arrangements for the new structure, including how the functions of the Pathology network will fit into that structure, and how this would work in practice. The Pathology Network will inform that work, be a member of the workstream and be asked to provide support for the design that it has contributed to creating.

**3.5 How will the new regional pathology management structure take account of Equality legislation?**

The new regional pathology management structure will comply fully with equality legislation. The design will include a description of how the new management structure will carry out its equality functions.

The design and recommended option for the form the new management structure will take will be subject to an equality impact assessment.

**3.6 Will Consultants (medical, clinical scientist and biomedical scientists) be part of the new regional pathology management structure?**

The NI Pathology Network has agreed to lead a piece of work with stakeholders to determine options for the future arrangements for clinical practitioners in pathology. This will inform the programme scope, and future pathology management structure design. The work will take place in two parts:

1. Discuss with stakeholders what their views are and what options there might be for how clinical practitioners could be included in the new structure and/or whether they should remain employed by Trusts. The outcome of discussion will be shared with the Blueprint Programme Governance Workstream and Programme Board, particularly and benefits or disbenefits there might be with any of the suggestions. This will help to finalise the programme scope, and inform appraisal of the options for hosting the new pathology management structure.
2. Following appraisal of the options for the form the new management structure could take, and identification of a preferred option, further work will be required to consider how the arrangements for clinical practitioners might look within the preferred option, and how this would fit with governance of laboratories.

A long list of questions about this issue has been submitted by stakeholders including Trade Unions. These questions will be shared with the Pathology Network to ensure all can be considered in the discussion. The Blueprint Programme has not attempted to answer any of these questions, and will look at the questions again pending the outcome of discussions through the Pathology Network. The questions can be viewed in [Section 9](#).

**3.7 In the stakeholder engagement events, we were told that a working assumption for the blueprint programme is that medical pathologists would remain employed by Trusts.**

**We were also told that this assumption is being tested with stakeholders to find out if it is still the right thing to do.**

**What was the reasoning behind this assumption and where did it come from?**

One of the working assumptions of the Pathology Blueprint Programme was that in any future regional pathology management structure, ‘medical pathologists will remain employed by Trusts’. This assumption originated in feedback from a public consultation in 2016/17 which indicated that this was something important to Trusts at that time.

Since then a lot has changed in the health service landscape therefore it was determined prudent to test this assumption with stakeholders between April – June 2022 in the first round of stakeholder engagement undertaken by the Blueprint Programme.

The NI Pathology Network has agreed to lead a piece of work with stakeholders to determine options for the future arrangements for clinical practitioners in pathology, to inform the programme scope, and future pathology management structure design. For further information please see the response to Question 6.

A long list of questions about this issue has been submitted by stakeholders including Trade Unions. These questions will be shared with the Pathology Network to ensure all can be considered in the discussion. The Blueprint Programme has not attempted to answer any of these questions, and will look at the questions again pending the outcome of discussions through the Pathology Network. The questions can be viewed in [Section 4](#), [Section 9](#) and [Annex B](#).

**3.8 In the stakeholder engagement events, we were told that a working assumption for the blueprint programme is that pathology staff below the level of Assistant Director will continue to work in the same services, roles and locations.**

**Can staff have concrete assurance that their roles and locations will not be changed at the will of future pathology management?**

**Can this assurance be built into any new staff contracts?**

The Blueprint programme scope does not include any plans to change staff roles and locations, in fact these are deemed out of the scope of the design, apart from the management hierarchy at Assistant Director level and above.

It is impossible to predict the future demands on pathology services, changes in the wider HSC landscape, how these might impact pathology services and the decisions that the future management structure will need to make in response to this.

Pathology Policy indicates that while potentially in the future the pathology service might have a regional employer there will be no detriment to the current general terms of employment and pension arrangements for the pathology workforce arising from any future reorganisation.

**3.9 At present some Trusts seem to be better staffed than others. Will the new regional pathology management structure address this? And if so, how?**

The new regional pathology management structure will have a remit to address challenges that pathology services face. The NI Pathology Network is planning a regional workforce review during 2022/23, the recommendation from which will inform the development of a regional workforce and training plan that the new management structure will adopt, when it is established.

- 3.10 Will there be a single employer of all pathology staff in the future?** Pathology Policy indicates that while potentially in the future the pathology service might have a regional employer there will be no detriment to the current general terms of employment and pension arrangements for the pathology workforce arising from any future reorganisation;
- 3.11 How will the finance function of the new regional pathology management structure be governed?** During the programme's first round of stakeholder engagement, between April - June 2022, lots of questions came up about what the future operating arrangements would be for the new management structure.
- What will the finance function in the new regional pathology management structure include? For example, will it include Accounts Payable, Accounts Receivable and Financial Management?** Whilst we won't have the answers to these questions until we have decided what form the new structure will take; the questions have been really helpful in populating lists all of the business functions that we need to include in the design.
- How will the new regional pathology management structure use business information to monitor activity, create reports?** When we know the preferred option, we will then be in a better position to think through how the business functions we need to include in the design could best work within that option. This will include consideration of all of the areas included in the design scope, by the four programme workstreams:
1. arrangements for providing a range of corporate functions for the new structure including all necessary business functions provided by finance, human resources, IT, communications, legal services and procurement.
  2. corporate and clinical governance arrangements, how the functions of the NI Pathology Network will work in the new structure, and the arrangements for laboratory accreditation, quality assurance and regulation.
  3. arrangements for the management of lab assets and lab facilities
  4. arrangement for planning and performance management and the use of business information to monitor activity and create reports
- These arrangements may be provided either by creating new services to carry out these functions in the new management structure, and/or contracting with Trusts or the Business Services Organisation for the provision of these functions.
- The Programme workstreams will be making recommendations on this, and in doing so they will be focusing on making sure the design of the new structure includes change that will deliver benefits, which is one of our design principles.

- 3.12 How will the new regional pathology management structure link with Trusts, which are responsible for patient treatment and care?**
- In mid-2023 we should know the preferred option for the form the new regional pathology management structure will take. At this time work will begin to explore how the structure would work in practice across all of the areas included in the initial design.
- This will include defining what the best operating arrangements for a robust assurance framework in the new structure (for example, Board arrangements) and clear arrangements for how the new structure will link with Trusts, which are responsible for patient treatment and care. This work will be undertaken through the Governance workstream, and the Design Team.
- 3.13 What planning will be undertaken through the Blueprint Programme to plan for any changes to how pathology service quality may be assured in the future, within a new regional pathology management structure?**
- The programme is working closely with the NI Pathology Network and the Department of Health to agree a strategy for engagement with pathology accreditation and regulatory bodies. The focus of this engagement will be to advise of the programme, its aim and timeline, and to establish what their requirements of the programme, Trusts and NIBTS may be.
- Since the form the new management structure may take won't be known until mid-way through 2023, it is not yet possible to understand what, if any, changes will be required to the way quality in laboratories is assured.
- 3.14 In the new regional pathology management structure, will any pathology testing be 'outsourced'?**
- There are no plans associated with the Blueprint programme to outsource pathology testing.
- At present some cellular pathology work is already outsourced by Trusts. In part this has been in response to challenges in staffing, in particular the fact that the number of Histopathologists has not increased alongside the steady increase in the workload over the past 10 years. In addition, Trusts have had to outsource some cellular pathology work as part of their short-term plans to address back-logs arising from the pandemic.
- The Pathology Network is already supporting work to help address these issues, and the new management structure will have the task of addressing these challenges when it is established. Its task at that time will be to ensure that there is a sustainable approach to workforce planning balanced with workload into the future, so that the HSC pathology service has the capacity to meet and manage demand. It will draw on the developing regional workforce and training plan that the NI Pathology Network is developing to help it to do this.



**3.15 Will a new regional pathology management structure change the way GPs and Health Centres operate?**

No, GPs and Health Centres should not experience any changes to the way they work with laboratories. This is because the Blueprint Programme is not making any changes to the way tests are requested, results are reported or clinical advice is provided to GPs and others requesting pathology tests in Health Centres. Laboratories will continue to be located in the same places, and deliver the same services, and there are no changes to the staffing arrangements for pathology services other than at Assistant Director level and above.

**3.16 Will a new regional pathology management structure change who provides consumables or supplies for HSC pathology services?**

The programme Corporate Functions workstream will define the future arrangements for procurement in the new pathology management structure. Their work will be informed by the programme design principles which emphasise focusing design efforts where there is a clear benefit, and designing in alignment with wider HSC policy and strategy (which includes the provision of regional shared services such as procurement and logistics, which is provided for the HSC by the Business Services Organisation).

It is recognised that the current arrangements for regional procurement of equipment and consumables for pathology work very well, and have already delivered considerable benefits for the HSC in terms of ensuring greater standardisation and consistency across HSC Laboratories, reducing duplication and ensuring value for money through regional approaches to procurement of equipment and consumables. There are close and effective operational linkages between Trusts, NIBTS, the Business Services Organisation which manages regional procurement and logistics, and the NI Pathology Network.

When the preferred option for the organisational form of the new management structure is known, it will be possible to define the best operating arrangements for that structure in respect of the management of procurement.

**3.17 How will the new regional pathology management structure ensure the needs of clinical service users are met?**

Meeting the needs of service users will be a key function of the new pathology management structure. This is because pathology services exist to support safe, timely and effective diagnosis, treatment and care for patients.

The Blueprint programme will engage service users in designing how the new management structure will meet their needs, and evaluate whether or not it is meeting them well when it is up and running. This will include the design of arrangements for making sure that as the needs of clinical services change, pathology services respond quickly to meet them.

**3.18 Will the new regional pathology management structure take account of wider HSC Strategies and policies?**

The Pathology Blueprint Programme and the new pathology management structure, when established, will both take account of wider HSC strategies and policies, in fact this a requirement of our design principles.

This means taking account of strategy and policy not only for pathology services, but for the four programme design areas, and the wider HSC as a whole since pathology services underpin 95% of clinical pathways across primary and secondary care and are delivered as part of the whole HSC system.

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## Section 4 – Future Arrangements for Clinical Practitioners

A number of different questions were submitted about this topic. The Blueprint Programme has asked the NI Pathology Network to lead a piece of work with stakeholders to determine options for the future arrangements for clinical practitioners in the new management structure. The questions about this topic have been shared with the Pathology Network to help inform its work in this area. It is anticipated that these questions, and any new questions, can only be properly answered during the period from July 2023 to March 2024, after the preferred option for the organisational form the new management structure could take has been identified.

### 4.1 Will Clinical Practitioners be part of the new regional management structure?

**This includes scientific and medical consultants and those who would train to become consultants through the training routes of Medical Pathology, Clinical Science or Biomedical Science.**

The Blueprint Programme has asked the NI Pathology Network to lead a piece of work with stakeholders to determine options for the future arrangements for clinical practitioners in pathology.

This will inform the future pathology management structure design. The work will take place in two parts:

1. Discuss with clinical practitioners and other stakeholders what is important to them in respect of this question, what potential options there might be, and what views or ideas exist as regards potential future arrangements. Report the outcomes of discussion to the Blueprint Programme Governance Workstream in late February/early March. It is not expected that the final solution will be known at this time, rather it is expected that further work will be required during part 2 (directly below) before that is possible. The Governance workstream will report to Programme Board in March 2023.
2. Following identification of the preferred option for the organisational form the new pathology management structure would take (June 2023), work will begin to define the optimal operating arrangements for the new structure. This includes defining the future arrangements for clinical practitioners, their roles and responsibilities within the new structure, led by the Blueprint Programme Governance Workstream in conjunction with stakeholders. The Blueprint Programme Design Team will oversee this from the perspective of ensuring that whatever is designed in respect of clinical practitioner arrangements, works harmoniously with the rest of the design for the new structure.

**[Please see Annex A about this process.](#)**

### **[Annex B - List of submitted questions regarding this area](#)**

### 4.2 Can I ask what the reasoning was behind the original assumption that medical pathologists should remain in the Trusts' employ while other Dip/FRCPath clinical scientist and biomedical scientist professionals with clinical roles would be employed by the new agency?

During public consultation on proposals to modernise pathology services in 2016/17 Trusts vocalised a strong desire that pathologists who deliver clinical services eg patient clinics / infection control etc should remain located in and employed by Trusts. This was adopted as a working assumption by the Blueprint Programme to test this with stakeholders whether this was still valid. The Blueprint Programme believes that it is critical that we define the right arrangements in the design, whatever those may be.

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## Section 5 – Programme Benefits

A Benefits Workshop was held in November and attendees working together under the Workstreams headings to identify benefits. This will be shared with stakeholders in Feb / March 2023, when further work has been completed to refine the list of potential benefits.

### 5.1 What are the benefits of this programme?

The initial list of outcomes from having a regional pathology management structure comes from the Department of Health. A benefits workshop was held in November to identify potential benefits, agree how we will know if we are achieving all of these, and when benefits are likely to start being seen.

Outcomes envisaged by the Department of Health

- Improvement in service quality through agility to respond more quickly and decisively to changing quality requirements, technology, standards and processes;
- Opportunities for the reduction of risks and costs;
- Improvement in career pathways and training for staff through improved staff retention and succession planning;
- Reduction of management overhead incurred by mandatory UKAS and MHRA compliance (currently replicated across five Trusts and NIBTS);
- Improvement in regional optimisation of demand on pathology services, coupled with effective regional management of capacity;
- Reduction of unwarranted variation and duplication leading to the creation of safer services for patients and more efficient use of HSC resources;
- Enhancement of ability to support wider HSC clinical services in the provision of new models of care; and,
- Improvement in safety, timeliness and cost effectiveness of the sample transport and logistics function for HSC Pathology services (including delivery of blood and components).

### 5.2 Will the Blueprint Programme result in savings?

The anticipated programme benefits include the creation of opportunities for the reduction of risks and costs.

#### And if so, how much?

Policy states that the new management structure, which will use the new information systems being implemented through the NIPIMS Programme, and the regional workforce plan and standard ways of working being designed by the NI Pathology Network, to enable its operations and increase the quality, resilience, efficiency and sustainability of Pathology Services in the face of significant challenges.

Evidence indicates that doing so has the potential to generate significant savings for reinvestment in pathology service delivery. This will be achieved through effective regional management of demand and capacity, reduction in unwarranted variation and risk, and improving career pathways for staff.

**5.3 Will business continuity be easier to manage through a regional service?** It is anticipated that the regional pathology management structure will have a greater capability to mount a rapid regional response to any business challenges that require a business continuity response than exists currently.

A function for business continuity planning will be part of the design. Currently the NI Pathology Network facilitates some regional business continuity planning; this would be built upon.

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## Section 6 – How the Programme is run

### 6.1 What is 'The Blueprint Design Team?'

**How will the Design Team and the 4 Design Work Streams function together?**

**How will decisions be taken on what is included in the final design?**

The Blueprint Design Team is the formal group set up within the Blueprint Programme governance structure that is responsible for overseeing the production of the design for the new pathology management structure. It is accountable to the Blueprint Programme Board.

There are also four design workstreams. Each is accountable to the Design Team, and is responsible for designing the future arrangements for its respective area; they are:

1. Corporate Functions
2. Governance
3. Assets & Facilities
4. Planning and Performance Management

The Design Team will ensure that:

- the designs the four workstreams create will function together as a whole cohesive design
- the design is focused on changes that will deliver benefits

Decisions will be taken openly and transparently, and in line with the terms of reference for the group.

### 6.2 Who will be represented on the Design Team? (for example, will all Pathology Professions be represented?)

The Design Team will be co-chaired by a nominee of the Blueprint Programme SRO and a nominee of the NI Pathology Network Chair.

The Design Team will include representatives from the four workstreams, the Pathology Network, Trusts, NIBTS, Commissioners, Public Health, the Business Services Organisation, Service Users, the Pathology Professional Bodies (advisory role) and Trade Unions (advisory role).

### 6.3 Will there be equality screening or an Equality Impact Assessment of the preferred option for the new regional pathology management structure?

Yes.

**6.4 What are the implications of a non-functioning NI Executive for the Programme?**

There are two main implications:

As a direct result of not having a functioning NI Executive in place, the NI Health Budget has not been agreed. This means that the Pathology Blueprint Programme has received less than half of the budget it requires, since there is no Health Budget in place to confirm that the remaining requirement is available. This, alongside other factors, has led to a decision to slightly extend the timescale for the programme to allow for the challenges in delivering the work without the full resource. If this position continues beyond April 2023, the plan will be revisited.

If it continues to be the case that there is no functioning NI Executive in place by the time that a recommendation is submitted to the Department of Health and Minister (planned to be end of March 2024), there is a risk that a decision on whether to proceed with the recommended option may not be able to be made, or that it could be delayed. The Department of Health will advise on the position should this eventuality arise.

**6.5 Does the list of stakeholders in the Blueprint Programme include Trade Unions?**

Trade Unions are an important stakeholder of the Pathology Blueprint Programme. They are included in the Stakeholder Register, and the Programme Terms of Reference includes a commitment for regular ongoing engagement with Trade Unions who represent the voice of the staff who are their members.

Currently the following Trade Unions engage with the programme: the British Medical Association, the Federation of Clinical Scientists, and the HSC Trade Unions Forum including Unite the Union (direct involvement), NIPSA and Unison (via the Trade Unions Forum Chair).

The programme office facilitates a quarterly Trade Union Update meeting which is Chaired by the Programme's Deputy SRO. This provides a dedicated forum for two-way conversation between Trade Unions, the Programme SRO and Deputy, the programme Human Resources Lead, and the Programme Team. In addition, Trade Unions are part of the working group to identify and respond to frequently asked questions about the programme. Trade Unions will be represented on the Design Team, when established. Finally, Trade Unions may raise any issue with any programme group for team member at any time.



**6.6 How will the programme communicate and engage with stakeholders?**

There are four main engagement points with staff during the first phase of the programme, with the aim of enabling staff to:

- comment on programme plans and input to the design of the new management structure
- make sure the benefits we hope to achieve from the work are at the centre of the design
- understand and comment on the process of identifying, shortlisting and appraising the shortlisted options
- input to the design of the operating model for the new structure, help to plan transition and understand potential impacts on staff so that the programme can address these

In addition, the programme is developing an online resource of frequently asked questions in conjunction with Trade Unions and Human Resources. This will be kept up to date as new information emerges. Work is underway to plan other ways to disseminate this information, including training staff in Trusts to run on-site 'drop-in' Q&A sessions for staff.

The Programme has a website: <https://nibts.hscni.net/pathology-blueprint-programme/>. This is where programme news and updates will be shared. The Programme Team is working to expand this website. The vision is that it will include the latest programme news, short video 'explainers' about what the programme is doing, how it is doing that and how people can contribute. This work depends on getting some additional resources into the programme.

**6.7 How will decision-making in the programme work?**

Decision making in the programme is described for each group in its terms of reference which normally specifies whether there is a voting membership and whether group members are 'voting' members, or attend in another capacity.

Terms of Reference (ToR) are first developed by the Programme Team who make sure that the ToR for each group aligns with the Programme Board ToR, the Programme Strategy and Programme Plans.

Each group is responsible for signing off its own ToR guided by the programme office. All ToR are ratified by Programme Board.

The programme groups are:

- Programme Board (this has a voting membership)
- The Design Team (ToR still in development)
- The 4 Workstreams (ToR still in development)
- FAQ Working Group

**6.8 How does the Blueprint Programme link with GPs?** GPs and all other staff in primary care who use pathology services are stakeholders in the Pathology Blueprint Programme. They are included in the Stakeholder Register. Work is underway to engage with service users in primary and secondary care through the Department of Health Strategic Planning & Performance Group's Integrated Care Directorate in the first instance.

The Pathology Blueprint Programme is not redesigning the way GPs or other service users interact with pathology services, that will not change as a result of the Blueprint Programme.

**6.9 If a future Minister for Health decides to privatise HSC pathology services, would the existence of a single pathology management structure make it easier to privatise pathology services? And if so, what plans does the programme have to mitigate against such an outcome?**

The Department of Health has set a clear vision for the delivery of modern, sustainable, world-class Pathology services through a single, regional HSC Pathology Services management structure. Current Departmental policy and strategies show that pathology services are seen as a critical and integral part of the way the HSC delivers diagnosis, treatment and care to patients, as illustrated by significant ongoing investment in pathology services and infrastructure. Current policy:

- supports the management and delivery of pathology services for HSC patients, within the HSC system
- sees transformation of HSC Pathology services as a key enabler for the delivery of the Department's commitment to deliver better patient outcomes, more stable services and sustainable staffing
- views HSC pathology services as critical to the success of HSC Rebuild Plans and service transformation priorities, including the Elective Care Framework and the Cancer Strategy
- recognises the importance of HSC pathology services in enabling the HSC to respond to emerging threats to public health including the global pandemic
- supports pathology as part of the HSC system by investing around £80m over the next 10 years into new HSC Laboratory Information Systems that will improve the quality of pathology service delivery to clinical services and the patients who use them

The Blueprint Programme is tasked with assessing all potential options for the form the new structure could take, including a health services special agency incorporating NIBTS, and recommending a preferred option. This work will be informed by engagement with stakeholders including staff, Trusts, NIBTS, service users, professional bodies, and Trade Unions, who collectively will identify a list of all potential options.

Given that privatisation of some pathology services in England has happened, this list is likely to include privatising pathology services as one of the options. These options will be shortlisted. Options which are shortlisted will be assessed in greater detail, including consideration of any risks associated with each option, the costs and the potential benefits of each. The Pathology Blueprint Programme Board will determine a robust,

transparent process through which shortlisting and appraisal of the options will take place.

The Pathology Blueprint programme risk register notes a concern raised by some stakeholders that the existence of a regional pathology management structure could potentially make it easier for pathology services to be privatised in the future. It describes the potential impact in such a scenario, including potential for staff disengagement with the programme due to a concern about the ability to staff and deliver the service if it were privatised, and the potential disruption to the pathology interface with clinical services. The proposed mitigation notes that the Pathology Blueprint programme will assess all potential options, their costs and benefits and associated risks before recommending a preferred option which will form the basis of the recommendation to the Department and Minister for Health.

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## Section 7 – The Scope of the Blueprint Programme

- 7.1 How does the programme impact on the work of the Pathology Network, is there duplication?**
- The Pathology Blueprint Programme works hand-in-hand with the NI Pathology Network. In fact, the Pathology Network will create the regional workforce plan for the new pathology management structure and it will also help plan the transition to the new structure. The Pathology Network is represented on all the Blueprint Programme working groups, and has also been asked to provide advice to the programme.
- 7.2 Does the Blueprint Programme scope include re-design of sample transport and phlebotomy service delivery?**
- The Pathology Blueprint Programme scope does not include the redesign of sample transport, but the design will specify the anticipated future arrangements for overseeing its delivery either directly (for example where sample transport is currently managed by laboratories), or in conjunction with Trusts (for example where sample transport is part of wider Trust transport services).
- Phlebotomy services are not included in the scope of the Blueprint Programme since Phlebotomy services are not usually managed by laboratory services. However, the programme will need to explore how future pathology arrangements interface with phlebotomy.
- 7.3 Will the new regional pathology management structure own or have priority use of a fleet of vehicles for sample transport?**
- Depending on the final design of the new management structure and the form it will take, and considering the programme scope, the new management structure, when established, may:
- inherit vehicles that a laboratory service already owns and continue to use these for sample transport in future
  - work in partnership with Trusts to manage sample transport where this is currently managed as part of wider Trust transport services
  - decide to review sample transport together with Trusts when the new structure is up and running, and make recommendations on how to improve it and try to secure any investment required to enable this.
- 7.4 Are Phlebotomists included in the Blueprint Programme stakeholder list?**
- Yes, Phlebotomy staff are included in the stakeholder list.
- 7.5 Are Haemovigilance staff included in the Blueprint Programme stakeholder list?**
- Yes, Haemovigilance staff are included in the stakeholder list. This includes staff employed within, or outside laboratories.

**7.6 Is the creation of a new regional pathology management structure an opportunity to bring all haemovigilance services into pathology services?**

At present, haemovigilance staff are managed:

- within pathology services in Belfast, Northern and Western Trusts
- within Nursing in South Eastern and Southern Trusts

Where Haemovigilance services are currently managed within pathology services they will be managed by the new pathology management structure.

Where haemovigilance services are currently managed within nursing, it would need to be explored if it would be beneficial to the system to include these under the new management structure.

Formal arrangements would need to be agreed setting out how Haemovigilance managed within nursing in Trusts would interface with the Pathology service in the new management structure if it remains with Trusts.

This will be explored with all relevant stakeholders when the preferred option for the new pathology management structure is known, currently estimated to be mid-2023.

**7.7 Will the Blueprint Programme design the future staffing profile to meet future service demands?**

The Northern Ireland Pathology Network is responsible for developing the future workforce and training plan for HSC Pathology Services. This will consider the future staffing profile required to meet future service demands. This plan will be adopted by the new pathology management structure once established.

This work starts with a Regional Strategic Workforce Review that will be taken forward by the Pathology Network in 2022/23. This review will produce a report with recommendations and submit that to the DoH for consideration and implementation.

**7.8 Does the scope of the Blueprint Programme include addressing the need for better laboratory-built infrastructure (buildings)?**

**And is this an opportunity to enhance the built laboratory infrastructure? since some of it is no longer fit for purpose.**

The Pathology Blueprint Programme scope does not include the redesign or upgrade of the buildings where laboratories are located, or any new build.

The programme definition document indicates that laboratories will remain in the same locations. The Pathology Blueprint Programme will therefore be designing the arrangements between the new management structure and Trusts, who will retain responsibility for managing those buildings, for the continued use of that estate by laboratories. This could for example take the form of service level agreements or memoranda of understanding. The way forward will be much clearer when the preferred option for the new pathology management structure is known, currently estimated to be mid-2023.

The Pathology Blueprint Programme Board recognises stakeholder concerns that the buildings where some laboratories are located are not fit for purpose. The Board has suggested that there is an opportunity to highlight the need for investment in laboratory estate through a stronger collective

regional voice for pathology within a new pathology management structure, when established.

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## Section 8 – New Information Systems

Questions submitted about this area were shared with NI Pathology Information Systems Programme (NIPIMS) as these areas are out of the scope of the Blueprint Programme. It is anticipated that these questions, and any new questions about NIPIMS will be directed to the NIPIMS Team to respond to and as with all of the questions in noted in the document both the questions and answers may evolve to provide a contemporary response. The Blueprint Programme works closely with the NIPIMS Programme.

### 8.1 In the new management structure what expert systems knowledge will be needed in labs and wider IT? And how will this work fir with the HSC Digital programme to set up digital shared services?

The new pathology management structure will rely on effective information systems to manage pathology services and to manage corporate business operations. There will be a continued requirement for expert systems knowledge both in labs and corporate IT functions in the new structure. The design for the new management structure will focus on the arrangements for the corporate element of information technology, which will take account of wider HSC strategy including the establishment of regional digital shared services through the HSC Digital Programme.

The NIPIMS Programme is introducing a new regional Laboratory Information Management System (LIMS), and a new regional Blood Production and Tracking system (B-PaT). The LIMS solution is called Win-Path Enterprise and is provided by CliniSys. The B-Pat solution is being procured. The NIPIMS programme is managing the arrangements for ensuring that expert systems knowledge required to support effective use of these systems will be in place, and those arrangements will be adopted by the new management structure when it is established. That work is outside the scope of the design of the Blueprint Programme.

The NIPIMS programme has indicated that in respect of LIMS, a phased implementation will include detailed training on all WPE modules. A panel of qualified trainers will be formed from HSC Staff (Training Forum) to support the training requirements for the new regional LIMS solution. This will enable proficient training to be delivered and for staff to gain the required systems knowledge. Existing IT leads will continue to support labs staff on the new system.

### 8.2 What is the new computer system?

The HSC has a major programme of digital transformation underway, further information is available online: <https://www.health-ni.gov.uk/digitalstrategy> This includes major investment over the next 10 years on new information systems to improve the quality of the services that pathology delivers for clinical services and patients. These systems include:

- a new regional Laboratory Information System (LIMS)
- a new regional Blood Production & Tracking System (B-Pat)
- new digital pathology imaging solution (NIPACS+)
- new solution for ordering pathology tests electronically (Pathology Ordercomms).

In addition, the Encompass Programme will introduce a digital integrated care record to Northern Ireland. This will support the HSCNI vision to transform and modernise our health and social care services in order to improve health outcomes and create better experiences for those receiving, using and delivering services.

**8.3 How will the new Laboratory Information Management System (LIMS) be hosted and what staff will support this?**

NIPIMS has indicated that the new CliniSys WPE LIMS solution will be regionally hosted and managed by BSO ITS and supported by a technical team working in collaboration with existing Trust IT leads on a regional basis.

Excluding the specific WPE application support and management as noted above, Trust IT depts will continue to provide the wide range of critical services already in existence. This will be further explored through the HSC Digital Programme.

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## Section 9 – Workforce & Training in the future

Questions submitted about this area were shared with Pathology Network Team to respond to as these areas are out of the scope of the Blueprint Programme. It is anticipated that these questions, and any new questions, will be directed to the PathNet Team to respond to and as with all of the questions in noted in the document both the questions and answers may evolve to provide a contemporary response. The Blueprint Programme works closely with the NI Pathology Network.

### 9.1 How are labs working to improve communication with GPs?

The NI Pathology Network has a long-standing and robust link with the Integrated Care Directorate within the DoH SPPG which enables relevant engagement and communication with GPs in the work of the Network as and when required.

Usually Trust laboratories manage their own local communication with GPs.

### 9.2 How will the new management structure measure clinical effectiveness?

Trusts and NIBTS are currently responsible for ensuring clinical effectiveness in pathology services, and the NI Pathology Network has a central role in the development of regional efforts to improve clinical effectiveness through for example standardisation, regional training and demand optimisation. The Network supports Trusts and NIBTS via its Specialty Fora, Lab Managers Forum, Quality Managers, along with benchmarking activities, and work around Genomic Medicine. This will continue to be the case until the new pathology management structure is established.

The Pathology Network is also responsible for defining a Clinical Effectiveness Strategy that will ensure HSC Pathology Services are sustainable and promote, facilitate and support the delivery of clinical services into the future by responding effectively to changing service demand, introducing appropriate new and innovative technologies and enabling delivery of new models of clinical care and new targeted treatments for patients. This will be adopted by the new pathology management structure when it is established.

### 9.3 What will the future working practices be in the new pathology management structure?

At present it is too early to say what the future working practices will be in the new pathology management structure. In mid-2023 more will be known about the preferred option for the form the new structure will take, and from that point work can begin to determine whether new working practices will be required and if so, what these will be.

The NI Pathology Network programme of pathology transformation includes the development of regionally standard policies and procedures to support the establishment of the new pathology management structure and the new laboratory information systems.

- 9.4 Will the new management structure fund training places in laboratories for university students who wish to become HCPC registered?**
- The NI Pathology Network has a range of activities underway that relate to addressing workforce challenges. This has included highlighting the challenges that laboratories face as a result of no longer having resource to fund and enable undergraduate university students to take up training placements within HSC Laboratories and gain HCPC registration.
- The Pathology Network will be undertaking a regional Strategic Workforce Review which will commence before end of November 2022 which will consider the implication of this. The outcome of the review will be recommendations to inform a workforce and training plan which will be adopted by the new management structure.
- 9.5 There are many challenges staffing pathology services right now, will the Blueprint Programme be addressing this?**
- Trusts and NIBTS are responsible for the recruitment and retention of their staff, including pathology staff. This will continue to be the case until the new pathology management structure is established, and more will be known about the future arrangements when the recommended option for the form the new structure may take is known, estimated as mid-2023.
- The NI Pathology Network has a growing role in supporting Trusts with regional workforce and training. For example, the Network runs a regional recruitment every year to successfully attract band 5 and 6 Biomedical Scientists into the service. This is managed by the Network's Laboratory Managers' Forum in partnership with the Trusts and NIBTS, supported by the Network Team.
- In addition, the Network is taking forward the development of new regional career frameworks including for senior Biomedical Scientists (BMS) in dissection and reporting, as well as senior clinical scientists training programmes. This includes working to secure resource to create new roles into which BMS can progress.
- The Network will be starting a Regional Strategic Workforce Review before end of November 2022 which will address issues such as recruitment and retention, the number of locum staff, the high proportion of BMS who are trainees, the challenges in providing training because there are not enough staff to train them, lack of funding for student placements, with a final Review Report with recommendations submitted to the DoH for consideration and implementation by the end of September 2023.
- 9.6 Will the Pathology Blueprint Programme bring career improvement opportunities for staff?**
- The Blueprint programme is working hand in hand with the NI Pathology Network, which is responsible for the development of a regional workforce and training plan that will be adopted by the new pathology management structure. The contents of this plan will be based on a regional review of the pathology workforce through the Pathology Network which is scheduled to start in Autumn 2022.
- Alongside this, the Pathology Network is taking forward the development of new regional career frameworks including the creation of new advanced and expert practice roles for senior Biomedical Scientists (BMS) in dissection, and advanced roles in reporting. In addition, work is underway to ensure, as well as senior clinical scientists training programmes.

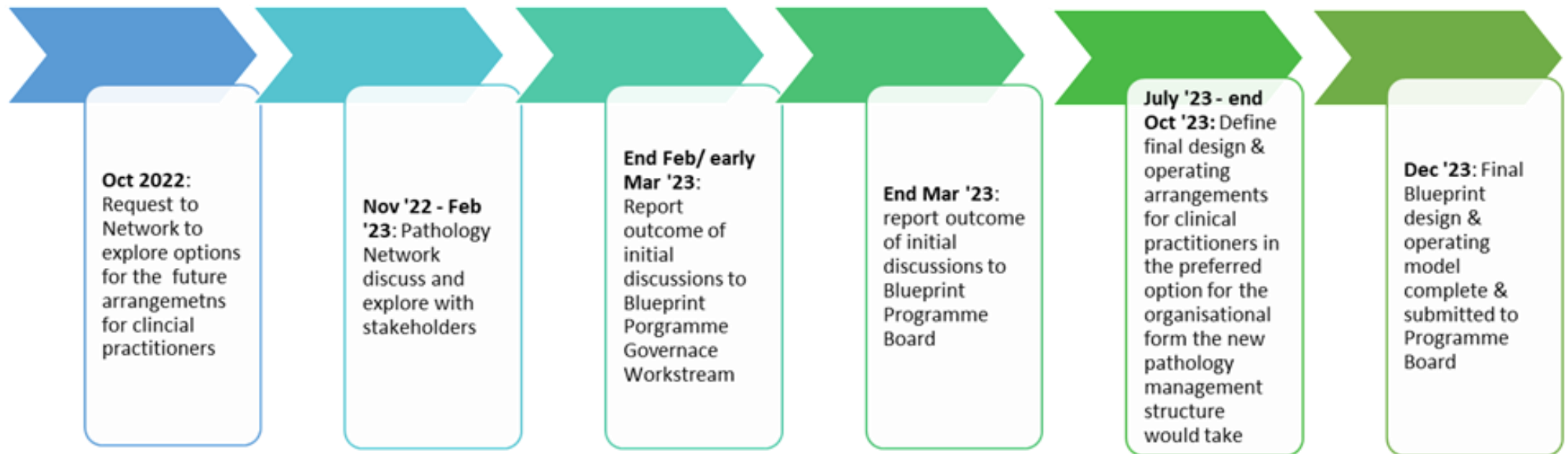
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## ANNEX A

### [Relates to Section 4 – Future Arrangements for Clinical Practitioners](#)

*Process and timeline for defining the future arrangements for Clinical Practitioners in the new management structure.*



## ANNEX B

### [Relates to Section 4 – Future Arrangements for Clinical Practitioners](#)

The questions around future arrangements with Clinical Practitioners will continue to be sought and collected in order for an understanding of what matters to the stakeholders. Throughout the Programme these questions and answers will evolve to reflect the most contemporary position.

1. In the stakeholder engagement events, we were told that a working assumption for the blueprint programme is that medical pathologists would remain employed by Trusts. We were also told that this assumption is being tested with stakeholders to find out if it is still the right thing to do.

What was the reasoning behind this assumption and where did it come from?

2. I think that those of us who do clinics and consult on ward-based patients will want to have a trust contract. - maybe joint appt is an option?
3. If there is not going to be a change to the physical location of pathology services then why is it necessary to exclude Medical Pathologists and consultant Clinical Scientists from employment in the new agency.
4. Some of my profession are employed by Trust, Pathology Network etc, so will this role be included in the programme?
5. Where will medical staff sit? I think most medical staff will want to remain with their Trusts. Do programme staff have a favoured position?
6. Would medical staff be sitting outside of the Trusts? We don't want to be in the position with the lab stating it doesn't have funding and a clinical service asking for something right away and the two don't meet. The devil will be in the detail, but the resilience of the model needs to be maintained to ensure the programme supports and doesn't hinder.
7. Has thought been given to, for example, joint appointments for this smaller subset of Dip/FRCPath healthcare scientists (i.e. those with clinical roles)?
8. if this is going to be such a good place then why not employ the consultants within this structure?
9. Exclusion of medical from NMS would make this difficult to work well as teams – and exclusion of other areas.
10. Where do Medical Pathologists sit?
11. Secondly, I think staff will want some concrete assurance that roles and locations will not be changed at the will of the pathology management. Will that be built into potential new contracts
12. Job Plans – How do the functions get governed. How do the complex types of roles get governed by one master? Where do the permissions sit?

13. How will the job-planning for process for medical consultants and SAS doctors happen in the new regional pathology management structure?
14. Does the change of management for pathology services mean that staff will have their terms and contracts changed?
15. With regard to staff on medical and dental terms and conditions i.e. Will staff on medical and dental terms and conditions hold the same terms and conditions and remain as Trust employees?
16. How will the new structure ensure that any doctors' medical knowledge and skills are kept up to date?
17. How will doctors be supported to meet GMC requirements for revalidation within the new structure? Will the doctor have a connection to a designated body or suitable person whilst undertaking the role?
18. Will patients or service users expect or assume that the doctor is licensed and how will you make sure that all patients or service users are made fully aware of the doctor's registration status?
19. How will the job planning and appeals process work within the new structure? On a related note, the original Question no. 68 might have been misinterpreted – I think it is relating to the job planning process for medical consultants and SAS doctors.
20. If the doctor does not hold a licence, will this affect the conditions or benefits of their employment in any way? For example, the right to maternity or sickness pay?
21. How will training of junior medical staff be delivered within the new structure? How will it interact with the Single Lead Employer for junior doctors, and how will it work with the shared contracts between Trusts and Single Lead Employer to deliver training and patient care?
22. Who will be responsible for the appraisal and revalidation of medical staff? How will this interface with service providers in terms of 360-degree colleague and patient feedback if not delivered through existing Trusts?
23. What are the plans for the governance arrangements, specifically around patient safety and ensuring doctors are performing in their roles appropriately? How will the new structure interface with NCSA, GMC, and other regulatory agencies?
24. Will Consultants (medical, clinical scientist and biomedical scientists) be part of the new regional pathology management structure?
24. In the stakeholder engagement events, we were told that a working assumption for the blueprint programme is that medical pathologists would remain employed by Trusts.

We were also told that this assumption is being tested with stakeholders to find out if it is still the right thing to do.

What was the reasoning behind this assumption and where did it come from?

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## **BLUEPRINT PROGRAMME CONTACT DETAILS**

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## **HSC WEBLINKS**

### **Blueprint Programme:**

[Pathology Blueprint Programme – Northern Ireland Blood Transfusion Service \(hscni.net\)](#)

### **NIPIMS:**

[NIPIMS \(hscni.net\)](#)

### **Pathology Network:**

[Pathology Network - DOH/HSCNI Strategic Planning and Performance Group \(SPPG\) – formerly HSCB](#)

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