

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

Priority Action Group 4 – Workforce  
 Wednesday 21<sup>st</sup> July 2010  
 Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road,  
 Manchester. M40 2BS

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
Nigel Humble	NH	Tameside Hospital NHS Foundation Trust	Angela Downes	HPA NW
Andrew Hutchesson	AH	Royal Bolton Hospital NHS Foundation Trst	Len Fielding	Pennine Acute Hospitals NHS Trust
Keith Hyde	KH	Central Manchester NHS Foundation Trust	Andrew Hutchesson	Royal Bolton Hospital NHS Foundation Trst
John Kane	JK	Salford Royal NHS Foundation Trust	Neil Jenkinson	GM PCTs
Laura Kidd	LK	GM PCTs	Helen Liggett	Healthcare Science Workforce Lead
Paul Owen	PO	Central Manchester NHS Foundation Trust	Joyce Overfield	MMU
Rachel Pearson	RP	GM PCTs	Jeff Seneviratne	GM PCTs
Craig Rogers	CR	WWL NHS Foundation Trust	Denise Smith	Royal Bolton Hospital NHS Foundation Trst
David Rowlands	DR	UHSM NHS Foundation Trust	Sue Spilsbury	Stockport NHS Foundation Trust
Patricia Zukowskyj	PZ	Trafford Healthcare NHS Trust		

### Discussion Points

- Welcome and Apologies – NH introduced himself to the group as this is the first meeting NH has chaired since taking over from DR. NH asked for the members around the table to introduce themselves.
- Vice Chair – NH asked for volunteers to take over the position of Vice Chair. Any volunteers should email LK.
- **Notes of 4<sup>th</sup> November 2009 Meeting** - Agreed as a correct record, although JK informed the group that under AOB in the last minutes the funding by the DH for the National Workforce Database has now been withdrawn. The RCPATH is still keen to go ahead with this work but there is no further update at this stage.
- **PAG Issues**
- Modernising Scientific Careers – NH explained that following on from the MSC event held on the 13<sup>th</sup> July RP would be giving a brief presentation. The presentation gave the group some background on the newly formed MSC Oversight Board of which PZ is the Chair. The group meets bi monthly and it is hoped will lead the implementation of MSC within the NW. RP listed the membership of the Board which includes: -
  - Chairs of the MSC Divisional Workforce Groups:
    - Life Sciences (Biomedical Sciences)
    - Physiological Sciences (Clinical Physiology)
    - Medical Physics and Clinical Engineering
    - Clinical Scientists
  - Chairs of the Regional HCS Networks:
    - Greater Manchester
    - Cumbria and Lancashire
    - Cheshire and Merseyside
  - Universities representatives for the three MSC Divisions
  - User representation – to be determined
  - PCT Commissioner
  - Representative from NW Directors of Human Resources
  - NW Healthcare Science Workforce Lead
  - SHA Healthcare Science Education Commissioning Lead
  - SHA Healthcare Science Workforce Strategy representative
  - Representative from Regional Social Partnership Board
  - Representative from the Regional Pathology Modernisation Board
  - Representative from Deanery for Higher Specialist Scientific Training
- RP continued to explain that there are 3 early adopter sites in the NW MAHSC, RLBUHT and Cheshire and Merseyside HCS Network. A series of slides in the presentation showed the feedback from the MSC event including the current spend on training to be £56 million which will be enough to deliver MSC. The roll out of MSC will begin in 2011 and will be evaluated in 2014. Skill mix will play a large part in MSC and it is estimated that a possible saving of £250 million is achievable through natural wastage over a 5 year period. KH asked if PZ could clarify if that £250 million saving will be part of the Carter £500 million. PZ explained that pathology is only 50% of the healthcare science workforce. KH clarified that even taking this into account it could potentially be £3-5 million out of the £20-25 million GM is expected to realise and

we should work on the assumption it is part of the Carter £500 million until told differently. RPs slides demonstrated how the MSC courses are likely to look although curricula have not yet been confirmed.

- Workforce Data – Workforce data nationally is of poor quality and it has been suggested that as a network we could through this PAG collect data for GM. RP showed the 17 point NHS Employers getting started checklist and NH stated that point 5 “Undertake a full profile map of your current HCS workforce by age, specialism and skills profile” is part of this PAGs remit. RP confirmed that the group has collected data by banding but never actually collected workforce data by age and skills. KH felt that the group should discuss how it can support the work of the SHA without duplicating the work of the MSC Oversight Board. The last slide highlighted the issues still to be resolved: -
- Workplace assessment including matching curriculum to placements, training the trainers and formative or summative assessment
- Regulation
- Transition
- NH stated that the Q&A opportunity at the event was very limited but there was a facility to write a question out to be answered later. PZ confirmed that the event holders are aiming to collate all the written questions and answers into a log which will then be circulated to the delegates.
- NH had concerns about the regulation of Associate and Assistant positions as the current regulations protect patients. PZ reminded the group that pathology is again only 50% of the workforce so that equates to 50% not being regulated currently. DR felt the HPC may simply take over and regulate. SC enquired if there is any indication as to when the profiles will be available. RP responded there is no indication SC continued how can current staff be mapped when you do not have the profiles to work to. PZ commented that the checklist is more for HR as currently HR do not seem to be onboard with the MSC changes. KH asked if draft profiles were not released 6 months ago and PZ confirmed this was draft curricula. NH commented on the terminology blood diagnostics rather than the use of blood sciences, haem and bio. GB stated that this was simply a different terminology the meaning is the same. NH expressed concerns regarding the introduction of 60% of the workforce being below a band 5, 30% at bands 5 and 6 and 10% at band 7 and above. How do we get from where we are to where they want us to be in 5 years. AH commented that it may be longer than 5 years once the SHA takes into account consultant and specialist training.
- JK commented on the DH impact assessment document published which suggests trying to implement this by retirement as a large percentage of band 7 staff are over 50 years of age. Band 8+ simply will not be replaced. The group agreed this is not good for career progression and does not help with the bands 5 and 6 as they traditionally are a much younger part of the workforce and cannot be solved by natural wastage. JK stated his concerns as SHAs are planning all this and will be disappearing shortly. KH and RP confirmed that although PCTs will be disappearing SHAs will morph into another governing body. The group agreed that there are more questions than answers where MSC is concerned.
- JK informed the group that the Centre for Workforce Intelligence which is owned by a private company is collecting information for SHAs and as such he had contacted their Chair on behalf of the ACB and not even received a response. RP expressed concerns that the SHA will extract workforce data on healthcare scientists from ESR and that the information is not accurate. PZ reminded the group that the project ran by Sue Hill recently also centred around ESR. PZ asked members how many of them know what other healthcare scientists are working in your hospital and Trust. If you do not know how will your HR Director. JK commented that the Centre for Workforce Intelligence is writing to the RCPATH, ACB and IBMS to gather information. The group discussed how best to collect the information needed. KH stated that although he questions whether this will go ahead what do PZ and NH think we need to do to complement this work. NH stated that Sue Hill has recently confirmed that after a meeting with the new minister MSC will go ahead. PZ confirmed that the constant message from Sue Hill is we have the green light. NH feels strongly that we need to understand the current workforce inside out. PZ suggested channelling into the life sciences divisional workforce group. GB confirmed that she is a member.
- KH reminded the group that a workforce questionnaire was discussed and produced in November 2009 but it was deemed not to be an appropriate time maybe now is. GB stated that at the last life sciences meeting there was no new information it was a revamp of the MSC event and again posed more questions than answers. GB pointed out that the membership is also heavily HEI. GB continued that this years BSc course at MMU is over subscribed and should it really be going ahead in light of the new courses. SC raised the same issue with the MSc courses. NH stated that it is difficult to take staff on and discuss career progression as he is not sure what he is saying is actually correct. SC enquired if the SHA will be modernising therapy careers. GB felt it will be next as they have similar profiles. PZ disagreed as therapy has a lot more band 2 and 3 as they have more “helpers.” PZ felt that we should be assisting the implementation by channelling into the life sciences group, banging on our Trusts HR doors and saying this is happening what are you doing about it and getting more involved in local healthcare science networks. KH suggested a joint meeting at the end of summer between this PAG and the life sciences workforce group. PZ felt that as only some of the members represent pathology the other members would be unsure of their involvement and maybe it would be better to invite the relevant members of the life sciences group to attend our next meeting on 27<sup>th</sup> October 2010.

- AH enquired if there is any worth in circulating RPs presentation so it can be cascaded more widely. PZ felt that it would be more meaningful to wait until the slides from the actual MSC event are circulated. NH commented that he does not understand exactly how these change will affect his current workforce. KH responded that a rebanding exercise will need to take place. NH felt that this is a bigger undertaking than AfC and SC reiterated that without the profiles you cannot reband your workforce and it is hard to move forward with so many ifs and buts. PZ reassured the group that the changes will not be as big in pathology as the other professions affected as they will becoming more in line with us and coming up to our level. SC expressed concerns as we are all looking for a 20 % increase in quality and there are a number of question surrounding regulation.
- **Mortuary Staff** – PO explained that the mortuary staff in the region have become very active and that all Trusts in the region bar 1 attend the three-monthly meetings. Many gripes are coming to light and being voiced and initially many staff were unaware of the 20:20 emerging vision and how it will affect them. A majority of staff are now onboard with 20:20. PO reminded the group that voluntary registration comes into effect in 2012. An annual conference is now also planned and will be held in GM.
- PO informed the group that he had recently given a brief presentation to the Histo/Cyto NAG group re: the redesign of GM pathology services and the implications to the mortuary service. PO has suggested working collaboratively but his comments have been taken out of context and misconstrued as an attempt to centralise mortuary services. PO explained that coroners in the region are unhappy with the varying charges from Trust to Trust. NH asked for clarification on this situation as there is a national tariff. PO pointed out that the national tariff ended last year and now we have a free for all which sees coroners being charged different rates by different Trusts. NH asked if councils do not talk to each other about these significant differences in cost. KH asked if GPs in the region talk to each other as they are all charged different prices too. PO made the group aware of another growing issue as due to the current financial climate locums can no longer be used what happens if you lose a member of staff. How do you cover your work. PO explained that CMFT has been working closely with Trafford and UHSM and have started doing staff swaps. This is proving to be a win: win situation as staff get extra training and workloads are covered. PO feels that mortuary staff need to come into the 21<sup>st</sup> century and look at their own careers. PO would like to see more collaborative working across the patch and introduce standardised work procedures and policies. CMFT is the only ISO accredited mortuary in GM. Trafford has an inspection in September after which it is hoped they will become the 2<sup>nd</sup>. PO offered to share all learning and best practice to help move this on. NH asked if PO would be prepared to circulate the minutes of the last mortuary meeting if he thinks it is appropriate to do so. PO confirmed there is nothing contentious and agreed. NH confirmed that as it is Tameside that currently does not attend he would like to gain a better knowledge of who to send to represent TGH. PO explained that there are no Histopathologists or BMS on purpose. The group was set up to create a forum for mortuary staff to go and speak in confidence about issues and seek help and advice. PO explained that a mortuary website was set up in 2008 and that members wishing to do so can request a log on and view minutes at their leisure. To visit the website click on the link: - [www.nwmsf.org.uk](http://www.nwmsf.org.uk)
- The idea of the website was to unify the service and educate people. Liverpool has a specific forum on the website as does GM. There is also a shared forum. PO informed the group that the residential course at Hope hospital will probably end after this year and the course at Manchester has ceased. There are discussions currently to get a course up and running at MRI. PZ commented that one of the things we can do as a group is spread the word and dispel the rumour that CMFT mortuary wants to take over the region.
- **Workforce Questionnaire Responses** – RP gave a heavy caveat at the beginning of the presentation to state that only 5 Trusts responded to the survey and that did not include all disciplines. RP explained that the first question centred upon current versus ideal workforce which posed difficulties as not everyone was happy to share their ideal. It seems that in general people do not think their current workforce is ideal. The slide for Tameside Bio stands out and NH explained that department has only just completed a recent skill mix exercise and that is shows the problem SH will face with MSC and the suggestion to cut band 6s. This will affect the running of OOH services. RP continued that next we looked at the key roles and tasks performed by bands 2, 3 and 4. NH commented that it is an ongoing discussion about what a band 4 should do. Can a band 4 actually perform a pregnancy test for example. DR stated yes and NH responded that some members of the IBMS would say no. The group felt this would depend upon QC, supervision and competence. The slides also picked up a large variance in grade and lab shift patterns across the patch. Some labs don't work weekends some only mornings some work 9-5 some work late. The survey also asked which bands could easily work across haem and bio and the consensus is bands 2-5. It was deemed possible but difficult for bands 4-7 to work across blood sciences and impossible for bands 6 and 7 to. From the survey we know that of the 5 Trusts 23 people are due to retire in the next 5 years this ranges from 0 in one department to 8 in another.
- It is felt in general that workforce changes will produce savings by a wider use of band 4's which fits with MSC, a review of shift patterns and sharing posts such as quality, training BT. It is felt that some of the opportunities in pathology modernisation are the same as the threats. Obviously there is nothing conclusive it is more food for thought. NH asked for the remainder of the responses to be chased up. DR raised concerns about band 6's working across bio and haem as he is concerned there will not be enough specialist knowledge to know what is being authorised. PZ stated that the Countess

of Chester hospital has put this into practice and as they lose band 6's from bio or haem they employ a dual member of staff meaning that now only one band 6 is required to run an OOH service. DR felt that this was still the minority.

- **Any Other Business**
- **Membership** – AH explained that he initially became a member of this PAG to represent medical staff. AH will not be in the same role from September and asked if the group felt someone else should therefore attend in his place. His successor has not yet been appointed. NH suggested that AH continue to attend and invite his successor also. RP commented that membership was discussed at the last meeting and that a wider medical membership would be encouraged and welcomed. AH pointed out that he will be sitting on the RCPATH SAC for Biochemistry and could feed back to this group.
- IBMS CPD certificates were available

#### **Actions**

- All members to email LK with nominations for vice chair
- LK to invite members of the life sciences workforce group to the October meeting
- LK to chase members for outstanding workforce questionnaire responses

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

- None

#### **Date and Time of Next Meeting**

- Wednesday 27<sup>th</sup> October 2010, 2pm – 4pm, Manchester Suite, Holiday Inn Manchester Central Park, 888 Oldham Road, Manchester, M40 2BS