PROJECT DOCUMENTATION

PROJECT INITIATION DOCUMENT

Pathology Modernisation

PRINCE 2

Version: V1.0
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Author: Andrew Evans

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Project Initiation Document History

Document Location
This document is kept at the Project Office. Filenames: Pathology Modernisation
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Revision History

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Approvals
This document requires the following approvals.
Signed approval forms are filed in the Management section of the project files.

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<td>Director of Resources, WAG</td>
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1. Purpose of Document
The purpose of this document is to define the project and to form the basis for its management and the assessment of overall success. This document will provide a framework to give those providing the project mandate the ability to view the whole project and to give approval to proceed.

2. Background

Introduction and Strategic Context
Pathology services deliver a complex range of services against a background of significant change and rising levels of user and public expectations. This means that significant demands are generated for consistent, high quality services across all areas of health care. In addition, an aging workforce, changing employment legislation, increasing volume demand, increasing efficiency requirements, increasing accreditation requirements, aging equipment, variations in quality standards, variations in practices and variations in costs all present significant challenges for the future which require action to be taken now.

The current drive to modernise health and social care in Wales has been the result of a number of reviews over a period of time that have resulted in the publication of key documents including Access and Excellence, Achieving a Balance and the Health and Social Care Review (Wanless). All of these have set out the need for service modernisation and major change if sustainable, high quality effective and efficient care is to be provided to the population of Wales within available resources. Designed for Life: Creating World Class Health and Social Care for Wales in the 21st Century, due to be published in May 2005, will take these themes and bring them together into a single 10 year vision which will be delivered through a series of 3 year Strategic Frameworks.

The vision articulated in Designed for Life (DfL) states that: by 2015, through the efforts of the Assembly, the NHS, local authorities, their partners and the community and individuals, Wales will have eliminated avoidable death, pain, delays, helplessness and waste. It recognises the challenges facing the health service in Wales, mirroring those outlined in Getting Results, the Diagnostic Services Strategy for Wales, and is clear that radical solutions to current problems need to be found. DfL anticipates a 4 tier care system providing a range of services. Pathology will need to respond to this change by ensuring that appropriate services and facilities are available at each of the following levels: 1) services provided at home or in the local community in primary care networks, 2) local acute services; 3) specialised and critical care centres, and 4) tertiary and highly specialised services. This requires the application of a consistent approach to development which has been reflected in this document:

1) Philosophy
   • Delivering life long health
   • Fast, safe and effective services, and
   • World class care

2) Principles
   • Delivering user centred care
   • A whole systems approach
   • Targeting performance improvement

To achieve the improvements required, the first Strategic Framework, Redesigning Care, will run from 2005-08 and includes targets for prevention, access and service delivery which are consistent with the pathology modernisation agenda.
The Strategic Framework also identifies 10 “enablers”, critical areas of change and reform that need to be addressed if rapid and sustained reform is to be achieved and these are also reflected in the approach to pathology modernisation:

- Performance management
- Research and evaluation
- Benchmarking
- Reconfiguration
- Education, training and workforce design
- Efficiency
- Clinical leadership
- Clinical networks
- Planning, commissioning and strategic partnerships
- Information

It has become increasingly clear that diagnostic services have a major role to play in the delivery of other clinical services and in the meeting of key performance targets for the NHS. Over 70% of all patients accessing care in either a primary or secondary care setting require a pathology investigation for diagnosis or treatment monitoring purposes. The ability of the NHS in Wales to meet national targets, particularly with regard to bed utilisation, waiting times and disease management for example, will depend to a significant degree on the effectiveness and efficiency with which pathology services are provided. This document outlines a plan for Pathology Modernisation in Wales which will ensure that Designed for Life and Diagnostic Services Strategy requirements are met.
**Key Issues**

In order to provide services that are built on the principles and that fulfil the vision set out in the Diagnostic Service Strategy a number of key issues have been identified by service providers. These include:

**Informatics**

The need to modernise and maximise the potential of informatics has been a major recurring theme and is at the heart of modern pathology service provision. With 70% of all diagnosis and treatment dependent upon pathology investigations the role of pathology services can best be seen in terms of the information and advice it provides. There is now widespread recognition that the role of pathology is to work for the patient to make the initial diagnosis, to monitor treatment and therapy efficacy, to generate data, to interpret data for clinicians and to act as an advocate for the patient in the management of their disease. A fully integrated informatics system is essential for the effective and efficient management of services and is needed for both clinical service delivery and laboratory management. It is important to recognise the need to move from focussing on informatics as a tool to support the management of pathology to seeing it as a requirement to support clinical process with a focus on how pathology systems integrate with other healthcare information systems to directly improve patient care, treatment efficacy and process efficiency.

**Integration**

Almost all patients receiving treatment within the NHS require some type of pathology evaluation. The standard of care and the standard of delivery of the pathology service received should be timely and of uniformly high quality, whatever the clinical needs or geographical location of the patient, and should make best use of available resources. Current organisational, professional and geographical boundaries may be inappropriate and may impose unnecessary constraints on the delivery of linked services. Health care at all levels is increasingly being planned and delivered in an integrated manner, (e.g. A&E, Emergency Care, Surgical Sub Specialties, Maternity, Neonatal and Paediatric services etc), and as this broader integration continues the current boundaries in pathology services may become increasingly redundant.

**Workforce**

It is predicted that 10% of the current pathology workforce will retire before 2010, with a further 20% retiring between 2010 and 2015 (this figure will increase substantially if the currently proposed changes to the NHS pension scheme are implemented). This will require a robust workforce planning process and the need to embrace new and flexible working practices, including the wider application of automated technology, the development of more multi-skilled staff in some areas and a greater separation of trained and qualified staff and duties.

**Access**

The range and location of pathology provision will, to a large extent, be driven by the clinical services provided from any location. For each pathology discipline it will be necessary to define what tests/investigations can reasonably be provided locally, in rapid response type laboratories/via point of care testing technology, (probably based upon turnaround time requirements), and what may be more efficiently or effectively undertaken at another location because of its complexity, low volume/high cost or high cost/low volume nature. There is also a need to take full advantage of new technologies and automated facilities to ensure that the utilisation of equipment and other resources are maximised and duplication minimised.

**Purchasing and Supply**

As the pressure on available resources continue it will be necessary to continue to achieve improvements in efficiency. Key to this will be to ensure that capital expenditure is not unnecessarily duplicated and that maximum advantage is taken of every opportunity to achieve economies of scale for both capital and revenue purchases.
Standards and Accreditation
Fundamental to improving patient care through improved pathology services is the need to ensure consistent standards across the whole of Wales, including those provided in primary care. The need to ensure that all laboratories meet accreditation requirements is also vital to the provision of consistent, high quality services. The definition of, and compliance with agreed standards will have a significant influence on the nature and shape of pathology services in the future, particularly the requirement to eliminate single handed laboratory consultant practice.

Primary Care
Requests from general practice typically account for around 45%-50% of district general hospital pathology services (around 25% in a teaching hospital), but is currently growing at a faster rate than secondary care requesting, often driven by national initiatives such as National Service Frameworks, NICE guidelines and the General Medical Services Contract. It is vital that pathology is able to influence users, as a part of the patient management team, to ensure that optimum use is made of services and resources. This will include responding to changes in clinical service provision across Wales and ensuring that opportunities for change are exploited such that safe, accurate and appropriate services can be delivered as close to the patients as possible.

Buildings
There is a wide variation in the standard of pathology accommodation across Wales, with many struggling to accommodate demand within the space available. As the reconfiguration of clinical services increases, it will be necessary to realign pathology services in accommodation which is fit for purpose now and given predictions of future requirements. This is particularly true in relation to the configuration of high volume automated facilities.

Technological Changes
The use of common specimen handling and/or analytical techniques across different pathology disciplines may be a driver towards consolidation of some service aspects. It is not uncommon now to find for example Blood Sciences, Cellular, Immunology or Infection Departments rather than the more traditional subdiscipline configurations detailed earlier. Opportunities to develop new arrangements based on new technologies need to be explored fully.

Transport
At present there are variations in the systems available to the laboratories for receipt of samples and these have a major impact on the way in which services are delivered and resources deployed. The frequency of collections in both primary and secondary care varies across Wales, as do their management arrangements and efficiency. The development of effective and efficient transport is seen as vital in underpinning any pathology service developments.

This document details the way in which pathology will seek to contribute to improved patient care and address the challenges highlighted above in line with the Vision and Principles outlined in the Diagnostic Services Strategy and endorsed in WHC(2004)061.
3. Project Definition

3.1 Aim and Objectives of the Project:

Project Aim:

Improve patient care through improved quality, equity, sustainability and efficiency of pathology services and the morale of its staff.

Project Objectives:

Current services are not financially sustainable and the Project must deliver significant real change in order to realise the above aim. To achieve this, the following key objectives have been identified:

a) To establish a baseline of information against which future pathology service provision can be evaluated
b) To establish a National Framework for the modernisation of pathology services in Wales that will require and inform the production of Local Pathology Modernisation Plans
c) To establish a mechanism for providing firm central direction for pathology modernisation, and where national investment and performance management decisions can be made regarding Local Pathology Modernisation Plans
d) To deliver a series of Workpackages that will address the key issues and challenges highlighted above
e) To identify, promulgate and ensure the adoption of best practice from around Wales and beyond
f) To facilitate, develop and/or implement radical solutions to identified problems

3.2 Scope:

The term “pathology” describes clinically led diagnostic, laboratory and post mortem services, and public health and population data services based in Trusts in Wales. This includes direct patient care, interpretation and clinical liaison. The services cover a range of tests on blood and other human materials necessary for diagnosis and monitoring of a wide range of clinical conditions so that the appropriate treatment can be given, and the investigation of the reasons why people may have died and the care of their body if they do so in hospital. The scope of this project therefore includes the following pathology disciplines provided by the NHS in Wales:

- Blood Transfusion
- Clinical Chemistry
- Cytology
- Genetics
- Haematology
- Histopathology
- Immunology
- Microbiology
- Tissue Typing
- Toxicology

Although these services are delivered via a combination of models with some organised on a national basis, some on a regional basis and some on a local basis the structure of the project is robust enough to allow for a multiplicity of delivery options to be contained within the overall plan, and for these to change as necessary over time.
3.3 Exclusions:

a) The private sector other than where they act as an NHS supplier
b) Services provided by providers outside of Wales

3.4 Deliverables:

The project will deliver a number of Workpackages (products) to achieve the stated aim and objectives under the following Workstream headings:

a) Quality
b) Demand
c) Workforce
d) Infrastructure

Appendix 4d provides further details of each Workpackage.

3.5 Known Constraints/Considerations

a) The Project must deliver real change and not just “more of the same”
b) Pathology services are provided by 13 separate Trusts with separate management arrangements
c) Agenda for Change, new Consultant and GMS Contracts and changing employment legislation
d) There is little direct commissioning of pathology services
e) The Project must operate within available resources
f) Designed for Life

3.6 Interfaces with Other Projects

a) Primary Care Strategy
b) Secondary Care Strategy
c) Informing Health Care
d) HR Strategy
e) Other Diagnostic Services Modernisation Projects
f) Local clinical reconfiguration projects
g) Regional Modernisation initiatives
h) Telehealth

4. Method of Approach

The PRINCE2 project management approach has been adopted for this project. The Project Board will:
a) Provide an executive function for the Project approving all major project plans, authorising any major deviations from agreed plans,
b) Ensure that required resources are committed, arbitrating between conflicts within the Project and negotiating solutions to problems between the Project and external bodies.
c) Provide firm central direction via the National Framework and an executive decision making mechanism for developments and investments within pathology services.

The Project Manager will:
a) Run the Project on behalf of the Project Board within any agreed constraints
b) Ensure that the Project produces the required products to meet the aim and objectives

c) Develop the National Framework

d) Advise the Board on the requirements necessary to implement the National Framework

e) Work with key individuals and organisations to ensure that modernisation requirements are met and to ensure that all opportunities for modernisation are considered.

5. Assumptions

a) The current service configuration is not sustainable to meet projected demands

b) The Vision and Principles outlined in the Diagnostic Services Strategy are accepted

c) The Health and Social Care Department anticipates and requires radical change to deliver the project aim and objectives

d) The objectives of the project will also be the objectives of professionals and managers in NHS Wales

e) Organisational and individual cooperation will be given

f) Resources will be made available if a sound argument for investment can be demonstrated

6. Project Organisation Structure

See Appendix 1 for detailed structure.

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<td>Dr Christine Daws</td>
<td>Director of Finance, H&amp;SCD, WAG</td>
<td>Chair</td>
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<tr>
<td>Dr Grant Robinson</td>
<td>Pathology, Gwent Healthcare NHS Trust</td>
<td>Senior Supplier</td>
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<tr>
<td>Prof Geraint Williams</td>
<td>Pathology, Cardiff and Vale NHS Trust</td>
<td>Senior Supplier</td>
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<tr>
<td>Mr Alan Brace</td>
<td>CEO, Carmarthenshire LHB</td>
<td>Senior User</td>
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<td>Mr Gren Kershaw</td>
<td>CEO, Conwy and Denbighshire NHS Trust</td>
<td>Senior User</td>
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<tr>
<td>Mr Paul Miller</td>
<td>CEO, Velindre NHS Trust</td>
<td>Chair, Pathology Modernisation Advisory Forum</td>
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<td>Mr Andrew Evans</td>
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<td>Project Manager</td>
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<tr>
<td>Mrs Jenny Frost</td>
<td>Deputy Chief Scientific Advisor, WAG</td>
<td>Project Support Team</td>
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<tr>
<td>Mr Jeff Lewis</td>
<td>HIF, WAG</td>
<td>Project Support Team</td>
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7. Communications Plan

See Appendix 2

The plan presented as a table defines all parties with an interest in the project and means and frequency of communication between them and the project.
8. Project Quality Plan

See Appendix 3
The Quality Plan is to ensure that the project products (deliverables) are fit for purpose, conform to their requirements, are designed and produced to do the job properly, and meet customer requirements. The project will include quality assurance of relevant products by the Pathology Modernisation Advisory Forum.

9. Initial Project Plan

See Appendix 4.
The initial plan covers a three year time frame and is a comprehensive and integrated modernisation project (Appendix 4a). The Project Organisation and Structure Diagram (4b) shows how the various elements of the Project fit together. The Gantt Chart (4c) shows the first year of the plan only and details activities, timescales and costs for each component of the Project. (A detailed year 2 plan will be developed during year 1 and a year 3 plan during year 2). The Workpackage Breakdown (4d) includes a Brief for each of the Workpackages including anticipated deliverables (products).

Although Pathology Modernisation is more a journey than a destination, it is the intention to review progress at the end of year 3 with a view to assessing the progress made and re-orientating the project if necessary.

10. Project Controls

The Project Manager will report directly to the Project Board with progress reports, end stage reports and the next stage plans for each Workpackage. Board meetings are planned on a quarterly basis, starting in April. Highlight reports will be produced monthly for the Board members.

Budgetary Controls

Budgetary control will be exercised by the appropriate Officers of the WAG, who will hold responsibility for actioning resource allocation decisions made by the Board and provide information to advise the Board on resource allocation issues. The Project Board will hold responsibility for direct financial support of Project Team activities – in consultation with the Project Manager. The Project Manager will provide a financial statement at each Board meeting.

11. Exception Process

If implementation of the project plan is under threat an exception report will be submitted by the Project Manager to the Chair of the Project Board. The report will forecast deviation, the impact on plans, risks and the options available for development into an exception plan. Minor deviations from the project plan will be identified in Highlight Reports to the Project Board and through Endstage Reports.

12. Initial Risk Log

See Appendix 5.
The purpose of the Risk Log is to:
a) Allocate a unique number to each risk
b) Record the type of risk
c) Provide a summary of the risks, their analysis and status.
13. Contingency Plans

In the event that the Project Manager is unable to continue, Mr Jeff Lewis will take over the immediate role and responsibilities until a permanent solution can be implemented.

14. Project Filing Structure

Hard and electronic copies of files and other materials will be maintained at the project office.
Appendix 1

Project Organisation Structure
Pathology Modernisation Project Organisation Structure

WAG H&SC Management Board

Project Mandate

Pathology Modernisation Project Board

Imaging Modernisation Project Board

Other Modernisation Project Boards

Pathology Modernisation Project Manager

Project Support
LSSC/SAGs
Operational Groups
Laboratory Management Forum

Project Assurance
Pathology Modernisation Advisory Forum

Workstreams
Appendix 2

Communications Plan
## Communication Plan

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<td>Project Board</td>
<td>Senior Management Briefings</td>
<td>Progress/exception reports and project Manager Briefings</td>
<td>At each Project Board meeting (quarterly) and individual briefings</td>
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<td>Management Board</td>
<td>Feedback on progress problems and developments. Publicise improvements and benefits realised</td>
<td>Progress Reports to Management Board</td>
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<td>Progress Reports to NACE meeting</td>
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<td>Institute of Biomedical Scientists</td>
<td>Raise awareness, share knowledge and experience and develop a joint approach to BMS development and deployment</td>
<td>Pathology Modernisation Newsletter and Progress Reports delivered via Website and Project Manager Briefings</td>
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<td>Minister for Health and Social Services</td>
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<td>Gain involvement, raise awareness, share knowledge and experience, feedback on developments, publicise</td>
<td>Pathology Modernisation Newsletter and Progress Reports delivered via Website and Project Manager Briefings</td>
<td>Live, dynamic website, Bi monthly Newsletter, PM Briefings as requested</td>
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| **Welsh Scientific Advisory Committee (LSSC & SSAGs)** |
| Raise awareness, share knowledge and experience, feedback on developments, publicise improvements made and benefits realised |
| Progress Reports delivered to WSAC and disseminated via LSSC and SSAG Chairs |
| At each WSAC, LSSC and SSAG meeting, and individual PM briefings as requested |
| AE, WSAC Chair, LSSC Chair, SSAG Chairs |

| **Workpackage Leads** |
| Provide direction and support, raise awareness, share knowledge and experience, feedback on developments, publicise improvements made and benefits realised |
| Pathology Modernisation Newsletter and Progress Reports delivered via Website Project Team briefings Workshops |
| Monthly progress meetings |
| AE, JF, JL, Workpackage Leads |
| As required |
Appendix 3

Quality Plan
Quality Plan

The Pathology Modernisation Project is large and complex, covering services provided by 13 different Trusts and currently costing around £100m per year. It is designed to develop services in line with requirements by providing a national focus and direction, implemented locally within a flexible but robust structure. Section 10 of this document highlighted the process for controlling both the project and the budget, however, the more important component of quality which this Quality Plan addresses is concerned with ensuring that the Project delivers the aim and objectives set out in Section 3.

To this end, a Pathology Modernisation Advisory Forum (PMAF) has been created, the terms of reference and role definition of which can be seen in Appendix 6c, and it is this body that will provide the quality assurance role on behalf of the Project Board.

The PMAF will ensure that business, user and supplier interests are represented and that the Project Manager takes account of these in developing and managing the Project or any of its elements. This Forum will meet in advance of any Project Board meetings and will consider and endorse or recommend changes to plans, reports etc submitted by the Project Manager. These will then be conveyed to the Project Board through the PMAF Chair, who is also a member of the Project Board.

The membership of the PMAF is shown below:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position/Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Paul Miller, Chair</td>
<td>CEO, Velindre NHS Trust</td>
</tr>
<tr>
<td>Mr Stuart Marples</td>
<td>Director, Mid &amp; West Wales Regional Office, WAG</td>
</tr>
<tr>
<td>Mr Alan Cumming</td>
<td>National Leadership and Innovation Agency for Healthcare</td>
</tr>
<tr>
<td>Mr Brian Green</td>
<td>OD &amp; Training representative, North Wales Regional Office</td>
</tr>
<tr>
<td>Mr Mike Ponton</td>
<td>CE, NHS Confederation Wales</td>
</tr>
<tr>
<td>Mr Malcolm Latham</td>
<td>Audit Commission in Wales</td>
</tr>
<tr>
<td>Dr Ian Barnes</td>
<td>National Lead, DoH</td>
</tr>
<tr>
<td>Dr Tony Howard</td>
<td>Chair, LSSC</td>
</tr>
<tr>
<td>Dr Mark Hastings</td>
<td>Chair, Microbiology SSAG</td>
</tr>
<tr>
<td>Dr Ian McDowell</td>
<td>Chair, Clinical Chemistry SSAG</td>
</tr>
<tr>
<td>Dr Ray Majers</td>
<td>Chair, Haematology SSAG</td>
</tr>
<tr>
<td>Mr David Nuttall</td>
<td>Chair, Histopathology SSAG</td>
</tr>
<tr>
<td>Prof Julian Sampson</td>
<td>Wales Genetics Service</td>
</tr>
<tr>
<td>Prof Geraint Williams</td>
<td>Royal College of Pathologists</td>
</tr>
<tr>
<td>Mr Peter Parry</td>
<td>Institute of Biomedical Scientists</td>
</tr>
<tr>
<td>Mr Steve Sloan</td>
<td>Partnership Forum</td>
</tr>
<tr>
<td>Dr David Bailey</td>
<td>GP representative</td>
</tr>
<tr>
<td>Mrs Jenny Frost</td>
<td>Deputy Chief Scientific Advisor</td>
</tr>
<tr>
<td>Lead Clinicians</td>
<td>All Trusts</td>
</tr>
<tr>
<td>Pathology Manager</td>
<td>All Trusts</td>
</tr>
</tbody>
</table>
Appendix 4

Project Plan

Appendix 4a: Summary
Appendix 4b: Project Overview Diagram
Appendix 4c: Gantt Chart
Appendix 4d: Workpackage Breakdown
Appendix 4a

Summary
**Pathology Modernisation**

**Project Summary**

It should be recognised that Pathology Services in Wales have a good track record of delivering high quality services to users and of using the skills and experience of its staff to develop creative and innovative solutions to problems. It should also be recognised that the world in which we are operating is changing and those changes will provide significant challenges for the future which need to be addressed now.

Even if pathology services were currently as effective and efficient as they possibly could be this situation will not continue. Within pathology significant numbers of our workforce will reach retirement age over the next 10 years (30%), the impact of Agenda for Change, new consultant and GMS contracts, developing employment legislation, increasing volume and quality demands, changes in health services configuration and limited resources mean that the current position is not sustainable. New ways of working have to be found.

With over 70% of all people coming into contact with the NHS requiring a pathology input there is now widespread recognition that the role of pathology is to work for the patient to make the initial diagnosis, to monitor treatment and therapy efficacy, to generate data, to interpret data for clinicians and to act as an advocate for the patient in the management of their disease. This puts pathology at the heart of clinical services, rather than being seen in a clinical support role, and highlights the potential impact that pathology services can make on the rest of healthcare delivery.

There are significant challenges facing pathology services but there are also significant opportunities. The aim of this Project is simple – to improve patient care through improved quality, equity, sustainability and efficiency of pathology services and the morale of its staff.

This will be done by providing firm central direction, through the use of a National Pathology Framework, through various Workpackages that will address key issues on an all Wales basis, and through Local Pathology Modernisation Plans which will articulate, on a local basis, the way in which national requirements will be delivered. This will be supported by a programme of investment that is inextricably linked to a performance management framework that ensures that the necessary infrastructure is in place and that success is rewarded.

Given that current arrangements are unsustainable, and that the Welsh Assembly Government anticipates that radical change will be required to ensure that the current high quality services are maintained and improved further, there are some fundamental planks underpinning this Project. Standardisation and integration must be improved and are prerequisites to achieving the aim of the Project. Providers will be expected to explore all opportunities in these areas and also to use rationalisation, which should not be confused with centralisation, to ensure that the best services possible are delivered within available resources.

This Project will focus not on delivering more of the same, but on finding new ways of delivering services that equalise variations across Wales and compare with the best in the world.
Appendix 4b

Project Overview Diagram
Pathology Modernisation

Pathology Modernisation Project: Overview Diagram

Improved Patient Care through improved Quality, Equity, Sustainability and Efficiency of Pathology Services & the Morale of its staff

Local Pathology Modernisation Plans

Investment

4.1 National Framework

Pathology Modernisation Project Board

Performance Management

Project Support
LSSC/SAGs
Operations Groups
Pathology Management

Project Manager

Quality Assurance
Pathology Modernisation Advisory Forum

Quality Workstream
1.1 Benchmarking
1.2 Equipment Evaluation
1.3 Standards, Protocols & Method Evaluation
1.4 Quality Management System
1.5 R&D

Demand Workstream
2.1 Appropriate Use of Pathology
2.2 Demand Modelling
2.3 Commissioning

Workforce Workstream
3.1 Workforce Planning
3.2 Workforce Development
3.3 Clinical Service Development

Infrastructure Workstream
4.2 Informatics
4.3 Transport
4.4 Procurement
4.5 New Models of Delivery
4.6 New Technologies
Appendix 4c

Gantt Chart
Appendix 4d

Workpackage Breakdown
Workpackage Breakdown

The aim of the Pathology Modernisation Project is to improve patient care through improved quality, equity, sustainability, efficiency and morale of pathology services.

The four Workstreams within the project will provide a number of Workpackages which will contribute to this aim. Each Workpackage is designed to provide a specific deliverable that can add value on its own while being part of an overall comprehensive and integrated package of modernisation.

It should be noted that the mechanism for translating Workstream outputs into effective practice is through Local Pathology Modernisation Plans. These will use the deliverables from each Workpackage to inform and develop a local plan that will deliver the project aims. This can be seen graphically in the Project Overview (Appendix 4b).

Workstream 1: Quality

1.1 Benchmarking Initiative

Overview: Although all pathology providers have recently taken part in the Audit Commission Acute Hospital Portfolio exercise and a number participate in the “Keele” initiative, neither have been universally accepted as providing a useful formula. The Benchmarking Initiative is designed to identify activity data to provide a routinely collected, standard mechanism for comparing performance in key areas across the whole of Wales and beyond, the results of which can then be used to drive changes in practice which will lead to improvements in one or more of the elements listed in the project aims. It is intended to be simple, concentrating on key performance indicators and taking the opportunity to create a common approach within each subdiscipline, allowing comparisons between providers within Wales and beyond.

Deliverable: Based on an initial baseline survey, a benchmarking programme covering quantitative (efficiency) and qualitative (quality) components, as defined by providers and users, that can be collected routinely, providing an annual report for each discipline in each location. Year 1 will deliver: 1) a baseline assessment tool (adapting the DoH Capacity Modelling Tool to include among others workload, facilities, equipment, staff, vacancies, consultant job plans, accreditation, SOPs, LIMS, A4C and costs; 2) a data collection exercise; 3) an analysis report for each site; 4) a common test list; 5) key performance indicators and 6) will provide the routine data capture mechanism to allow the benchmarking programme to be operational in 2006.

Level: All Wales

Lead: TBC

Timescale: Ongoing

Priority: High

Impact: This will contribute to all project aims by identifying best performers across a range of key markers and providing a mechanism to raise the performance of others

Links with other Workpackages: All
1.2 Equipment Evaluation

Overview: There are 10 pathology disciplines provided by 13 Trusts across Wales. In order to ensure that the aim of the project is met it is important that providers use the most appropriate equipment to deliver services. A greater degree of standardisation of equipment will also improve consistency and will help reduce any training requirements for staff moving between providers. The Equipment Evaluation Workpackage is designed to reduce the amount of potential duplication by undertaking evaluations once, on an all Wales basis, providing definitive recommendations to commissioners and providers on the most appropriate equipment, given the requirements defined by standards and protocols. Evaluation will also include identifying and quantifying potential savings from common consumable and maintenance contracts.

Deliverable: A database of existing evaluations, knowledge and recommendations and a rolling programme of evaluations of equipment, including POCT devices. These will be delivered in Year 1. The rolling programme will then be ongoing.

Level: All Wales

Lead: TBC

Timescale: End of Quarter 4
(ongoing for rolling programme)

Priority: Medium

Impact: This will contribute to all project aims by ensuring that an appropriate evidence base is used for equipment and methods and that full advantage can be taken of purchasing and operational efficiencies

Links with other Workpackages: 1.3 Standards, Protocols and Methods; 1.4 Quality Management System; 1.5 R&D; 4.4 Procurement
1.3 Standards, Protocols and Method Evaluations

Overview: In order to deliver consistent, quality services across Wales it is vital that commissioners and providers are able to refer to common agreed standards and protocols. These should be set by professionals and should be evidence based. Recognising that resources to provide pathology services are limited, it is not envisaged that these standards will necessarily be gold standards but will be common agreed standards. Common standards and protocols, on turnaround times for example, will allow the development of new models of care based on user requirements. Equally, common standard operating procedures will also reduce the need to retrain staff if they move between providers and make it easier to make best use of scarce expertise across Wales. More importantly, harmonisation will make it easier for mobile and/or off site consultant colleagues to handle pathology reports. Much good work has already been done in Wales in this respect and this Workpackage will build on this base.

Deliverable: Building on work already undertaken by and working with Audit Groups, develop a rolling programme of standards and protocol development, (including algorithms), and a Scientific and Technical Standards database based on evaluated methods. (Possibly through the creation of a Technical Operations Group to cover: SOPs; requirements for specimen collection, storage and transport; reference ranges; reporting units; fields reported for multiparameter tests; formulae for calculation of derived parameters; quality control procedures; proficiency testing programmes; others?). Year 1 will deliver a database including standards and protocols for the top 20 tests/investigations by volume in each subspecialty.

Level: All Wales

Lead: TBC

Timescale: Ongoing

Priority: High

Impact: This will contribute to all project aims ensuring that the same quality of service is received by the user, irrespective of provider or location, and that resource usage is optimised

Links with other Workpackages: 1.1 Benchmarking; 1.2 Equipment Evaluation; 1.4 Quality Management System; 2.1 Subdiscipline Guidance; 2.4 R&D; 3.3 Commissioning; 5.2 Informatics
1.4 Quality Management System

Overview: At present 12 providers will be involved in pursuing accreditation for laboratory practice independently. This can lead to an unnecessary level of duplication in relation to the development and operation of systems to deliver the consistency demanded by accreditation bodies and in the development of solutions to particular problems. A number of Trusts across the UK are now seeking single accreditation across multiple sites. This Workpackage is designed to assess whether there is any advantage in extending this concept to cover multiple and/or individual subdisciplines across wider geographical areas within Wales and to what extent a single Quality Management System can be employed on a whole organisation basis (whole system quality management), for example using the European Foundation of Quality Management Model.

Deliverable: Taking account of the dependency of some Trusts on pathology provision from England, Year 1 will deliver an evaluation of alternatives with specific recommendations and a training programme to implement any suggested changes.

Level: All Wales, Lead: TBC

Timescale: End of Quarter 4, Priority: Medium

Impact: This will contribute to improved quality, equity and efficiency by minimising duplication, a pooling of knowledge and expertise and a consistency of approach

Links with other Workpackages: 1.3 Standards, Protocols and Method Evaluation; 4.2 Informatics; 4.5 New Models of Delivery; 4.6 New Technologies
1.5 Research and Development

Overview: Research and development is crucial if pathology services in Wales are to provide high quality, evidence based services and if those services are to attract key staff, particularly medics and clinical scientists, by punching above their weight on the broader UK stage and beyond. The pool of resources in Wales is relatively small and there is a need to ensure that R&D is focused and coordinated, providing a sound evidence base for practice and a clear direction for the future, particularly with regard to molecular technology. The links between academic and service research, development and teaching need to be recognised and their relationship needs to be clarified in a way that provides opportunities to professionals in all grades and locations and a means of transferring R&D outputs into routine service delivery.

Deliverable: The creation of a Pathology R&D Network to undertake a review of academic and service pathology R&D activity across Wales, identifying key areas of work, particularly around the evidence base, diagnostic/clinical value, impact on clinical outcomes and the efficiency of the diagnostic processes of pathology testing, and key contributors, and providing recommendations for future coordination and delivery. Year 1 will deliver a Review and will identify and support specific projects.

Level: All Wales  Lead: TBC

Timescale: Ongoing  Priority: Medium

Impact: This Workpackage will contribute to all the project aims by ensuring that limited R&D resources are used as effectively and efficiently as possible and by ensuring that opportunities are available, linked to academic and teaching departments, to staff irrespective of profession or location.

Links with other Workpackages: 1.3 Standards, Protocols and Methods; 3.1 Workforce Planning; 3.2 Workforce Development; 4.5 New Models of Delivery; 4.6 New Technologies
Workstream 2: Demand

2.1 Appropriate Use of Pathology

Overview: There is a great need to manage demand for pathology testing so that the most appropriate tests for the clinical management of the patient are requested with minimal wastage of resources. Although past attempts to manage demand in the UK have met with limited success, results from overseas combined with a number of recent local developments provide opportunities to introduce, implement and sustain a more rational use of laboratory services. The increasing availability of bi-directional links between laboratories and clinical areas, the greater emphasis on care pathways and evidence based practice, and the greater recognition of the importance of multidisciplinary working all combine to provide a greater opportunity to develop a better understanding of the usefulness and limitations of laboratory testing. It is vital that a comprehensive, all Wales approach to demand management is achieved using a combination of approaches including education, audit, feedback, structural change, commissioning and information management and technology. It is also important that this is put in the context of the wider care pathway.

 Deliverable: 1) A set of subdiscipline specific components that can be combined into a comprehensive Pathology Handbook (hard copy and electronic) that: gives clear advice about the test(s) of choice for investigating common clinical problems as well as some less common ones; contains additional linked information about the test(s) recommended, including the specimen(s) required, diagnostic accuracy, cost (and cost-effectiveness if known) and how to interpret results; can be used for diagnosis, monitoring, and audit; are developed in accord with best-practice principles; and are capable of forming a framework for the development of feedback mechanisms to users and as part of the wider care pathway process.

Level: All Wales

Lead: TBC

Timescale: 3 yrs (reviewed and updated every 3 years) Priority: High

Impact: This Workpackage will contribute to all project aims by helping to ensure that requests for pathology tests are more rational and cost effective.

Links with other Workpackages: All
2.2 Demand Modelling

Overview: A number of subdisciplines and their associated Royal Colleges have already attempted to define and quantify demand for pathology services, particularly in relation to recent service framework developments and specific disease areas. An understanding of demand, the implications of NSFs and NICE guidance, when coupled with an understanding of processes will allow clear requirements for skills, equipment and facilities to be determined. As such this is an important component of the modernisation project.

Deliverable: A high level strategic modelling report for each subdiscipline containing current volumes for tests/sets or investigations and a 3, 5 and 10 year projection for demand based on demographic profiling and disease trend analysis.

Level: All Wales
Lead: TBC

Timescale: End of Quarter 4
Priority: Medium

Impact: This Workpackage will contribute to all project aims through ensuring a thorough understanding of demand, and the drivers for that demand, and also by providing a baseline against which future capacity planning can take place.

Links with other Workpackages: 1.1 Benchmarking; 2.3 Commissioning; 3.1 Workforce Planning; 3.2 Workforce Development; 3.3 Clinical Service Development; 4.3 Transport; 4.4 Procurement; 4.5 New Models of Care
2.3 Commissioning

Overview: At present, with the exception of some services such as Immunology and Microbiology, it is rare in Wales for Pathology Services to be commissioned directly. Pathology services are largely block funded, as part of a Trusts annual financial allocation, and as such there is often a dislocation between demand and the resource required to meet it. Although it is recognised that services must continually provide improvements in quality and efficiency, it is possible that as the delivery of clinical services become more disease/condition based the commissioning of specific investigations will become more desirable and more appropriate for programme based budgeting purposes.

Deliverable: A detailed appraisal of the benefits of commissioning for pathology services with specific recommendations on the arrangements, if any, that should be adopted in Wales in the future.

Level: All Wales Lead: Andrew Evans
Timescale: End of Quarter 2 Priority: Medium

Impact: This Workpackage, while not directly contributing to the project aims, will provide an assessment of the value that commissioning can make to the delivery of those aims.

Links with other Workpackages: 4.1 National Framework;
Workstream 3: Workforce

3.1 Workforce Planning

Overview: It is widely recognised that workforce capacity will be the main limiting factor over the coming years. The Diagnostic Services Strategy in Wales and numerous Royal College of Pathology and Professional Association documents all point to the problems on the horizon as current staff approach and reach retirement age over the next 10 years. This position may well be exacerbated if the proposed changes to the pension scheme are implemented with many staff retiring at 55 rather than 60. In order to ensure that the right numbers of people are recruited in the right place at the right time it is necessary to not only understand demand, but also to understand the profile of the current workforce and to be able to predict accurately what will be needed, when and where. This in turn will inform training and education providers and will allow a coordinated and comprehensive approach to workforce planning to take place.

Deliverable: Year 1 will deliver a report detailing: 1) The profile of current staff and planned retirements by site and subdiscipline; 2) An analysis of staff requirements over the next 10 years.

Level: All Wales  Lead: TBC

Timescale: 1) End of Quarter 1  Priority: High
   2) End of Quarter 4

Impact: This Workpackage will contribute to delivering all the project aims by ensuring the right staff are in the right place at the right time, equipped with the right skills.

Links with other Workpackages: 1.1 Benchmarking; 2.2 Demand Modelling; 3.2 Workforce Development; 3.3 Clinical Service Development; 4.5 New Models of Delivery; 4.6 New Technologies
3.2 Workforce Development

Overview: If pathology is to be able to meet the challenges posed by new employment legislation and likely retirements over the coming years it is likely that this will be assisted greatly by ensuring that the deployment of skills is focussed sharply on the areas of activity where those skills are actually required and reducing unnecessary duplication. There have been numerous shifts in recent years in response to local pressures that have allowed the significant development of the roles of individuals and groups. Wales has a relatively small pool of pathology staff and it is important that the development of particular roles across Wales is undertaken with a degree of planning and co-ordination to improve integration and ensure equity. As an example, a number of Trusts are currently reviewing MLA staff with the intention of developing their role further. This has led to a number considering and developing NVQ type programmes although there is currently no coordination with regard to what this role is intended to achieve or the way in which the role will be developed. Education providers need to be involved from the outset of this Workpackage.

Deliverable: Year 1 will deliver a Workforce Development Programme covering; Role Profiling; Staff Training and Role Development.

Level: All Wales

Lead: TBC

Timescale: End of Quarter 4

Priority: High

Impact: This Workpackage will contribute to the equity, sustainability, efficiency and morale aims of the Project by providing a clear development path for staff linked to service requirements.

Links with other Workpackages: 3.1 Workforce Planning; 3.3 Clinical Service Development; 4.5 New Models of Delivery; 4.6 New Technologies
3.3 Clinical Service Development

Overview: There is now widespread recognition that the role of the consultant pathologist can be defined more in terms of their role in patient management than in laboratory management. The pathologist works for the patient to make the initial diagnosis, to monitor efficacy of treatment and therapy; to generate data, to interpret data for clinicians and to act as an advocate for the patient in the management of their disease. There are severe current and predicted shortages in consultant staff in the U.K, 361 at August 2004, predicted to rise to as many as 1,009 if proposed pension changes take place as consultants aged 55 and over opt for early retirement, and when combined with the new contract and changing technologies highlight the need to review the role of the consultant and to map the workforce needs to predicted disease occurrence and clinical demand.

Deliverable: Building on work undertaken by Royal Colleges and Professional Associations, produce a plan for developing pathology as a clinical discipline, outlining the future role of consultants within it and taking account of the need to consider the opportunities for greater integration, for example by addressing specific disease areas or by considering new combinations of current services, for example, transforming the current nine subdisciplines into Cellular Pathology, Blood Sciences Pathology and Immunity and Infection Pathology.

Level: All Wales

Lead: RCPath Welsh Council

Timescale: End of Quarter 4

Priority: High

Impact: This Workpackage will contribute to all Project aims by clearly defining the clinical service to be provided which in turn will inform the way in which laboratory testing and diagnosis needs to be developed to support this.

Links with other Workpackages: 1.1 Benchmarking; 1.3 Standards, Protocols and Method Evaluation; 3.1 Workforce Planning; 3.2 Workforce Development; 4.1 National Framework; 4.5 New Models of Delivery
Workstream 4: Infrastructure

4.1 National Framework

Overview: This is a central component of the modernisation project and is critical if the requirement to provide firm central direction of developments is to be met. This framework document must set out clearly the national context and priorities and must provide an effective mechanism for assessing not just Local Pathology Modernisation Plans, but also business cases for service developments that will specifically meet the aims of the project, including but not exclusively, those that require investment in either capital or revenue to facilitate. It is imperative that the Pathology Modernisation Project actually delivers change and so, to compliment the planning and investment component, this Workpackage will also develop a performance management tool, probably based on self assessment and a traffic light system, which can be used by Trusts, Local Health Boards, Regional Offices and the Pathology Modernisation Project itself to ensure that real change is delivered consistently and effectively and in line with the requirements of the Pathology Modernisation Project and the Diagnostic Services Strategy. Investment in service developments should not take place outside this framework, and changes proposed that are in line with this framework and help deliver the project aims should be facilitated.

Deliverable: A National Framework document covering national priorities and targets, key planning principles, key development areas, business case development for service improvement, Local Pathology Modernisation Plan guidance, criteria for investment and a self assessment audit tool that can evolve over time to reflect changing circumstances. Year 1 will deliver a first iteration of the document, will develop a performance management tool, run training programmes for all providers to enable them to use it to inform and produce Local Pathology Modernisation Plans (LPMP) and refine and produce the second iteration of the Framework to inform 2006/07 LPMPs.

Level: All Wales  
Lead: Andrew Evans

Timescale: Ongoing  
Priority: High

Impact: This will contribute to all project aims by providing a central reference point for the development of all business cases and plans, a catalyst for service reconfiguration initiatives and a set of criteria against which changes can be judged.

Links with other Workpackages: All
4.2 Informatics

Overview: Informatics is at the heart of modern pathology. When pathology services are seen as providers of information it is clear that a fully integrated IT system is essential for the effective and efficient management of services and is needed for both clinical service delivery and laboratory management. It is important to recognise the need to move from focussing on informatics as a tool to support the management of pathology to seeing it as a requirement to support clinical process with a focus on how pathology systems integrate with other healthcare information systems to directly improve patient care. Two key deliverables of the Informing Health Care Programme (IHC) will impact on pathology in this respect: the integrated electronic patient record and any underpinning IT infrastructure. Pathology informatics cannot operate in isolation from IHC but needs to be planned and developed to take advantage of the opportunities offered by this programme, particularly for interconnectivity.

Deliverable: A Business Case for a new all Wales Laboratory Information Management System (LIMS) and Pathology Informatics Plan that defines common data definitions, codings and architectures and takes account of developments in England, links to IHC and covers the following areas: Supporting Clinical Governance; Standards, Protocols and Guidance; Laboratory Information Systems; Specialist Services; Decision Support; Telepathology; Call Centre Technology; Point of Care Testing; and Research & Audit. Year 1 will deliver a business case and functional specification for an all Wales LIMS and a prepared tender document.

Level: All Wales

Lead: Keith Griffiths

Timescale: End of Quarter 4

Priority: High

Impact: This Workpackage will contribute to all the aims of the Project by providing a mechanism of ensuring that the right information is available to the right people, at the right time to enable the optimum management of patient and disease and the most efficient management of service provision.

Links with other Workpackages: All
4.3 Transport

Overview: There is a multiplicity of arrangements for transporting specimens between sites within Wales, including some that cover very large geographical areas. The increasing levels of rationalisation of services both within and between Trusts means that transport becomes a key factor in ensuring that target turnaround times are met for specific investigations and that the most efficient deployment of resources is achieved. In addition there is considerable expense being incurred by various Trusts in transporting specimens to both routine and specialist and reference centres. A rationalisation of these arrangements offers substantial opportunities to improve efficiency and reduce costs.

Deliverable: Year 1 will deliver a Report detailing current arrangement, configurations and costs and recommendations for rationalising and improving this provision.

Level: All Wales

Lead: TBC

Timescale: End of Quarter 3

Priority: High

Impact: This Workpackage will contribute to the sustainability, efficiency and cost aims of the Project through ensuring that specimens reach the site of testing quickly and efficiently.

Links with other Workpackages: 1.1 Benchmarking; 1.3 Standards, Protocols and Methods; 1.4 Quality Management System; 2.1 Appropriate Use of Pathology; 2.3 Commissioning; 4.5 New Models of Delivery
4.4 Procurement

Overview: Expenditure on pathology services in Wales is around £100m per annum, excluding capital replacement costs. Of this total, around £25m will be spent on non pay items. At present, with the exception of the managed networks of Screening Services and the Infection and Communicable Disease Service, there is little sharing of information and little use of combined purchasing power to reduce either the total costs or the annual increases in costs due to inflationary pressures. Capital equipment replacement is largely at the discretion of individual Trusts and little coordinated planning and management of this programme currently takes place.

Deliverable: Year 1 will deliver a Procurement Framework, taking account of the requirement to use the recently issued Business Cases preparation guidance, covering capital and revenue purchasing, including: 1) Capital: a rolling 10 year capital equipment replacement list; recommendations regarding those items that should be centrally procured; and 2) Revenue: A breakdown and comparison of prices paid for high cost/high volume revenue items across Wales; a target purchase price for all Trusts for those items; recommendations on those items that should be centrally procured.; a review of esoteric testing (what is sent from where, to who, for what and at what cost).; and a review of all leasing arrangements with recommendations for capitalisation.

Level: All Wales          Lead: TBC
Timescale: End of Quarter 4     Priority: High

Impact: This Workpackage will impact on all Project aims by ensuring that the most efficient mechanism is in place for maximising economies of scale for pathology non pay expenditure.

Links with other Workpackages: 1.2 Equipment Evaluation; 1.3 Standards, Protocols and Method Evaluation; 3.2 Workforce Development; 4.5 New Models of Delivery; 4.6 New Technologies
4.5 New Models of Delivery

Overview: Among the world’s most advanced countries several common trends have contributed to the desire to “modernise” services. These have been described in Wales and elsewhere and include limited resources, shortages of key staff, new technologies, increasing expectations and increasing demand. The one common theme across countries and continents is the way in which these trends have or are being addressed and this is based less in the science of medicine and more in the discipline of health care economics and business management. Rationalisation, which should not be confused with centralisation, requires that all opportunities to integrate services, both vertically and horizontally are explored with the intention of: 1) eliminating unused capacity; 2) eliminating duplicate and redundant testing; 3) maximising productivity of labour and capital; 4) improving turnaround times; 5) creating a critical mass of testing activities to permit increased levels of specialisation and improved test menus; and 6) maximising the opportunities to improve the collection, distribution, storage and management of data and information that can benefit clinicians and patients.

Deliverable: In line with the above, and taking account of the care framework described in Designed for Life and the clinical reconfiguration plans for each region, a feasibility study into the development of an integrated, networked model of service provision for Wales based around the concept of rapid response, locality core and specialised and reference laboratories. This will provide a costed model of a rationalised service for comparison with current arrangements, taking account of the need to ensure local service provision for time dependant investigations and the differences between North and South Wales.

Level: All Wales  
Lead: Andrew Evans

Timescale: End of Quarter 4  
Priority: High

Impact: This Workpackage will impact on all Project aims by ensuring that future models of delivery provide consistent, quality services, meeting user needs within the resources made available.

Links with other Workpackages: All
4.6 New Technologies

Overview: Pathology services are already well used to developing and adopting new technologies. They have long experience of pioneering and validating specialised tests which are eventually adopted as the standard diagnostic technique. Changes in technology, such as the use of molecular diagnostic techniques for example, will drive new ways of working and cross disciplinary developments. However, these need to be considered and introduced across Wales in a consistent and planned manner consistent with the aims and objectives of the Project. The appropriate application of technology is an important consideration in developing new ways of working and it is important that in Wales we have mechanisms in place to scan for promising technologies as they emerge, assessing their cost-benefit and integrating them as appropriate into the overall plans for service delivery.

Deliverable: Via the establishment of a Technology Review Team, an annual report covering new and emerging technologies, with recommendations on how these technologies can be used to best effect as part of any wider modernisation work and the meeting of project aims and objectives.

Level: All Wales Lead: TBC
Timescale: End of Quarter 4 Priority: Medium

Impact: This Workpackage will impact on all aims of the Project by ensuring that new and emerging technologies are considered, evaluated and deployed in a coordinated and consistent way across the whole of Wales.

Links: All
Appendix 5

Initial Risk Log
## Risk Log

<table>
<thead>
<tr>
<th>Risk No:</th>
<th>Description</th>
<th>Probability</th>
<th>Impact</th>
<th>Countermeasure(s) (terminate; tolerate; transfer; treat)</th>
<th>Monitor</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insufficient Resources available to undertake project elements</td>
<td>M</td>
<td>H</td>
<td>Ensure Project Board and its members are able to influence others. Develop modular based approaches that can make use of in year slippage to deliver specific components of projects (i.e. 1 off pieces of research). Ensure that all opportunities to use existing arrangements are explored before additional funding sought.</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Data and information not made available to the Project</td>
<td>M</td>
<td>H</td>
<td>Ensure that Project Board and its members are able to influence others. Involve providers in the development and delivery of products.</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Informing Health Care locking out the Pathology needs and contributions</td>
<td>M</td>
<td>H</td>
<td>Pathology Modernisation Project will continue to develop the outputs required and will feed these into the IHC process where appropriate using the Project Executive as the link between the two projects.</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>WSAC accountability moving to the Welsh Centre for Health</td>
<td>H</td>
<td>L</td>
<td>WSAC remit recently revised and will not alter.</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Lack of firm central WAG direction</td>
<td>M</td>
<td>H</td>
<td>Ensure that Framework document and guidance are clear about the monitoring and control of plans.</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>67</td>
<td>Trusts do not work together within the National Framework to deliver change</td>
<td>M</td>
<td>H</td>
<td>A clear performance management system must be developed and the Project Board must be able to influence actions. In addition, a system of rewarding delivery must be found, possibly through investment funding. Funding MUST NOT be given to local pathology developments if they are conducted outside the Pathology Modernisation Framework</td>
<td>AE</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Regional Offices working to a different agenda</td>
<td>L</td>
<td>H</td>
<td>Project must develop good communications links with ROs and</td>
<td>AE</td>
<td></td>
</tr>
</tbody>
</table>
## Pathology Modernisation

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>8</td>
<td>Political Changes</td>
<td>M</td>
<td>L</td>
</tr>
<tr>
<td></td>
<td>Project remit agreed via PID will provide robust framework for delivery and remain flexible to changing circumstances</td>
<td></td>
<td>AE</td>
</tr>
<tr>
<td>9</td>
<td>Insufficient coordination and focus between departments on different sites resulting in a lack of clarity and insufficient change progress</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>The identification of “National Leads” for each subdiscipline who will act as catalysts and change agents to drive implementation</td>
<td></td>
<td>AE</td>
</tr>
<tr>
<td>10</td>
<td>Not involving and therefore gaining the benefit of knowledge and experience of key individuals within pathology</td>
<td>H</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>Extend membership of PMAF to include lead clinician and manager from each Trust</td>
<td></td>
<td>AE</td>
</tr>
<tr>
<td>11</td>
<td>Failure to show progress leading to planning blight or loss of credibility</td>
<td>M</td>
<td>H</td>
</tr>
<tr>
<td></td>
<td>Prioritise Workpackages and build relationships with Trust and Regional staff</td>
<td></td>
<td>AE</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6

Roles and Responsibilities

Appendix 6a: Project Board
Appendix 6b: Project Manager
Appendix 6c: Project Assurance
Appendix 6d: Project Support
Appendix 6a

Project Board
Pathology Modernisation Project Board

Membership:

Executive: Dr Christine Daws
Senior User: Trust CEO, LHB CEO
Senior Supplier: Clinician, Academic, PMAF Chair

Project Management Team: Andrew Evans, Project Manager
Jenny Frost, Deputy Chief Scientific Officer
Jeff Lewis, Health Information and Facilities

Role:

1. To provide an executive function for the Project: approving all major project plans; authorising any major deviations from agreed plans; ensuring that required resources are committed, arbitrating between conflicts within the Project and negotiating solutions to problems between the Project and external bodies.
To provide firm central direction via the National Framework and an executive decision making mechanism for developments within pathology services.
Project 6b

Project Manager
Project Manager

Role:
Reporting to the Project Board and with line management accountability to the Board Chair:

1. To lead the pathology modernisation agenda
2. To ensure that pathology services in Wales continue to develop a world class services in line with the vision, philosophy and principles articulated in Designed for Life
3. To manage the Project on behalf of the Project Board, within any agreed constraints
2. To ensure that the Project produces the required products
3. To ensure that the Project delivers the desired aim and objectives
4. To develop the National Framework
5. To advise the Board on the requirements necessary to implement the National Framework
Appendix 6c

Project Assurance
Pathology Modernisation Advisory Forum

Role

The role of the PMAF is to provide quality assurance for the Project, giving advice via the PMAF Chair on business, user and suppliers interests to the Project Board and the Project Manager, thus ensuring that Project Aims are met.

Terms of Reference

• To review all project plans, structures and workpackages and to make recommendations to the Project Board regarding their acceptability in relation to delivery of the Project Aims
• To ensure that all business, user and supplier issues are addressed within the Project Plan, highlighting any deficiencies to the Project Board
• To review all Reports produced by the Project Manager and to make recommendations on their acceptability to the Project Board
• To act as a sounding board for the Project Manager in developing and managing the project via regular meetings and correspondence
• To provide a source of expertise and support to Project Management staff in the execution of their duties
• To ensure adequate links with other organisational, professional and advisory bodies and initiatives in relation to the Pathology Modernisation Project in Wales
• Individual members to act as Project Champions and agents of change in relation to Pathology Modernisation
• Individual members to act as communications links for the Project
Appendix 6d

Project Support
Project Support

Role

The role of Project Support is to provide a resource to the Project Manager through the provision of time, skills and expertise for the completion of specific tasks in relation to the Project. This allows wider involvement in shaping and delivering the required outputs, but also allows the Project Manager to maintain a clearer strategic overview by limiting the need for detailed involvement in all Workpackages.

Structures

The intention is to use existing structures and groups where possible, such as the LSSC and its SSAGs, but also to create new groups where this is appropriate and existing remits make the practical delivery of Workpackage components impossible. In recognition of this the following will be created:

Pathology Management Forum

This group will bring together all those involved in the management of pathology services, including lead clinicians and managers. This is an important group of people with unique skills and knowledge. Their involvement and participation is vital if aims and objectives are to be met.

Operations Groups

Where current LSSC/SSAG advisory constraints prohibit full participation in delivering Workpackage components, new Operations Groups will be developed to facilitate this process on a Task and Finish basis.