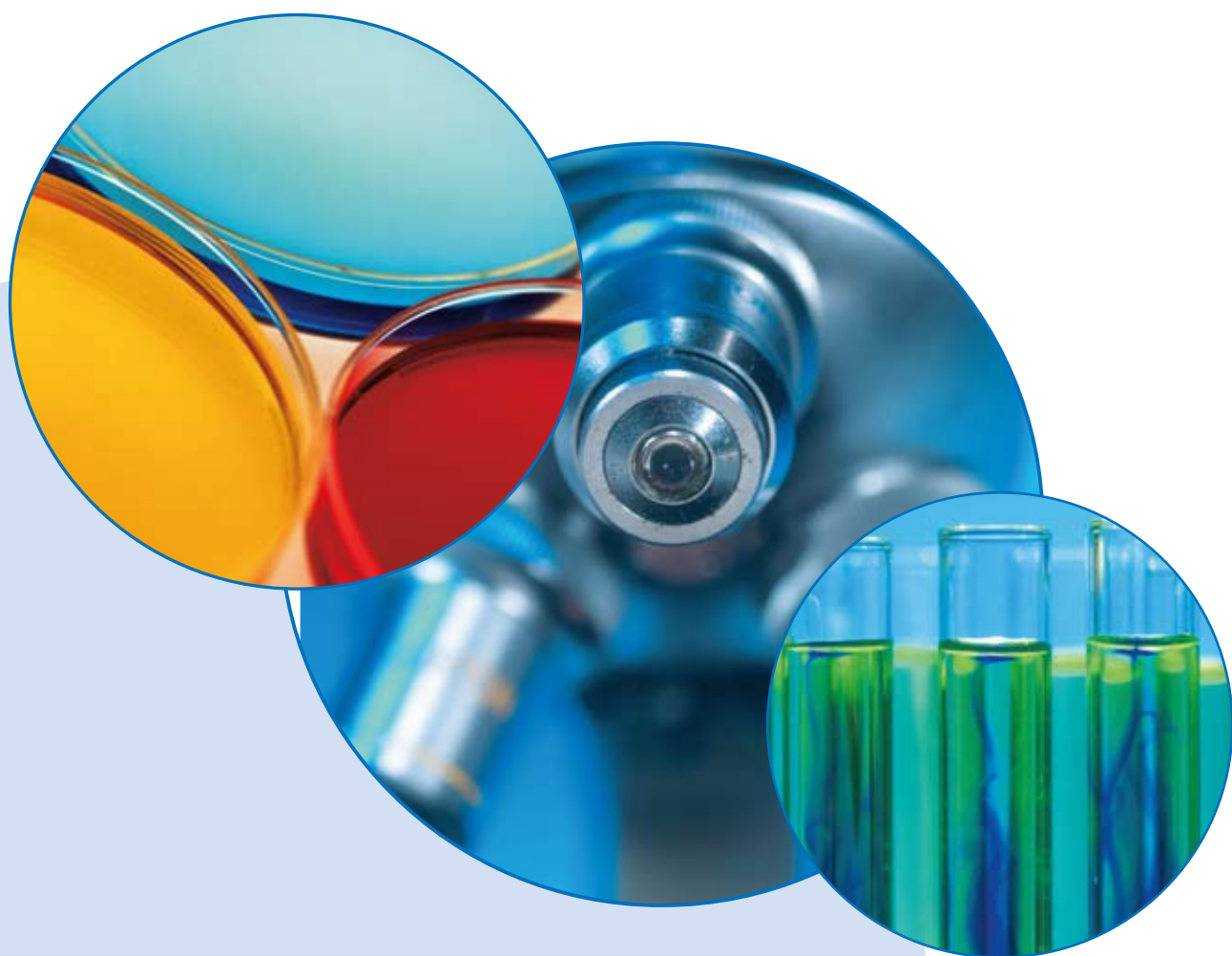


Acting for change: transforming pathology services through action learning



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Foreword

Action learning has proved its value as a way for staff to achieve sustainable change and improvement in NHS pathology services. Building on the earlier success of the Pathology Action Learning Programme, the Department of Health supported a second phase in 2006/08, in which more than 30 'sets' around the country used an action learning approach to tackle issues which were a priority for them locally.

The topics they worked on – such as workforce, transport and point of care testing – will strike a chord with many other services around the country. For me, this phase of the Pathology Action Learning Programme has proved valuable in two ways: firstly, the success of the projects in bringing about change locally; and, equally importantly, the skills developed by those who took part, which will be a resource to improve local services in the future.

Pathology services have a key role in providing high-quality healthcare for patients, and the learning in this report will be a valuable tool for those working in pathology to develop new ways of delivering the service to support clinical care.



Dr Ian Barnes
National Clinical Lead for Pathology

Note

Comments that appear throughout are by those who participated in the action learning sets.

Introduction

Over the past three years, we have worked as national facilitators of the Pathology Action Learning Programme as part of the Department of Health's Modernising Pathology initiative. This has progressed from an initial phase with six action learning sets to a more ambitious second stage that saw around 35 sets established. We are especially pleased to have been part of this developing programme through Phase 1 and Phase 2, because this sort of continuity and progression of learning is all too rare in worlds dominated by annual budgets and project cycles. This could not have happened without the sponsorship of the Pathology Modernisation team, and their continuing faith in the action learning idea.

The Pathology Action Learning Programme has two main aims:

- to bring about improvements in pathology services using action learning, and
- to demonstrate and disseminate the methodology of action learning as an approach to service improvement throughout the pathology system.

In working on this programme we have learned a great deal from many dedicated people about NHS pathology services. We have admired the work of these practitioners and also glimpsed practices and organisational arrangements that call for urgent change.

The improvement task is a big one and requires a focused effort over years and not months. In our own learning and reflections (below) we argue for a multi-level approach: local action and learning is essential but not sufficient; education, information and direction from above are also needed. We see a key role for local and regional networks or 'architectures', both to facilitate the dialogue between national policy directives and local initiatives, and to articulate the learning that emerges from this exchange.

This introduction covers:

- What is action learning?
- History of the Pathology Action Learning Programme: Phase 1 (2005/06) and Phase 2 (2006/08)
- Outcomes and findings
- Discussion and reflections, and
- Lessons for future service improvement.

What is action learning?

Action learning is learning from taking action for improvement. It starts by identifying the challenging issues and then supports people to make improvements to the performance of their organisations and the services they provide.

The idea is that we learn best by doing: by taking action on real-life issues in small groups known as action learning sets.

These sets help their members to reflect on their actions and learn from them in ways that change the way they do their work. Beyond the set, action learners also try to disseminate their learning to the wider organisation and service.

There are three elements to action learning:

- *Action on live challenges.* What do we want to see changed or improved around here (but currently don't know how to begin)? Such tasks stretch people but can lead to great personal and service benefits.
- *Learning* by reflecting on actions. What has (or has not) been achieved? Reflection is helped by thoughtful questions – one of the key skills in action learning. Because action learning works on problems without simple solutions, the starting point is what you don't know and what you need to learn.
- *Support* for action and learning. Regular set meetings take place every four to six weeks over several months or even years. They provide a balance of support and challenge; each person gets time to discuss their actions and reflect on their learning with the help of questions and comments from other members. This is a form of collaborative enquiry, where we learn together, with and from each other, in tackling our projects.

Action learning is as simple as that! And, like many simple ideas, it is harder to do than may first appear. It can be very powerful for people and for organisations, but needs time, commitment and the courage to take some risks in building up the muscular rhythm of action and learning.

History of the Pathology Action Learning Programme

Phase 1: In Phase 1 of this programme (in 2005/06), six action learning sets were selected to address topics identified as being central to improving pathology services. These sets were located in Yorkshire, Essex, Kent, the West Midlands and the South West (two sets). Each set held a series of meetings over a year, with support from a local facilitator or set adviser and also from the Department of Health's co-ordinator. As well as the local learning set meetings, there were also national meetings for the six local set advisers, which aimed both to support and challenge them personally and to identify and develop new ways of implementing and sustaining change in pathology services.

A summary of the work of these six sets was published by the Department of Health.¹ The conclusions from Phase 1 were that the issues tackled by members of the action learning sets should be 'do-able' and

clearly grounded in service improvements linked to the Independent Review² and National Service Frameworks. We also concluded that it was important to make the dissemination of learning and the sustainability of projects through local ownership a key aspect of project design from the outset.

Phase 2: While Phase 1 achieved some notable successes, its effects were limited by the small number of action learning sets. In Phase 2 (from October 2006 through November 2007, and continuing in some places) we set out to widen the impact of action learning on NHS pathology services. Instead of establishing sets from the centre, we adopted a distributed, 'pyramid' strategy of working through six area-based facilitators, whose task was to initiate and support local sets in the North East, the North West, the West Midlands, the East of England, London and the South East, and the South West of England.

As in the first phase, these local sets were expected to focus on the key challenges for pathology improvement as highlighted by the Independent Review, including reconfiguration of services, connections with primary care, 24-hour working, and network development.

In Phase 2 we also worked to promote the sustainability of improvements by encouraging

sets to connect with related sets and with pathology services in other areas. Two area dissemination events were held, in the South West and the West Midlands, and two national events were held, in September 2007 and January 2008. At the time of writing, some sets are still continuing their work almost a year after the planned end of the project.

Outcomes and findings

The outcomes from Phase 2 exceeded expectations. We managed to establish some 35 action learning sets across the country, in excess of the target of 30. The most common working themes addressed by these sets were:

- costing and commissioning
- phlebotomy
- point of care testing
- service reconfiguration
- transport, and
- workforce.

A full list of these sets, their work, and their location and contact details, follows in this report. Yet these facts only indicate the extent of these sets' achievements. The details of action and learning must often necessarily be missing from the broad reports. To give a flavour of what worked and what did not work so well in terms of bringing about improvements in pathology services using action learning, we can quote from the set members themselves.

1 Department of Health (2007) *Modernising from within: action learning solutions for pathology*.

2 Department of Health (2006) *Report of the Review of NHS Pathology Services in England: an Independent Review chaired by Lord Carter of Coles*.

What worked well and what didn't?

We have selected below some verbatim quotations from the reports of the local sets and grouped them under two main headings: *Personal* and *Organisational*.

The *Organisational* category is grouped by *Positive* and *Negative* comments (we did not receive any negative personal comments). Our own comments on the organisation and management of the Phase 2 project follow on from the views of these pathology action learning set members.

Personal

- 'I have been surprised at how useful the action learning set has been in shaping my understanding of the processes and issues involved. My initial scepticism has been dispelled, and everyone has been willing to contribute.'
- 'I have more confidence in communication and asking advice from other colleagues around the region knowing that they face similar problems and pressures.'
- 'Participating in the set has helped me in focusing on identifying outcomes in meetings and discussions, and encouraging those in other situations to commit to achieving outcomes.'

- 'I have found the set a positive experience which has broadened my outlook and increased my awareness of other pathology disciplines, and increased my contacts for help when required.'
- 'The action learning set has been very beneficial in improving my understanding of this subject, and providing an informal network.'
- 'The action learning set has given me a much greater insight into the commissioning environment and processes. I am changing my views on pathology's role and stance regarding our contracts with PCTs. I am learning to take a more proactive stance regarding my own knowledge and development, and actively seeking individuals who can teach me about elements outside my own sphere of experience.'
- 'What I like about these sets is that they get us all thinking and talking, and not only at the set meetings but in between as well.'

Organisational

Pathology action learning set members' comments are overwhelmingly positive, and comment on the opportunities that the sets have created to widen understanding and develop connections and actions within departments, trusts, regions and even nationally.

Positive

- 'The opportunity to network and learn from each other's experiences has been rewarding – both on a personal and professional level – and the continued sharing of knowledge shows a dedication to service improvement for patients and staff.'
- 'The set represents a vehicle for those who are enthusiastic about change to meet and work together – without it that energy would be dissipated.'
- 'The set has identified that each area has its own restrictions. Hence we are trying to collate supportive information for all users as a helpful tool rather than dictate what people should do.'
- 'It has been exciting for me to see how the group has developed over the past few months, and how interactions and communication channels between pathology and commissioners have positively opened and the knowledge and understanding between both parties has been gained and continually improves.'
- 'The set is now well positioned to make constructive improvement. The first three meetings have created a dialogue, sharing problems and ideas, which has been a good and necessary starting point.'

- 'There are very useful ideas that come from discussion of best practice across disciplines and trusts in an open and trusting environment which is not always available in more formal meetings.'
- 'The set has been a good conduit to improve communication throughout the region, which in the past has been divided between north and south.'
- 'The mix between NHS, commissioners and consultants has been very useful in bringing together different views on the subject, resulting in an understanding of process and commissioning infrastructure that was not clear to set members before the set started.'
- 'The set has identified that all trusts face similar issues, although it is not always possible to implement an SHA-wide solution due to different procedures/ideas/authority within different pathology services.'
- 'The set has clarified the roles played by organisations outside the NHS in promoting science, and how we might work with them.'
- 'The set has still to gain authority for implementing ideas from some pathology service managers.'
- 'Not all set members have turned up regularly for the meetings and this has limited the experiences shared and contributions made. It is recognised however that we cover a large geographical area, and it is difficult for everyone to find the time, especially when travelling is involved. Some contributions by email have worked well, and 'working groups' formed to address specific action points have also proved useful.'
- 'It's difficult for one department to implement Lean successfully – far better for the whole hospital.'
- 'I am disappointed with the representation of pathology providers attending from across the patch. I hold this opportunity to learn and have input as a business priority.'

The 'mainstreaming' of action learning

One pathology manager took part in both Phase 1 and Phase 2. Her account illustrates her own learning and understanding from the process and also serves as an example of how the action learning idea and methodology can enter the mainstream of managing in the NHS:

'In 2005/06 I was a member of the West Midlands learning set looking at pathology networking as part of Phase 1 of the

Pathology Action Learning Programme. The six set facilitators met regularly to discuss progress and share best practice. The West Midlands set was slow to start but gradually gathered momentum and finally met all of its agreed targets. All of the members in my set agreed that the process had been very useful and informative. For myself, I felt it was a key personal development – indeed professional colleagues told me that they had noticed a change in my demeanour and I was much more confident. I believe that one of the key benefits of action learning is that people are empowered during the learning through action process.

'In early 2007 I was approached and asked if I would like to take part in Phase 2 of the Pathology Action Learning Programme as a member of the West Midlands 'Oversight Group'. About the same time I was also asked to lead on looking at new ways of delivering transport for pathology services within my trust, and I was keen to apply the principles of action learning as a way to achieve organisational benefits. Unfortunately the set was postponed pending reconfiguration of pathology services for the county. It is anticipated that 'transport' will be revisited in the near future, and I am

Negative

Negative comments often refer to the difficulty of assembling the right people and express disappointment when things have not been achieved, or when barriers have been met and not overcome:

confident that through action learning techniques both personal and organisational benefits will be achieved.

‘Being honest, I think that the principles of action learning are just good management techniques and should be used to manage change effectively. I believe it is a step change in leadership style from ‘talk and chalk’ to ‘interactive discussion’ which is very effective. Indeed, action learning is the principle applied in all of the pathology projects that I am involved in. These projects include setting up a quality management system to meet Clinical Pathology Accreditation standards and introducing ‘Lean principles’ to improve workflow and efficiency. The members of staff involved in these projects are empowered and motivated. To me, action learning is about inclusiveness, giving ownership and empowering staff (of all grades), listening, sharing and supporting through the change process.’

This manager exemplifies how action learning can help not only with specific pathology improvements but also with developing the managerial approach to this sort of complex work. Following on from the views of these pathology action learning set members, we now come to our own comments and reflections on the Phase 2 project.

Discussion and reflections

In our role as the national facilitators of the Pathology Action Learning Programme, we have had the opportunity to think more deeply about how action learning can help service improvement in the NHS. In Phase 1, the action learning sets tackled problems that ranged from the very broad and political, for example network development, to the very ‘micro’ and specific, such as the standardisation of reference intervals on particular tests. In Phase 2, the sets chose their own challenges, and although the subsequent work shows a similar width of perspective, these tended to be more focused on local service improvements.

We comment here under five headings:

- The organisation and management of the Phase 2 project
- Action learning ‘architectures’
- Supervision and the national facilitator role
- The sheer difficulty of changing services from the inside out; and
- Type 1 and Type 2 actions.

The first three of these headings are our principal reflections upon the organisation and management of the Phase 2 project; the last two are more broadly concerned with the nature of learning and action in pathology service improvement and confirm the earlier findings of the Phase 1 project.

The organisation and management of the Phase 2 project

In Phase 1 the Department of Health directly recruited sets. In Phase 2 we recruited a team of area-based facilitators (ABFs). This ‘invention’ stands as one of the most successful innovations in Phase 2. The notional target of five sets per ABF was easily surpassed, but this average masks big regional differences: one ABF established 11 sets (in the West Midlands), while it proved impossible to establish any sets in London and the South East. This remarkable variation is due to at least two factors:

- the significant structural disruption, particularly to networks, following the implementation of *Commissioning a Patient-Led NHS* – in some localities, and especially in London, it was difficult to find people with the commitment and capability to become involved, and
- the differences between ABFs in terms of both their personal characteristics and their approach to establishing sets. The proactive use of pre-existing networks, especially where connected to the world of service improvement, proved as valuable as previous experience in, and familiarity with, action learning.

The sheer time involved in establishing some sets and

the efforts required to make the necessary connections and relationships remind us of Revans' comments³ on this key aspect of *initiating* action learning; often a far harder task than *facilitating* set meetings. The ABFs were not acting as conventional facilitators, but were 'accoucheurs' and midwives, initiating and getting sets established. This vital 'backstage' role was more difficult for some than for others. We had many discussions in the ABFs' set on handling this process and the paradox of being neither too close to nor too distant from local facilitators; supporting and coaching them, but also letting them do it their own way with their sets.

Action learning 'architectures'

A key difference from Phase 1 has been our efforts to establish 'architectures' which serve to connect sets within and across the areas, with regional leaders responsible for shaping and progressing the pathology modernisation agenda. Again, this was easier in some areas than in others. The best example of a regional architecture was in the West Midlands where an 'Oversight' group, chaired by a senior SHA manager, met to steer the work of the learning sets and to encourage their progress. The Oversight Group was able to connect the work of the sets with mainstream agendas and

led to a regional conference to promote this end.

Successful sharing events were also held in the South West, while the Pathology Network Boards in Essex, the North West and the North East played useful leadership roles. For such architectures to function well requires strong leadership of the pathology system at regional or 'area' level.

Sets of local facilitators, convened by the ABFs, were also an important part of 'area' architectures. These were established in four of the areas to enable local facilitators to meet, share and develop their own practice of action learning. We believe that facilitators' sets are not only important in terms of the sustainability of the local project, but that they also add significantly to the capacity in the local pathology system to tackle complex service change.

The Phase 2 project's overall architecture included two large national events that proved more difficult to orchestrate than similar projects in the past. This may be a response to current NHS pressures of time, finance, tight staffing establishments and ambitious service change agendas. Regional events, where they have happened, were less problematic.

Supervision and the national facilitator role

This role worked well overall, reporting to and liaising with the Steering Group and Pathology Modernisation team, and selecting, developing and orchestrating the ABFs. However, we sometimes found it hard to manage a role that was both developmental and managerial. We needed to manage the project in a structured way with reporting forms, commitment accounting and delivery of outcomes within the timescales, and this distracted at times from the developmental work of 'holding' and working with the emergent action learning community involved in the whole project. ABF meetings were a key forum, but they felt at times more like management meetings than action learning sets. We discussed and took various steps to address this dilemma, but the tension remained between the performance management and developmental roles. Recognising our own need for professional supervision, we had two meetings with Davide Nicolini of Warwick Business School. In October 2007 we had a 'time out' with Davide and the ABFs to assist us all in reflecting, learning and adjusting our approach.

3 Professor Reg Revans (1907–2003) coined the term, and developed the techniques of, 'action learning'.

The sheer difficulty of changing services from the inside out

As in Phase 1, the experience of Phase 2 shows that making improvements to existing services is challenging work, where it is all too easy to feel overwhelmed by the difficulties and barriers to change. In the Phase 1 report,⁴ we detailed a long list of barriers to change that were put forward from an evaluation session. From pressure of work to a risk-averse culture, there are endless reasons not to try, not to make the effort. People will say: 'How can we change this service when there are so many people involved?' or 'We don't make the decisions, and our consultant/manager doesn't want to change – how can we influence that?'

But this same report showed how action learning can help in many ways to support people who do want to make a difference. As reflected in the views of the Phase 2 set members above, it is generally agreed that a good action learning set produces the essential encouragement to action and learning. In the Phase 1 report, people noted these things about action learning:

- the group approach is powerful – effective for problem solving, articulating issues and 'testing' hypotheses
 - the right balance of people is important to the success of the group
 - action learning created a supportive learning environment which allowed time to think, but we also need to create time to act and take things forward
 - creating the right environment (people, place, time) is very helpful
 - action learning has made us into a really cohesive group of people who have learned to trust each other and give each an equal voice
 - action learning allows for diversity of opinions
 - the group has made it easier to break down barriers, and
 - we learned that failure is OK.
- They also commented on how action learning helps people by making action realistic and possible, even on the most apparently difficult challenges, as follows:
- identify realistic goals
 - concentrate on small changes – small change can affect a large area
 - take effective action following decisions, give the decision 'teeth'
 - build on early wins to lead to bigger challenges
 - identify proposed changes that will provide savings as an incentive for commissioners
 - take risks, and accept and learn from mistakes
 - reflect on achievements
- educate a wider circle of colleagues on what action learning is and how it is useful
 - empower the people doing the job, give them freedom to voice their opinions
 - raise the profile of pathology (offer lab tours for hospital staff or GP staff, for example)
 - get out of the labs more – see other areas work, and
 - 'one change, big impact'.

Type 1 and Type 2 actions

We conclude that there are two types of action that have emerged from the experiences of the Pathology Action Learning Programme:

- Type 1 or **everyday** actions where people act in the performance of their normal tasks. These are 'business as usual' actions, and include such useful tasks as gathering information, analysing data, planning actions and writing notes.
- Type 2 or actions for **change** are much more demanding and involve actually implementing an idea or changing a system. In Revans' terms these are the 'sober and deliberate' actions to bring about service improvements and to change things for the better.

4 Department of Health (2007) *Modernising from within: action learning solutions for pathology*.

Type 1 actions are much easier because they involve less risk; but consequently they also produce little in the way of significant learning or change. With Type 2 actions there is a very real risk of getting it wrong, but this is also where the big prizes and the most profound personal and organisational learning is to be had.

There are always good reasons for keeping your head down in any organisation, and most of us need help and support – and challenge – to take the more difficult sorts of action. Good action learning sets support and encourage members in their efforts; they are learning ‘spaces’ that allow new ideas for action to emerge. As we noted, in many pathology settings people are very busy, but how much learning and Type 2 action is happening?

Conclusion

The contribution of action learning to pathology improvement

The Phase 2 project has confirmed the promise of action learning in pathology improvement. The sets have made progress on a wide range of issues, and much learning has been shared both between sets working on similar issues and through the final national event. This report will give the wider pathology community access to the sets’ work.

Together with the ABFs we have learned a great deal about the use of action learning in a major area of service improvement.

Probably the most important learning theme is the importance of connecting sets into leadership processes and structures in their localities, ensuring that their local and often operational agendas are connected into regional, or even national, more strategic aspirations for service improvement. In the case of pathology there is obviously a key role here for Networks. However, the experience of Phase 2 is that many of these lack the cross-system leadership and direction to hold the pathology development agenda in their area. Taking a broader action learning perspective would mean ensuring that local sets and such leadership processes could engage in mutual support and learning. Attention to ‘architecture’ is vital; local sets working alone cannot create sustainable improvement to pathology services.

The other major learning theme has been the possibility of creating a network of action learning facilitators at three levels – national, ‘area’ and local. Phase 2 leaves behind a significant repository of skill, experience and commitment to this way of working that can continue to be used to sustain service change.

Finally, on the basis of our experience of the Phase 2 project we have a number of observations to make about the task of improvement and modernisation in pathology and the potential of action learning to help with this:

- The first is an awareness of the impossibility of attempting to change pathology by dictat from above. The context for pathology modernisation is the complex infrastructure of the NHS, with Foundation Trusts, Networks (in some areas but not in others), tariffs, other market processes and the hierarchical reporting process to the Department of Health via commissioners. Not only does the Department of Health have no ‘map’ of pathology services but it also appears that few SHAs have defined specific leadership for pathology improvement.
- Secondly, pathology improvement is not a central concern for many senior NHS executives. Where it has been possible to connect the local actions of the action learning set members with local senior leadership, continued progress with service improvement is much more likely. Where there is a recognition of the importance of cross-system leadership of pathology improvement (as with the West Midlands Oversight Group) there is even more room for optimism about the future.
- In terms of language, scientists seem to find it more legitimate to articulate what they have achieved by way of *improvement* than what they have learned. Talking about *learning* perhaps feels a bit ‘soft’ but is nevertheless very real and easy to talk about in retrospect.

- On assembling and initiating action learning sets, it has been important to recognise the everyday pressures on people and react creatively to these. It has been important to resist 'one best way' definitions of action learning and to find ways of dealing with rigid constraints on set members' availability.
- Like the ABFs, local facilitators have been vital to the Phase 2 project. Some had developmental backgrounds, while others were drawn directly from the service. With the 'backstage' support of the ABFs, many of the latter have become very effective, although a few may have tended to direct rather than facilitate sets. The extent of service improvement in these cases cannot be faulted, although we have wondered how much learning and change has been co-created in these situations.
- Finally, a project of this type ideally combines local concerns and commitments to change with an outline national change agenda. At the outset of the Phase 2 project we assumed that the work of Lord Carter of Coles' Review Team would be a major driver of the action learning work. This could not be achieved, but the work of the sets demonstrates the possibilities for change at local level and the potential yet to be harnessed here.

Lessons for future service improvement

Action learning must be integrated with service improvement and change. Set members often experience profound personal development and achieve significant local change. However, insulated and isolated sets find it difficult to sustain personal and service change. An overarching theme in Phase 2 has been the notion of 'working in an action learning way'. By this we mean seeing effective and sustainable action learning as more than the activity in individual action learning sets – creating learningful relationships and networks at all levels of the pathology system. Phase 2 has been most successful where this infrastructure or scaffolding has emerged through Oversight Groups, Network Boards and other connections across organisational and occupational boundaries.

We hope that there will be further local efforts to improve pathology services using action learning. Their success will require the adoption of three design guidelines:

- 'working in an action learning way'
- linking any action learning activity, whether through action learning sets or in other groupings, to the organisation of pathology services at local/ regional levels, and

- creating dialogue between action learning and pathology organisational leaders, particularly members of Network Boards, but also including relevant players in SHAs and PCTs.

A vital question to address in this context is: what should be the characteristics of networking and networks to best support, connect and sustain pathology improvements on the ground?

It will be clear that Phase 2 has demonstrated that 'one size does not fit all'. What has worked in the West Midlands did not work in London and the South East. A next phase should identify the leadership in a regional pathology system and work with such people to achieve sponsorship of improvement activity on the ground. Emerging activity must fit with the particular history, configuration, governance requirements and aspirations of those involved. It follows that a key design difference between this and earlier parts of the project is working bottom up, top down and across organisational and professional boundaries. Local direction and self-determination provide the vitality which drives action learning and spawned the 35 Phase 2 action learning sets. Yet, without strong leadership and sponsorship from the top, no fundamental organisational learning or service transformation is possible.

**Dr Mike Pedler
and Margaret Attwood**
October 2008

Section 1

Change management and action learning

The learning set:

West Midlands

West Midlands

Purpose

The aim of this set was to use action learning principles to improve management and engage people in a new way to solve problems and deal with impending change.

The group contained lead managers for each of the pathology disciplines.

Taking action

The set met regularly to discuss the delivery of sustainable services at a time of financial pressures, and the consolidation of services from three to two sites.

It used action learning techniques to challenge long-held assumptions. At each meeting, the set developed clear actions, and specified who was responsible for carrying them out. Meetings encouraged questioning and free, but positive, debate.

Outcome and learning

The services were successfully moved and consolidated on two sites. There is now a positive and motivated pathology management team with a 'can do' approach.

The set found that action learning enabled it to identify key individuals who shared the responsibility for change, relieving the pressure on managers, and helped to break down resistance (though staff will always blame 'the management' for unpopular change). Ownership needs to rest with those who are accountable for service delivery, though work is needed to maintain this at operational level.

Set members found the opportunity to talk openly and learn from others was a boost, and a very real way to develop as a manager.

“Action learning can give you the resources to see through difficult and challenging projects.”

Section 2

Costing and commissioning

The learning sets:

Essex Pathology Network
North East

Essex Pathology Network

Purpose

The focus of the learning set was to develop a costing model for Essex Pathology Services. It included five pathology staff representing all disciplines and trusts in Essex, two financial managers, a director of operations representing Essex Pathology Network Board, and the facilitator.

Taking action

Stage one – April to November 2007

The set reached agreement on what constitutes a test and how they would be counted. Activity was calculated by specialty for 2006/07, using 'baskets' of grouped tests, and sorted into 'core' (tests carried out in the same specialty in all the network trusts), 'other' and 'send-away' (tests referred out).

The set also agreed the elements required to create an accurate costing model for Essex. It decided to include management of overheads, utilities, training and development. It collected

directly attributable pathology costs for 2006/07 from each trust, by specialty, which it then analysed and coded.

Stage two – December 2007 to March 2008

During this stage, the set reviewed test counts in biochemistry and immunology, and agreed the allocation of non-core tests. Send-away tests were excluded. It proposed to weight baskets to reflect staff time and grade, and complexity.

The set worked through issues on expenditure and achieved clarity on:

- consumables
- blood transfusion
- management of junior doctor time
- costs of infection control, phlebotomy and mortuary services, and
- near patient testing.

Work continues on areas of indirect overheads.

After testing a range of costing materials in February 2008, the learning set presented its work, results and recommendations to the Essex Pathology Network Board.

“It has been exciting to see how the group has developed over the past few months: how interactions and communication channels between pathology and commissioners have positively opened, and how the knowledge and understanding between both parties has improved.”

Outcome and learning

The work has considerable implications for trusts' data collection and reporting structures. Processes used in microbiology in particular have helped identify opportunities for collaborative working across Essex, including buying reagents, repatriation of send-away tests and blood usage.

The fact that the set had a truly representative membership was instrumental in its achievements. Members felt that cross-working was productive, and experienced few difficulties.

However, the set did find that the initial timescales were not sufficient to deal with the volume and complexity of the data. Linked IT systems would also have helped.

Next steps

Once the final amends have been made to the model, the set plans to run a bottom-up costing exercise. It will compare this with the results from the top-down exercise, conducted in stage two.

North East

Purpose

Pathology managers who had heard about the benefits

of action learning from the previous phase of the national Pathology Action Learning Programme decided to establish this set, and encouraged a wide range of people across the region to participate. They recruited 11 people from the North East Pathology and Tees Pathology Networks, including eight people from five different pathology service providers, a commissioner, a former pathology manager, and a North East Pathology network lead.

Through a series of six meetings, the set explored how to improve the pathology costing information on which commissioning decisions are made, and to improve pathology services' communication with commissioners.

Taking action

The set shared individual experiences of pathology costing and raised concerns about how lack of transparency in costing can affect discussions between pathology and commissioning. It is becoming even more essential to understand true costs with the implementation of the Indicative Tariff. It also discussed various costing software packages.

The set concluded that pathology providers need a marketing strategy. It would involve a two-pronged approach:

- meeting with key GP representatives to highlight service benefits to GPs and understand first-hand any gaps in the system, and
- improving communication with PCT commissioners, providing supportive information on pathology service provision which will help them reach regional and national health targets.

Outcome and learning

Discussions between pathology and commissioners highlighted the need for greater understanding on both sides. Communication blockages were identified and new communication channels developed. The set is developing a consistent message to deliver to commissioners about how pathology can help commissioners to improve patient care through high-quality results and interpretation, advice, accessibility, prevention of infection and training.

Next steps

The set continues to meet with commissioners to identify a number of care pathways and how benefits can be gained by using pathology services differently.

The learning sets:

South West Peninsula
St Helens and Knowsley Hospitals

South West Peninsula

Purpose

This action learning set has now been active for more than two years. The set began by examining principles of demand management in primary care. It then extended its focus to cover secondary care too.

Taking action

Stage one – primary care

The set:

- developed software that supports analysis of the number of requests received from each GP surgery; this details which tests are requested and enables reporting on the appropriateness of the tests
- shared this information with GP surgeries, and
- developed and published guidelines for thyroid testing.

Stage two – secondary care

The set:

- established what data would be best to collect, and
- began examining profiles of tests and collecting data on orthopaedic patients.

Final outcomes will be reported during 2008.

Outcome and learning

Following the sharing of information with GPs, there was a decrease in the number of inappropriate requests, and an increase in the number of necessary tests. This work is being taken forward in each healthcare community using the software designed in stage one.

GP surgeries all now have specimen labellers that are integrated into the software. This ensures that specimens are clearly and adequately labelled.

The set identified a need for more engagement from secondary care trusts, PCTs and commissioners. It felt that it would be useful to have a shared website, where learning could be exchanged.

Section 3: Demand management

Action learning gave this set the time and opportunity to examine important issues around demand management. The set found it to be a successful method and

wanted to continue developing ideas further, and to work with other groups both within the network and nationally.

Next steps

Like the other learning sets in the Peninsula, the group has become a working sub-group of

Examples of the information provided to GPs

Figure 1

This table illustrates the range of requesting rates (for cholesterol tests for female patients) among GP surgeries in the South West Peninsula, and enables GPs to see how their own requesting compares to others'.

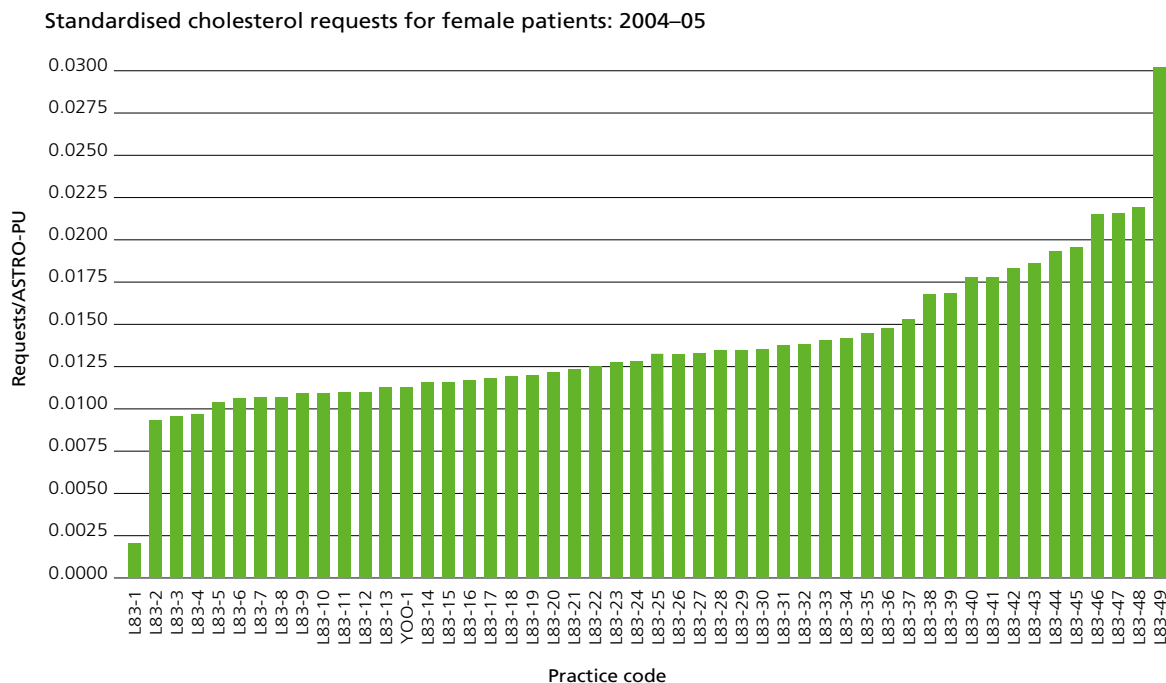
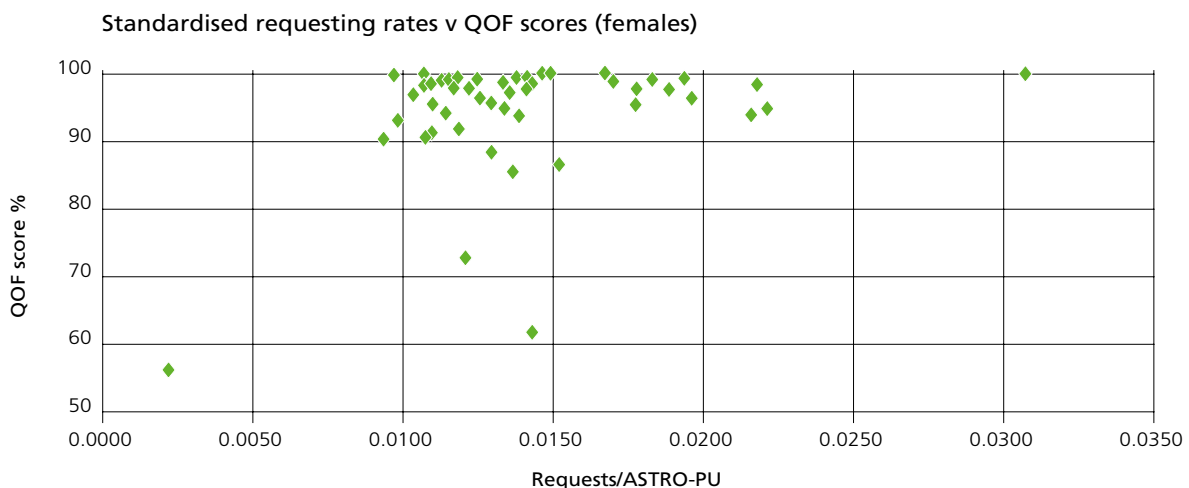


Figure 2

This graph shows what proportion of requests (for female patients) are in line with the indicators in the Quality Outcomes Framework (QOF) for cholesterol testing.



the network. It is continuing the work that was initially established by the learning set.

St Helens and Knowsley Hospitals

Purpose

Comprising people working in various pathology services in St Helens and Knowsley Hospitals NHS Trust, this group focused on demand management.

Taking action

The set undertook a renewed exploration of demand management issues, prompted by reflecting on successful past actions, and the creation of a map of different activities that had either already been started or could be put into action.

These activities included:

- reviews of general protocols
- analyses of requesting data
- analyses of rejection policy
- computer system
- ward/unit reviews
- vetting ward/unit requests
- authorised requesters and education
- education initiatives
- communication systems, and
- whole-process review.

Based on these activities, the set identified three overarching themes to tackle: education and changing practice; relationship building; and information handling, generation and flow.

Outcome and learning

The set shared a great deal of learning on demand management, especially around the subject of change.

Next steps

The set plans to continue meeting, to:

- secure places on nurse and doctor induction programmes, to cover pathology requesting in greater detail and provide laboratory visits
- secure places on mandatory clinical training programmes, to provide a wider range of information
- ratify and implement the use of minimum intervals for re-testing
- ratify and implement specific test protocols for specific investigations
- make available to users data on repeat testing for key tests, so that they can understand the impact on the pathology service, and
- maintain Lean/5S visual management and monitoring systems which were recently introduced to sustain awareness of efficiency.

Section 4

Harmonisation of reference intervals



The learning set:

West Midlands

West Midlands

Purpose

This action learning set had a clear aim: to work towards harmonising and standardising the reporting of test results by different laboratories. Current variations in the reference intervals, test names or units used are confusing for clinicians, and often have a historical rather than scientific basis.

The set's work began in the West Midlands, but later extended to a regional and then national level.

Taking action

The set identified areas where there was potential for standardisation and formed working groups to examine them.

These areas were:

- units of measurement
- reference intervals
- test names
- procedures for telephoning abnormal results to primary care, and
- protocols for simple tests.

The set took a pragmatic approach to harmonising the variations between laboratories. Different practices were identified and were examined to see whether they were because of technical, scientific or clinical reasons (eg differences in equipment and reagents, or the population served). The variations at the top and bottom were then considered, and a proposal based on consensus was developed.

The proposals, and the evidence, were presented to a meeting in Birmingham that included representatives from the North West and Wales, as well as the West Midlands, and also national pathology professional organisations.

Due to its success, the set decided to bid for funding to take things forward nationally in 2008.

Outcome and learning

Thirty of the 35 proposals were approved at the final meeting. In addition, a methodological approach to reaching consensus and achieving harmonisation was developed.

The set learned to work by consensus; it found that communication was key. It encouraged innovative, pragmatic thinking to move on from historical custom and practice.

The set involved people at all levels, and some junior staff were able to take on new responsibilities, which enabled them to grow in confidence.

Next steps

The set has received support from the Department of Health to continue and extend the project. It plans national consultation on its proposals, with a view to implementing the decisions across the country. It will also tackle new areas for harmonisation, including clinical biochemistry and other pathology disciplines.

Figure 3

The set gradually developed a methodological approach to harmonisation which is shown by this diagram.

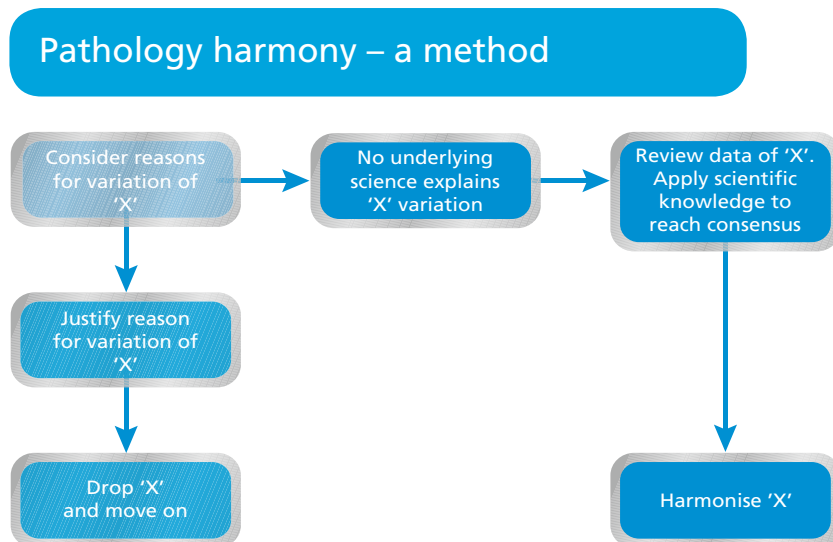


Figure 4

Areas where consensus was developed.

Phase 1 results			
The table below shows the recommendations that resulted from the work of the first phase of Pathology Harmony. Only those proposals which met with overwhelming acceptance at the final meeting in November 2007 have been included in the recommendations.			
Reference intervals and units – in adults, non-pregnant			
Code no.	Analyte	Lower/upper limit	Units
PH 07 001	Serum sodium	133–146	mmol/L
PH 07 002	Serum potassium	3.5–5.3	mmol/L
PH 07 003	Serum urea	2.5–7.8	mmol/L
PH 07 004	Serum chloride	95–108	mmol/L
PH 07 005	Serum bicarbonate	22–29	mmol/L
PH 07 006	Serum phosphate	0.8–1.5	mmol/L
PH 07 007	Serum magnesium	0.7–1.0	mmol/L
PH 07 008	Serum albumin	35–50	g/L
PH 07 009	Serum total protein	60–80	g/L
PH 07 013	Serum osmolality	275–295	mmol/kg
Implement drugs units recommendations			
Code no.	Analyte	Units	
PH 07 014	Carbamazepine	mg/L	
PH 07 015	Phenobarbitone	mg/L	
PH 07 016	Phenytoin	mg/L	
PH 07 017	Theophylline	mg/L	
PH 07 018	Valproate	mg/L	
PH 07 019	Paracetamol	mg/L	
PH 07 020	Salicylate	mg/L	
PH 07 021	Methotrexate	µmol/L	
PH 07 022	Digoxin	µg/L	
PH 07 023	Tacrolimus	µg/L	
Note: The work also incorporated the implementation of the consensus recommendations on units for reporting drug concentrations, published in October 2006 (ACB News No. 552)			
Calcium			
Code no.	Analyte	Report	
PH 07 025	Total and adjusted calcium	Adjusted calcium alongside total unadjusted	
Out of hours telephoning			
Code no.			
PH 07 026	Laboratory, PCT and out of hours service should agree procedures. Agreed limits for phoning should be written down in protocol.		
Endocrine protocols			
Code no.			
PH 07 027	Under medical supervision with written protocol available		
PH 07 028	Under medical supervision		
PH 07 029	FSH as first line test		
Test names			
Code no.	Analyte		
PH 07 030	Glucose		
PH 07 031	Bicarbonate		
PH 07 032	Cortisol		
PH 07 033	CK		
PH 07 034	Adjusted calcium		
PH 07 035	Total bile acids		

The learning set:

West Midlands

Immunology shared service

West Midlands

Purpose

The Mid Staffordshire NHS Foundation Trust, the Royal Shrewsbury Hospitals NHS Trust and the University Hospital of North Staffordshire NHS Trust needed more comprehensive and consistent immunology cover. The set was formed to explore the possibility of developing a shared service to support clinicians.

Set members included staff from each hospital and they met between April and September 2007.

Taking action

The set conducted a survey to determine the demand for immunology expertise and understand the problems in more detail, particularly the impact on paediatrics. It discussed the options, and the nature and extent of the collaboration needed.

The set agreed an outline Service Level Agreement, and drafted an outline job description. The set focused

on service delivery, identifying specific tests, supporting results and planning to enhance the service in the future.

The next stage was to draw up a business case for the three hospitals, but the set found it needed more specialist immunology and business expertise. Attempts to extend the project to include other centres met with little success.

Outcome and learning

Although the set arrived at an agreed solution, its work showed that what appeared to be a local problem actually needed to be considered on a broader scale, and they found external organisational politics sometimes got in the way. The set also acknowledged difficulty in making the service a priority, particularly for commissioners.

Nevertheless, the group plans to reconvene with wider membership, including a broader range of clinicians and trusts. It will explore partnership arrangements across centres and make recommendations on workforce issues.



Section 6

Laboratory-to-laboratory communications

The learning sets:

South West Peninsula
West Midlands

South West Peninsula

Purpose

As this learning set was working on the same issues as the Pathology Network's sub-group on IT, the two groups decided to work together.

It aimed to recognise and research what was already happening in lab-to-lab communications, and then focus on a local issue that would facilitate service modernisation.

Taking action

The set used mind-mapping techniques to capture the relationships between various sections of pathology within the region, and compare them to the national picture, because they promote in-depth learning and help to organise thought and deal with complex issues. It agreed its desired outcome, establishing common goals and aligning its activity with the sub-group. It also linked up with the West Midlands lab-to-lab communications project, as

well as with other groups exploring similar issues.

The work carried out by the set identified viable solutions, and formed the basis of a business case.

Outcome and learning

The set discovered that by focusing on a single area (immunology), it could better explore alternatives and identify a feasible solution.

Next steps

Each of the learning sets in the South West Peninsula has become a working sub-group of the network, and is continuing the work initially established through the learning sets.

A bid was submitted to implement the IT systems suggested by the group, and each healthcare community has approved the equipment which, it is hoped, will be installed by the end of 2008. This will enable much better communications between laboratories. It will also enable the work on workforce redesign to be considered.



West Midlands

Purpose

This set was made up mainly of IT leads for laboratories in the West Midlands. Members met from May to December 2007 and discussed how to improve the communication of results between laboratories. By exploring existing methods of reporting results, it uncovered some good examples and opportunities for improvement.

Taking action

The set reached consensus that the best system to adopt for lab-to-lab communications was the one designed by Dr Rick Jones at Leeds University, and agreed that the hardware obstacles could be overcome. However, it felt the system would need to be adopted regionally at least, preferably nationally.

The set also identified a number of headline benefits of using this system which:

- enables electronic healthcare records, which is a key part of government policy
- improves the diagnostic process by enabling effective communication between laboratories and healthcare professionals
- increases accuracy by reducing human input and scope for error
- reduces workloads of laboratory staff

- allows quick integration of test results into patients' records
- streamlines the review and decision-making process
- facilitates cumulative reporting, which enables more accurate and timely decision making, and
- supports quality assurance, which is currently largely handled manually.

The success of the system is dependent on it being robust and fully supported, with test coding (SNOMED CT) and messaging standards (HL7) implemented. It also has to be scalable and enable communication with laboratories in Scotland, Wales and Northern Ireland too. Funding will also need to be secured.

Outcome and learning

The set agreed that meeting regularly to share issues was a valuable way to find a way forward. The members realised that they had plenty of common ground, but learned practical things from each other.

The set will reconvene to consider the way forward and to ensure that its results are fed into national deliberations. Depending on the outcomes, the set may continue to meet in the future to discuss implementation.

Section 7

Lean/Six Sigma

The learning sets:

Greater Manchester Pathology Network
North East

Greater Manchester Pathology Network

Purpose

Five people working in various pathology services in the Greater Manchester Pathology Network established a learning set to explore the use of Lean in solving a number of work-based problems.

These problems included:

- getting test results to the Outpatients Department more quickly
- redesigning specimen reception, and
- positioning new equipment in the lab in the most effective way.

Taking action

The set began by familiarising itself with the principles of Lean, Six Sigma and action learning. Meeting between March and November 2007, the set explored perceptions of the pathology department and looked at ways of improving communication with other departments. Specific actions included:

- using Rapid Improvement Events to reduce the time between the receipt and analysis of a specimen
- auditing how long samples were left before collection
- creating a template to solve recurring problems
- asking laboratories to redesign processes for each other (for example histology led the redesign of the haematology and biochemistry laboratories)
- considering how to reintroduce the practice of telephoning requesters about inadequately labelled samples, without losing the improvements to process flow
- encouraging biomedical scientists to attend multidisciplinary team meetings, and
- exploring the possibility of holding an open day where pathology staff can talk to patients about what they do.

Outcome and learning

Set members discovered that Lean processes could remove waste and help staff to work 'smarter than harder'. They learned about techniques such as process mapping, and that Rapid Improvement Events

“Lean process should be joined together, and NHS departments need to stop working in ‘silos’. Get out there and talk to your customer/provider – see their problems and let them see yours.”

could help drive through the change process and get staff on board at an early stage. The set felt that Lean had most potential if implemented throughout the hospital, with all departments working in partnership.

The set also found action learning to be a valuable process. Attendance at meetings varied, and the set felt a group of five or six committed members worked best.

Change/Quality/Lean

North East

Purpose

This set was made up of 11 people from across the NEwPath (North East Wide Pathology Network) and TeesPath (the County Durham and Tees Valley Pathology Network) areas. Pathology service managers had heard about the national Pathology Action Learning Programme and encouraged people working in pathology in the North East to join the set to help improve pathology services.

One set member was from an external consultancy group that works with NEwPath. This external perspective added value to the discussions.

Taking action

The set shared experiences and learning about a number of issues:

Change

The set examined scoping tools for implementing change, how to manage negative reactions and how to manage multidisciplinary teams. They noted that regular review processes would help to encourage small, incremental changes.

Lean

The set shared one member's learning from introducing Lean in their organisation, and the SHA lead's experience supporting organisations through transformational change.

The set identified a number of principles, based on their experience of Lean:

- staff understood their involvement and had a say in changes
- pathology was integrated, not isolated, in the organisation, and Lean was embraced throughout the organisation
- processes were examined to create a steady flow
- specimen transport was reduced by reviewing locations
- small incremental changes happened quickly, with review processes every 30/60/90 days, and
- Lean was not a project but a way of working.

CPA inspection

The set considered how to maintain changes and standards following inspection by CPA (Clinical Pathology Accreditation (UK) Ltd), and how to get inspection seen as more than a bureaucratic exercise. It also looked at experiences of different organisational cultures.

Outcome and learning

Having a diverse membership was beneficial for this set. Action learning has helped to kick start plans and ideas that have been discussed before but never progressed. The set realised the importance of consistent attendance by members and the need to identify project champions early on.

Next steps

The set has continued its work on Lean, mapping the current use of Lean across pathology in the North East. This has led to a discussion about the key role pathology plays in pathways of care, and how pathology should be seen as not just a 'testing' service, but a service that can advise on diagnosis and treatment, and can improve the patient's journey through care. From this original set, the NEwPath network is now establishing a new action learning set to look at 'pathology's involvement in pathways of care' with members from pathology, commissioners and clinicians. This new set will meet from the autumn of 2008.

Section 8

Mortuary services

The learning set:

Greater Manchester Pathology Network

Greater Manchester Pathology Network

Purpose

This set identified a wide range of issues, including:

- management of the mortuary service (ie whether histology should manage mortuaries)
- professionalism of staff
- district-wide and hospital-based mortuary on-call services, while complying with the European Working Time Directive
- counselling support available to staff after serious incidents such as road traffic accidents, and
- the relationship between mortuary services and bereavement services.

Taking action

One set member achieved local reorganisation, with the budget and responsibility for mortuary services devolved to the mortuary manager.

The set realised that the question of providing district-wide and hospital-based mortuary on-call provision needed input from other mortuaries in the district. Other subjects included consideration for the feelings of recently bereaved families, the location for post-mortems and the implications of cross-trust working.

Outcome and learning

The progress of this set was complicated by the fact that different members had different concerns to address. There were also a number of sensitivities around how to achieve the set's varying aims.

The set found that there was insufficient buy-in to change; staff became involved in a Mortuary Forum, which many felt met their needs. The set concluded that action learning may not be the best way of bringing about change in mortuary services.

The learning set:

North Staffordshire Health Economy

North Staffordshire Health Economy

Purpose

This set was established by a PCT lead who was keen to use action learning to improve 'order communications' with primary care – ie an electronic system for requesting pathology tests and reporting test results.

The set included members from the University Hospital of North Staffordshire NHS Trust's (UHNS) pathology service, and PCT and (remotely) GP representatives.

Currently, requesting pathology investigations involves writing patient and clinical details on a card, which is sent with the sample to the lab. Here the information is transferred onto the computer system. This is time-consuming and open to transcription errors.

Around 50% of requests in haematology, clinical biochemistry and microbiology currently come from primary care and, as care is transferred from secondary to primary care, the number of requests is increasing.

Taking action

Building on work previously done by a project team, the learning set developed a business case for order communications, incorporating a benefits realisation plan and a high-level implementation plan.

Outcome and learning

Unfortunately, the set had to disband after the third meeting because reorganisation in the PCT meant that members were no longer able to attend. However, UHNS members are going to take the business case forward.

Set members felt that the meetings improved relationships with other parts of the health economy and gave them a better understanding of other organisations' perspectives.

The facilitator concluded: firstly, that a group of between five and seven committed members would be most effective; and secondly, that members need to be self-motivated – if setting up a group is hard work, it may not succeed.

Section 9

Order communications



Next steps

Individual set members will progress the business case within UHNS. Members from primary care organisations will provide support when the business case is presented at Service Level Agreement negotiations. They will also support its implementation on a practical level.

“What I like about these sets is that they get us all thinking and talking, and not only at the set meetings but in between as well.”

The learning set:

West Midlands

West Midlands

Purpose

This learning set consisted of pathology colleagues from across the West Midlands. It investigated issues surrounding out of hours (pathology) services (OoHS) and the impact they have on patient care. It looked at potential solutions and the benefits they could bring to patients, examined resource implications and shared good practice and learning with the NHS – both in the West Midlands and nationally.

Taking action

Key issues identified by the set included:

- insufficient clinical information and/or access to databases to guide the OoHS' response to an abnormal result
- a lack of contact details for some patients
- uncertainty over which OoHS to contact
- the need for increased clinical support for biomedical scientists (BMSs) out of hours
- increased workloads for BMS/scientist/pathology staff, and

- large workloads but few staff in laboratories in the early evening.

To address these problems, the set came up with a number of recommendations and actions, including the following.

Improving access to clinical information by:

- giving OoHS secure access to Pathology Laboratory Information Systems, and
- improving laboratory access to historical request forms and electronic patient records.

Improving interaction between OoHS and laboratories by:

- OoHS providing direct phone lines for health professionals to contact them
- GPs ensuring that their answerphone messages give clear details of the OoHS, their hours etc
- OoHS doctors calling the laboratory back to discuss results
- establishing processes to record calls and actions, reviewed by all parties, and
- sharing information such as clinical incidents and complaints.

Section 10

Out of hours reporting



Section 10: Out of hours reporting

Reducing and standardising calls to OoHS by:

- limiting calls to those which have the most immediate/serious consequences for patients, following guidance from the Royal College of Pathologists
- having protocols for acting on abnormal results, agreed with the lab, OoHS and the PCT
- considering referring calls via a clinical scientist or chemical pathologist, and
- establishing standard procedures for telephoning results out of hours.

Processing urgent requests by:

- separating urgent requests from other work and marking them clearly
- improving patient demographics on urgent requests, and
- actively reviewing all urgent requests after 5pm.

Achieving faster turnaround for GP work by:

- applying service improvement principles (eg Lean)
- delivering samples in smaller, more frequent batches during core hours
- considering the use of an automated telephone/intercom service
- linking with hospital porter services to improve sample flow
- improving data transfer (eg reducing duplication of data entry, using computer-generated request forms)

- processing samples in the order of their arrival
- process mapping workflow and staff movement, and
- adjusting staffing levels to reflect workload patterns.

The set recognised potential barriers to the adoption of these actions, such as: the resource implications of increased clinical support and improved transport systems; confidentiality issues around access to clinical data; and a lack of laboratory input in commissioning OoHS.

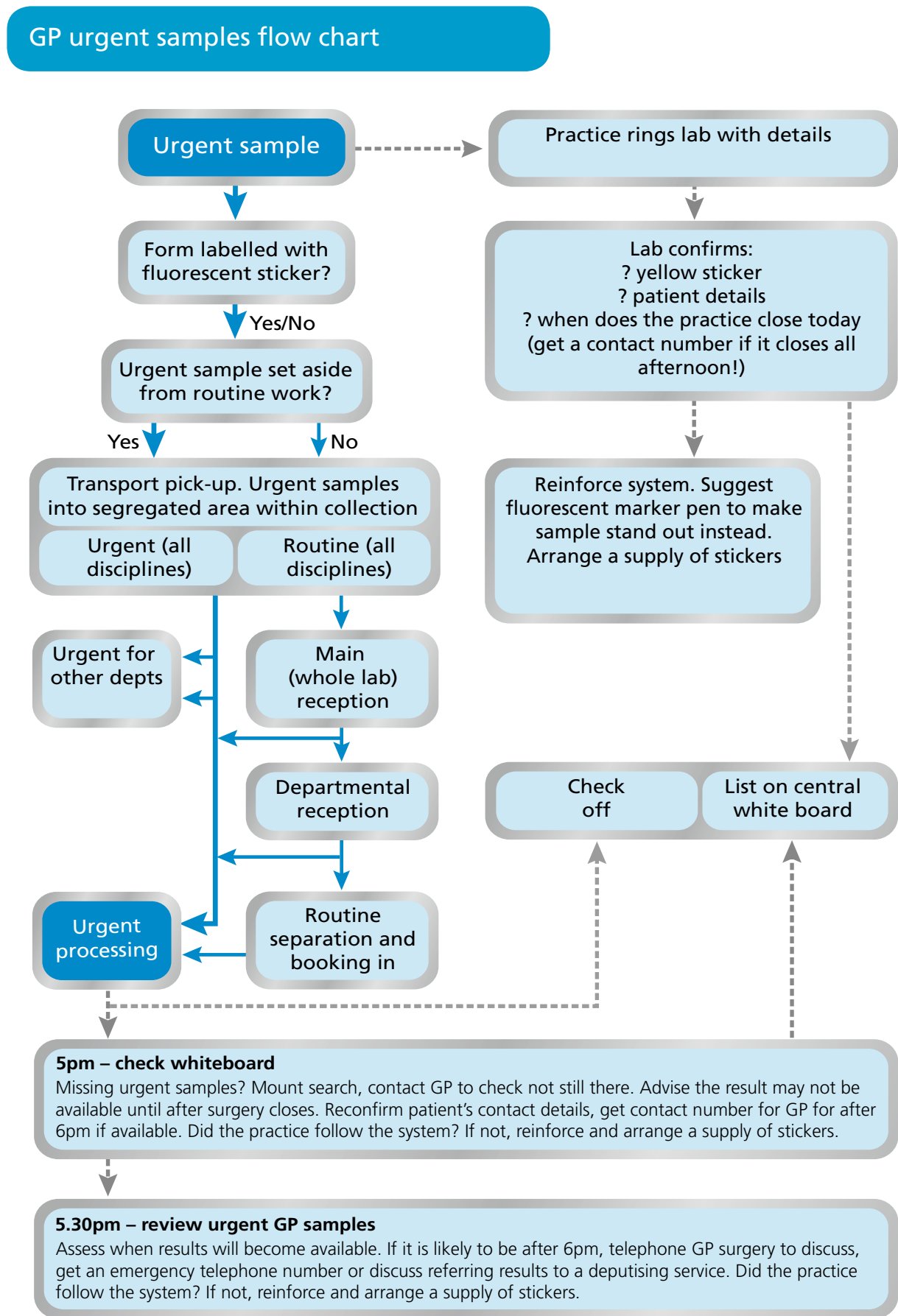
Outcome and learning

The set included people from various health communities. Members found the interaction between the different organisations very helpful, and gained insight into each other's perspectives. However, this did make implementation more difficult as they needed to convince others in their own health communities. Nevertheless set members felt empowered, and the learning set provided a route to have their voices heard regionally and perhaps nationally.

A contact for further details of the protocol for telephoning results out of hours which was developed by the learning set, and other recommended actions, can be found on page 56.

Figure 5

A process for handling urgent requests from GPs, developed by the set.



Section 11

Phlebotomy and anticoagulants



The learning sets:

Greater Manchester Pathology Network
Kirklees and Wakefield
North East Essex

Greater Manchester Pathology Network

Purpose

This learning set consisted of people working in pathology services in the Greater Manchester Pathology Network. It explored a range of issues, including:

- recruiting a replacement phlebotomy manager
- developing a forum for phlebotomy managers in the North West
- integrating community and acute phlebotomy services, and
- developing future models for phlebotomy services provision.

Taking action

The set members shared their various working problems and, over time, became increasingly confident about raising issues. As a whole, the set agreed that phlebotomy services can and should be designed around patients, wherever they may be.

Accordingly, they took a number of actions, including:

- starting to liaise with the phlebotomy services manager
- creating the North West Phlebotomy Managers' Forum
- looking at the standardisation of training, clinical performance and documentation, and
- exploring the diverging roles within ward and community phlebotomy and how they might support community diagnostic centres.

Outcome and learning

Set members found the group a helpful way to share information and support, and plan to continue meeting.

Kirklees and Wakefield

Purpose

This set's aim was to improve the delivery of phlebotomy services in the area. The service was slow for patients attending the hospital, there were questions about whether district and practice nurses should be

“I feel empowered and able to influence services for good.”

taking blood samples, and there were problems with transport arrangements.

Members of the set included acute and community staff who had discussed the problem before and thought that action learning would provide the right forum to work on it.

Taking action

During a series of meetings, the set developed a model for delivering the phlebotomy service. It also discussed how to develop outreach clinics, provided in health centres and in the walk-in centre.

The set drafted a business case to be presented to the PCT. However, uncertainty about the PCT's preferred service model increased when a consortium submitted a business case for primary care provision of phlebotomy, and the issue was clouded further because the other main acute provider was also looking into phlebotomy redesign.

The set considered the transport issues, but realised that it was not in a position to provide solutions.

Outcome and learning

Set members grew in confidence through their involvement and, while progress was slow, found the action learning principles useful.

However, the set found it difficult to proceed because it had to rely on others to make

funding decisions. It progressed its ideas as far as possible but the commissioners had a range of different options to consider. The set feels that it may be better to involve commissioners at an early stage, so that action learning sets have the remit to create solutions that will be implemented.

North East Essex

Purpose

Phlebotomy services in North East Essex are made up of walk-in services, GP clinics and hospital provision. There were known problems, and the set's aim was to identify the contributory factors and develop a model to improve service provision, with a view to implementing it across the Essex Pathology Network. Patient experience was kept at the fore.

The set included members from the five acute trusts in the Essex Pathology Network, and reported directly to the Network Board.

Taking action

The set began by gathering information on the current phlebotomy service. The issues it found to be problems included:

- long journeys and waiting times for patients
- multiple sites with a lack of co-ordination between them
- a lack of space for waiting and clinic areas
- collection and transportation of samples

- lack of information about the service, and
- training and education issues.

The set arranged a trial on an elective surgical ward, with nurses taking blood from their own patients. The chief biochemical scientist for haematology provided training and guidance. This enhanced nurses' competence and also gave them the opportunity to learn about pathology tests, thereby supporting integrated care pathways. Other benefits included less disruption to meals and medication for patients needing fasting tests, and samples reaching the lab earlier, helping discharge and treatment plans.

The set also prepared a patient information leaflet.

Outcome and learning

Set members sometimes felt isolated where they worked, but the set provided a forum where they found that others faced similar issues.

The set realised that geography and tide times had a significant effect, and that little things can have a big impact.

Following review and evaluation, the ward pilot will be rolled out to other areas, as training resources allow.

The patient information leaflet has been ratified by the hospital trust and PCT boards, and is now in use.

Section 12

Point of care testing

The learning sets:

Greater Manchester Pathology Network
North East
South West Peninsula
Ipswich Hospital

Greater Manchester Pathology Network

Purpose

This set comprised five people who considered the following work-based problems relating to point of care:

- the role of link nurses in delivering information to operators
- improving time management for the point of care testing (POCT) co-ordinator, who works across two sites
- improving attendance at training sessions, and
- productive use of POCT students' time.

Taking action

The set undertook a range of actions to resolve some of their problems, as follows.

Delivering information to operators by:

- setting out clear blood glucose standards expected from POCT operators, and

- setting out the procedure for non-compliance with blood glucose standards, including a timescale of actions involved.

Improving time management for the POCT co-ordinator by:

- monitoring the co-ordinator's daily work duties for a week, and noting what interruptions occurred, and
- reviewing where time was spent and considering how to make improvements.

Improving attendance at training sessions

- The set explored the potential use of online learning and competency programmes.

Productive use of students' time

- The set implemented a learning programme aimed at different levels of students.
- It prepared case histories for students to research.
- It looked beyond traditional teaching methods.

“The action learning set has helped to keep the subject of POCT in everyone's head.”

Outcome and learning

When it comes to delivering information to operators, the set learned that there is no one solution. Similarly, all methods of communication should be explored to maximise the number of staff reached for training. Link nurses play a key role in communicating information, but as there are high levels of staff turnover, clinical practice facilitators may be more reliable. Added to this, providing clear and well-defined standards of operation can help operators to know what is expected, enabling them to pick up on training requirements more quickly.

Next steps

The set will continue to meet throughout 2008.

It will focus on a range of projects including:

- bar-coded wristbands containing patient identification and additional data for point of care, pharmacy etc, which can be standardised across all sites
- identifying factors for primary care or independent sector providers setting up POCT
- testing and trialling equipment, and sharing information and best practice
- establishing a consistent approach to quality control and quality assurance, and
- promoting POCT to commissioners.

North East

Purpose

This set comprised nine people from across the North East – eight from six different pathology service providers and one network lead. It focused on three key issues:

- policies and procedures
- service agreements between pathology services and POCT users, and
- raising the profile of POCT.

Taking action

Set members shared and compared each other's POCT policies and procedures, which highlighted gaps in some areas (eg the control of infection and the recording of POCT). Although policies are specific to each trust, it was a useful benchmarking process.

Similarly, the set members shared and compared service agreements with POCT users.

In order to raise the profile of POCT and awareness among staff involved in POCT, the set organised and hosted a POCT roadshow. The set designed a collection of posters for display, which highlighted:

- what POCT is
- the POCT cycle
- what people should be doing when they are testing, and
- how the local pathology laboratory can help.

Outcome and learning

Some POCT policies, and some service agreements between pathology services and POCT users, have been revised as a result of the sharing and comparing exercise.

The roadshow called at five different trusts across the North East over the course of a week. People visiting the roadshow displays were invited to complete a questionnaire about POCT (all the answers were on the posters), and all who took part were entered into a prize draw. More than 300 questionnaires were completed, so the aim of raising the profile of POCT was fulfilled. The posters were subsequently displayed at a NEwPath conference, reaching a further audience. The set is continuing to meet to discuss and take action on POCT issues.

The action learning set gave a focus to making progress with POCT-related actions that would otherwise have been lost among the competing priorities that members were facing.

“My presence at the set has raised the profile of POCT within the trust, when I report back after each meeting.”

The roadshow in action in the North East

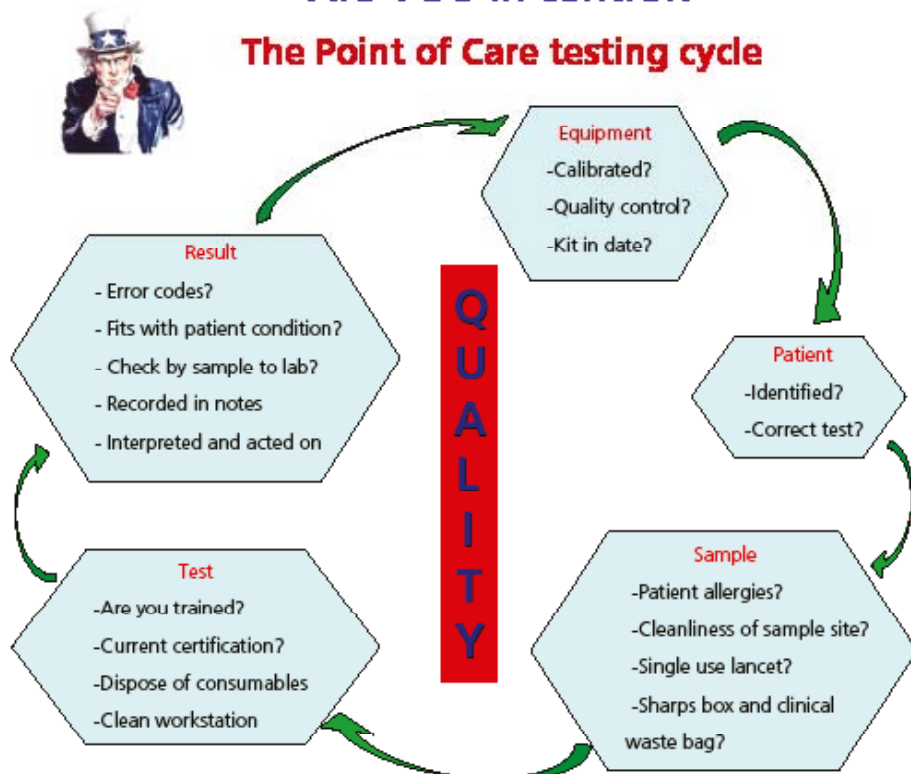


Figure 6
A poster from the roadshow

NE Pathology Network Point of Care Testing

Are YOU in control?

The Point of Care testing cycle



South West Peninsula

Purpose

At its initial meeting, this set brainstormed broad issues. It felt that POCT should be the face of pathology, and that it should promote the positive impact of diagnostic healthcare.

It eventually decided to look into three key areas related to POCT:

- standardisation
- funding, and
- how pathology interacts with primary care.

Taking action

The set gathered information on each area, which fed into its learning and recommendations for action.

Standardisation

- Standardisation of services is variable. There are POCT committees, but laboratory support is variable and there is limited PCT involvement.
- There is movement towards standardisation of tests in capillary glucose and INR;⁵ progress is also being made in blood gases and urinalysis.

Funding

- There is little information on staff costs for POCT, no dedicated budgets, and no accurate information on revenue. Capital is raised from a variety of sources (eg donations, tendering).
- Details of primary care funding are also vague, though PCTs using Local Enhanced Services can attract up to £128 per patient per year.

⁵ INR: international normalised ratio, used in measuring how long blood takes to clot.

Interaction with primary care

- Involving commissioners and suppliers would help.
- There is a need for national guidelines to be made mandatory.
- PCTs can help to influence GPs to follow protocols.
- There is a need to 'market' pathology services and agree Service Level Agreements between PCTs and laboratories.

Outcome and learning

The set would like to take its work forward by:

- establishing POCT budgets to ensure better control
- working more closely with commissioners and PCTs to look at standardisation, funding and Service Level Agreements
- improving links with primary care, and
- linking with other learning sets across the South West Peninsula and nationally.

For the set, action learning provided an environment where strangers could meet and work together. The set members now support each other in their work on a daily basis.

Next steps

Each of the learning sets in the South West Peninsula has become a working sub-group of the network, and is continuing the work that was initially established through the learning

sets. The group is continuing to work on quality assurance, and has completed considerable work on urinalysis. It is working with UK NEQAS Birmingham⁶ in developing a scheme specifically for hub-and-spoke POCT which can be configured for local instrumentation (in this case, Roche strips and analysers).

Improving the patient pathway by developing pathology services to the community

Ipswich Hospital

Purpose

This set wanted to improve pathology services, ensuring that they met patients' needs – particularly in the field of POCT. Members considered a range of issues, including:

- transport
- accreditation and registration
- quality control
- reducing unnecessary repeat testing for patients
- electronic test requesting and reporting of results
- relationship with local GPs, and
- potential development of POCT in GP surgeries, the community and hospitals.

Taking action

The set decided to run a pilot project promoting POCT for HbA1c

tests.⁷ This test is routinely used for diabetic control and is currently performed in the pathology laboratory and in the hospital diabetic centre. The aim of the pilot was to reduce the number of patient visits to the GP surgery and to make practices more efficient.

The set also created an evaluation tool to help it measure the effects of the pilot and assess the costs, benefits, training and equipment involved.

It wrote to GP surgeries to invite them to participate in the pilot, and discussed the project with the diabetic centre to gain its support.

Although 16 GP surgeries initially expressed an interest in taking part in the pilot, none of them actually did so. It was not clear whether this was because they felt a standalone test for HbA1c would not be useful for them, or they suffered from lack of resources or time to commit to the pilot, or they were relatively satisfied with current arrangements.

Outcome and learning

The set is considering other options, such as piloting a different test.

Members enjoyed the action learning experience and felt that it promoted useful contact between people of different disciplines, and genuine exploration of ideas. It also allowed members to focus fully on the patient experience.

⁶ NEQAS Birmingham is part of University Hospitals Birmingham NHS Foundation Trust.

⁷ The HbA1c test indicates average blood glucose over the previous 8–12 weeks, and so gives a measure of how well diabetes is controlled.

Section 13

Service reconfiguration

The learning set:

Coventry and Warwickshire Pathology Network

Coventry and Warwickshire Pathology Network

Purpose

In 2006, the PCTs in Coventry and Warwickshire commissioned a district-wide acute services review. This highlighted the need to reconfigure pathology services in the local area.

Since then there has been an ambitious project to amalgamate the three local acute trust pathology services, creating a single unified service under a single management structure. The trusts set up a network management board, which would be responsible for finalising the service configurations and making significant financial savings.

Action learning was used to support planning of the detailed service models within the three service disciplines of microbiology, cellular pathology and blood sciences.

Taking action

Three clinical sub-groups met between March and September 2007. It was their job to ensure that clinical and technical staff from the three local pathology services agreed a single service model for their specialties.

The action learning set established further sub-groups according to discipline. There were clinical and technical representatives from all trusts, and everyone had an equal say in the discussions. The sub-groups met away from the laboratories, at each site in turn. At each meeting it agreed action points; the sub-group members would progress these with their local team and then feed back to the group. Overall progress was reported back to the Pathology Network Board on a monthly basis in order to keep the executive team up to date with the decisions being made.

Outcome and learning

All three trusts have agreed the models of care for all pathology disciplines, as have the Pathology Network Board and the Provider Strategy Board. Staffing models, staffing numbers and workforce profiles have been developed.

There have been significant savings in pay and non-pay budgets. Pathology will become a separate business unit hosted by a single trust and with a single laboratory IT system. The service is now in a good position to grow and attract more work in the future.

The action learning set learned the importance of having a clear rationale from the outset, of compromising where necessary, and of allowing everyone to air their views.

“There are very useful ideas that come from discussion of best practice across disciplines and trusts in an open and trusting environment, which is not always available in more formal meetings.”

Section 14

Transport

The learning sets:

Essex Pathology Network
North East
South West Peninsula
West Midlands

Essex Pathology Network

Purpose

The key aim of this action learning set was to explore and determine the viability of operating a transport service purely for the Essex Pathology Network.

It is important that pathology samples arrive on time from GP surgeries, clinics and other hospitals, as this has an effect on the staffing and work patterns of departments. However, the transport system owned by the trusts is not dedicated to pathology – it has to meet the needs of other services as well.

Taking action

The set's first step was to determine the needs of each laboratory. All laboratories receive samples from GP surgeries, clinics and subsidiary hospitals; transport samples between laboratories in Essex; and send samples to reference laboratories outside Essex.

The largest volume of samples comes from GP surgeries and clinics. GP surgeries often need more than one collection, and each would prefer its collection to be as late as possible.

The set wanted to determine the cost of using the current system versus a dedicated transport service. It collected data on numbers of samples transported in a particular period, by discipline, as well as the distances travelled. It also consulted two transport providers: Essex Ambulance Service and Hayes DX Delivery Services.

Outcome and learning

Based on the data it was able to collect, the set estimated the cost of a trust-integrated service to be as much as 9p per sample. The set agreed that it would need to control the transport service in order to meet the specific needs of pathology, and know the costs in detail.

Action learning gave team members from all levels and laboratories the opportunity to meet, and to discuss and learn from each other's experiences.

Next steps

The set will continue gathering and analysing data to determine whether it should recommend contracting the whole of Essex's pathology transport to a single supplier or to several, or having a multi-layered approach of inter- and intra-site transport resources.

North East

Purpose

This set was made up of people from pathology services across the region, and also included two people from an external consultancy group.

The participants shared experiences, ideas and learning on the development of a transport service for pathology. Any recommended service would have to meet regulations on handling and transporting specimens, understand delivery protocols for hospitals and laboratories, and be able to track and trace samples.

The options were to:

- develop an in-house service, either for pathology alone or as part of a trust-wide service, or
- draw up specifications for a service from an external provider.

Taking action

The set members compared their own experiences of different transport services to draw up the advantages and disadvantages of the different options, as follows.

Dedicated pathology transport service

Advantages

- User satisfaction – can agree best collection times with service users
- fast response – can react quickly to changes in requirements
- reduced risk – more control over staff training, meeting regulations etc
- Lean working – better able to manage the flow of work.

Disadvantages

- Added responsibility – management of staff, vehicles etc
- assessing costs – difficult to calculate the pathology portion of the current shared services
- less flexible – the trust would be unable to make wider use of non-patient transport services.

Shared transport service

Advantages

- Managed by the trust/contractor – no need to manage the service
- greater resources – additional staff and vehicles available
- additional benefits – it can be used for other services too.

Disadvantages

- Shared service – the specific needs of pathology are not prioritised
- user dissatisfaction – it cannot meet user needs or increased demand
- workload management – unable to manage the flow of incoming work
- reputation – staff training and business continuity out of direct control.

Outcome and learning

The set is continuing to meet to share its experiences and ideas on transport services. It has mapped the different services in order to gain an overview of what is happening across the area, and is researching alternative methods of managing pathology transport, including tracking systems, mapped routes and courier contact systems, with the intention of developing a business case to undertake a pilot project.

“The mix of NHS and commercial people has been particularly beneficial, providing an overall vision of various transport issues.”

South West Peninsula

Purpose

This set wanted to explore transport solutions that would enable laboratories to turn around results in a more timely way, in order to enable GPs and other clinical colleagues, with earlier reporting of results, to provide earlier treatment for patients. With the existing arrangements, there was a 'bottleneck' of sample deliveries in the late afternoons, which meant uneven use of instruments and staff.

The group included transport managers, staff, clinical pathologists and laboratory managers.

Taking action

The set examined results reporting over a month-long period. During this time, 44 abnormal pathology results were telephoned after 6pm. This meant that they were given to a locum who did not know the patient or their history. As a result, seven patients were admitted to hospital. Admission late at night can be distressing for patients, and some of the admissions could have been avoided.

The set wanted to rearrange transportation so that specimens were collected earlier in the day, which would allow laboratory staff to process and report the results in time for the patient's own GP to see the report and decide on treatment.

It ran a pilot in a healthcare community that was served by one laboratory. Within two weeks, specimen collection and reporting improved by 86%.

Outcome and learning

Having a diverse group that represented all parties involved meant that the set could identify important issues early on, and collaborative working enabled early wins. It also learned the value of informing all users and stakeholders of its proposed changes to the service.

The drivers bear the brunt of any issues in GP surgeries, and they need support from laboratory managers and the learning set. Resources like Google Maps are valuable for rerouting transport runs.

Resistance to change can be overcome by a philosophy of 'give it a go'.

Next steps

Each of the learning sets in the South West Peninsula has become a working sub-group of the network, and is continuing the work initially established through the learning set. The group is now working on redesigning transport services in the other areas of the Peninsula, with considerable interest and ongoing success.

West Midlands

Purpose

This set looked at transport for Worcestershire Acute Hospitals NHS Trust and Worcestershire Mental Health Partnership NHS Trust. It aimed to:

- understand the complexities of the current transport provision and new demands on the transport service
- determine the needs and requirements of primary care users, and
- identify the transport issues and improvements that impact on pathology (eg efficiency and turnaround times for results), pharmacy supplies and medical records.

Taking action

The set held a Rapid Transport Improvement Event over a three-day period, actively involving stakeholders from pathology, pharmacy, transport services (acute and community) and GP surgeries.

The existing transport service provision was mapped out, including:

- arrival times of deliveries
- frequency of deliveries
- volume of workload, and
- identifying where and why delays occurred.

Action learning techniques were employed to identify the root causes of problems.

Outcome and learning

A number of key issues were identified.

Timeliness of deliveries from the community, particularly the late arrival of specimens from high-volume GP surgeries, had a major impact on workflow.

The number of inter-hospital deliveries was different for each of the three hospitals within the acute trust, which had a severe impact on the timeliness of deliveries and flow.

Set members enjoyed working together, listening to each other's problems and then identifying practical solutions to improve transport provision. They identified 'quick win' improvements, as well as improvements that required further planning.

An action plan was developed that clearly stated what was to be done, by whom, by when, and the resources required.

Next steps

The set agreed that the benefits of applying action learning techniques through the Rapid Transport Improvement Event were very positive, and has agreed to meet twice yearly to monitor transport issues as part of a continuous improvement approach to maintaining the provision of a high-quality service.

“Ideas and best practice mentioned in the set can now be used within a similar project in another region. This emphasises the importance of sharing and learning.”

Section 15

Workforce re-profiling and planning

The learning sets:

Northampton General Hospital
North East
South West Peninsula
University Hospital Birmingham
West Anglia Cancer Network

Northampton General Hospital

Purpose

This learning set was initiated by the Pathology Management Board at Northampton General Hospital. It was comprised of pathology staff, and its aim was to improve the hospital's pathology service.

Taking action

The set focused on several key areas, as follows.

Creating a user-focused service

This would include informal meetings and open evenings for service users. Additionally, the laboratory would be involved in the community-based care initiative at treatment centres, wards and surgeries.

Integration of haematology and biochemistry laboratories

The set identified the need for a vision and clear priorities for the new department, with a single management structure. Staff needed greater clarity and a chance to have input into the automation project.

A development plan to build the new department was required, along with an implementation plan that involved operational managers in the decision making, and improved communication between departments.

Matching staffing to work

This would involve reviewing the staffing, skill mix and workload of each area, examining efficiency and return on capital expenditure. A workforce plan was needed in order to ensure that the skills of highly qualified staff were fully utilised.

Cross-training in blood science automation

The learning set surveyed haematology and biochemistry staff and found that the majority favoured cross-training in the other discipline. Most staff had reservations about learning blood transfusion, and medical staff had concerns about maintaining specialist competence, but were supportive of cross-training. Some staff, however, thought that they should know more about less, and were comfortable with current arrangements.

The set will resolve the future development of blood sciences, and will consider cross-training in that context.

Outcome and learning

Many members liked the discipline of the action learning approach, and colleagues felt a real desire to help each other to solve the problem.

However, members realised that a clear vision and direction for the service were needed before they could take their own action.

North East

Purpose

This set consisted of 18 people from across the network areas in the North East, including representatives from different pathology service providers, local higher education institutions and the SHA-wide workforce team, and the North East Pathology Network lead.

The learning set focused on three important workforce issues for pathology services in the North East, which were:

- creating more effective work experience placements for schoolchildren
- developing the role of associate practitioner, and
- developing the role of advanced practitioner.

Taking action

Work experience

The set identified that this issue took up considerable time for pathology staff. It was managed inconsistently across the region, and staff created from scratch work experience materials that already existed elsewhere.

To address this, the set collected together different materials from across the region and compiled them onto a single CD. It also organised and hosted a successful conference for work experience mentors, held in March 2008, and intends to have a follow-up conference in the autumn of 2008.

Role of associate practitioner

This new Band 4 role has been identified as an important issue in the re-profiling of the pathology workforce. It offers career development opportunities for junior staff and relieves the workloads of senior staff. The set is currently identifying the competences and tasks that distinguish this role.

Role of advanced practitioner

This new senior role has similar importance. It would allow senior and highly qualified pathology staff to take on tasks previously undertaken by medical consultants. The set is currently identifying possible opportunities for developing this role and is investigating at SHA level how it might be progressed across the area.

Outcome and learning

The set found that action learning provides an open and trusting environment for discussing ideas, and helped them to focus on identifying outcomes.

Next steps

The set is continuing to meet to carry on its work on the work experience CD and conference. It will also produce reports on the associate practitioner and advanced practitioner roles, summarising how these roles are being introduced into North East pathology services. It is also identifying other workforce issues that the set should discuss and take action on, such as learning and development.

South West Peninsula

Purpose

The set found a political and commercial drive towards structured workforce redesign, including tackling the issues of skill mix and staff flexibility highlighted in the Carter Report.⁸ It aimed to develop a workforce structure for pathology that would ensure:

- a patient-focused, quality service
- appropriate reporting turnaround times
- the right person does the right job

⁸ Department of Health (2006) *Report of the Review of NHS Pathology Services in England Chaired by Lord Carter of Coles*.

- the use of established Agenda for Change and NHS Knowledge and Skills Framework criteria, and
- that resources such as IT, technology and education are maximised.

Taking action

The set began by examining the broad range of tasks carried out in the laboratory – what is done, who is doing it, and whether they have the appropriate level of skills and training. It also identified variations and similarities between the disciplines.

This analysis helped the set to identify four generic stages in the laboratory process:

1. specimen reception and data entry
2. sample preparation
3. analysis, and
4. interpretation.

Non-state registered staff can carry out the first three stages but the fourth – interpretation – requires specialist state-registered staff.

Outcome and learning

Due to the demographics of its workforce, the set saw an opportunity to move towards a leaner configuration and make the most of staff expertise.

Specific learnings include the following:

- stages 1 to 3 can be carried out by staff who are not currently state registered

- there is a clear difference between primarily automated and non-automated disciplines, though technology will develop
- smaller numbers of state-registered staff may be needed, concentrating on roles that use their skills and knowledge, with appropriate advanced qualifications
- multiple entry points into state-registered training are needed for appropriate non-qualified staff
- there is a need for changes to the current system of education and qualification, for investment, and for IT support.

The set found that action learning allowed time and facility for brave and creative thinking and reflection.

Next steps

Each of the learning sets in the South West Peninsula has become a working sub-group of the network, and is continuing the work initially established through the learning sets.

This workforce group is awaiting the installation of IT systems (see laboratory-to-laboratory communications, page 26), when it will be able to continue with ideas on redesigning the workforce in laboratories across the Peninsula.

University Hospitals Birmingham

Purpose

Three trusts (University Hospitals Birmingham NHS Foundation Trust, University Hospital of North Staffordshire NHS Trust and Hereford Hospitals NHS Trust) took part in a Department of Health pilot project to review staff profiles and skill mix within a laboratory setting. The aims of the overall project were to:

- analyse the roles, skills and competences of the current workforce
- identify roles, skills and competences needed in the future
- produce re-profiled workforces for each pilot site
- estimate the benefits of a re-profiled workforce, and develop a plan for realising these benefits, and
- provide central resources for use by others undertaking workforce re-profiling.

University Hospitals Birmingham introduced action learning techniques, and the set became part of the Pathology Action Learning Programme in order to support implementation of the findings from the pilot.

Taking action

The set had a group of core members, but relevant additional members were recruited for each subject as it was addressed. This process helped to ensure that as many staff as possible were involved through short-lived groups.

The set mapped processes and functions, exploring the reasons for differences in practice and where steps could be made more efficient without compromising quality. Administrative and clerical support roles were mapped in depth, and senior staff kept diaries over a two-week period to help understand skill mix, and to see what could be done differently or by other people.

The set considered the potential benefits of a business manager role and 'consultant' BMS roles. It also explored aggregating workforce skills on the basis of technique rather than discipline. It challenged staff by asking 'Could someone else do this?' Meetings to discuss who performs various functions, and the competences required, were particularly animated.

Outcome and learning

The set implemented both small and large changes that made significant improvements to workflow and stress levels.

It developed a 24/7 work pattern that eliminated lone workers, defined the 'ideal' service and workflow for the new build, and developed order communications and expert rules for test requests.

Set members learned that what they thought was happening was not always what was actually happening.

They found that traditional boundaries were more entrenched than people cared to admit, and that few people, including managers, like change when it directly affects them.

Action learning allowed staff on the ground to say what changes were needed and to be involved in making them happen.

The rolling set worked well.

Next steps

Meetings are continuing to refine and implement the programme, including mapping managerial roles in more detail.

West Anglia Cancer Network

Purpose

This learning set's work was part of a wider project by the West Anglia Cancer Network, to quantify and detail the characteristics of the histopathology workforce, project future patterns of workload under various possible future scenarios and identify the workforce needed for them.

Within this, the set's purpose was to use action learning to develop the optimal workforce model, taking into account:

- new and changing roles in histopathology
- increased specialisation
- technological changes
- reconfiguration of locations
- redistribution of tasks between medical and scientific staff
- redistribution of tasks between registered and unregistered scientific staff
- the impact of regulations (such as Modernising Medical Careers and EU Working Times Directive)
- demand management via agreed protocols, and
- levels of administrative support.

Set members came from the histopathology departments at Cambridge, Bedford, Papworth, Hinchingsbrooke, King's Lynn and West Suffolk.

Taking action

In order to estimate the likely increase in histopathology workloads, the set collected activity data from histopathology managers, which showed that in 2006, 89,000 requests generated 230,000 blocks and 485,000 slides. It then took advice from the UK Association of Cancer Registries and the Eastern Cancer Registration and Information Centre about the likely effects of the ageing population, since cancer incidence is higher in older people.

Based on this, the set estimated that 30% more histopathologists would be needed to cope with increased demand. While the workload was close to predicted levels for requests and blocks, the number of slides was 10–15% higher, indicating growing complexity. This trend could treble the number of histopathologists needed.

The set devised a number of workforce models, which were assessed for effectiveness in providing essential on-site services; overall clinical effectiveness; and effectiveness of processes, workforce, infrastructure and configuration.

Outcome and learning

Set members reached conclusions on a range of factors, including the following:

- ensuring that re-reporting cases is part of quality assurance, not just duplication
- exploring a mechanism for accrediting histopathologists in district general hospitals as 'expert' in their field, and part of a distributed specialist team
- the need to challenge as unaffordable the current commitment of histopathologists to multidisciplinary teams
- the lack of space at the specialist centre, and its impact on the scope for reconfiguration
- the need to optimise transport arrangements for any new configuration of networked service, and
- standardised work-up based on evidenced best practice would be essential to underpin a networked model.

The set noted the importance of using Lean principles in creating the service model.

Its final recommendations will be submitted to the Anglia Cancer Network and the West Anglia Pathology Network Boards.

The set felt that action learning helped to promote a different working culture, where people contributed as individuals rather than within the confines of their role. It also helped the members to focus on the patient as the end user of the service.

“The set represents a vehicle for those who are enthusiastic about change to meet and work together – without it that energy would be dissipated.”

Essex local facilitators' set
North East
North West local facilitators' set
South West: thoughts and reflections
West Midlands Oversight Group

Essex

Local facilitators' set

This set was established to provide the local facilitators in the East of England with a forum for reciprocal support and for working through questions and challenges.

The initial focus was on how to establish individual sets, within the national context. Later meetings looked at blocks to progress; considered the impact of infrastructure such as the Essex Network Board, and how it could be used to encourage the sets; discussed Type 1 and Type 2 action, and how sets could sustain the latter; and looked at the relationship between action learning and project management.

The set's learning included:

- a common and realistic goal needs to be established early
- egos, cynicism and private agendas need to be dumped
- it is not essential for the facilitator to fully understand the subject matter, and
- some set members were more willing to commit to action than others.

The East of England facilitator, Wendy Hutton, was heartened by the generosity of spirit and the high level of trust that developed quickly, and commented that she learned a lot and had a great deal of fun doing something that, once completed, should have a very positive effect on pathology services in Essex and hopefully beyond.

North East

Next steps

The NEwPath network has recognised that an effective way to move modernisation and service improvement forward is to adopt an action learning approach, where members of the network take responsibility for identifying key work issues, discussing and planning how to progress these issues, taking the action (not leaving it to someone else!), and continually reflecting on and evaluating progress on the key work issues. Having established the five sets as part of the national project, the network now wants to sustain these sets, establish appropriate new sets, and offer opportunities for the sets to connect their work together.

Howard Naylor

Section 16

Using action learning to support the programme

North West

Local facilitators' set

A set was established in the North West by the facilitator, Steve Young, to support the action learning set facilitators. Its aims were to assist participants to understand the nature and process of action learning; to explore and understand their interpretation of advising or facilitating action learning sets; and to develop and sustain an action learning approach in their organisations.

South West

Some general thoughts and personal reflections

PCT commissioners and GPs need to be much more involved than they currently are in the issues highlighted in the action learning sets. This will be taken forward through the contacts in the cancer network.

Improved IT connectivity is pivotal to all pathology modernisation.

I am interested in the connection made within the IT set, using mind mapping along with the action learning set ethos, which has been an empowering tool for the group.

Action learning has been a practical and successful method for learning in the South West Peninsula.

As highlighted earlier, each of the learning sets in the Peninsula has become a working sub-group of the network, and is continuing the work initially established through the learning sets.

Liz Alsbury

West Midlands

Oversight Group

The West Midlands facilitator, Kath Sidoli, felt it was important for the adoption and sustainability of any changes resulting from the project to ensure that the work was grounded in the West Midlands' local priorities. She therefore established the Oversight Group, to oversee and champion the work.

The Oversight Group contacted chief executives and pathology leads of all acute trusts in the West Midlands, to let them know of the project and to help in establishing priorities. The emergent issues were matched with their replies. The group helped to maintain the focus of what the sets were aiming to achieve, ensure they were in

communication with the pathology community, and that the work reflected the priorities of the pathology community.

Local facilitators' set

This set proved to be extremely important in joining up the work of the various sets, discussing the principles of action learning and providing support to ensure that progress and improvements were maintained. Members learned from each other about different approaches and reflected on their individual styles. Set meetings were always lively, stimulating and imbued with learning.

“The members of staff involved in these projects are empowered and motivated. To me action learning is about inclusiveness, giving ownership and empowering staff (of all grades), listening, sharing and supporting through the change process.”

Maximising the success of action learning in the NHS

Action learning has been used successfully in a number of NHS learning sets, both in pathology and renal services. Reflecting on the outcomes and processes from these reveals a number of useful tips when considering the use of action learning as a means to address complex issues.

Set membership	In order to gain maximum benefit, it is essential to have a diversity of views around the table. Most sets are between six and eight people and should include senior and junior staff, different professionals, patients/carers and people with different perspectives but a common desire and passion to solve the issue. It is important to include senior medical staff within the sets, as appropriate, so that they can champion changes with their other clinical colleagues. Some sets evolve from existing groups but should be wary of simply carrying on as they were rather than radically rethinking their way of working. Fundamental to the action learning approach is that all set members have an equal voice in the discussions and actions agreed.
Protected time	Action learning is not a quick fix approach. It takes time and nurturing (often a challenge in pressurised working lives) but the benefits to be gained from a more reflective and considered approach will be realised in longer-term sustainable solutions.
Meetings	Set meetings should be held fairly regularly (about every four to six weeks) and should ideally be off the work base site. It is important to create space and time away from the frenetic day jobs. Set members should also commit to attending the majority of meetings. The strength of action learning comes from building relationships between the members in which creative, novel and sometimes controversial ideas can be shared in an atmosphere of trust and support. Intermittent attendance undermines this.
Facilitation	Facilitation of the set is fundamental and experience shows that the use of external facilitators, preferably with little prior knowledge of the subject, is best. Facilitation is the art of encouraging questioning and articulating learning with a more reflective approach, which can be difficult for those steeped in the subject to fully achieve. The difference between set facilitation and the project lead roles should be emphasised.
Local solutions	Action learning is about progressing issues within a local context, and while for local issues guidance and ideas may come from work undertaken elsewhere, the process of exploration and discovery is specific to each individual set.
Getting started	Action learning is a new and unfamiliar approach to many people and it is important to spend time at the beginning of a programme of learning sets supporting members in understanding the philosophy and practice behind action learning, in order to make best use of the limited time they have available to address their issues.

This summary first appeared in *Driving Service Improvement through Patient Focus*, the report of the Phase 2 Renal Action Learning Sets, published by the Department of Health in 2008.

Contacts

Contact details for the sets are given below, where available, in case of enquiries.

Change management and action learning

West Midlands – contact Kath Sidoli:
kath@sidoli.com

Costing and commissioning

North East – contact Tony Gibson, NEwPATH:
tony.gibson@ghnt.nhs.uk

Demand management

South West Peninsula – contact Liz Alsbury:
liz.alsbury@nhs.net

Merseyside pathology services – contact Davina Clarke:
davina.clarke7@ntlworld.com

Harmonisation of reference intervals

West Midlands – contact Jonathan Berg:
jonathan.berg@swbh.nhs.uk

Immunology shared service

West Midlands – contact Stephen Harris:
stephen.harris@mid.staffs.nhs.uk

Laboratory-to-laboratory communications

South West Peninsula – contact Dr John O'Connor:
john.oconnor@rdefnhs.uk

West Midlands – contact Kath Sidoli:
kath@sidoli.com

Lean/Six Sigma

Greater Manchester Pathology Network – contact Annette Davis-Green:
annette.davis-green@cmmc.nhs.uk

North East – contact Tony Gibson, NEwPATH:
tony.gibson@ghnt.nhs.uk

Mortuary services

Greater Manchester Pathology Network – contact Rachel Pearson:
rachel.pearson@manchester.nhs.uk

Order communications

North Staffordshire Health Economy – contact Claire Johnson:
claire1.johnson@btinternet.com

Out of hours reporting

West Midlands – contact Claire Johnson:
claire1.johnson@btinternet.com

Phlebotomy and anticoagulants

Greater Manchester Pathology Network – contact Patricia Zukowskyj:
patricia.zukowskyj@trafford.nhs.uk

Kirklees and Wakefield – contact John Ryan:
john.ryan@nkpct.nhs.uk

North East Essex – contact Diane Groom:
diane.groom@essexrivers.nhs.uk

Point of care testing

Greater Manchester Pathology Network – contact Neil Jenkinson:
neil.jenkinson@manchester.nhs.uk

North East – contact Tony Gibson, NEwPATH:
tony.gibson@ghnt.nhs.uk

South West Peninsula – contact Derek Goodwin:
derek.goodwin@nhs.net

Ipswich Hospital – contact Robert Keeble:
robert.keeble@ipswichhospital.nhs.uk

Service reconfiguration

Coventry and Warwickshire Pathology Network – contact Carl Holland: carl.holland@uhcw.nhs.uk

Transport

Essex Pathology Network – contact Michael Horley: michael.horley@pah.nhs.uk

North East – contact Tony Gibson, NEwPATH: tony.gibson@ghnt.nhs.uk

South West Peninsula – contact Adrian Cudmore: adrian.cudmore@rdeft.nhs.uk

West Midlands – contact Mary MacDonald: mary.macdonald@worcsacute.wmids.nhs.uk

Workforce re-profiling and planning

Northampton General Hospital – contact Joan Peel: joan.peel@ngh.nhs.uk

North East – contact Andrew Black: andrew.black@northeast.nhs.uk

South West Peninsula – contact Liz Alsbury: liz.alsbury@nhs.net

University Hospitals Birmingham – contact Jacquie Roper: jacquie.roper@uhb.nhs.uk

West Anglia Cancer Network – contact Julia Redburn: julia.redburn@papworth.nhs.uk

Using action learning to support the programme

West Midlands Oversight Group – contact Jay Dobson: jay.dobson@westmidlands.nhs.uk



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