Agenda for today:

Tuesday 17th October | 15Hatfields, London

Welcome to The NHS Pathology Conference South 2023!

17th October 2023
8am – 4pm
15Hatfields, London

Slido

Please scan the QR Code on the screen. This will take you through to Slido, where you can interact with us.

Chairs Opening Address

Saghar Missaghian-Cully (She/Her)
Managing Director - North West London Pathology

Speaking Now...

Saghar Missaghian-Cully (She/Her)
Managing Director - North West London Pathology

DELIVERING SCIENCE SUPPORTING HEALTHCARE

NHS
North West
London Pathology

NORTH WEST LONDON PATHOLOGY (NWLP)

ORGANISATIONAL TRANSFORMATION – CULTURE & LEADERSHIP DEVELOPMENT JOURNEY

SAGHAR MISSAGHIAN-CULLY *DBMS CSCI MSC FIBMS MBA FCMI CMGR*

NWLP MANAGING DIRECTOR

CONTENT

- SETTING THE SCENE
- NWLP JOURNEY
- DIAGNOSTICS LANDSCAPE CHANGES
- LEADERSHIP & CULTURE DEVELOPMENT JOURNEY
- SUMMARY

CONSOLIDATING PATHOLOGY SERVICES

In 2017, NHSEI committed to consolidating pathology services in England by proposing 29 hub and spoke networks. This ambition has widened to use these networks as a key enabler of ambitions outlined in the Long Term Plan.

"Consolidating pathology services allows for most consistent, clinically appropriate turnaround times ensuring the right test is available at the right time. It makes better use of our highly skilled workforce to deliver improved, earlier diagnostic services supporting better patient outcomes. Taking a hub and spoke approach to this consolidation can ensure an appropriate critical mass to support specialist diagnostics, so that patients have equal access to key tests and services are sustainable."

NHSEI, Pathology networking in England: state of the nation November 2019

PATHOLOGY NETWORKS EXPECTED OUTCOMES IN IMPROVING PATIENT CARE AND DELIVER POTENTIAL EFFICIENCIES

Patients:

- patients should receive quicker, more advanced and reliable screening test results.
- access to pathology services won't change — core services will still remain in hospital labs
- there will be an introduction of a new wave of genetics

Potential efficiencies:

- the 122 individual pathology units within NHS Hospitals in England will join-up and form a series of 29 networks, now 22.
- the new networks will bring together clinical expertise, ultimately making these services more efficient that deliver better value, high quality care for patients
- enhance career opportunities for staff, whilst being more efficient, delivering projected savings of at least £200 million pounds by 2020-2021.

CHANGE IS DIFFICULT!

...OR IS IT?

The need to use tools, techniques and mindset that are change focussed is essential.
Business as usual ideas need to be challenged, will they work in a change environment?

- The brutal fact is that about 70% of all change initiatives fail.

Beer, M. and Nohria, N. (2000) Cracking the code of change. Harvard Business Review 78(3): 133-141.

- Three out of four mergers and acquisitions fail to achieve their financial and strategic objectives.

Marks, M. L. and Mirvis, P. H. (2001). Making Mergers and Acquisitions Work: Strategic and Psychological Preparation. Academy of Management Executive 15(2): 80-94

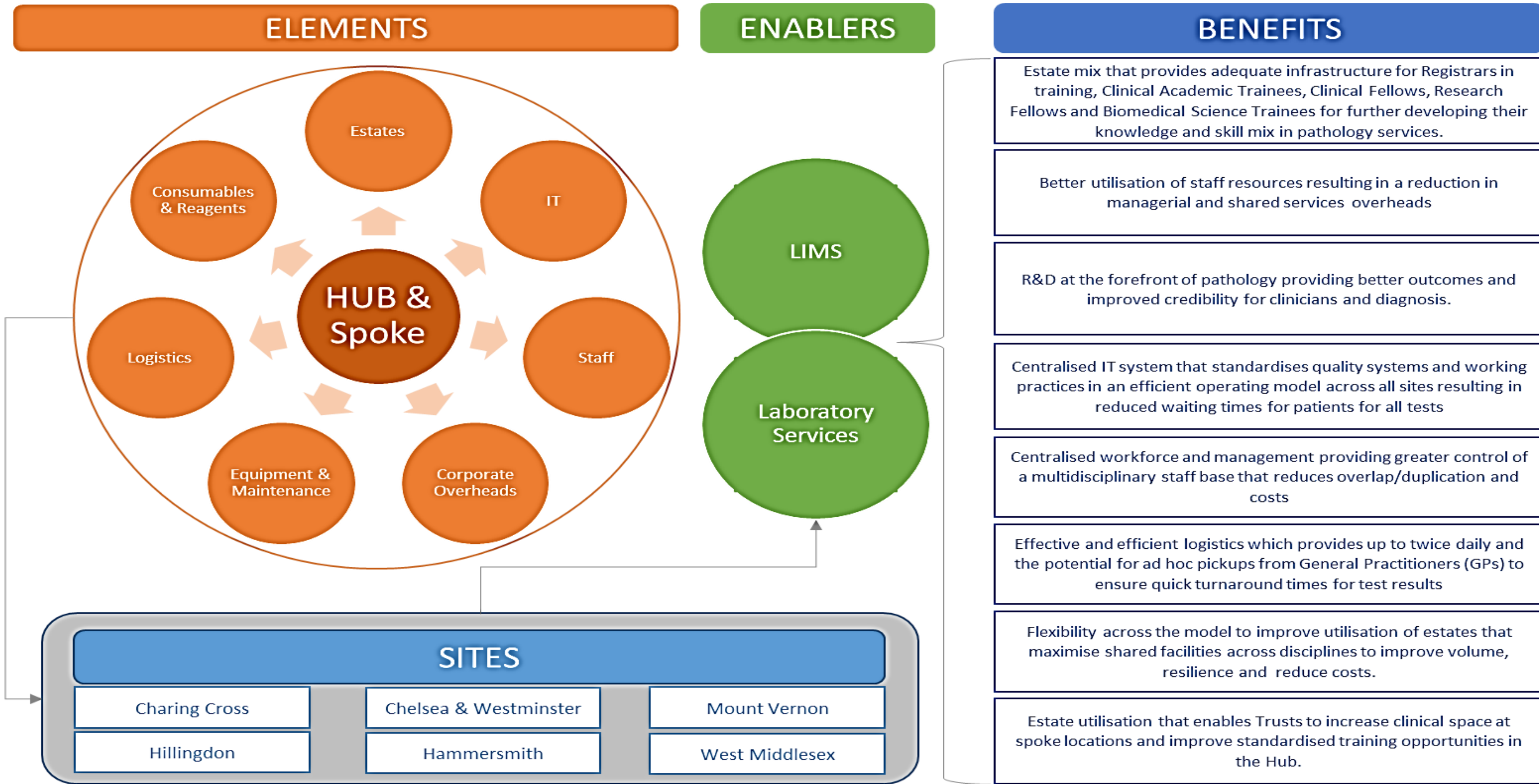
- Some organisations expect that they can achieve benefits without properly investing in the process of change management or effectively guiding their employees through the journey.

Google (ud) The value of change management. Available at https://support.google.com/a/answer/9212588

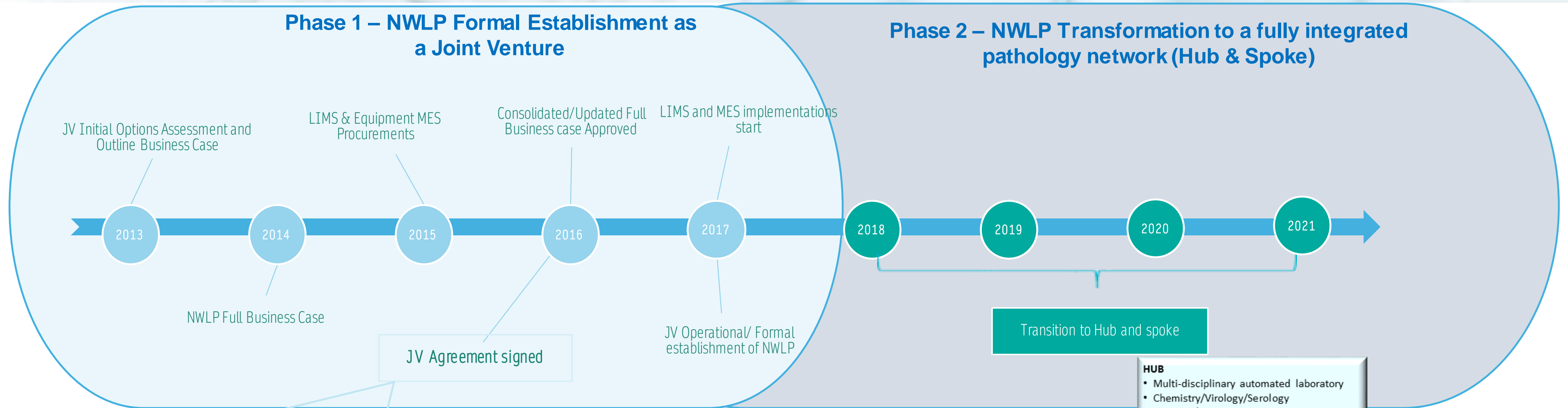
‘The Key to Quality Improvement is a process that reviews current thinking and achievements in the NHS in particular and healthcare in general’.

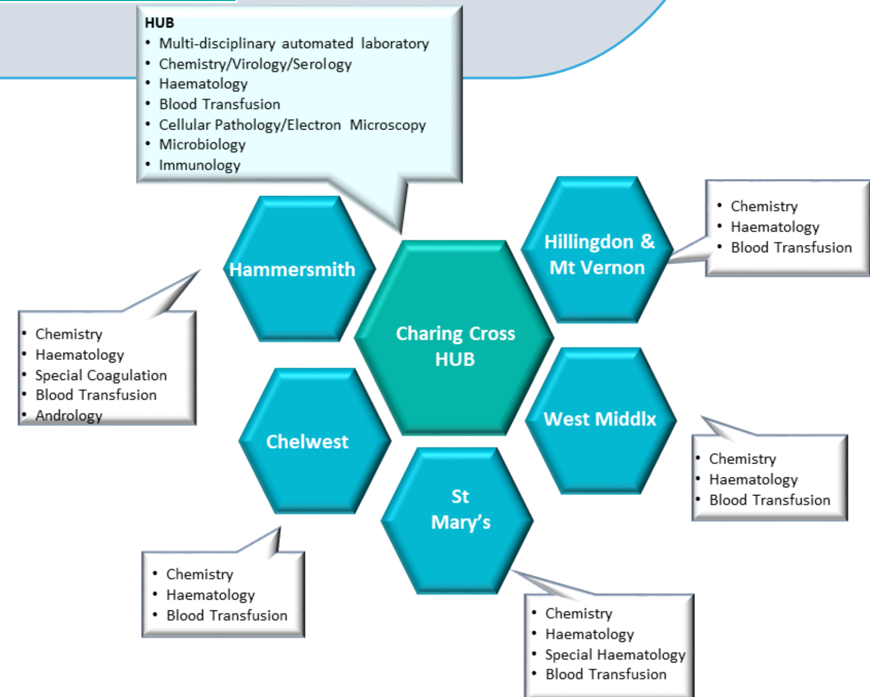
www.qualityhealthcare.com

NWLP A SUSTAINABLE BUSINESS MODEL



NWLP JOURNEY





The formation of NWLP was a reflection of the national agenda, driving a transformational change in NW London to create an integrated pathology network, by bringing together the pathology services from 3 NHS Trust.

NWLP SUCCESS TO DELIVERING TRANSFORMATION

The building blocks essential to successful transformation aren't specific steps, stages or organisational designs. They are ways of thinking about influence and change: perspectives on how to shift organisational and individual behaviour in a more productive, competitive and engaging direction.

We created a strategic identity
Articulate a single desirable future, focus all your efforts on achieving it. Making leaps in identity and purpose

We designed for trust
Trust is paramount in healthcare —to build confidence in providers and protocols.

We were not afraid of experimentation or innovation
Creating an environment to think big, start small and learn fast

We leveraged our core strengths and embraced new strategies and change

CURRENT CHALLENGES IN LABORATORY DIAGNOSTICS

Equipment and facilities
Aging equipment and inadequate diagnostic facilities within hospital buildings.

Workforce
Years of poor workforce planning and inadequate funding across the health and care system have resulted in chronic staff shortages (The King's Fund 2022). The impact of this is being felt in diagnostics as the growth in the diagnostic workforce has not kept pace with demand and activity and now there are significant vacancies impacting all specialities.

Digital and information-sharing infrastructure
A key enabler to the delivery of diagnostic services and the success of networked working. Recently the government set out £248 million of investment in the digitisation of diagnostic services. This investment may not be sufficient given the scale of the challenge in digitising NHS diagnostics, with the digitisation of cytology and histopathology only available in a very limited number of hospitals.

The King's Fund Why do diagnostics matter? Oct 2022

NEW LEADERSHIP FOR A NEW ERA OF THRIVING ORGANISATIONS

We are living through an era of unprecedented challenges and opportunities.

How should leaders navigate this moment? What does leadership look like in an era where turbulence and disruption are the norm?

A new form of organisation and management has been slowly emerging…

The New Leadership Model

We are moving from an era of individual leaders to an era of **networked leadership teams** that steer the organisation. The old hierarchical model of leadership is increasingly seen as an obstacle to meeting the complex demands facing today's organisations. To **thrive** still need leaders who are accountable for their individual roles—but *leadership* itself resides in the teams of leaders acting in service to the organisation.

High-performing leadership teams will always outperform the capabilities of their individuals. This new model has a clear purpose and focus: to benefit all stakeholders by enabling people to work and learn together to build and operate a continually evolving system for creating value.

https://www.mckinsey.com/quarterly/overview Accessed 2023

REIMAGINING LEADERSHIP: FIVE CRITICAL SHIFTS

		Go beyond...	Extend to...	
What we focus on	As **manager**, deliver profits to shareholders, with a mindset of **preservation**	Profit	Impact	As **visionary**, generate holistic impact for all stakeholders, with a mindset of **possibility**
How we create value	As **planner**, compete for existing value through advantage, with a mindset of **scarcity**	Competition	Co-creation	As **architect**, cocreate new value through reimagining, with a mindset of **abundance**
How we organise	As **director**, command through structured hierarchies, with a mindset of **authority**	Command	Collaboration	As **catalyst**, collaborate in empowered networks, with a mindset of **partnership**
How we get work done	As **controller**, administer through detailed prediction, with a mindset of **certainty**	Control	Evolution	As **coach**, evolve through rapid learning, with a mindset of **discovery**
How we show up	As **professional**, meet expectations, with a mindset of **conformity**	Expectations	Wholeness	As **human**, be our whole best selves, with a mindset of **authenticity**

LEADERSHIP

Develop the leadership capability and effective ways of working as a forming organisation, delivering through tailored frameworks based on the organisational values and desired leadership behaviours.

- Leadership development programmes
- Board and team development
- One-to-one development and mentoring
- Talent management and succession planning.

Investing in leadership development is proven to deliver significantly higher levels of performance.

Effective leadership can build capacity to improve efficiency, increase performance, drive innovation and improve services.

The NHS Leadership Academy's Healthcare Leadership Model Dimensions can be used to develop key content and focus.

WHAT DOES "GROWING STRONGER TOGETHER" MEAN?

https://www.kingsfund.org.uk/blog/2021/01/recovery-and-then-renewal-innovation-health-and-care-covid-19

Support for recovery needs to be wide-ranging and needs to support the core work needs of staff, e.g. the ABC model set out by the King's Fund:

This model offers the opportunity to bring together a plan that allows for:

- new and innovative interventions to support wellbeing;
- harnessing work already ongoing in Trusts and pathology networks;
- alignment & learning across the ICS;
- alignment to the NHS People Plan.

CULTURE AND VALUES

Working with our teams to build a common purpose, strengthen relationships and discover new ways of creating change through collaborative working.

- Aligning culture with strategy and purpose
- Developing responsiveness to system change
- Supporting cultural transformation
- Creating a learning organisation

Developing a positive organisational culture takes skill, time, patience, humility and passion.

- Build the legitimacy for successful outcomes
- Incorporate the perspectives of all stakeholders
- Be systematic on five key elements to ensure engagement
- Throughout the cultural transformation journey

SYSTEMS AND PROCESSES

Shape and maintain the health of the organisation by establishing effective systems and processes for improving efficiency and performance.

We established:

- Continuous improvement
- Application of Lean methodologies
- Embedding behaviours
- Team development approaches.

The organisational systems and processes play a fundamental role in the results. To improve outcomes we worked to understand the status quo, baselined performance metrics and understand the complex nature of interdependencies.

Then, re-design processes to deliver a more efficient and effective system.

STAFF ENGAGEMENT

An engaged and motivated workforce leading to higher individual, team and organisational performance.

Our staff engagement focus:

- ✓ Developing an employee voice
- ✓ Engaging managers
- ✓ Visible, empowering, compassionate leadership
- ✓ Organisational integrity
- ✓ Diversity of thinking and discovery of potential blind spots

SKILLS DEVELOPMENT

Enable skills development that motivates the teams and grows the capabilities required to deliver the current and future organisational objectives.

- Skills gap audits
- Training needs analysis and planning
- Competency frameworks
- Talent development
- Training and development programmes
- Personal effectiveness and professional development

DRIVERS FOR CHANGE IN LABORATORY MEDICINE

- **Globalisation**

We live in a world of instant communication. An opportunity to share information on an international scale to more rapidly meet the requirements of patients, clinicians and other healthcare interests

- **Technological advance**

Advances in technology enable us to achieve higher quality, more rapidly and on a smaller scale.

- **Smarter working**

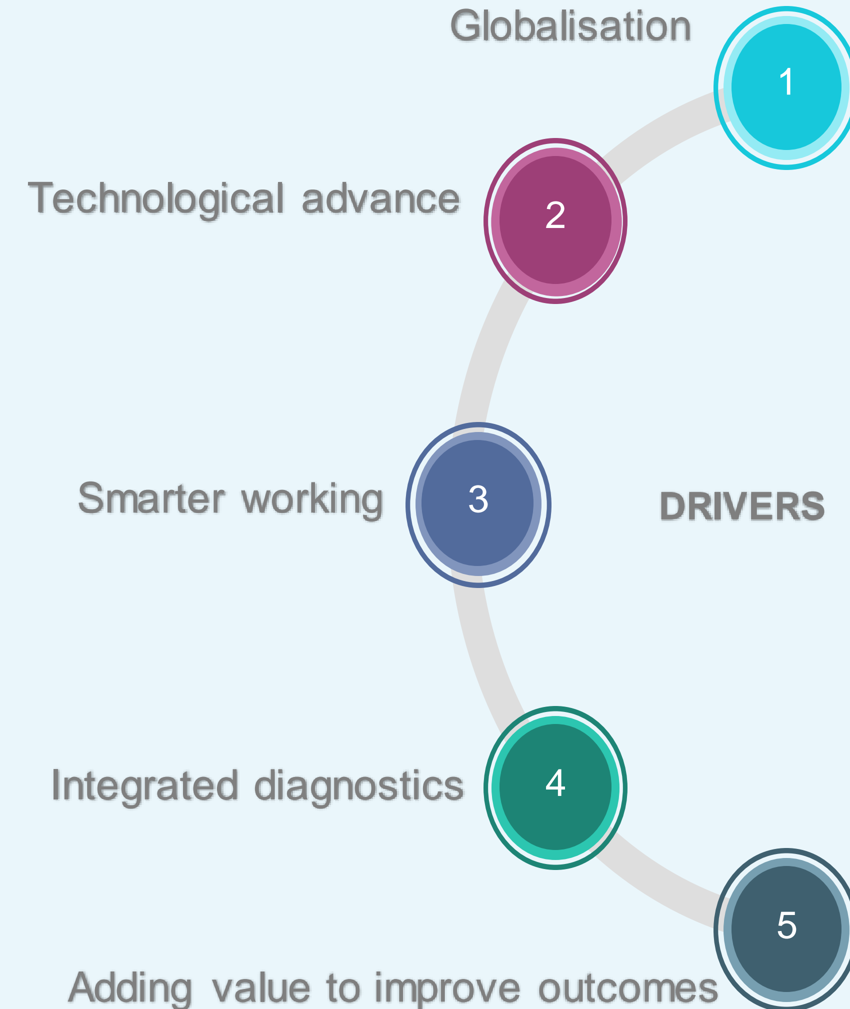
Improved efficiency, workload management and shared resources are just some examples of smarter working

- **Integrated diagnostics**

Laboratory medicine, imaging and endoscopy all contribute diagnostic patient data. Through integration and incorporation this data can be converted into knowledge which can be used to bring about faster and better clinical outcomes.

- **Adding value to improve outcomes**

Adding value to quality laboratory medicine services comprises a wide range of opportunities to go beyond a simple request-result service.



FUTURE OF DIAGNOSTIC SERVICES

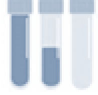
The future of diagnostic services will become more **proactive**, supported by analysis of **healthcare data** from a much wider population, enabled by **machine learning** & **AI technology**.

This will deliver **improved clinical outcomes** and significant downstream savings through early identification of disease and more services based i primary care & community diagnostic hubs.

DELIVERING SCIENCE SUPPORTING HEALTHCARE

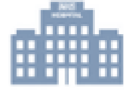
NHS North West London Pathology

35+ million



Diagnostic Tests annually

3



NHS Trusts

7

Hospital sites

280

GP Practices

2.7 million

Population

1000+

Staff

NWL Integrated Care System

Four objectives of integrated care systems

A	Improve outcomes in population health and health care
B	Prevent ill health and tackle inequalities in outcomes, experience and access
C	Enhance productivity and value for money
D	Support broader economic and social development

2023

Full digitisation in histopathology

New molecular solution

Collaborating with AHSC on digital interoperability to support a data lake for AI.

Collaboration with the ICS and the new Community Diagnostics Centres

Digital morphology

New collaborations for clinical and commercial research

New products for community diagnostics and at home testing

Use of AI in diagnosis

Robotics & further automation

2028

The **centrality** of diagnostics to the NHS's **ability** to **deliver** patient services **cannot be understated.** They are **fundamental** to clinical decision-making. There is huge potential for diagnostics to play an even **greater** role in driving improved outcomes through transformation and innovation, particularly via the **redesign** of patient pathways and the introduction of new technology.

The King's Fund , Why do diagnostics matter? Oct 2022

THANK YOU

Contact me: Saghar.missaghian-cully@nhs.net
Find me on X: @SagharMC
LinkedIn: Saghar Missaghian-Cully

Speaking Now...

Debra Padgett, MSc, MA, FIBMS, CSci
President / Clinical Pathology Service Manager / Operational Lead - Institute of Biomedical Science / Northumbria Healthcare NHS Foundation Trust / North East & North Cumbria

Up next…

QUANTIFYING THE VALUE OF DIGITAL PATHOLOGY

Sanj Lallie and Klaudyna Johnstone, Source LDPath

Source LDPath

SANJ LALLIE

Sanj.Lallie@sourceldpath.com

KLAUDYNA JOHNSTONE

Klaudyna.Johnstone@sourcebioscience.com

Source LDPath

KEY POINTS

- What we do – from **cellular pathology** to **digital pathology** implementation and **AI**
- Helping you build a case for digital pathology – the **Health Economic Model (HEM)**
- How can you access the HEM?

SOURCE LDPATH BACKGROUND

- Work with over 85 NHS Trusts
- Leading turnaround times
- ISO15189 accredited services & participation in leading EQA schemes
- Histopathology services from wet specimen to report, including digital pathology and AI
- Mission to move the UK pathology network to a presence on the internet

HOW WILL DIGITAL
PATHOLOGY IMPACT YOU
AND YOUR DEPARTMENT?

VALUE TO PATHOLOGY DEPARTMENT

- Automated case audits
- Bespoke LIMS for seamless integration
- Case load balancing
- Cost savings per case
- Digital second opinions & MDMs
- Expanded capacity and workforce
- Reduced transport costs
- Reduced backlogs
- Standardised reports
- Tailored SNOMED and cancer registry

VALUE TO PATHOLOGIST

- Asynchronous collaboration
- Increased bandwidth for complex case reporting
- Increased diagnostic confidence with AI integration
- Increased working flexibility
- Instant access to reports
- Less-stress environment
- Promotes training & advanced skill set
- Reduces time spent retrieving data

PATHOLOGISTS WITH THEIR HEADS IN THE CLOUD

To move the UK pathology network to a presence on the internet.

- The need for pathologists to be geographically located in proximity to the source of their work is removed, and indeed the need for pathologists to be employed in the usual sense by Trusts becomes redundant
- Joint pathologist contracts with Source LDPath and Client Trusts
- Electronic pull system for drastically reducing TAT (game changer for load balancing across the UK)
- AI: Develop future-proof algorithms

THE ROUTE TO DIGITAL PATHOLOGY IMPLEMENTATION:

- **Scanner**
- **Viewer**

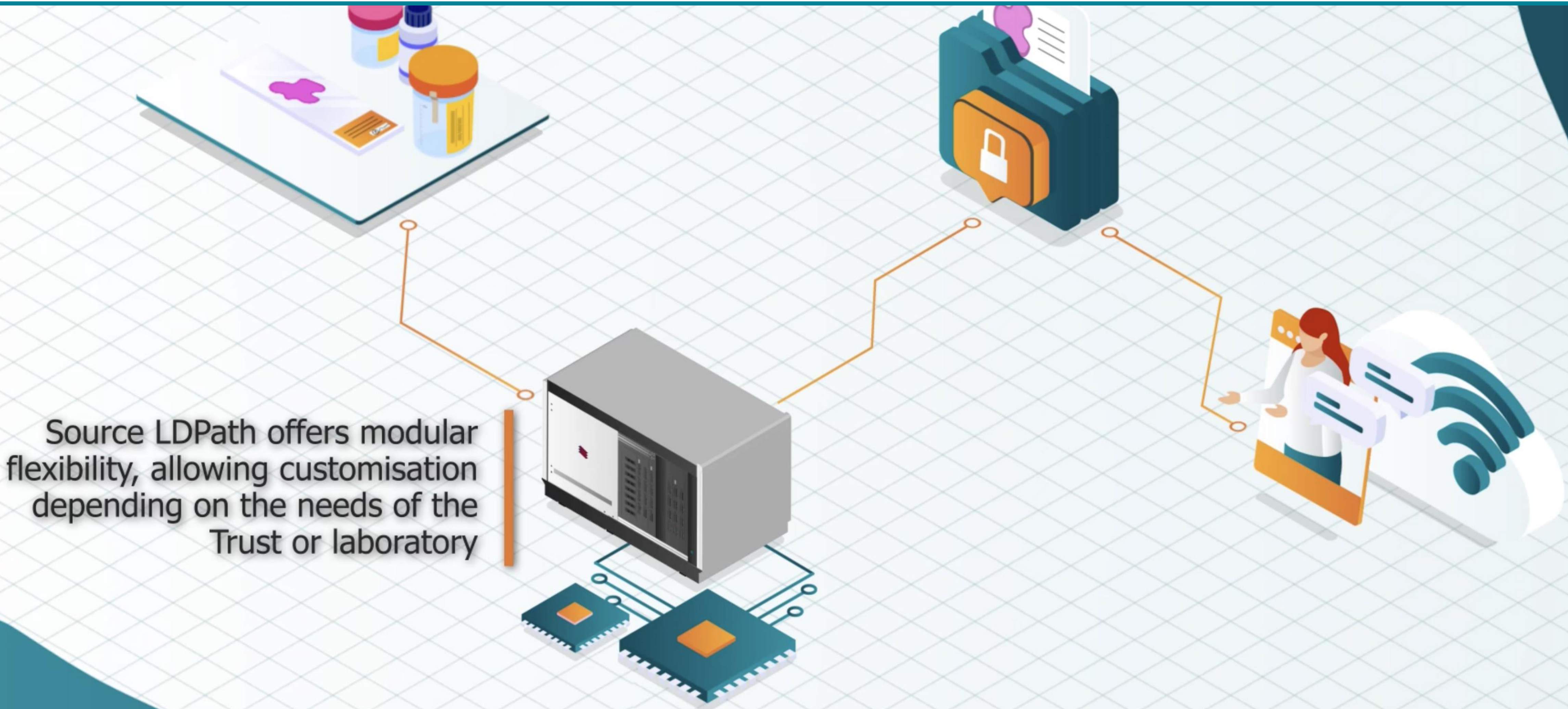
Visible challenges

Hidden Challenges

- Staffing – shortage of Pathologists nationwide
- Stakeholders involved (IT, lab, pathologists etc.)
- Stability
- Security and traceability
- Smart, cost-effective archive
- Scalability
- Access anywhere, anytime
- Image analysis
- Workflow
- Standardised integrations to other IT systems
- Validation (ie. WSI)
- Round the clock support

Source LDPath

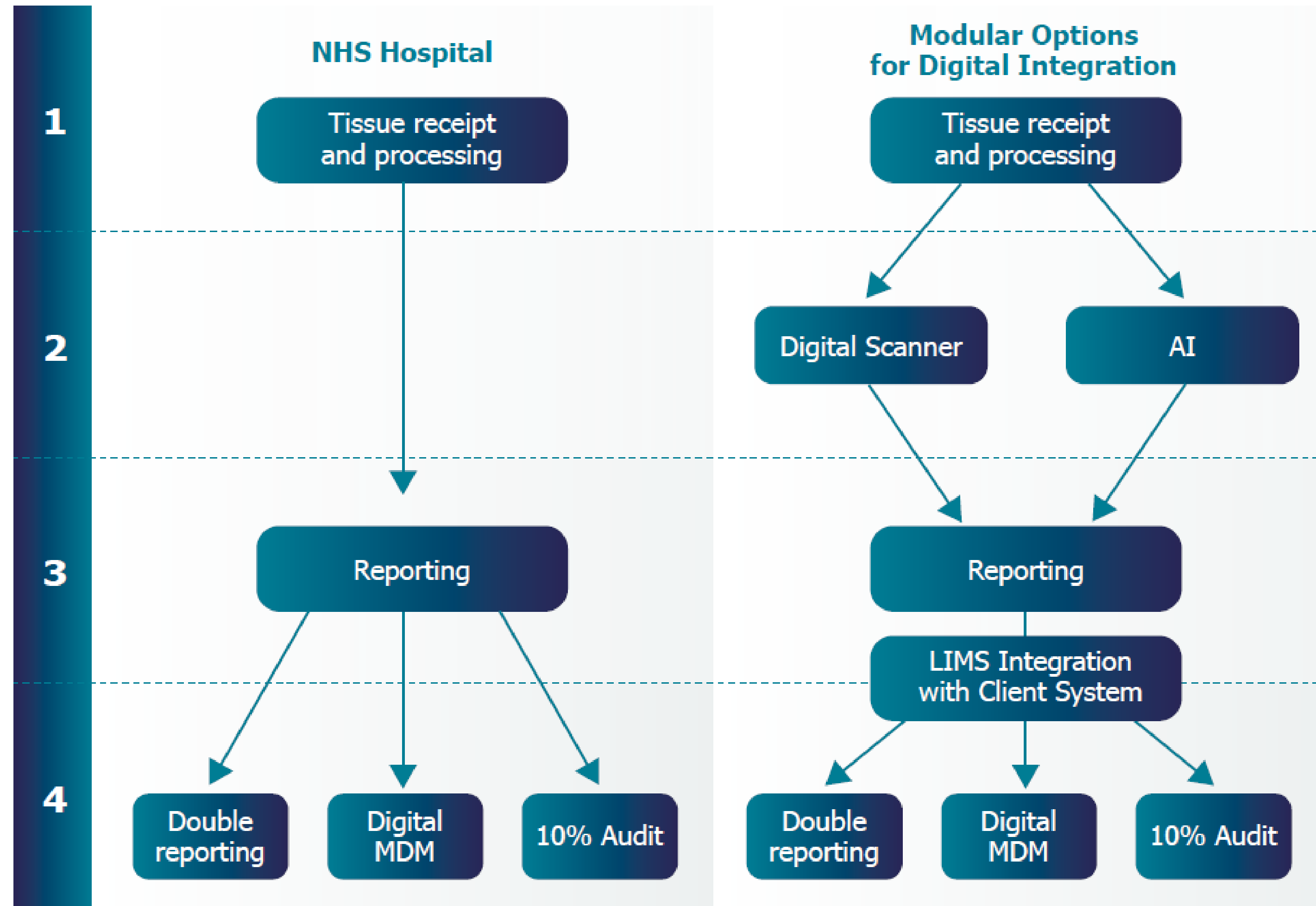
WHATEVER YOUR NEEDS OR STARTING POINT: LET'S ACCELERATE THE PROCESS



FLEXIBLE SOLUTIONS

A COMPLETE MODULAR DIGITAL INTEGRATION SOLUTION

A tailored partnership to suit the needs of your pathology operations. All modules are available independently or as a complete digital integration solution.



Source LDPath

lims2

https://lims2-staging.ldpath.com/dashboard

Not syncing

42

Notifications	Ready for Report Cases	Pending Further Work Cases
0	4	Pending ALW/SO 0 · Open Issues 0
Last 24 hours	As of 21:03	As of 21:03

Reported cases	SO Received	Double Reporting Partner Request
4	0	0
Last 48 hours	As of 21:03	As of 21:03

Double Reporting Request

Waiting for response 2

To be responded 0

Type here to search

2°C Cloudy ENG 21:05 07/12/2022

Pull Cases

5 cases

Case Ref. Lab Ref.	Patient	Clinic Clinician	Pathologist	Specimen Type	Procedure Lab Entry	Release Date	ALW	SO	Status	Action
22L00000245	*****	Rokas Cli&LabR Rokas Clinician	Pull	Skin NOS - up to 7 specimens	09/10/2022 10/10/2022					
22L00000246	*****	Rokas test Clinic Rokas Tatarunas	Pull	Mohs - Standard	09/10/2022 10/10/2022					
22L00000250	*****	FerencTestClinic Ferenc Clinician1	Pull	Alopecia Biopsy	10/10/2022 11/10/2022					
22L00000251	*****	Rokas test Clinic Rokas Tatarunas	Pull	Skin NOS - up to 7 specimens	11/10/2022 12/10/2022					
22L00000259 H221122	*****	SanjClinicNHS sanj clinician	Pull	Skin NOS - up to 7 specimens	16/10/2022 18/10/2022					

Showing 1 to 5 of 5 entries

1 of 1 items

Ready for report

6 cases

Pending further work

0 cases

Double Reporting

2 cases

Case Ref. Lab Ref.	Patient	Clinic Clinician	Pathologist	Specimen Type	Procedure	Lab Entry	Release Date	Double Reporting Response	Status	Action
22L00000324		SanjClinicNHS		Skin NOS - up to 7						

Type here to search

2°C Cloudy ENG 21:10 07/12/202

Snomed T: 01000 Skin

Snomed P: 1109 Excision / Re-excision

Snomed M: 80703 Carcinoma, Squamous Cell

Microscopy

Breslow Thickness *: 3mm

Invasive *: Yes

Peripheral Excision Margin *: 2mm

Clark Level *: Select a value

- I
- II
- III
- IV

Deep Excision Margin *

Stage (AJCC) *

Subtype *: Select a value

Regression *: Select a value

Type here to search

3°C Cloudy

HEALTH ECONOMIC MODEL

The HEM helps aid decision-making for the cellular pathology department

HEALTH ECONOMIC MODEL

Your Laboratory Service Partner

Source LDPath Budget Impact Model - User Inputs

Introduction | User Inputs | Complex Inputs | Engine | Extrapolation

Overview of model inputs

Please input the relevant values in the table of hospital specific inputs. Use the button sliders to adjust the number of cases found at the different stages of the pathology process in the model. The resulting changes are captured in the tables to the right; the table of modifiers and the executive summary. Results can be expressed through a variety of modelling approaches, customisable in the table of model settings.

In-house preparation modifer - TRADITIONAL

Sent to external reporting modifier - TRADITIONAL

In-house preparation modifier - DIGITAL PATHOLOGY INTEGRATION (DPI)

Sent to external reporting modifier - DPI

Table of hospital specific inputs

Variable	Value
Incoming daily cases	*200*
Average slides per case	*2.2*
In-house pathologists	*11*
Initial backlog	*1500*
Initial investment	*£200,000*

Table of model settings

Variable	Value	Additional information
Time horizon (years)	*5*	This variable specifies the **length** of time that the results are reported for
Discount rate	*0%*	-
Pathologists workload	*87%*	Please also consider scaling pathologists availability by their **annual leave** and FTE status
Set a turnaround target?	*No*	Please note: Locum pathologists may **not** be readily **available** in practice (Royal College of Pathologists, 2018)
Turnaround target (days)	*9*	The model predicts 339 less days where locums are needed to be hired because of digital pathology
Annual demand growth	*Yes*	The **pandemic** and an **aging** population are some of the factors contributing to demand growth
Scanning discount	*0%*	-

Table of model modifiers - Traditional arm

Variable (%)	Value	Number
In-house preparation	100%	200
External preparation	0%	0
-		
Sent to external reporting	15%	30
Kept for internal reporting	85%	170

Table of model modifiers - Digital Pathology Integration arm

Variable (%)	Value	Number
In-house preparation	100%	200
Source LDPath preparation	0%	0
-	-	-
Sent to external reporting	15%	30
Kept for internal reporting	85%	170
-	-	-
Scanned and Source LDPath reported	50%	85.0

Impact on the modelling outcomes - summary

Variable	Traditional	Digital Pathology Integration	Benefit of Source LDPath
Monetary cost	£103,861,091	£102,446,322	£1,414,769
Beginning turnaround time (d)	11.93	8.54	3.39
End turnaround time (d)	24.63	5.16	19.47
Life-years saved	172.89	13,648.93	13,476.04
Backlog sparkline			

Following adoption, you can save £1,414,769 whilst working 5,398 more cases. This is equivalent to increasing the pathology deparments capacity by 9.1% at no

Introduction | User Inputs | Complex Inputs | Engine | Extrapolation | Results | Summary

HEALTH ECONOMIC MODEL

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HEALTH ECONOMIC MODEL

Source BioScience

Your Laboratory Service Partner

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Source BioScience | Your Laboratory Service Partner

Source LDPath Budget Impact Model - Summary

Introduction | User Inputs | Complex Inputs | Engine

Summary of results -- Monetary savings achieved: £1,414,769 -- Lifeyears saved: 13,477 -- Backlog cleared in 1 month(s) --

Summary of the source of monetary savings

1) A wet tissue processed into a ready-to-view slide in SLDP labs is **£79.65** cheaper compared to the same procces in the hospital or at external labs

2) A case that is scanned is set to be **£0.53** cheaper to issue a diagnosis on, compared to a case reported traditionally by in-house consultants, for an applied 0% scanning discount.

3) MDMs conducted by SLDP pathologists digitally are **£42** cheaper compared to the opportunity costs faced by in-house consultants in attending MDMs.

4) A second opinion conducted by SLDP pathologists digitally, is **£21** cheaper compared to second opinions issued by external labs or specialist centres. This figure does NOT account for the transport cost of non-digital cases

5) The greater throughput of the digitally integrated solution reduces the need for the employment of locum pathologists. Hiring a locum pathologist for a day costs **£1160**

Engine & Extrapolations

Summary of the impacts of monetary savings

Following adoption, you can save £1,414,769 whilst working 5,398 more cases

This is equivalent to completing 4 extra weeks worth of pathology cases whilst saving the same as 14 yearly salaries of a consultant histopathologist (at £104,000 per year, median)

14 yearly salaries can afford to purchase 30,514 scanned cased reported end to-end, from SLDP. This is equivalent to completing 23 extra weeks worth of pathology work by the department

Overall, the higher number of cases worked alongside the potential number of cases purchased through the use of the monetary savings, the pathology department can afford a 9.1% increase in capacity at no additional cost

The overall Return on Investment (ROI) of applying Source LDPath's digitally integrated solution to your hospital is 17 months since implementation

More cases scanned = greater returns!

Introduction | User Inputs | Complex Inputs | Engine | Extrapolation | Results | Summary

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TALK TO US

- Booth here at the conference
- enquiries@sourcebioscience.com
- Our website www.sourcebioscience.com

Use the Health Economic Model to predict what digital implementation would mean for you, your budget and your patients

APPENDIX

Source
LDPath

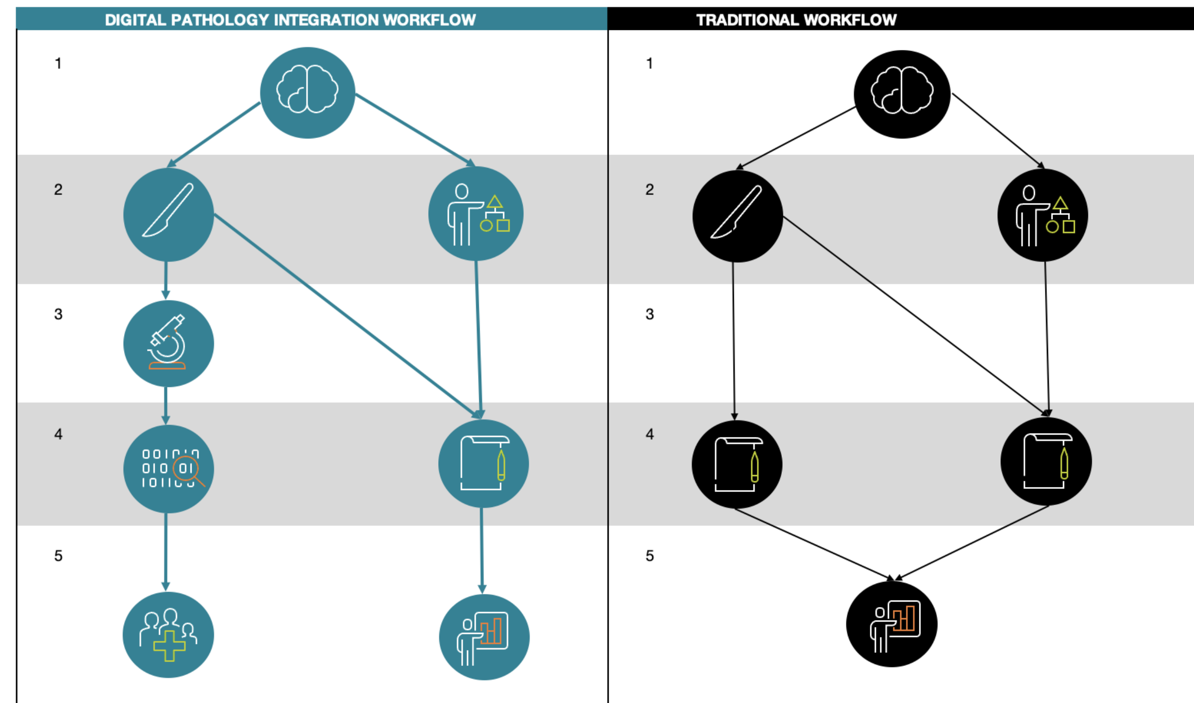
MODEL SCHEMATIC

- A model for the UK (including England, Scotland, Wales and Northern Ireland) and analyses can be run based on a range of population sizes.
- The hospital-specific inputs are defined and the modifiers are decided by the user. This informs the percentage of cases that populate the different stages of the pathology process within the model.
- The workflow model presents the structure of both the traditional and Source LDPath workflow through the pathology process. There is a symbol key and an explanation of each stage presented alongside the workflow diagram to explain the specifics of each stage.
- There are three pathways present within the traditional workflow:

internal preparation and internal reporting

internal preparation and external reporting

external preparation and external reporting.



Model assumptions

The model makes the following assumptions:

1	Locum pathologists will be hired once a pre-specified threshold of the backlog is reached.
2	The model will take the average of the cases by complexity.
3	The value of digital cellular pathology is characterised by the increments of time and costs relative to the traditional workflow
4	The model will implement a simple linear backlog calculator, in which the change to the stock of the backlog will be (x-y), with x being the number of incoming cases per day and y being the outflow of cases per day into the preparation stage.
5	The extent of the backlog at a particular point of time will dictate the average delay that non-prioritised cases endure. By definition, a case that is sat in the distribution centre unreported for a day, will accumulate that one day onto its total reporting time
6	Pathology departments are operating on a Monday-to-Friday basis. Please use the workload modifier to scale for annual leave, holidays and FTE status
7	The model provides an economic analysis based on the activity within the department and captures the value of the additional time available to the hospital pathologist

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Q&A Panel

Morning Break

Chairs Morning Reflection

Saghar Missaghian-Cully (She/Her)
Managing Director - North West London Pathology

Up next…

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Speaking Now…

Chris Sleight
Chief Officer - Greater Manchester Imaging & Pathology Networks - Greater Manchester Provider Federation Board

GREATER MANCHESTER
IMAGING AND PATHOLOGY NETWORKS

The Sustainable Workforce of the Future – Do Generations Z and Alpha have the solution?

Mr Chris Sleight
Chief Officer
Greater Manchester Pathology & Imaging Networks
Email: Chris.Sleight@nca.nhs.uk

NHS Pathology Conference South

17th October 2023

GREATER MANCHESTER
IMAGING AND PATHOLOGY NETWORKS

NHS

Who am I am what is my role?

- *I started my career as a Junior B MLSO (with degree in Physics & Mathematics!?!)*
- *FIBMS in Blood Transfusion and MSc in Haematology/Coagulation*
- **Chief Officer for the Greater Manchester Pathology Network**
- Chief Officer for the Greater Manchester Imaging Network
- **Pathology Incident Director for N5**
- SRO for GM Community Diagnostic Centre Programme
- **Chair of GM Diagnostics Digital Board**
- I have Programme Director responsibilities for GM Pharmacy programmes……and I am a father of 4 boys

GREATER MANCHESTER
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The Sustainable Workforce of the Future Do Generations Z and Alpha have the solution?

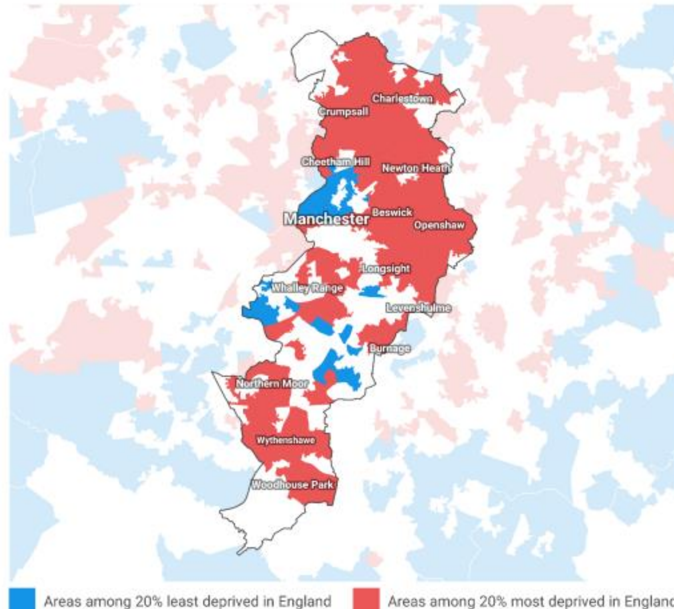
- *Priorities for GM Pathology Network; with a focus on*
  - *Reducing Health Inequalities*
  - *Digital Enablers*
  - *Workforce*
- *Why a short-, medium-, and LONG-TERM Workforce Focus is critical now to sustain future services*
  - *An ageing Population*
  - *New Generations with different stereotypes*

Greater Manchester

M♥NCHESTER
22 05 17
NEVER FORGET
STRONGER TOGETHER

650
THE OLD WELLINGTON
Sinclairs Oyster Bar

Measures of deprivation and inequality in Manchester based on Indices of Deprivation (IoD) 2019



Areas among 20% least deprived in England | Areas among 20% most deprived in England

Gini coefficient

0.35

This is the Gini coefficient for Manchester. It is a measure of household income inequality within the area. The Gini coefficient ranges from **0 (perfect equality)** to **1 (perfect inequality)** so that a higher figure indicates a higher level of inequality.

Economic imbalance

28:159

This is the **20:20 Index**. It is the ratio of small areas (LSOAs) within the Local Authority that are among the 20% least (blue) or 20% most (red) deprived nationally, based on the Income Domain of the 2019 English Indices of Deprivation. It is used here as an indicator of local economic imbalance.

Spatial concentration

0.54

This value (Moran's *I*) tells us how similar or different nearby areas are. Values closer to 1 indicate similar areas are clustered together. In general, values over 0.4 generally indicate that similar areas are significantly clustered.

Analysis by Elvis Nyanzu and Alasdair Rae, University of Sheffield.
This work was funded by the Nuffield Foundation - www.nuffieldfoundation.org

Life expectancy at birth for Manchester residents fell by an estimated 3.1 years for men and 1.9 years for women in 2020.

42% of children under-16 in Manchester are living in poverty. Approximately two thirds of those children are in a family where at least one parent is working.

1 in 4 of Manchester's 16-19 years old are unemployed

1 in 3 Manchester children are not school-ready when they start reception

1 in 5 of all unemployed residents aren't in work due to long-term sickness

The ethnic diversity of Manchester's population is increasing. We are the only city outside London to have residents in each of the 90 listed ethnic groups in the census. Over 200 languages are spoken here.

Source: Manchester City Council – Building Back Fairer - Tackling Health Inequalities in Manchester 2022–2027

Life on the line? Differences in life expectancy across Greater Manchester

Female life expectancy at birth (years) | Male life expectancy at birth (years) | IMD Decile (1 most deprived; 10 least deprived)

Stop	Female	Male	IMD Decile
Eccles	78	71	2
Langworthy	74	69	1
Anchorage	74	69	1
Pomona	80	74	3
Cornbrook	79	72	1
Manchester Airport	76	72	1
Wythenshawe Town Centre	76	71	1
Benchill	76	71	1
Baguley	77	72	1
Wythenshawe Park	81	75	1
Withington	80	74	4
East Didsbury	81	77	7
Chorlton	80	74	4
Altrincham	81	75	7
Timperley	81	78	10
Sale	82	74	4
Stretford	79	76	4
Crumpsall	80	74	1
Heaton Park	80	75	4
Prestwich	79	75	1
Whitefield	82	78	7
Bury	78	72	2
Milnrow	82	75	4
Rochdale Town Centre	74	66	1
Oldham Mumps	78	71	1
Westwood	77	72	1
South Chadderton	79	73	2
Failsworth	79	73	2
Monsall	75	67	1
Holt Town	77	68	1
Clayton Hall	73	67	1
Audenshaw	79	73	3
Ashton Moss	78	69	1
Ashton-under-Lyne	78	69	1

Ladywell, Weaste, Broadway, Harbour City, MediaCityUK, Salford Quays, Exchange Quay, Old Trafford, Trafford Bar, Firswood, St Werburgh's Road, Navigation Road, Brooklands, Dane Road, Shadowmoss, Peel Hall, Robinswood Road, Crossacres, Roundthorn, Martinscroft, Moor Road, Northern Moor, Sale Water Park, Barlow Moor Road, Burton Road, West Didsbury, Didsbury Village, Deansgate-Castlefield, St Peter's Square, Exchange Square, Market Street, Victoria, Shudehill, Queens Road, Abraham Moss, Bowker Vale, Besses o' th' Barn, Radcliffe, Newton Heath and Moston, Central Park, Hollinwood, Freehold, Oldham Central, Derker, Shaw and Crompton, Newhey, Kingsway Business Park, Newbold, Rochdale Railway Station, Piccadilly Gardens, Piccadilly, New Islington, Etihad Campus, Velopark, Edge Lane, Cemetery Road, Droylsden, Ashton West

Tram Network: The Metrolink tram network across Greater Manchester includes nearly 100 kilometres of track and 93 stops. In 2015 there were around 33.4 million journeys (Metrolink 2015). The average journey time between tram stops is 2 minutes, but some stops are further apart.

Data Sources: Office for National Statistics experimental ward level life expectancy and health living life expectancy estimates (ONS 2006) linked to selected Greater Manchester Metrolink tram stops. The selection highlights some of the biggest differences between tram stops. We also include information on socio-economic deprivation at ward level from the Index of Multiple Deprivation.

The life expectancy data is based on mortality among those living in each particular ward in 1999-2003. The estimates are not the exact number of years a baby born in the ward could actually expect to live, both because the death rates of the area are likely to change in the future, as is health care provision and because many of those people born in the ward will live elsewhere for at least some part of their lives.

MANCHESTER 1824
The University of Manchester

What makes your area different to other areas? Let us know. Email: life.expectancy@manchester.ac.uk

GM Health and Care System has made a commitment to tackling digital inclusion, directly linked to improving inequalities.

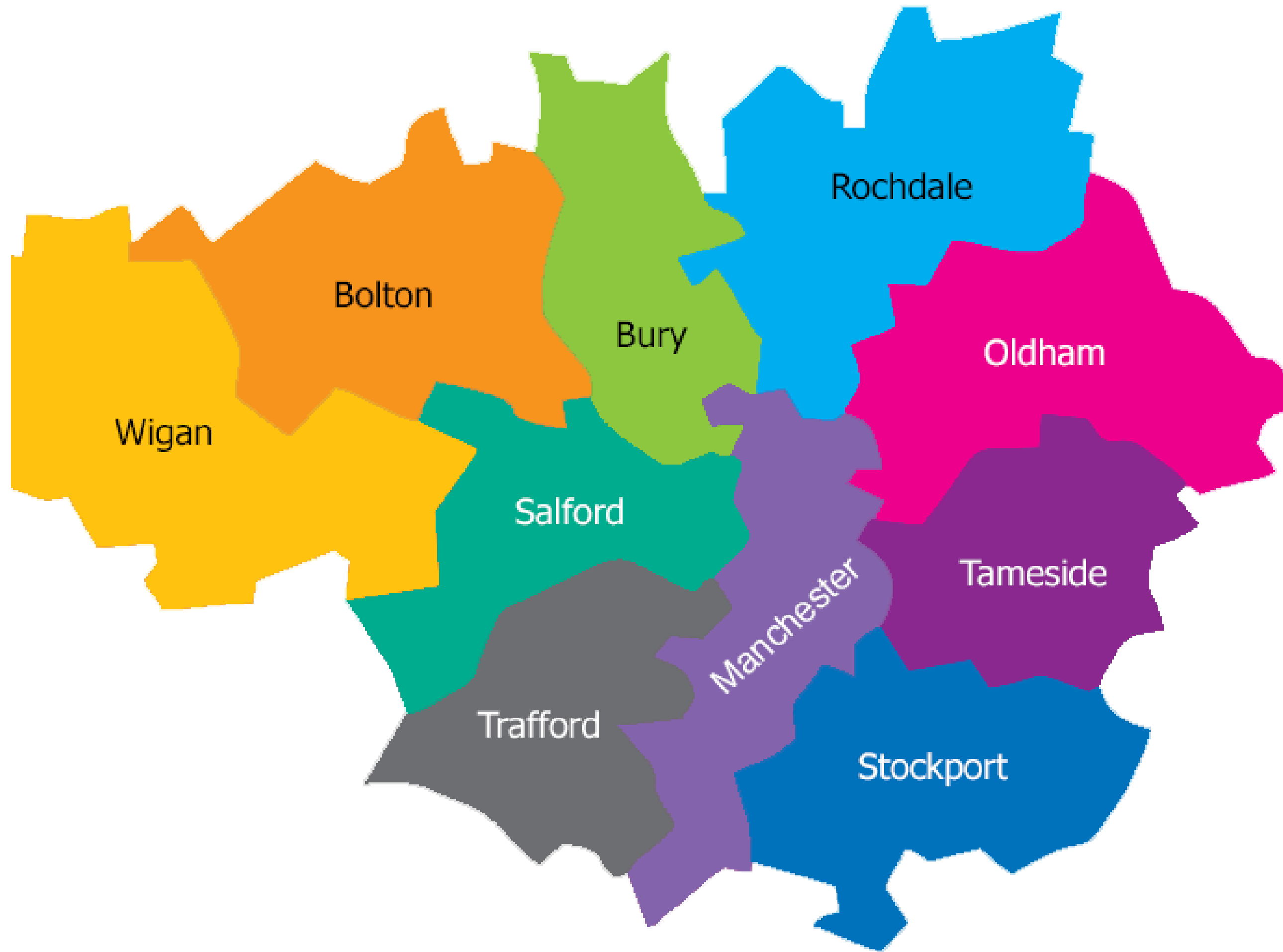
Digital inclusion is a key element of Manchester's approach to reducing Health Inequalities

Linked to GM Health Priorities, the Digital Inclusion Action network has been established to drive mainstream digital inclusion in the transformation of public services, place – making and economic growth.

Also, "Building Back Fairer in Manchester - The action plan", includes one of its primary objectives as "Preventing illness and early death through killers like heart disease, lung disease, diabetes and cancer"

The Diagnostics Digital Enterprise Solution is a key enabler to support early diagnosis for imaging and pathology.

Our ambition for PBR and Digital Pathology is to introduce GM wide operating models so patients receive not only better access to image acquisition, but reporting is undertaken Trust wide by appropriate experts to smooth waiting times across the conurbation, thus improving patient outcomes through faster diagnosis and early intervention.



THE GM PATHOLOGY NETWORK

- Bolton NHS Foundation Trust
- Northern Care Alliance Foundation Trust
- Manchester University Foundation Trust
- Tameside and Glossop Integrated Care NHS Foundation Trust
- Stockport NHS Foundation Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- The Christie

Northern Care Alliance hosts the network on behalf of the Trust Provider Collaborative

- 14 sites have Pathology Services locally
- Almost 2000 staff
- Circa 80 million Pathology Diagnostics p.a.

Priority Themes for GM Pathology

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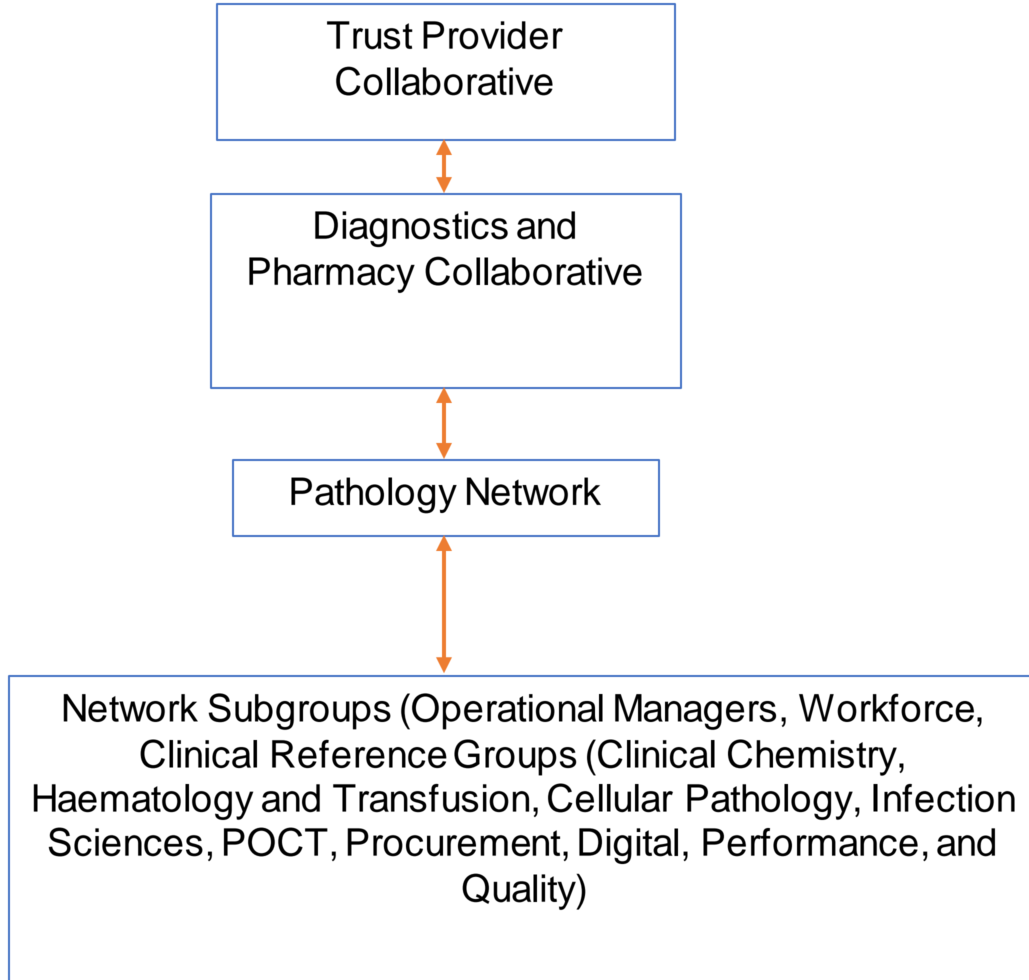
IMAGING AND PATHOLOGY NETWORKS

- Workforce,
- Workforce,
- Workforce!
- Increasing Diagnostics Capacity
- Improving Efficiency and Productivity
- Pathway Improvement
- Ensuring Demand is Appropriate
- Levelling Up (working as a GM system by sharing and **implementing** best practice & Reducing Health Inequalities)
- Communication

GREATER MANCHESTER IMAGING AND PATHOLOGY NETWORKS

Current Governance and network structure



Current major project/programmes of work

Project/Programmes	Impact on service users
Digital Pathology	Introduction of digital pathology in Histopathology, reduce health inequalities across the network.
LIMS	New LIMS provider for labs in GM, increase sharing patient results and interoperability of new LIMS systems. Standardisation across all providers.
CDC	Increase diagnostic capacity, reduce wait time for diagnosis
Pathology Network Maturity	Collaboration between pathology services, reduce patient (and staff) inequality and increase efficiencies and robustness of pathology services in GM

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Greater Manchester Pathology Network

WORKFORCE
WORKFORCE
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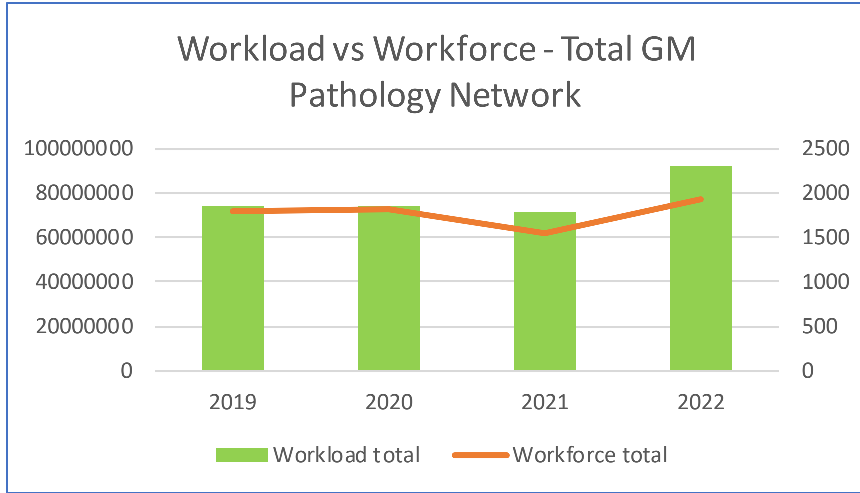
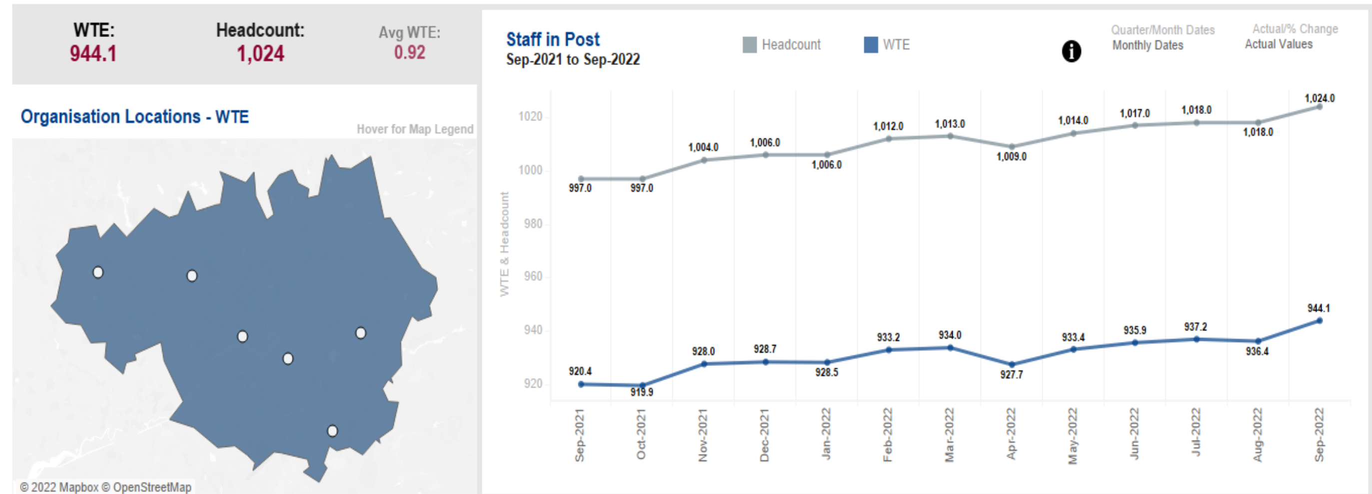
Background and Current workforce position

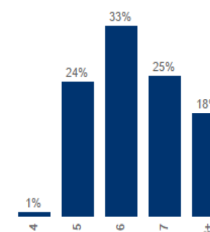


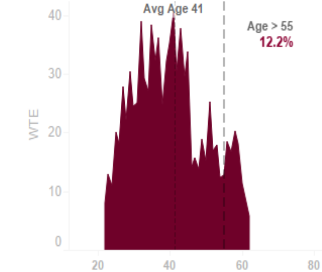
- National occupation shortage in Biomedical Scientist, consultant microbiologist and histopathologists
- Increased demand on both imaging and pathology diagnostic services – especially post COVID recovery
- More staff taking early retirement
- Graduate entry reducing
- Training capacity reducing – focus on service, no time to train
- Burn out of staff – most departments carrying significant vacancies

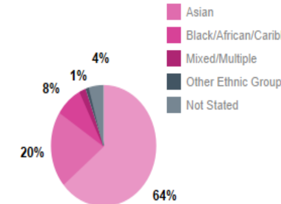


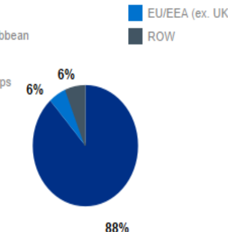
Staff Group

Staff Group	%
Qualified HCS Blood Sciences	61%
Qualified HCS Cellular Sciences	24%
Qualified HCS Infection Sciences	16%









ESR snapshot of registered Biomedical Scientist in GM

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GM Pathology workforce strategy

NHS
in Greater Manchester

Greater Manchester NHS Provider Federation Board
Part of Greater Manchester Health and Social Care Partnership

GM Pathology Network Workforce Strategy

Report to:	GM Pathology Board / GM Pathology Network Operational Managers group	
Report of:	Gareth Richardson, GM Pathology Network Workforce Development Lead	
Paper prepared by:	Gareth Richardson, GM Pathology Network Workforce Development Lead	
Date of paper:	01/03/22	
Subject:	GM Pathology Network Workforce Strategy	
Purpose of Report: *Please tick ✓*	Information to note	✓
	Support	
	Accept	
	Resolution	
	Approval	
	Ratify	

Purpose:

The purpose of this paper is to provide overview of the strategic achievements and aims of the Greater Manchester Pathology workforce in 2021/22 and going forward into 2022/23.

GM Pathology Workforce Achievements 2021/22

Pathology workforce group

Pathology workforce sub group has been created and now well established to tackle to ongoing workforce issues experienced in the network. Key deliverables have been identified by the group by completing a mini gap analysis to find the areas of focus. Group has started to work collaboratively together, and become platform for sharing of best practice and ideas. Group has also created a network for distribution of information from NHSEI, HEE, IBMS and other professional bodies so pathology workforce is getting equal opportunities across the network.

NHSEI & HEE engagement

Good working relationships established with NHSEI and HEE colleagues, workforce lead and group now single point of contact for engagement around workforce. This has allowed for quicker decision making and rapid deployment of information and funding opportunities. Also created better equality across the network, all trusts are now being given the same opportunities. NW Pathology workforce task and finish group now established to drive forward workforce agenda across the region.

Funding

Successful in receiving funding to support upskilling of support staff to create future Biomedical scientist, total funding received for network was £68k from NHSE&I and £80k

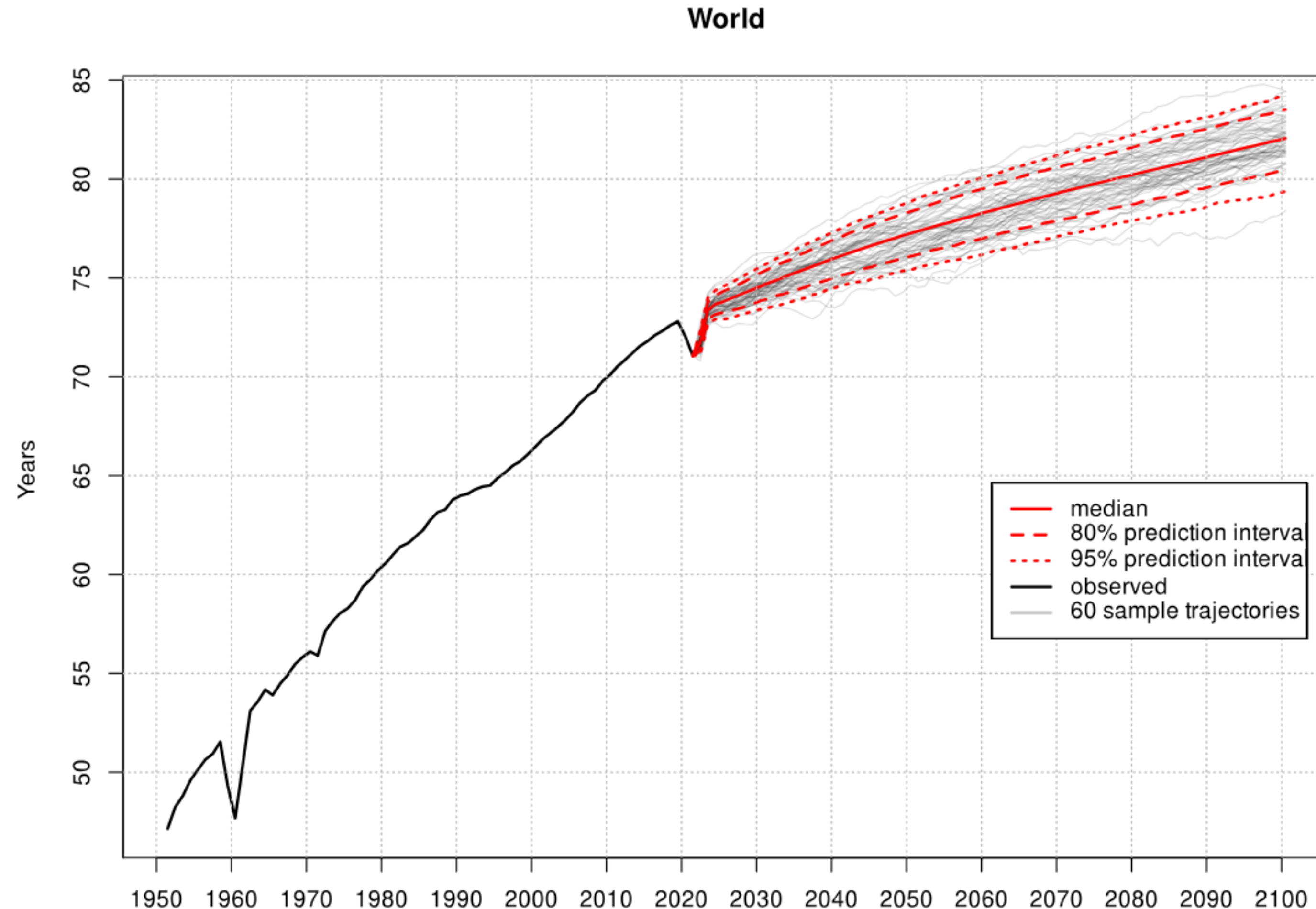
Objective 1 – to attract and retain talent in the network, to decrease vacancy and turnover rates.

Objective 2 – to create clear development opportunities for all pathology staff to maximize staff potential and create equality in training across the network

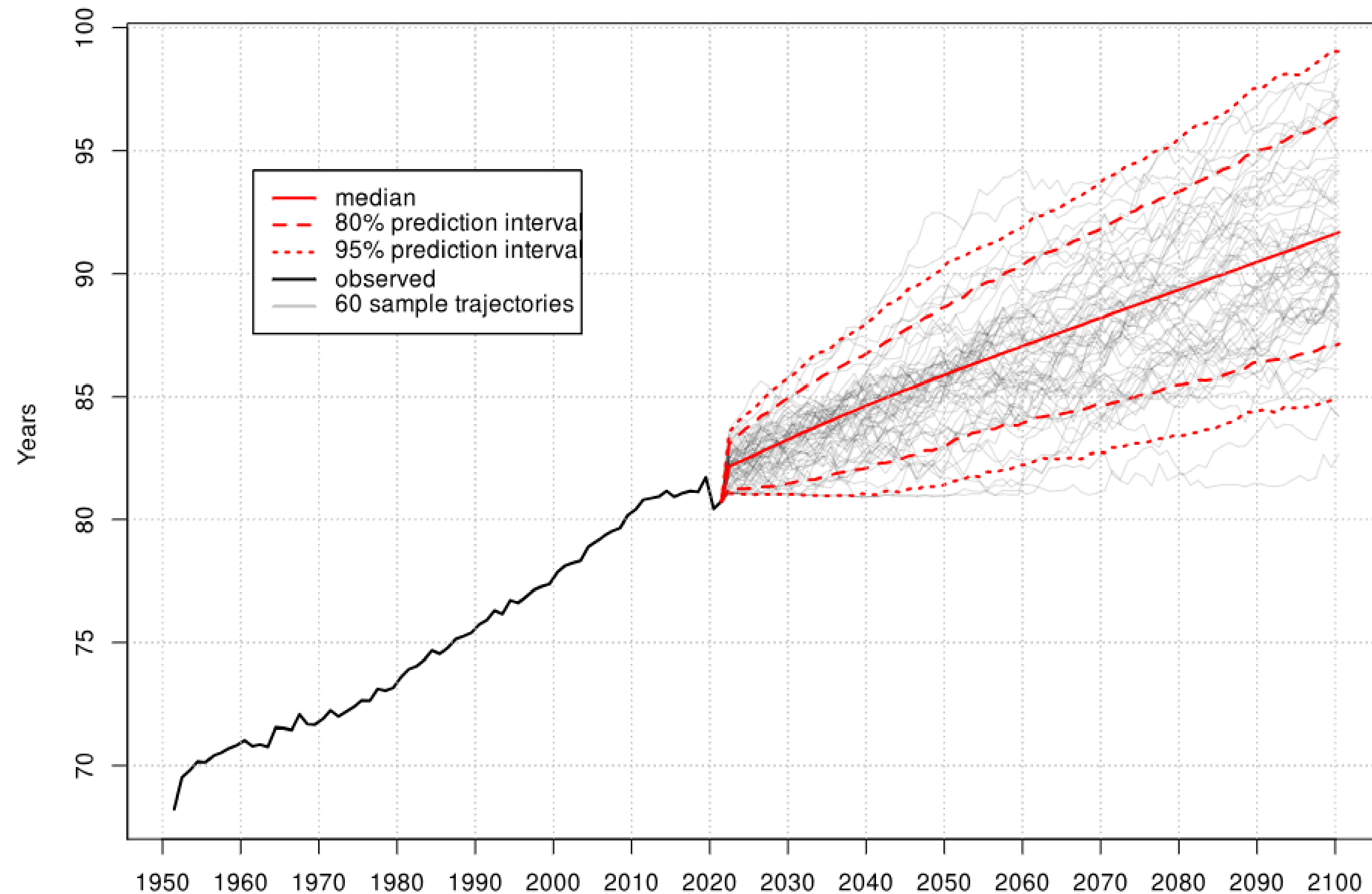
Objective 3 – to better understand the workforce needs in Pathology and create a workforce sustainable for the future.

https://greatermanchesterdiagnostics.nhs.uk/about-networks/strategies

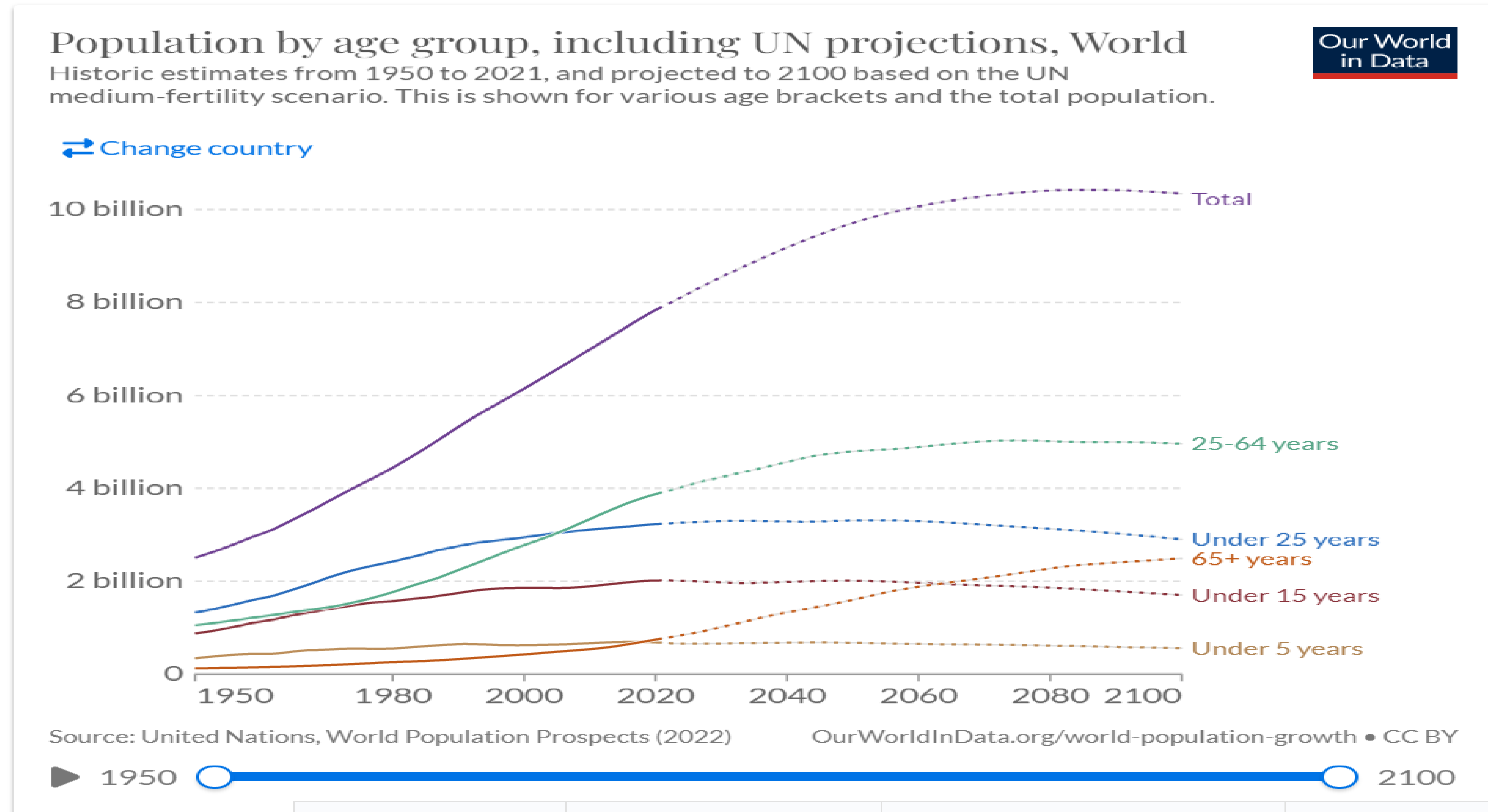
World > Probabilistic Projections > Life Expectancy > Both Sexes

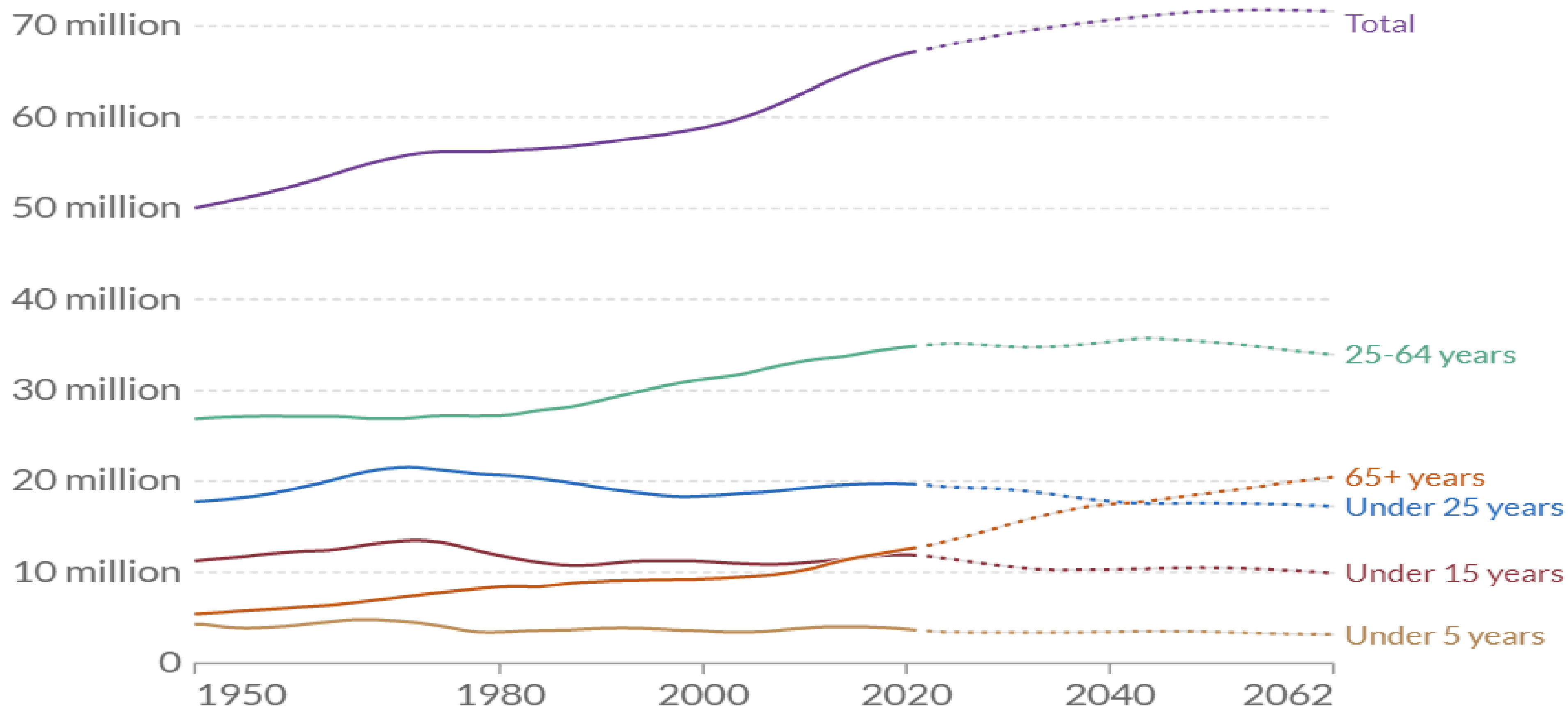


UK > Probabilistic Projections > Life Expectancy > Both Sexes



So is it all great news?




Population by age group, including UN projections, United Kingdom
Our World in Data
Historic estimates from 1950 to 2021, and projected to 2100 based on the UN medium-fertility scenario. This is shown for various age brackets and the total population.
Change country
70 million
60 million
50 million
40 million
30 million
20 million
10 million
0
1950
1980
2000
2020
2040
2062
Total
25-64 years
65+ years
Under 25 years
Under 15 years
Under 5 years
Source: United Nations, World Population Prospects (2022)
OurWorldInData.org/world-population-growth • CC BY

	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Born	2012 - 2024	1997-2012	1981-1996	1965-1980	1946-1964	1926-1945
Age	Up to 13	14-26	27-42	43-58	59-77	78+
Stereotype	Very short attention span. All information needed instantly available. Allergies, obesity and health problems related to screen time. Family Oriented. 80% dictate family activities such as holidays! Exceptional learning abilities and opportunities.	More racially and ethnically diverse than any previous generation. No memory of life before the internet. Give more voice to social causes than previous generations. Ambitious. Confident. Higher Diagnosis of mental health. Prone to anxiety. Puberty onset earlier.	Most educated generation of humans to ever exist, with around 40 percent having a university degree or higher. Ambitious, Confident, Curious, but often labelled as "Spoilt and Lazy" the "Me, Me, Me" generation.	"Latch Key" Generation - left at home alone whilst parents worked. Resourceful. Logical. Problem-Solvers.	So called because of huge increase in birth rates following end of the second World War. Committed. Self sufficient. Competitive.	Grew up during and after World War II; taught to be "seen and not heard". Disciplined. Loyal.
Communication	Social networks, and streaming services; low interest in TV. Create on line communities.	Hand held or integrated in clothing comms device / Facetime	Text / social media / on line real time text messaging /face to face	e-mail / text	Face to Face / Telephone Landlines	Speaking Face to Face / Formal letters
Major events	Covid 19	Global financial crisis 2008	Nine Eleven (2001)	Fall of Berlin wall (Nov 89)	Moon landing	World War Two
Iconic Toys	Fidget Spinners Playstation 4 X Box 360	Nintendo DS Scooters Fashion Dolls (BRATZ)	Cabbage Patch Kids BMX Bike Little Tykes (Log Cabin/Cozy Coupe)	Lego Rubix Cube Chopper Bikes	Etch A Sketch Spacehopper Frisbee	Bubble Solution Roller Skates Toy Soldiers
Music	Smart Speakers	Spotify	iPod	Walkman /CDs	Audio Cassette	Record Player
Major Influences on lives	Internet. Tik Tok. Pandemic.	Youtubers. Internet. Parents.	Peers. Television. Internet. Parents.	Parents. Television. Books. Magazines.	Parents. Newspapers. Music (e.g. Beatles). World events. Books.	World War Two. Parents /Grandparents/ Siblings. Books.

Unsure Which Generation You Are?

Generation Alpha

Samsung Galaxy Z Flip 5G

(other suppliers are available!)

Generation Z

Smartphone

Millennials

Phone

Generation X

Mobile Phone

Baby Boomers ……………………………………..

12
45

	Generation Alpha	Generation Z	Millennials	Generation X	Baby Boomers	Silent Generation
Attitude to Technology	They don't just use technology; they intuitively understand it. Navigating digital spaces, for them, is as natural as breathing. "Technoholics". Totally dependent on IT - have no grasp of alternatives. More digitally savvy than any previous generation. Will not understand and will become quickly irritated by previous generations "lack of understanding" of modern technology.	Totally dependent on IT - (born with a smartphone and a tablet) - very limited grasp of alternatives.	Digital natives - technology is part of their everyday lives. Activities mediated by a screen. Don't need to be problem solvers as internet does it for them.	Digital immigrants. Technology was growing fast but in its infancy. Understand the importance of digital and non-digital.	Early adopters. Extremely cautious and sceptical. Seen as a luxury.	Largely disengaged. Lack of understanding or interest.
Attitude to Work	No constraints on geography; massively influenced on climate change and saving the planet. Like Generation Z, but moreso, they will have jobs that do not exist in today's world. Extremely curious – will want to learn new things. As yet unknown when they will want to retire – theories on this are diverse.	Career "multitaskers" - will move between employers and job roles. Very low limitation on geography. Want to retire early.	Digitally driven. Work "with" an employer rather than "for". Diminished geography constraint. Want to retire early.	Professionally loyal (not necessarily to employer). Geography constrained. Expect to retire at 65 or earlier. "Workaholics"	Organisational loyalty. High dependence on geography. Expect to retire at 65 or return to work.	Jobs are for Life. Totally dependant on geography.
Aspiration	Predicted to be the wealthiest generation ever, financial savvy and will demand financial stability.	Security and Stability (due to global economic turbulence in formative years)	Freedom and Flexibility	Work Life Balance	Job Security	Home Ownership

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- To build a sustainable Pathology services to meet the needs of our growing population we need a workforce that meets not only the needs of our patients, but the needs of our future workforce… "Generation Z" have very different career aspirations to previous generations. And there are less of them to look after a growing and aging population.
- By 2030 Generation Alpha predicted to be 13% of the workforce; by 2040 could be 50%.

GREATER MANCHESTER
IMAGING AND PATHOLOGY NETWORKS

NHS

This means asking ourselves some very difficult questions; for example -

- Do we need develop new roles perhaps even working across “traditional professional boundaries?”
- Are we as “attractive” as we can be to meet the needs and aspirations of our future workforce? (Opportunities for Career Change, Cutting Edge Technology, Financial Reward?)
- Do we need to take more control of ensuring demand on services is appropriate and making a difference to patient care?
- Is “Generation X” able to design a strategy to meet the aspirations of “Generations Z and Alpha”?

IN SUMMARY - We need to do things differently, and we need to act now to tackle the long-term workforce challenges.

“State of the Art” digital systems and AI in healthcare have never been so important, not just for our patients, managing increasing demand and improving productivity and quality, but because our workforce will expect it – they will only be attracted by high performance technology.

We must create new roles that are attractive to new generations, well remunerated, and which allow for their curiosity and need to learn.

Pathology will remain increasingly critical to the health of our population, and we all have a responsibility to ensure our great profession continues to provide an inspirational and

Thank you for listening, any questions?

Pathology Network Twitter:
@GM_Pathology

Pathology Network LinkedIn:
@GMImagingandPathologyNetworks

Visit our Website
https://greatermanchesterdiagnostics.nhs.uk/

Or you can even send me a written letter ☺

Up next…

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Speaking Now…

Darshan Kumar
PhD Customer Success Manager - Aiforia Technologies

Q&A Panel

Lunch & Networking

Chairs Afternoon Address

Saghar Missaghian-Cully (She/Her)
Managing Director - North West London Pathology

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Speaking Now...

Malcolm Grant
Managing Director - TalkingPoint

Speaking Now…

Denise Cook
Executive Lead for Governance, Quality, Leadership & Development
Berkshire and Surrey Pathology Services

Speaking Now…

Nicola West
LIMS Project Director
Kent & Medway Pathology Network

Speaking Now…

Mr. Jahran-Allen Thompson MBE
Mortuary Operations Service Manager - London Borough of Waltham Forest

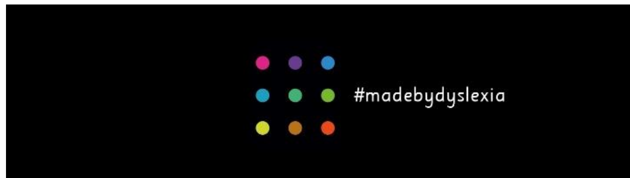
East London Forensic Centre

Jahran Allen-Thompson MBE

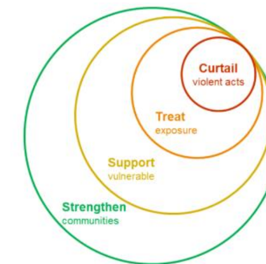
Topic: New public mortuary facility with a state-of-the-art CT scanning machine for non-invasive autopsy. Digital innovation of an underrepresented pathology service”

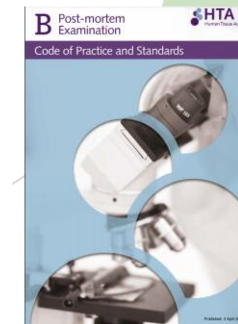
My Background

- Strict rules **no gore**
- Outline of Myself & History
- The mortuary was staffed by 2 people
- Managed roughly 408 persons a year
- Services – Invasive Post Mortem Examinations, Receipt 24 hrs, Discharge of the deceased, Storage, Forensic Post mortem, On call – Releasing out of hours
- BAU Stats Roughly 408 66% in winter PM's , 50 Sign up's , 10 Forensic cases pcm
- Myths – Pathologists don't routinely eviscerate , it's not CSI
- Statutory oversight, Human Tissue Authority
- Income up 9800%
- Flexibility –



Jahran Allen-Thompson. Photo by Micaela Wyatt (back to contents)





An overview of the death management process

1.Who?

Jahran Allen-Thomspon
LBWF Mortuary Service Operations Manager

2. APT by trade but in the 10 years I've been involved in this process it's changed so much.

3.London Mortuary Managers Group

4.XS Deaths, Mass Fats Groups

5. Winter pressures, reduction of impact

I'm here to lend my voice to all the agencies that stand to get them to make this process work

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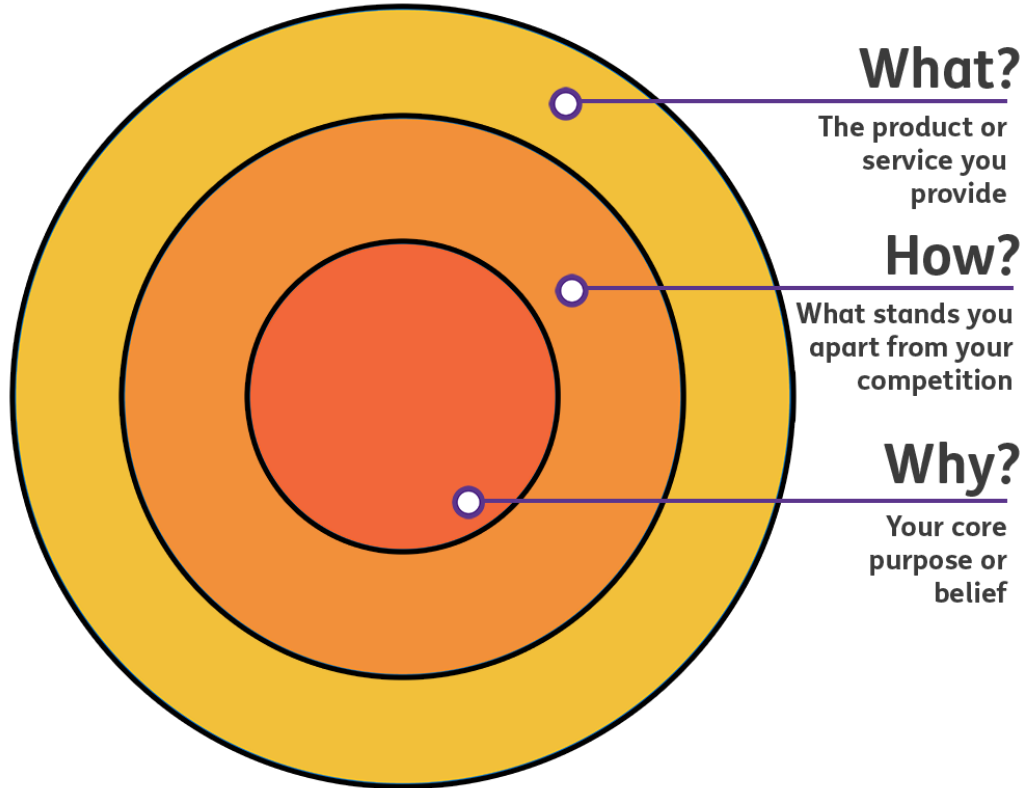

Figure 1
Ref: Simon Sinek's Golden Circle

project management

noun

1. The discipline of organizing and managing resources (e.g. people) in such a way that a project is completed within defined scope, quality, time and cost constraints.

Wiktionary, Creative Commons Attribution/Share-Alike License.

More at Wordnik

Share Feedback

Battle Rhythm

Battle rhythm is a deliberate daily cycle of command, staff, and unit activities intended to synchronize current and future operations (JP 3-33).

Within the operations process, commanders and staffs must integrate and synchronize numerous activities, meetings, and reports within their headquarters, with their higher headquarters, and with subordinate units. They do this by establishing the unit's battle rhythm.

An effective battle rhythm—

- Establishes a routine for staff interaction and coordination.
- Facilitates interaction between the commander, staff, and subordinate units.
- Facilitates planning by the staff and decisionmaking by the commander.

CAC United States Army Combined Arms Center

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PROFESSIONAL ACADEMY

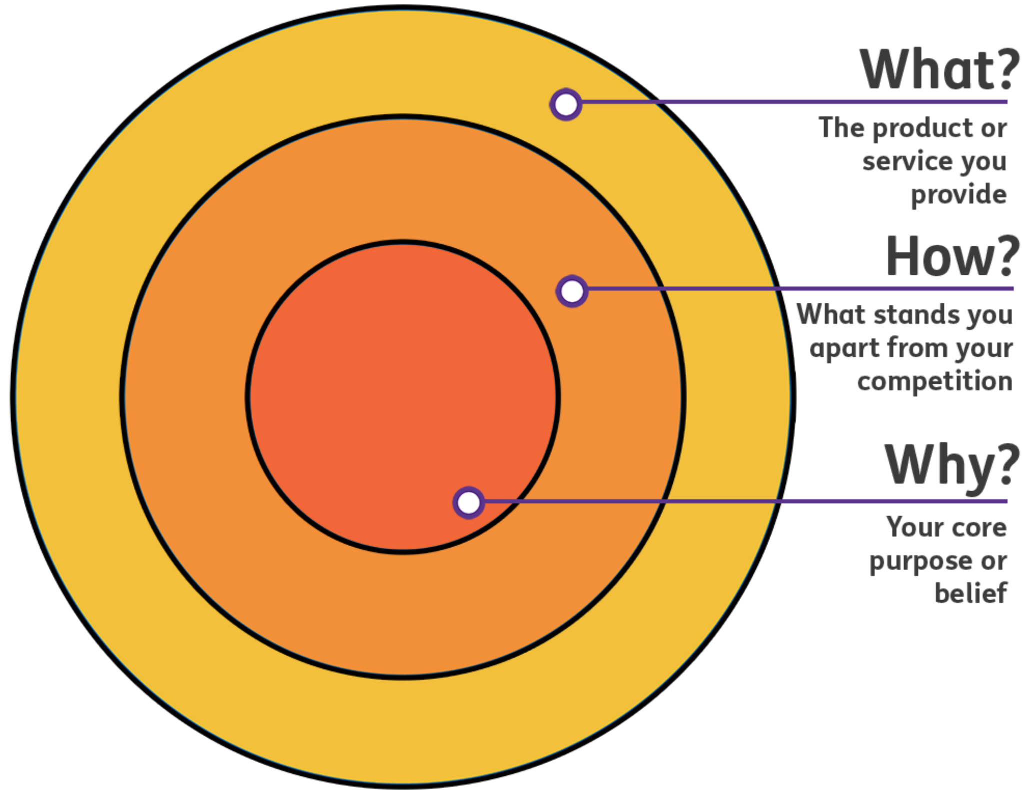
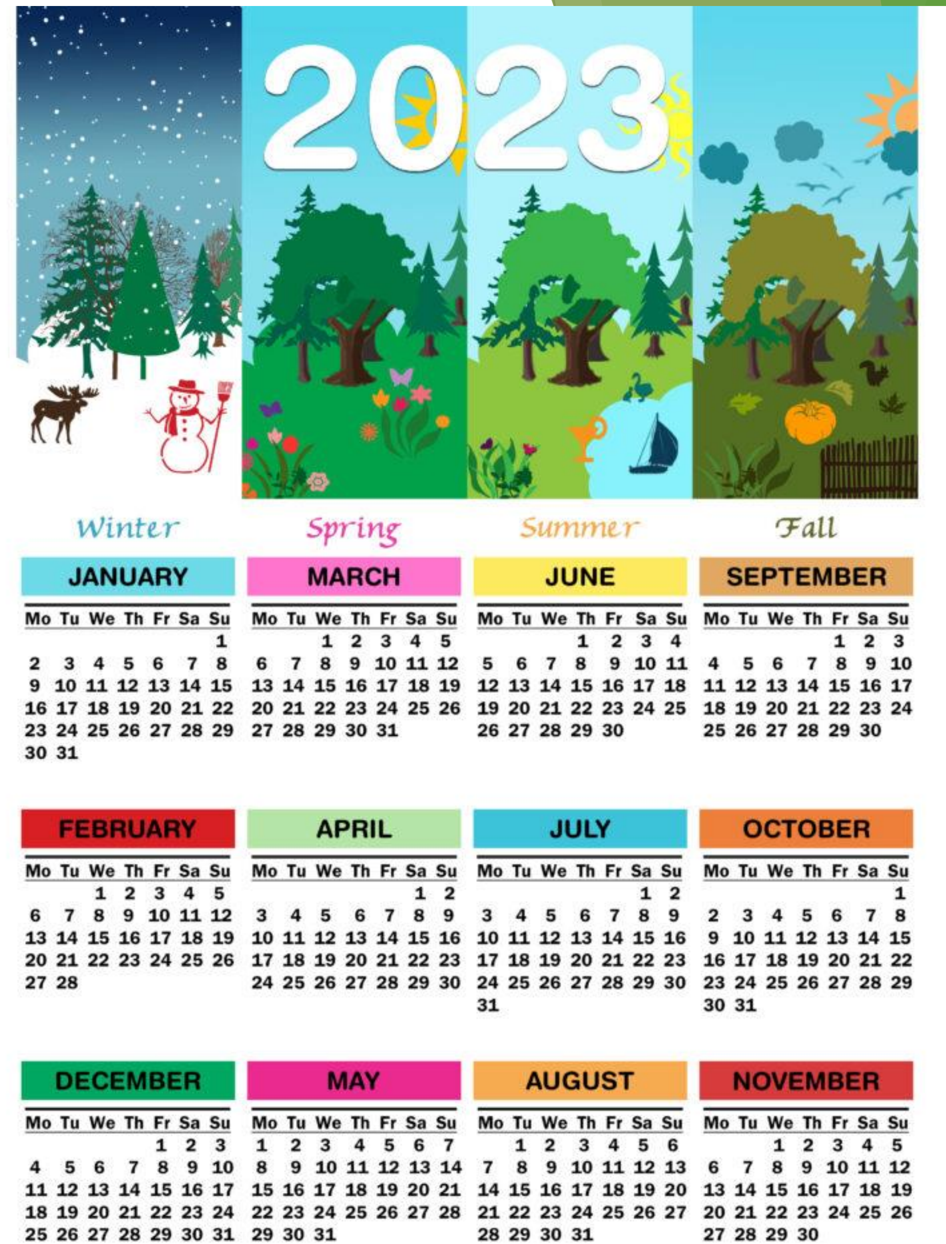


Figure 1
Ref: Simon Sinek's Golden Circle



NYCDesign.co

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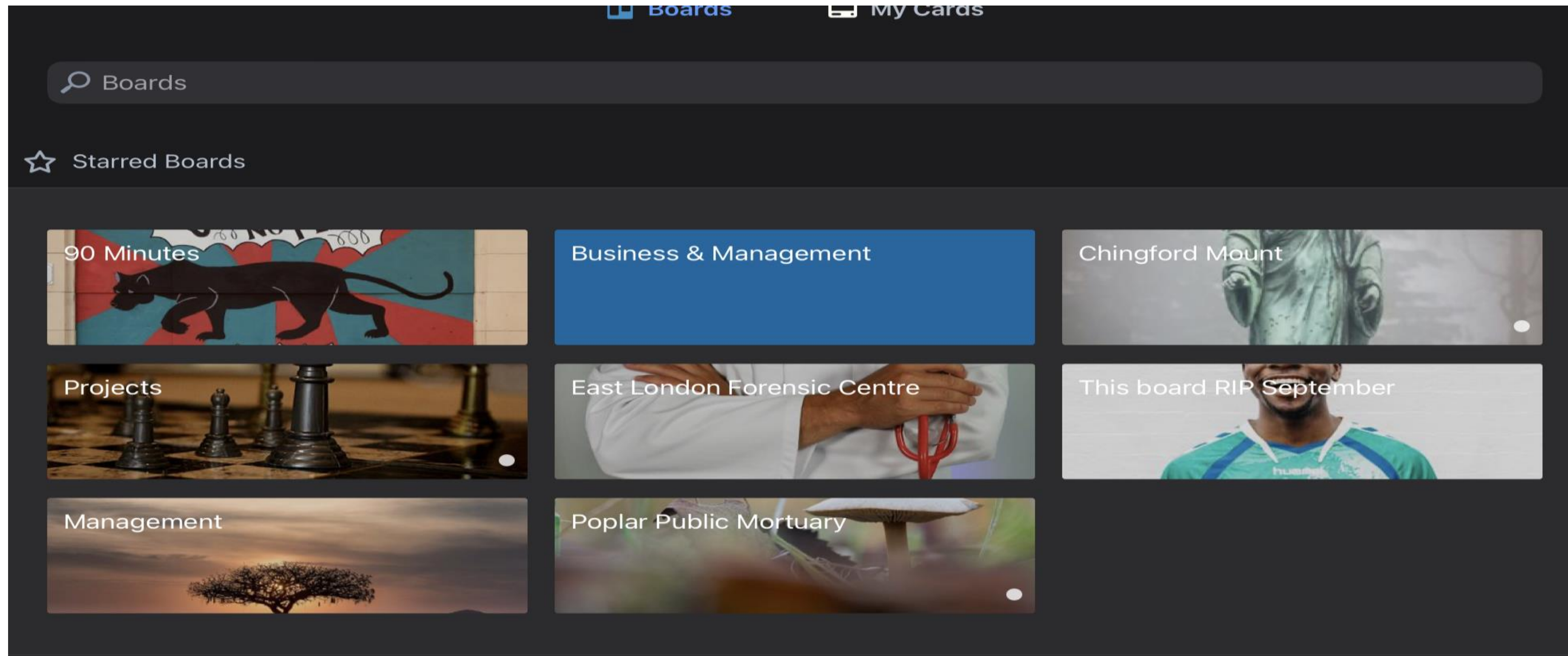
How?



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How?

AREA OF EXPERTISE
REALM OF GENERAL UNDERSTANDING
PROVINCE OF VAGUE KNOWLEDGE
FIELD OF NEBULOUS AWARENESS
DOMAIN OF DUBIOUS SPECULATION
REGION OF PURE IMAGINATION
ZONE OF UTTER IGNORANCE

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THE MIND

Material Reasoning	Interconnected Reasoning
The ability to reason about the physical characteristics of objects and the material universe PMCT- Imagery and 3D structures	The ability to see connections that others may miss and create narratives that can simplify complex products or tasks.
Narrative Reasoning	**Dynamic Reasoning**
The ability to construct a connected series of mental scenes from past personal experiences, to recall the past, understand the present	The ability to recombine elements of the past to predict or simulate the future or reconstruct the unwitnessed past.

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HOW I CAN SUPPORT

Skills

- Active learning
- Management of personnel
- Critical thinking
- Complex problem-solving
- Programming
- Systems analysis
- Active listening
- Writing
- Science
- Technology design
- Learning strategies

Abilities

- Originality
- Spatial abilities
- Idea generation and reasoning abilities
- Visual abilities
- Perceptual abilities
- Quantitative abilities
- Verbal abilities

Tasks

- Creativity
- Social influence
- Innovation
- Leadership
- Social orientation
- Autonomy
- Initiative
- Analytical thinking
- Responsibility
- Cooperation

Exceptional **Very Strong** **Strong**

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What?

HSE

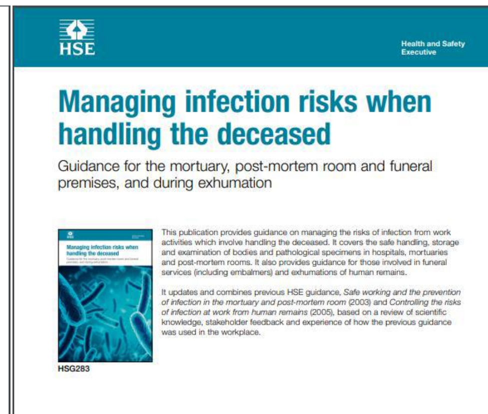
HEALTH BUILDING NOTE 20

Facilities for mortuary and post-mortem room services

2005

STATUS IN WALES

APPLIES


HSE

Health and Safety Executive

Managing infection risks when handling the deceased

Guidance for the mortuary, post-mortem room and funeral premises, and during exhumation

This publication provides guidance on managing the risks of infection from work activities which involve handling the deceased. It covers the safe handling, storage and examination of bodies and pathological specimens in hospitals, mortuaries and post-mortem rooms. It also provides guidance for those involved in funeral services (including embalmers) and exhumations of human remains.

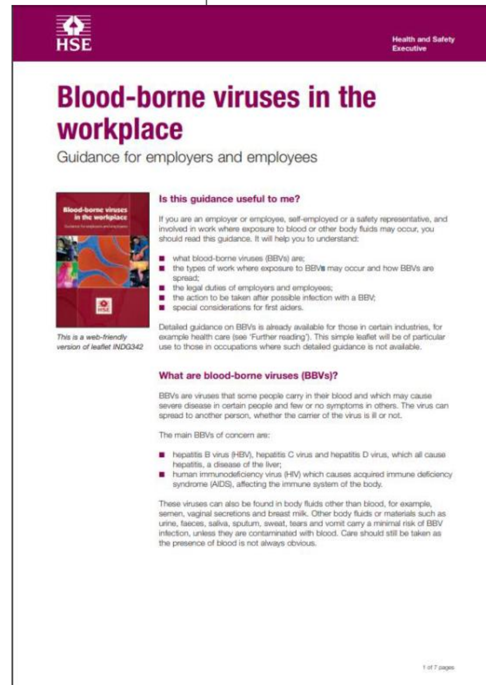
It updates and combines previous HSE guidance, *Safe working and the prevention of infection in the mortuary and post-mortem room* (2003) and *Controlling the risks of infection at work from human remains* (2005), based on a review of scientific knowledge, stakeholder feedback and experience of how the previous guidance was used in the workplace.

HSG283

Advisory Committee on Dangerous Pathogens

Infection at work: Controlling the risks

A guide for employers and the self employed on identifying, assessing and controlling the risks of infection in the workplace


HSE

Health and Safety Executive

Blood-borne viruses in the workplace

Guidance for employers and employees

This is a web-friendly version of leaflet INDG342

Is this guidance useful to me?

If you are an employer or employee, self-employed or a safety representative, and involved in work where exposure to blood or other body fluids may occur, you should read this guidance. It will help you to understand:

- what blood-borne viruses (BBVs) are;
- the types of work where exposure to BBVs may occur and how BBVs are spread;
- the legal duties of employers and employees;
- the action to be taken after possible infection with a BBV;
- special considerations for first aiders.

Detailed guidance on BBVs is already available for those in certain industries, for example health care (see 'Further reading'). This simple leaflet will be of particular use to those in occupations where such detailed guidance is not available.

What are blood-borne viruses (BBVs)?

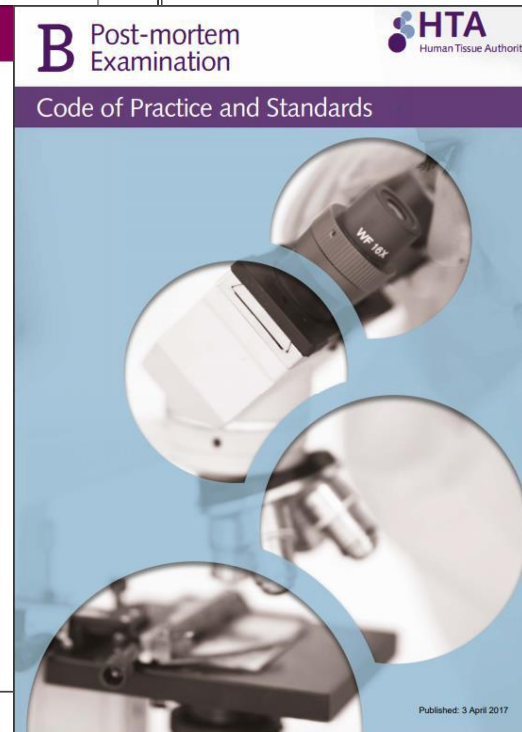
BBVs are viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The virus can spread to another person, whether the carrier of the virus is ill or not.

The main BBVs of concern are:

- hepatitis B virus (HBV), hepatitis C virus and hepatitis D virus, which all cause hepatitis, a disease of the liver;
- human immunodeficiency virus (HIV) which causes acquired immune deficiency syndrome (AIDS), affecting the immune system of the body.

These viruses can also be found in body fluids other than blood, for example, semen, vaginal secretions and breast milk. Other body fluids or materials such as urine, faeces, saliva, sputum, sweat, tears and vomit carry a minimal risk of BBV infection, unless they are contaminated with blood. Care should still be taken as the presence of blood is not always obvious.

1 of 7 pages


B Post-mortem Examination

HTA Human Tissue Authority

Code of Practice and Standards

Published: 3 April 2017

- Corporate License Holder
- Designate individual- Me
- Persons designate - My and ears

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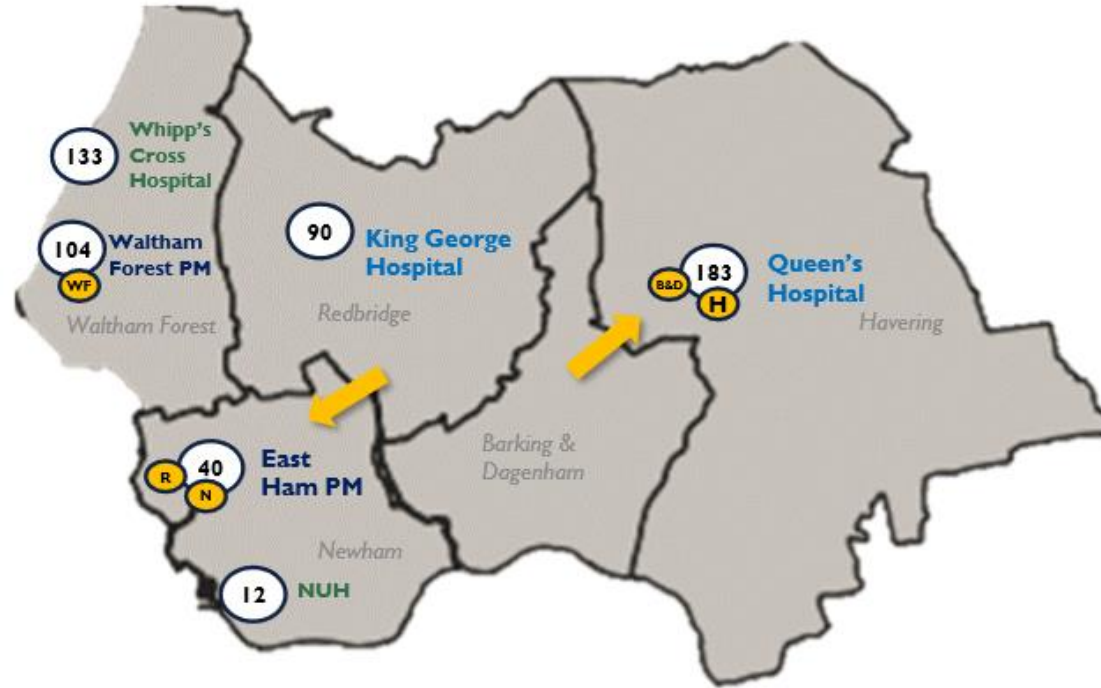
Risk

- During Covid waves we facilitated roughly 55% of 2019's total throughput in 2 months
- The future see's us reinvesting in the mortuary service
- Borough Lead Coronial borough for jurisdiction
- Locations (logistics)



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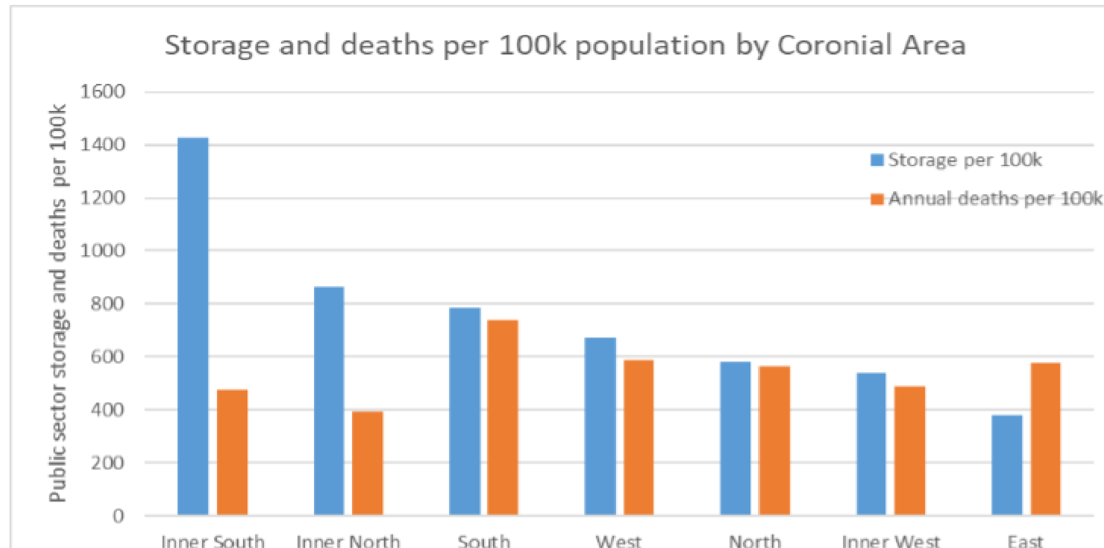
Challenge

- Impact of Covid
- Inadequate provision for storage in East London
- Acted as superhub

POPULATION-STANDARDISED STORAGE AND DEATHS



- Range of storages proportional to population…
- In 4 of 7 areas, storage is well matched to average annual deaths per 100k population.
- Following slides explore the difference between storage and deaths on a weekly basis

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Press

EAST LONDON & WEST ESSEX **Guardian**

love LOCAL business

News | Sport | What's On | Competitions | Announcements | Hammers News | E-Editions

News

8th April 2020

Mortuary built in Leyton as authorities prepare for coronavirus deaths

By Lewis Berrill | @LewisBerrill
Chief reporter - east London and west Essex

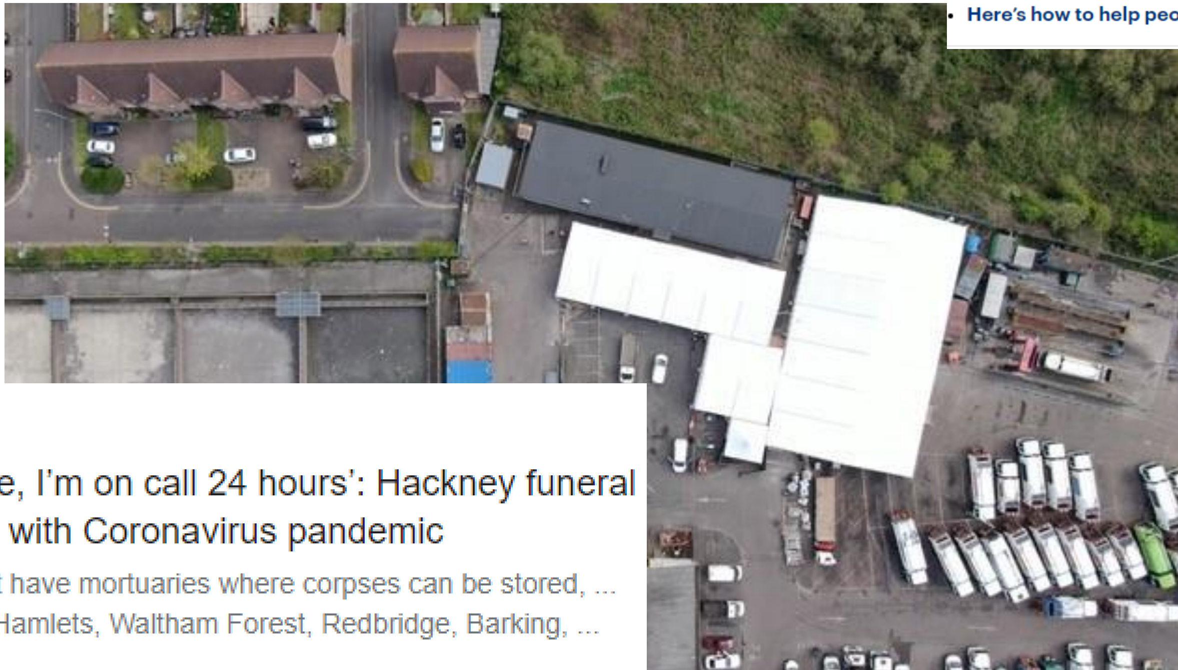
MailOnline

Home | News | U.S. | Sport | TV&Showbiz | Australia | Femail | Health | Science | Money | F

Latest Headlines | Covid-19 | Royal Family | Boris Johnson | Prince Harry | Meghan Markle | World News | Head

EXCLUSIVE: Second vast mortuary is being built in east London on a site previously used to store rubbish trucks near primary school and sewage plant

- Workers in Waltham Forest are preparing three large white tents to house bodies
- The new site, at Low Hall Depot in Leyton, spreads over nearly 10 acres of land
- It is close to houses and a primary school and is six miles from NHS Nightingale
- It comes after MailOnline disclosed a morgue was being built in nearby Newham
- Here's how to help people impacted by Covid-19



ML MyLondon

'It's like a war zone, I'm on call 24 hours': Hackney funeral director on coping with Coronavirus pandemic

... while hospitals might have mortuaries where corpses can be stored, ... areas including Tower Hamlets, Waltham Forest, Redbridge, Barking, ...

16 Mar 2021

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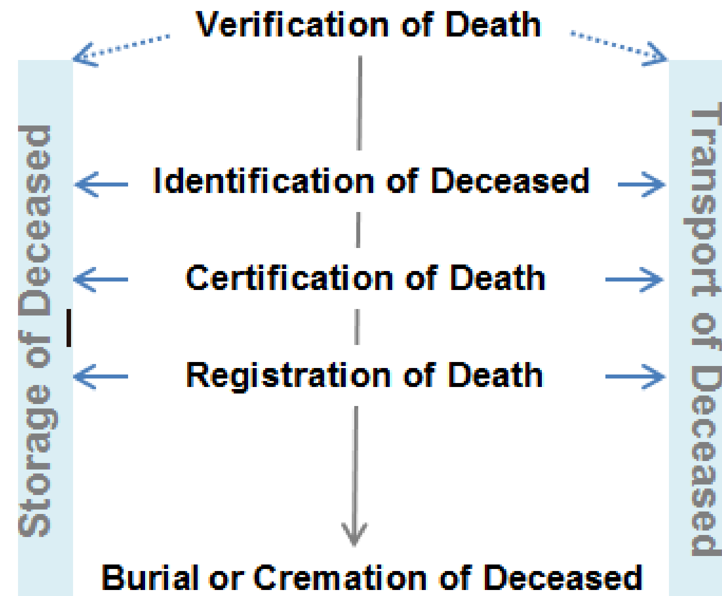
Overview of the process

1. A lot of time has been put into the framework to allow you have a guide to use within your Coronial Area on your local Response to Excess deaths...... for **my sake**.

2. This is very complicated due to interagency working relationships.

3.Adding the death tole in an excess deaths event will mean this process is inclined to bottleneck.

4. Page 31 Key information for your borough attack rate;
200-2500 Sam H1N1 one month, saw tooth!
Uk 55-750 National
London 700-95k Borough Population
276k Mortuary storage
45 Contingency 90??
What's your normal death rate?
Registrar's? Crematoria? Cemeteries?



5.Before the national response is **triggered [Pg 5] has more information.**
these are the secondary response contingencies that are on your table for inject 3 ... these will be printed unless you ... our best and brightest help us to improve this framework as we will all be effected in some way by Xs deaths

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Coroner Service...update Dec 2021

CORONER SERVICE Benchmarking - 2020/21

LOCAL AUTHORITY NAME:	Essex	Hertfordshire	Norfolk	Suffolk	South London consortium	Inner North London
Total number of inquests	697	338	610	452	252	
Total number of jury inquests	7	3	6	3	0	
Total number of post mortems	2534	1194	1343	1026	1108	
Total number of PMs with histology	188	263	129	193	221	
Total number of PMs with toxicology	250	316	403	216	340	
Average number of weeks to inquest	18	20	23	32		
Treasure finds reported	18	5	123	50	0	
Treasure inquests	2	4	18	5	0	

2 General Service Set up

	Essex	Hertfordshire	Norfolk	Suffolk	South London consortium	Inner North London
Police or Council Coroner's Officers	22 Coroner Officers plus 2 x officer vacancies for 12 x month contract, 4 x admin, 2 x Team Leaders and 1 Ops Manager	7.00	Council	Council	Police	I
Case management system	WPC	Civica	WPC	WPC	Civica icaseworks	C
CCSS or other volunteers	CCSS	6.00	CCSS	CCSS	CCSS	C
Police attend all sudden deaths	Yes - some exceptions i.e. care homes where they are no suspicious circumstances	Yes	Yes	yes	Yes	
ME in place - hospital deaths	Yes	Yes	Yes	Yes	Yes	
ME in place - community deaths	No	No	No	No	No	
comments	We have a total of 38 ME's across 4 hospitals				Total number of deaths registered I have taken to be 'All	

1. General Info | 2. Finance | Sheet1 | 3. Staff | 4. Accommodation | 5. Funeral Director C... | 6. Post mortems & p... | 7. Coronial area co

Verification of Death

- Verification of death means declaring life extinct.
- This allows the body to be moved from the place of death to a mortuary/ funeral director.
- In some areas of England, registered nurses are already able to verify death, as well as ambulance staff.
- Deceased persons should not be taken to hospital for verification of death.

1. Note to page 16. our capacity assessment.

2. Page 19 is a little important so we've made it bigger so everyone can feed into the framework before it's locked in stone in January.

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Identification of the Deceased

- The identity of the deceased must be confirmed in order for the certificate of death to be issued and the death registered.
- This may be challenging for flood victims or those who die without family present and have no ID, but there are well embedded procedures in place to do this.
- Every attempt should be made to identify the bodies at the site where they are found.
- Tags should be attached to the bodies that provide the name (if known), approximate age, sex, and location of the body.

- Traceability [HTA T1C]

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Certification of Death

- Death certification provides assurances to the relatives and friends of the deceased concerning the cause of death and of the absence of misconduct in relation to the death.
- It also plays an important role in public health surveillance.
- The Department of Health and Social Care are responsible for setting policy relating to the certification of death.

- Coroner's service , Registrar, cemeteries, crematoria capacity, resilience ,

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Registration of Death

- In England, all deaths need to be registered within 5 days of death.
- A medical certificate of cause of death is required for this.
- A registrar may not register a death that has been reported to the coroner without authority from the coroner to do so.
- Registration is important for the bereaved. Documents are required to collect insurance, settle estates, award guardianship of minors and ownership of property, re-marry, as well as many other legal issues that will benefit survivors.

- Primary and secondary contingencies suggest some after you've read the document.

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Storage of Deceased

- There must be a designated space for bodies, prior scheduled purposes such as autopsies, and following release to families and funeral homes
- This is a crucial aspect of the death management process- a lack of storage can inhibit other aspects of death management.
- Bodies should not be stored at cooling temperatures for more than 7 days.
- Emergency temporary storage facilities **are not subject to licensing**. This is because the bodies are not being stored for a scheduled purpose.
- Where there is doubt about cause of death and post-mortem examination is authorised, bodies may be stored for up to seven days in the emergency temporary storage facility before being moved to the licensed premises where the post-mortem examination will take place.
- Where bodies need to be stored in temporary facilities prior to an examination; **these facilities will be subject to licensing.**
  - **Facilities can include public or hospital mortuaries, specialist storage units, suitable warehouses or chilled buildings, so long as they are suitable secured and chilled.**
  - **If this slide is confusing and you're one of the many agencies involved in this process ... call them they're very helpful and will be able to feed into your contingency planning**

- **Command if licensed**
- **Coordination if not**
- **Waltham Forest are trying to plan long term to manage this process..... We're building a bigger mortuary**
- **If you cant what can we do... test the math in your current BCP**
- **The winter is routinely busy so I get to trigger my contingency and go away and tweak it annually .**
- **Traceability [HTA T1C]**

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Further information

- HTA Licensing:
  - Contact HTA Emergency Planning team re Licencing, HTA EP Team 020 7269 1900

– **It's online with a guide yes another document to read**
– **If I read it to you this wouldn't be an overview**

Transport of Deceased

- The deceased must then be transported to a suitable facilities for storage, post-mortems and testing, and funeral parlours.
- This area of the death management process is not heavily regulated, excluding health and safety requirements such as manual handling

Means van racking and refrigeration aren't legal requirements but dignity , religious considerations need to me made

Local arrangements for stock? Body bags for example

Disposal of Deceased

- The final disposal of deceased can be done by burial or interment.
- The national planning assumption is that typically 75% of people prefer to be cremated and 25% buried.
- It is likely that in London as a region, due to machine reliability issues and the fixed number of cremator machines available, cremation capacity cannot be increased.
- More bodies must then be buried in order to avoid the requirement for bodies to be kept in storage for more than 4 weeks due to public health issues.

What are your Local plans? if they stall what next? This will put more pressure on your storage.

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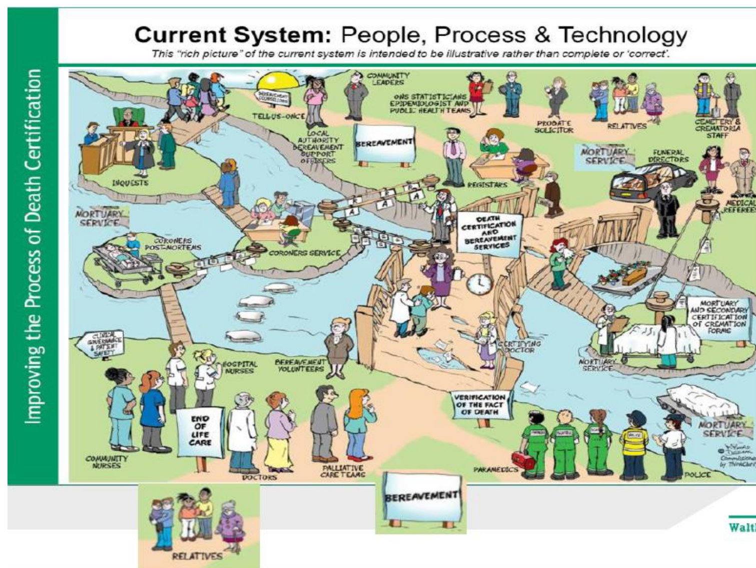
The process involves many people and will be prone to bottlenecks during an excess deaths event….



1. I modified this picture a little, bereavement is sometimes sudden, in an Xs deaths this system will still be running business as usual and under pressure

2. I'd like to take the opportunity to thank every one of you for the role you already play in ensuring families can cross this void. [Look how many come together to help a family make that journey]

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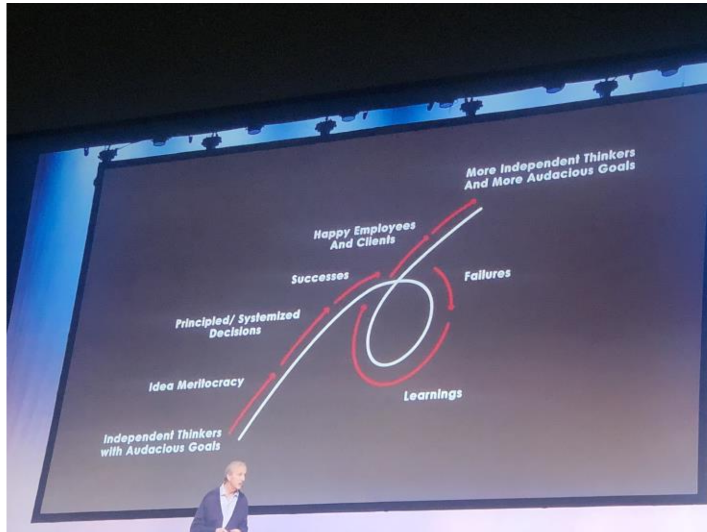
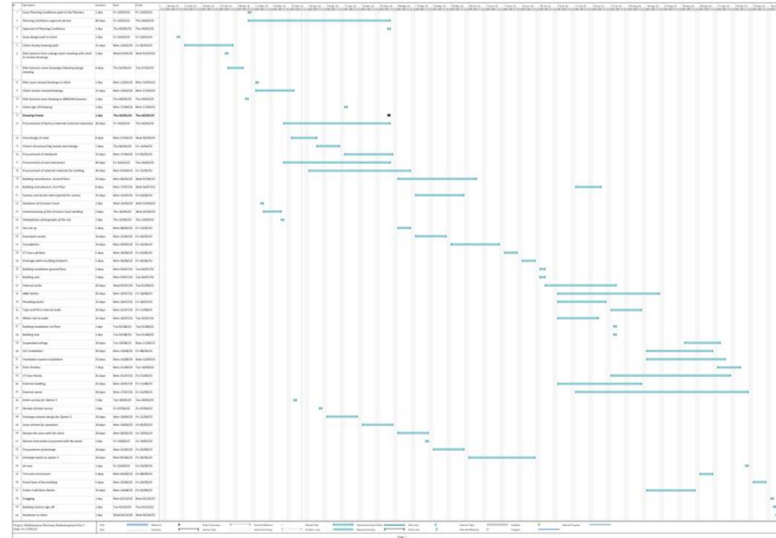
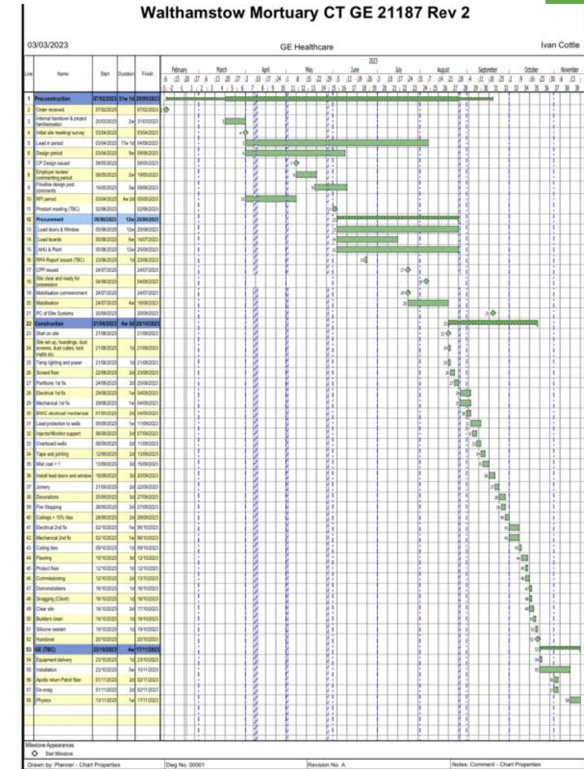
See Gant Chart dates

Gant Chart
Opening January 2024

30 Day Project Planing completion window by day 3







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Resources , Rules and Tools

Trello – Make account

Team – available from day 1 (meetings/ workshops must be booked)

SharePoint-

Partners
Code of conduct – student agreement

LBTH – Town Hall Meeting Location

LBWF – Town Hall Meeting Location

- **Mission Evolution** – "Helping provide answers." –
  - Next 10 - **@AllBayes**
  - **Goals**: Extend the Moat , Lead the industry, Innovate and automate
  - **Roles**: **@AllBayes** Projects need to understand the wider vision
  - **Process**: Review Next 10 and Trello once accounts have been made to add yourselves to relevant cards , meetings will be set by Team including you to allocate tasks
  - **Interpersonal**: Team are subject matter experts for interview and support re documents , I must sign off on actions if they involve other team members this will be done via meeting with prepared briefing including projected ROI

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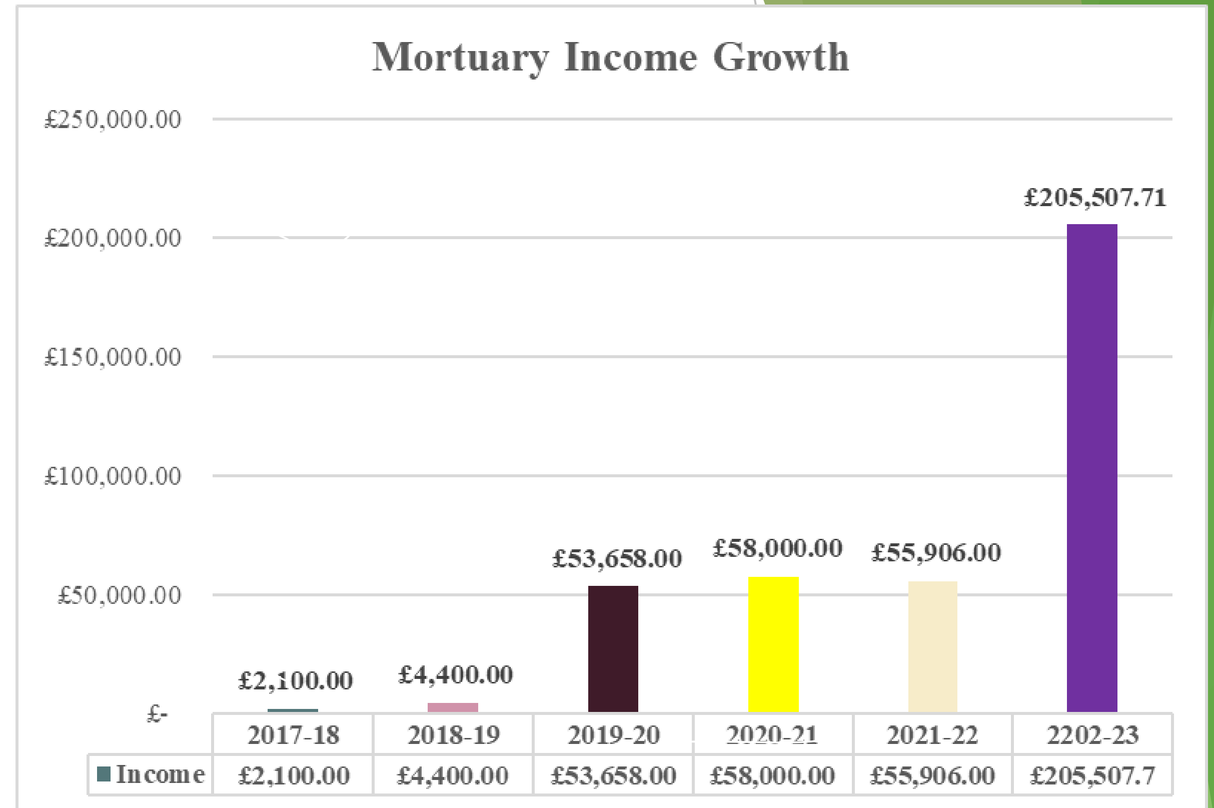
Finances

- Finance has assisted in calculating operating costs – I'd like you to examine this data.



	2017-18	2018-19	2019-20	2020-21	2021-22	2202-23
Income	£2,100.00	£4,400.00	£53,658.00	£58,000.00	£55,906.00	£205,507.7

Partnerships

- **Strategic Partnerships** – Forensic Science , Imaging , Universities , London Mortuary Managers Group , Training provision
  - **Goals**: monetise relationships
  - **Roles**: understand existing work done
  - **Process**: assist with next steps

Finance Breakdown

- **Finance** – Income Projects, 876k PA income target from Yr 2,
  - **Goals**: Return On Investment from Income Projects crystallisation
  - **Roles**: Member
  - **Process**: address income projects,
  - **Interpersonal**: council rules, Lbth/wf meeting minutes , workshops

During my tenor income has risen from 2.1k to 205k a 9800% growth in income.

Reasons for income:

Essex Coronial SLA – Essex coroner has had difficulty utilising the NHS for post mortem provision.

Storage for NHS & LA's – due to busiest year for deaths in 50 years

Consultancy for other LA's – Regarding mortuary service provision

Site work for other Coroners – Southend Hospital , Broomfield hospital ,

Management of other Mortuaries - LBTH

5 Years

Automation

Furthermore, by using automation, we can streamline the entire process, minimizing the need for long manual processes and maximizing staff productivity. By automating certain tasks, we can reduce the likelihood of human error, allowing us to provide more accurate and reliable results.

See Finance Breakdown

See Next 10

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New Technology

5 Years

STAFF AUGMENTATION: PROS AND CONS

Pros	Cons
Saves recruitment time People are eager to take over your jobs through staff augmentation services, allowing you to return to work in a matter of days.	**Lack of internal knowledge** While you may not need to train supplemental personnel to improve their skills, you will need to train them to adhere to your company's standards and procedures.
Talent pool of specialized professionals access All you have to do is specify the technical skills you need, and you'll be paired with people who have them.	**Management capabilities** Adding new employees necessitates the management of additional resources. While the manager may be able to completely leverage existing resources, it may become a problem to manage added resources.
Scalable and flexible Flexible team augmentation services allow you to hire only the people who are qualified to complete the jobs at hand.	**Higher long term costs** In the long term, this can increase prices because you'll have to pay the agency each time you need to engage additional staff for your initiatives.

LEARN MORE

Robotics

Robotic reconstruction – Cranfield and Hatfield university have both expressed an interest in this idea and have access to funding streams

Robotic Grave Digging – Cranfield and Hatfield university have both expressed an interest in this idea and have access to funding streams

Also Cranfield is linked to Airbus and BAE systems

Augmented Reality / Mixed Reality

The utilisation of this technology will allow us to pioneer the use of this technology in a post mortem setting

Missing Persons

Using automation to form a system that uses AI to recognise unidentified deceased and match to a database

- **New Technology** - AI, Automation, Acuvate Scoping, Computer vision , robotics
  - **Goals**: assist with roll out , scoping and risk assessment/ mitigation
  - **Roles**: review meeting notes on above meet to strategy inside 3 days
  - **Process**: support with documents and tactics

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Marketing

5 Years

Marketing –

Podcast – Succeeding with Dyslexia 27th April

I'm scheduled to appear on this podcast on the 27th to discuss my journey

Forensic Science/ Post-Mortem Society

I have one intern from Bournemouth university currently studying forensic science who's set up a post mortem society to provide us a route to access other forensic science students , this should lower our staffing costs.

A mortuary manager can utilize a podcast to amplify the key messages from a PMCT service in a number of ways, including:

- **Interviewing experts in the field of PMCT.** This is a great way to get the word out about the benefits of PMCT and to learn more about how it can be used to improve patient outcomes.
- **Sharing stories from patients who have benefited from PMCT.** This is a powerful way to show the real-world impact of PMCT and to help people understand how it can help them or their loved ones.
- **Providing educational content about PMCT.** This can include things like explaining the procedure, discussing the benefits, and answering common questions.
- **Promoting the podcast through social media and other channels.** This will help to reach a wider audience and get the word out about the benefits of PMCT.

- Marketing – Walk Wiv (media company), MBE Party, Podcasts
  - **Goals**: promote our service
  - **Roles**: assistance with lapsed actions from meetings
  - **Process**: review marketing strategy

Research and Education

5 Years

Waltham Forest Mortuary proposes the opportunity for MSC students to explore entrepreneurship via the new mortuary facility, assisting in various processes and projects.

This allows students to utilise their skills to liaise with companies and contractors as well as working in a collaborative team to ensure maximum workflow.

We Waltham Forest Mortuary proposes the opportunity for MSC students to explore entrepreneurship via the new mortuary facility, assisting in various processes and projects. This allows students to utilise their skills to liaise with companies and contractors as well as working in a collaborative team to ensure maximum workflow.

We provide students with a space to explore ideas and learn in the process. Benefitting the students by being a part of a unique and innovative business model, open to further expanding of ideas and innovation.

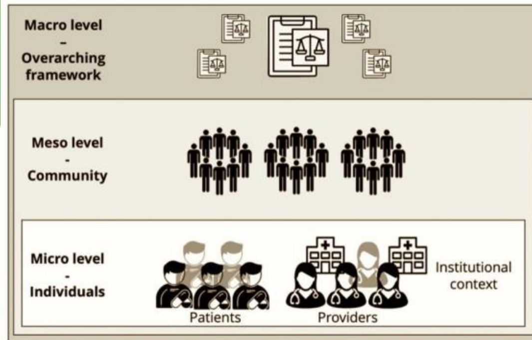
Students with a space to explore ideas and learn in the process. Benefitting the students by being a part of a unique and innovative business model, open to further expanding of ideas and innovation.

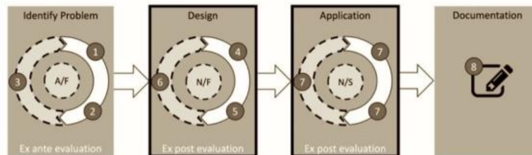
As part of our commitment to developing the next generation of professionals in our field, we offer placements, internships, and work experience opportunities to students interested in gaining an understanding of the roles and workflow of the mortuary. We have found that typically forensic science or science students are drawn to this line of work, and we are delighted to provide opportunities for them to learn and grow.

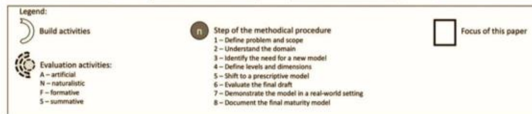
We have successfully taken on university students for placements and internships in the past, and we have also accepted volunteers to gain work experience. However, we understand that under 18s should not be exposed to some of the technical work that we do in the mortuary. Therefore, we are drawn to taking a more suitable approach by offering online learning opportunities that provide insight into the work we do.

- **Research and Education** – Apprenticeship , Online courses , Consultancy , Innovation
  - **Goals**: assist in development of apprenticeship and other education
  - **Roles**: review notes and Trello to understand existing work done
  - **Process**: suggest where support for quick wins can be given

Management







Description of **process** & *structure*	Level 1: **Preplanning** *Chaotic*	Level 2: **Preparation** *Coordinated environment*	Level 3: **Initiation** *Controlled environment*	Level 4: **Stabilisation** *Consistent execution*	Level 5: **Confirmation/ Expansion** *Quality and productivity*	Level 6: **Professionalisation** *Continuous improvement*
Status of telemedicine initiatives (ST)	First small-scale telemedicine pilots are developed by practitioners.	Small-scale telemedicine pilots are centrally coordinated.	Large-scale telemedicine initiatives are officially developed (community administration).	The large-scale pilots are focussed on long-term success.	The telemedicine initiatives are successfully implemented.	Telemedicine initiatives are operating/running.
Community involvement (CI)	Individual members of the community (<10%) use existing telemedicine solutions.	A small part of the community (10-50%) supports existing telemedicine initiatives and uses existing telemedicine solutions cautiously.	A small part of the community (10-50%) supports existing telemedicine initiatives and uses existing telemedicine solutions actively.	The majority of the community (>50-85%) supports existing telemedicine initiatives and uses existing telemedicine solutions with varying intensity.	The majority of the community (>50-85%) supports existing telemedicine initiatives and uses existing telemedicine solutions actively.	All stakeholders within the community (>85%) are actively involved in existing telemedicine initiatives, the surrounding conditions are continuously improved, new initiatives are absorbed.
Evaluation measures (EM)	First evaluation studies are planned.	The study design of the evaluation study is tailored to the respective TI.	First studies are conducted, results are not available yet.	Effectiveness is proven in first studies.	Long-term evaluation is conducted in real-world setting and gains positive results.	Continuous evaluation is conducted in real-world setting and gains positive results.

Documenting the findings: The outcome of the multi-disciplinary team meeting should be documented and shared with the relevant stakeholders, including the family of the deceased.
I believe that these steps will help ensure that multi-disciplinary team meetings between radiologists and pathologists are productive and effective, leading to better outcomes for families of the deceased. If you have any questions or concerns, please do not hesitate to reach out to me.

- **Management** – Mortuary as a Shared service , LBTH, 1:1's Performance management and goal setting , Multi disciplinary team meetings, Jahran SOP , Rest , clear review, EDI, HTA Board application
    - **Goals**: Develop service/ resources, myself
    - **Roles**: oversee interactions , overhaul management board
    - **Process**: assist in meta cognition , advise on Strategy
    - **Interpersonal**: access to trello board, conduct interviews, update cards, workshops

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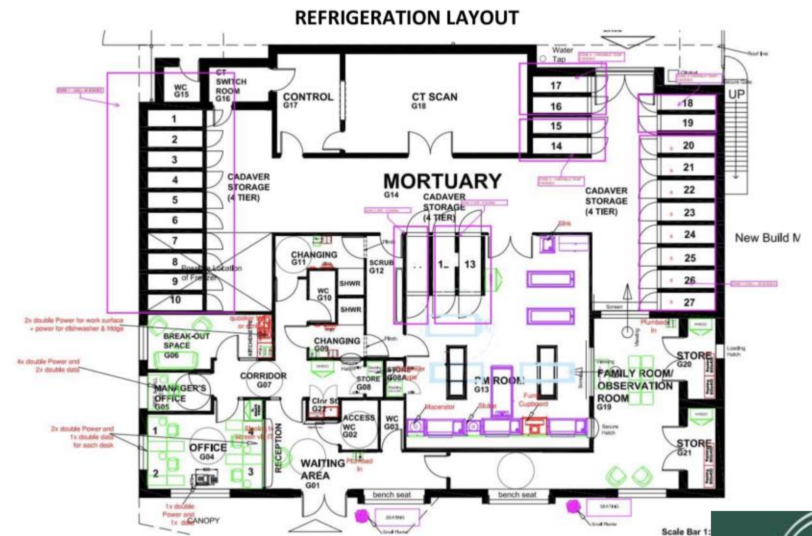
Future Plans

- Not fit for purpose – H&S and Human Tissue Agency inspections
- Investment in state of the art digital autopsy suite
- Will be able to scan bodies and determine cause of death in 90% of cases
- Significant reduction in traditional evasive post mortems
- Aligns with 'Dignity in Death' philosophy
- Increased freezer and fridge storage
- Greater resilience for further pandemics/mass disasters
- Income generating opportunities



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Any Questions?

Q&A Panel

Thank you for attending The NHS Pathology Conference South 2023!

Register for the next NHS Pathology Conference in February 2024….