

# Pre-Reading – Potential Benefits & consideration against Initial Design

Pathology Blueprint Programme  
Round 2 Stakeholder Engagement  
Feb/March 2023

# Programme approach to benefits

- Potential benefits identified by Stakeholders at Benefits Workshop  
7th November 2022 – 112 identified ...

## Corporate Functions

- Up to 32 potential benefits

## Governance

- Up to 26 potential benefits

## Assets & Facilities

- Up to 17 potential benefits

## Planning & Performance Management

- Up to 34 potential benefits

## Overarching benefits

- Up to 3 potential benefits

# Programme approach to benefits (*CONTINUED*)

- Nov 2022 Workshop – 112
- 10 Key themes
  - Design team review, alongside initial design lists
  - Inform discussion with Critical Friends
  - Stakeholder review, alongside initial design lists
  - Inform thinking to support options shortlisting (March)
- Roll-up: Goal: fewer key benefits, with multiple measures (complete with stakeholders)
  - Inform options appraisal
  - Eliminate duplications in conjunction with other programmes
- Final list of benefits & measures aligned with preferred option
  - Populate business case
  - Populate benefits realisation plan (appended to business case)

# 10 Key Themes

(from Stakeholder Workshop 7<sup>th</sup> November 2022)



# Cross - checked with emerging design

- Do the potential benefits and measures have a corresponding focus in the design?

(We think so, but would value your thoughts on this)

- Does the design suggest anything additional in terms of potential benefits?

(Where we think it does, this shown in red font on the following slides, or is articulated in the presentation & captured in slide notes below)

- Design draws attention to many operational considerations for the more detailed design work to come when the preferred option is known; these are distinct from benefits but need to be managed to maximise benefits where possible to do so.

# 1. Single Interface into Pathology

- Streamline interface for service users in to pathology & stronger ability to enhance relationships to support:
  - Planning new services & testing for patients
  - To secure advice to support delivery of clinical care (including a single lab handbook)
  - Urgent response (eg public health needs)
- Single point of contact for:
  - Commissioners & Public Health
  - Planning & Performance & Integrated Care
  - Policy Makers
  - Regional Programmes including IT programmes
  - Academia, research & innovation
  - All relevant communication
  - Private medicine (income generation), charities
  - Non- NI Health & Pathology services

All in an addition to existing local interfaces, eg with infection control / other service user linkages which are critical to strengthen and support



## 2. Stronger System Voice for Pathology

- Stronger regional voice:
  - Articulate needs and secure support for built Lab infrastructure upgrade / **other necessary capital developments**
  - Help inform the prioritisation of system resources – pathology needs are considered
  - Enable greater influence of pathology perspective to support:
    - Clinical service design
    - Commissioning & Investment
    - Strategy & policy
  - Inform clinical services about latest diagnostic capabilities & new technology
  - Influence and support high quality clinical practice – demand optimisation

# 3. Better supports HSC system

- Supports more effective commissioning:
  - First defined regional commissioned baseline for pathology services
  - Clear baseline of staffing & activity, from which to plan - including for introduction of new tests
  - Single regional database of all commissioned pathology services (and gaps)
- Supports effective financial management:
  - Ability to track 100% of investment into pathology and manage effectively
  - Ability to link funding allocated through to year-end and demonstrate performance in year-end accounts
- Supports regional planning & performance management
  - Enable first agreed regional standards and regional performance monitoring in pathology
  - Able to inform regional planning for pathology & clinical services
  - Better able to support business continuity planning outside labs
- Minimises duplication of system effort
  - Regional service level agreements and memoranda of understanding
  - Maximises system commitment to shared services by contracting with them
- Supports income generation
  - Greater capacity to generate income to invest in service improvement

## 4. Timely & informed regional pathology decisions

- Single governance body with authority to make operational delivery decisions required to support clinical service delivery and effective operational management (faster decision making & authority to deliver on decisions)
- Direct access to regional benchmarking & other pathology data to support decision making
- Greater autonomy to act quickly as a region in response to system and pathology service challenges
- Greater capacity to use available pathology resources to support and facilitate compliance with quality, regulatory & audit requirements
  - Eg use savings from demand optimization to secure regional Quality Management System, or regional Training Record Database (log mandatory training to comply with audit)

## 5. Transparent, effective resource management

- Clear view of total pathology **capital & revenue** resource & its usage in the HSC for a new regional pathology leadership
- Network function enabling the voice of staff, disciplines & specialties, and professional groups to be heard to support effective decision making about resources
- Regional governance in place to enable effective regional decision making about regional pathology resource usage **to improve quality & efficiency and address emerging cost pressures**
- Ability to identify resources to implement necessary change from existing resources and planned, agreed internal efficiencies
- Greater ability to optimise demand, improving quality and ensuring appropriate resource usage (*reliant on planned introduction of regional pathology ordercomms*)

## 6. Regional agility & responsiveness

- New regional governance structure able to make decisions and mobilise resources more quickly in response to changing needs of service users and the HSC system
- Better equipped to respond to staffing challenges through new regional governance to support decision making & ensure business continuity
- Better equipped to develop regional contingency plans in the event of major equipment or IT failure
- Potential for new regional fora (or more direct routes into existing one) to address pathology challenges including
  - All corporate functions (HR, Finance, IT, Communications, Legal...)
  - Estates, transport & facilities
  - SPPG functions
- Enable regional focus on pathology growth areas including precision medicine, supporting R&D and horizon scanning

# 7. Sustainably Staffed

- Regional scrutiny in place to support implementation of regional workforce & training plan
- Ability to forward plan & provide training for staff who can later apply for future vacancies the service knows it will need to fill
- Regional pathology service staff succession plan
- Better able to address out of hours staffing rota as a region
- Anticipate and ensure timely regional recruitment to meet service needs
- Building on existing Pathology network activities, new structure provides opportunity to:
  - increase number of regional pathology recruitment exercises (reduce duplication)
  - develop more regionally standard Job Descriptions (as appropriate)

## 8. Attractive Workplace & Culture

- Regional internal trawl mechanism across all HSC Labs, increasing opportunities for staff to advance their careers within HSC Pathology
- Able to define new career pathways **and leadership roles across professions** that support evolving clinical service delivery
- Agreed process for staff to apply for ‘internal transfer’ to another lab, if they wish to
- Greater potential to influence recognition for those in similar jobs, holding the same qualification obtained through different training routes
- Regional approach to training & development where it would support standardised approaches and enhance quality
- Opportunity to create regional rotas for out of hours cover (*this does not mean staff will have to work in new locations*)
- Being part of regional teams by virtue of working in a regional structure (*this does not mean staff will have to work in new locations*)

## 8. Attractive Workplace & Culture (continued)

- Opportunity to grow collective leadership culture across professional groupings, administration and executives
- New culture of regional collective ownership of issues and responsibility for making decisions on how to resolve them
- Opportunity to create new mechanisms for in-structure communications, enabling voice of regional specialties, disciplines and staff groups to be heard at senior level
- Opportunity for fresh regional focus on HSC Values and recognition of the special qualities different humans with different experiences bring



## 9. Improved Quality & safety

- Able to oversee sample tracking for the region leading to improved quality and safety, addressing any gaps in the pathway (IT enabled)
- Regional oversight of **processes and** information to inform quality improvement, including benchmarking, **investigation & prevention of future of SAIs and to support external peer review where required**
- Better ability to share **& scale up** good practice regionally – regional learning log, regional QI forum
- Reduce duplication of effort to prepare for quality / regulatory inspection - standardisation and/or regional processes in place for reporting quality & regulatory compliance, KPI's / KAI's monitoring, reporting, compliance
- **New opportunity for regional Patient involvement**
- **Regional horizon scanning and early adoption**

## 10. See & reduce risk

- There are currently various Risk Registers – these could be combined and/or held centrally, allowing for regional level analysis and support a greater understanding and interactions of those risks
- Greater capacity for regional contingency planning & regional risk responses
- Able to reduce risk by adopting a regional approach to the management and maintenance of standardised ways of working (including the adoption of those created through Pathology Network)
- Regional management structure – Board assurance processes, ability to define risk appetite for the new management structure, ability to manage pathology service risks regionally at corporate level