

Greater Manchester Pathology Network – Priority Action Group – Meeting Notes/Report

Priority Action Group 4 – Workforce
 Wednesday 4th November 2009
 One Central Park, Northampton Road, Manchester, M40 5BP

In attendance			Apologies	
Gail Buggy	GB	Pennine Acute Hospitals NHS Trust	David Bisset	Royal Bolton Hospital NHS Foundation Trst
Sue Clark	SC	The Christie NHS Foundation Trust	Mina Desai	Central Manchester NHS Foundation Trust
Angela Downes	AD	HPA NW	Len Fielding	Pennine Acute Hospitals NHS Trust
Nigel Humble	NH	Tameside Hospital NHS Foundation Trust	Andrew	Royal Bolton Hospital NHS Foundation Trst
Keith Hyde	KH	Central Manchester NHS Foundation Trust	Hutchesson	
John Kane	JK	Salford Royal NHS Foundation Trust	Neil Jenkinson	GM PCTs
Laura Kidd	LK	GM PCTs	Helen Liggett	Healthcare Science Workforce Lead
Joyce Overfield	JO	MMU	Craig Rogers	WWL NHS Foundation Trust
Rachel Pearson	RP	GM PCTs	Jeff Seneviratne	GM PCTs
David Rowlands	DR	UHSM NHS Foundation Trust		
Denise Smith	DS	Royal Bolton Hospital NHS Foundation Trust		
Sue Spilsbury	SS	Stockport NHS Foundation Trust		
Patricia Zukowskyj	PZ	Trafford Healthcare NHS Trust		

Discussion Points

- **Notes of 29th July 2009 Meeting** - Agreed as a correct record, there were no matters arising.
- **Network Strategy Group Update**
- DR informed the group that a Strategy Group meeting had taken place on 22nd October 2009. DR explained that at the meeting Andrew Foster, Chief Executive of WWL had intimated that based upon recent meetings he has attended nationally the message emerging is “Centralisation of Pathology services a virtual certainty.” DR explained that each NAG discipline gave a report and the group discussed using a number of headings (E.g. workforce, centralisation, federation, technology, etc) to focus discussions at the next NAG meetings and the use of the Darzi quality parameters of Safety, Outcomes and Patient Experience.
- The group discussed potential centralisation/sectorisation models for GM and suggested Len Fielding of Pennine gives a presentation at the next Network Board meeting.
- Options for a professionally led solution will be presented to the CE’s in January 2010 for deliberation.
- DR commented on the lack of enthusiasm for the eRoom. GB commented that many people within the labs are unaware of the eRoom and perhaps a bigger push to advertise it could be helpful.
- KH explained to the group that the Network has received many calls regarding the tendering of primary care services. KH explained that a briefing paper has been circulated today regarding the emerging vision work and our current position. It is anticipated that we as a Network will be able to go into 2010 with our preferred model of sectorisation/centralisation and a long list of options.
- **PAG Issues**
- Modernising Scientific Careers – It is hoped that a final announcement regarding MSC will be made this month at the Chief Scientific Officers Conference (November 2009). DR and RP are looking to attend the conference. The group expressed their concerns of the potential effect of the Modernising Scientific Careers initiative. The group feel it is disheartening that the work and time they have spent to date on developing career pathways and ensuring skill mixes within labs are correct could all be undone.
- Chair and Vice Chair – DR asked for volunteers to take over the positions of Chair and Vice Chair. DR will continue to be PAG 4 Chair until the end of 2009. The group also discussed the lack of consultant representation at this meeting. Any volunteers should email LK.
- **Discussion**
- How can we contribute to the 20:20 initiative? – DR commented that big ideas will have winners and losers to some degree but we need to look at which delivery model is most advantageous to patients. AD stressed that we need to use this as a huge opportunity and not to look at winners and losers but to look at the bigger picture as we have been charged with delivering a long term future service. SC enquired as whether if we looked at extending the Pennine model across the region will Pennine be including in that sectorisation? KH confirmed that Pennine will be included. JK commented that sectorisation at Trafford and Salford had been unsuccessful due to a combination of retaining separate budgets and lack of interest at a high level.
- The group discussed the potential models including Pennine and the idea of hub and spoke models. DR enquired if LK and RP had approached Len Fielding to present at the next Network Board meeting in December? LK /RP confirmed they would.

- PZ commented on the SHA strategy and the reconfiguration of clinical services. After the move some sites may not need particular services anymore. The Network needs to know the SHA's intentions so as to complement the moves. We could make plans and models that will be of no use at all. PZ enquired if members know the strategic intentions of their own Trusts? The group agreed that ultimately our chosen model needs to have a certain amount of flexibility.
- DR commented that a new staffing structure would be needed if a new model is agreed. The new structure would need to incorporate general training and training for staff within a comprehensive blood sciences department. All changes would need to be cost effective. DR explained that when Wythenshawe and Withington merged there were initially 7 chiefs but that was whittled down to 3 over a period of time. AD stressed that we as a group need to encourage the younger workforce as they tend to be more flexible where potentially changing location is concerned. DR commented that the 'ideal' workforce structure could take 5 years to achieve and recognise cost savings. KH enquired if the group felt that an ideal workforce plan is something that should be produced in preparation but not implemented currently? JK expressed that yes it is right to produce a workforce plan to show CE's what can be achieved over a period of time through natural wastage, training, retirement and skill mix review.
- DR put to the group that as a number of ideas have emerged should the group draw up a plan in reasonable detail. KH suggested a workforce iceberg list for CE's and the Strategy Group to make them aware of potential issues.
- The group discussed a potential data collecting exercise to establish what tasks the different bands of staff carry out within each individual lab across all 10 GM Trusts. The group also agreed to supply information pertaining to what models are currently used within labs for OOH and weekend cover. RP explained that the benefit of gaining this information is to understand and identify best practice. Cost savings could be realised by all 10 Trusts moving to best practice. The group agreed that although there is no one size fits all there is a best practice minimum standard. SC enquired if there is a need to relate the individual current OOH structure and ideal structure to the current day structure and the group felt this would be of benefit. The group also decided to include information regarding training available and the number of training officers within their individual trusts. The group asked DR and RP to produce a draft proforma similar to that of Peter Taft's weekend working to be circulated to the group for comment and completion. The aim is to have all the information collated by the end of December 2009.
- **Any Other Business**
- IBMS CPD certificates were available
- 'Belt tightening is the order of the day' – LK and RP were asked to circulate the aforementioned article by Professor Peter Furness, President of the Royal College of Pathology
- Healthcare Science Workforce Lead – DR suggested inviting Helen Liggett to specifically attend the meeting on 27th January 2010 to talk about workforce planning.
- National Workforce Database – JK informed the group that he attended a meeting in August at the RCPATH at which the introduction of a national workforce database had been discussed. At this stage nothing is definite and there is uncertainty around whether the RCPATH will set this up themselves or commission someone else to. The DoH is willing to be involved and fund the exercise.

Actions

- All members to email LK with nominations for Chair, vice chair and consultant representatives
- LK/RP to contact Len Fielding re attendance at the GM Path Network Board
- DR to produce iceberg list for Strategy Group and CE's
- DR/RP to produce proforma re current OOH and weekend working models and email to the group for comment
- LK/RP to circulate RCPATH article
- DR to invite HL to attend the January meeting

Recommendations to the Greater Manchester Pathology Network Board (if any)

- None

Date and Time of Next Meeting

- Wednesday 27th January 2010, 2pm – 4pm, 3.10, One Central Park, Manchester M40 5BP