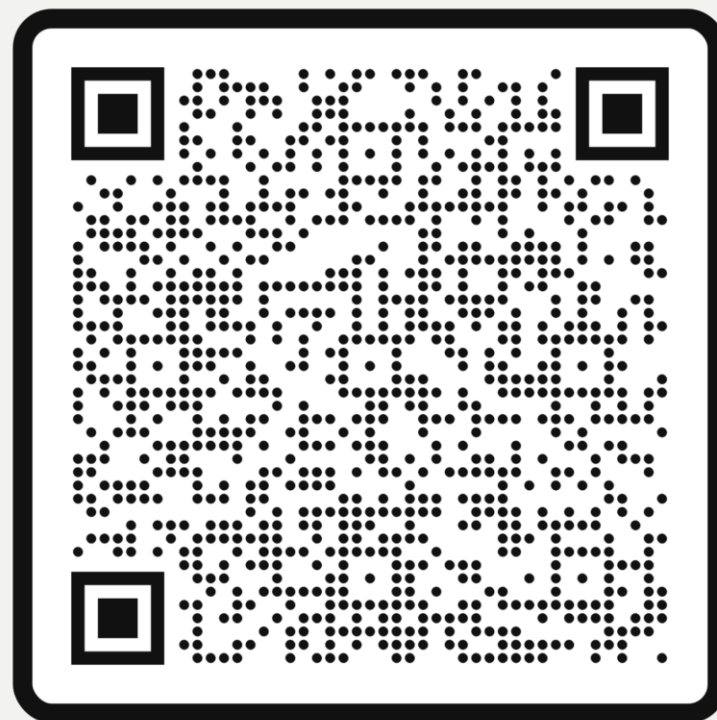CONVENZIS

NHS PATHOLOGY CONFERENCE

NHS
North West London Pathology X CONVENZIS

Welcome to the 3rd NHS Pathology Conference!

25th September 2024
15 Hatfields Conference Centre,
London SE1 8DJ

The next frontier in histopathology reporting

About Source LDPath

Trusted, UKAS accredited histopathology and molecular diagnostics services for over 20 years:

- Currently supporting over **85 NHS Trusts** with histopathology services

- Processing over **260,000 samples** per annum

- On track to scan **1 million slides** this year

- Leader in digital pathology integrations

- **280+ Specialist Consultant Pathologists** for reporting

Quicker Cancer Diagnosis

Faster Access to Treatment Pathway

Better Patient Outcomes

Why Source LDPath?

What sets us apart:

Fast turnaround times due to **case-load balancing** between two large laboratory sites and unique **HIVE LIMS+ with pull system** to enable great **reporting efficiency**

Stringent requirements and onboarding process for our **pathologists**

Leading the way with **digital integrations**

First of its kind **block chain patient log audit trail**

Dedicated team available via phone and email to deal with any requests

sourcebioscience.com
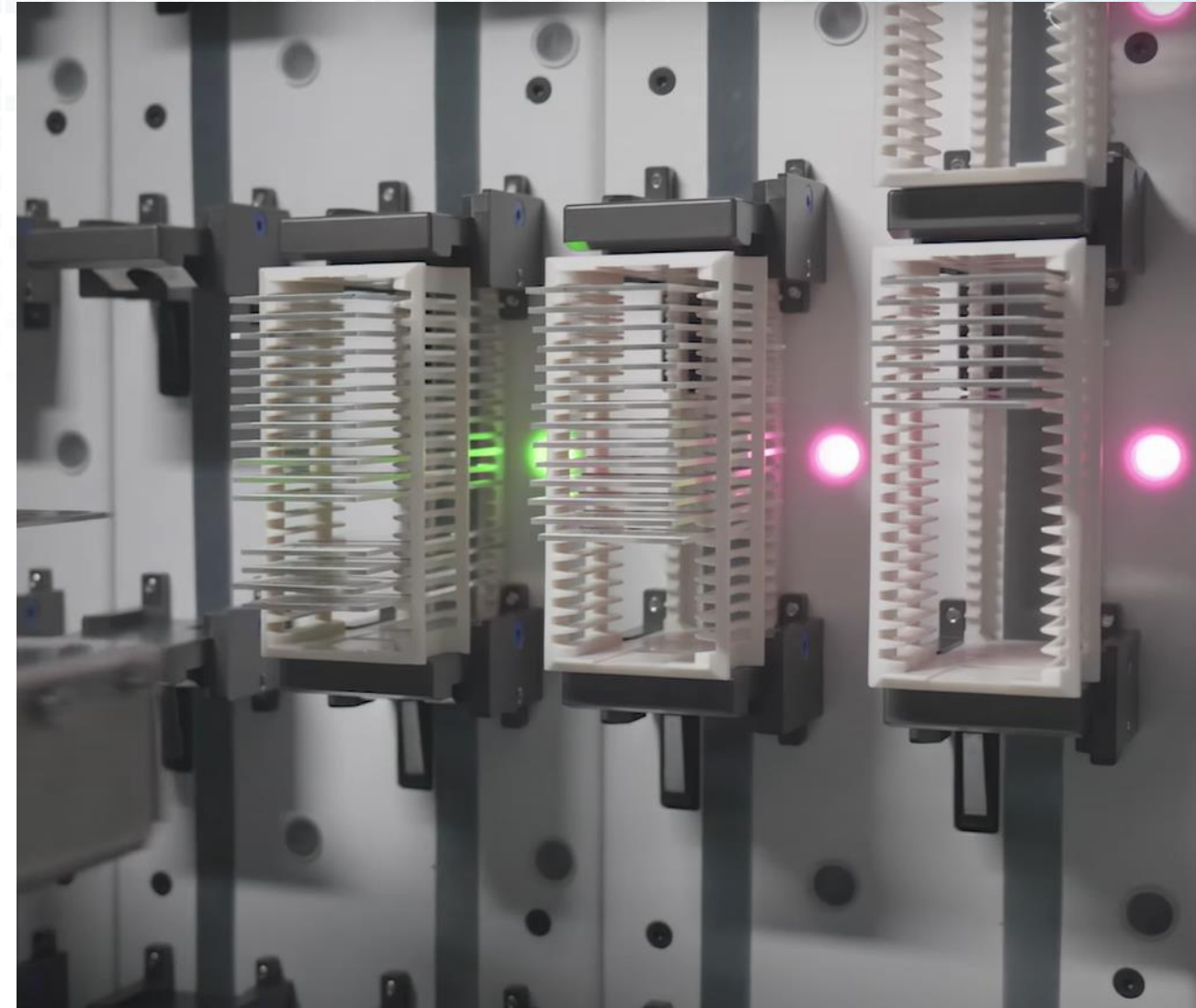
An Extension of the Histopathology Laboratory

A full suite of histopathology services, from wet specimen to report, including digital pathology & AI.

- Extra capacity-extension of your laboratory

- Support in hitting Cancer Targets at local, regional and national level - consistent and lower TATs

- Scalability for large projects - new laboratories, lab merges

Block to report

Pre-prepared slides for reporting

Full histopathology service from wets to report

Wets to slide

Reporting / AI Technology

Block to slide

Digital Pathology

sourcebioscience.com

Robust pathologist onboarding requirements

Under our accreditation to ISO15189:2012 Source LDPath have an obligation to provide assurance to our regulators that the Pathologists who report for us satisfy all the necessary criteria within the standard.

1. General Medical Council (GMC) or General Dental Council (GDC) Registration
2. Medical Defence Union (MDU) membership or equivalent Indemnity Insurer
3. CPD/EQA/Appraisal

       ISO standard sub clauses:

              5.6.3.1 Interlaboratory comparisons – Participation

              5.1.4 Personnel introduction to the organizational environment

4. Screening Programs (required for Gynae reporting)
5. Annual Appraisal
6. Environment and confidentiality

       ISO standard sub clause:

              5.2 Accommodation and environmental conditions

              4.1.1.3e Confidentiality of information is maintained.

HIVE LIMS+
Turbo charge your existing LIMS

- Built specifically for Histopathology and Cytopathology which has led to unrivalled diagnostic quality and turnaround times.

- Audit trail built in Blockchain for increased security which allows us to see any time a case has been viewed or modified.

- 2 factor authentication

- Already integrated with 2 national LIMS providers and a practice management software.

- Allows the development of automated reporting teams, second opinions, MDM discussions, sharing of digital images, standardised dataset reports and extremely advanced management statistics.

- HIVE LIMS+ allows integration with AI providers.

sourcebioscience.com
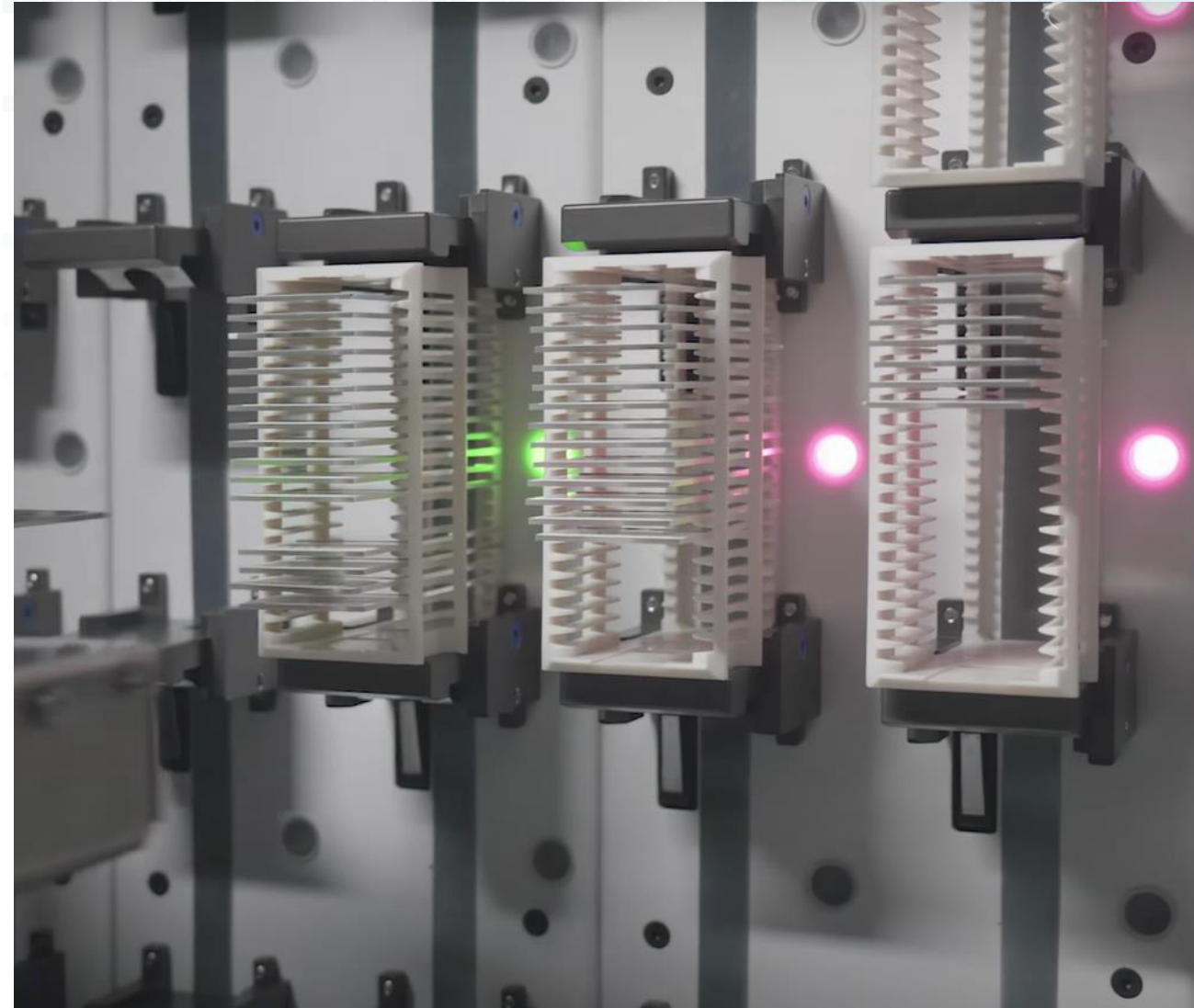
So what could this mean for your histopathology department?

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

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

Double Reporting Request	
Waiting for response 2	To be responded 0

Pull Cases ⓘ

5 cases ⌄

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

Showing 1 to 5 of 5 entries   « ‹ **1** › »   [1]   of 1 items

Ready for report ⓘ

6 cases ⌄

Pending further work ⓘ

0 cases ⌄

Double Reporting ⓘ

2 cases ⌃

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

Snomed T			Snomed P			Snomed M	
01000 Skin	x	∨	1109 Excision / Re-excision	x	∨	80703 Carcinoma, Squamous Cell	x

Microscopy

Breslow Thickness *

3mm

Invasive *

Yes   x ∨

Peripheral Excision Margin *

2mm

Clark Level *

Select a value   ∧

I

II

III

IV

Deep Excision Margin *

Stage (AJCC) *

Subtype *

Select a value   ∨

Regression *

Select a value   ∨

Introducing: A Working Group for Digital Pathology

Mission: To shape key recommendations for advancing the transition to digital pathology, that sits alongside and further supports the implementation of the NHSE 6-point histopathology plan.

Subsequently, to outline the imperative for ringfenced funding to support the NHS successfully integrate digital pathology in the UK.

Uniquely bringing together expertise from **key operational and clinical NHS stakeholders**, alongside representatives from **IBMS**, **RCPath**, and a **partial industry representation**, gathering the integral perspective of relevant thought leaders operating in the field.

Debra Padgett: Chair of The Digital Pathology Working Group

Contributors

Member	Organisation
Debra Padgett (Chair)	IBMS Past President, NENC Pathology Operational Lead
Dr Hatim Abdulhussein	Chief Executive Officer, Health Innovation Kent, Surrey, Sussex
Dr Branko Perunovic	Chief Medical Officer, Black Country Pathology Service
Bruce Daniel	Head of Pathology NHS England – South West
Dr Alistair Robson	Joint Founder and Clinical Director Source LDPath, Consultant Dermatopathologist
Dr Muhammed Aslam	Clinical Director North Wales Diagnostic and Specialist Clinical Services, Consultant Pathologist
Dr Tim Bracey	Service Line Clinical Director Penninsula Pathology Network, Consultant Pathologist
Dr David Hughes	Pathology Clinical Lead, NHS England, North East and Yorkshire, Consultant Histopathologist
Dr Laszlo Igali	VP RCPath, Consultant Histopathologist

The platform is facilitated, but not led by, Source LDPath, who have served as a general facilitation and oversight role for meetings and the reporting of outcomes.

Whitepaper Publication

The Group will be publishing a whitepaper by the end of 2024, which considers key recommendations for digital pathology implementation to support NHSE upwards trajectory of digital transformation. This publication will aim to deliver impactful insights to support nation decision-making authorities and secure dedicated funding for NHS histopathology to accelerate digital pathology deployment.

Key focal areas:

- Cultural change within the pathology umbrella
- Regulatory standards for national deployment of digital pathology
- Funding and support for successful national implementation
- Lessons learnt from past transformation programmes
- Addressing patient need through engagement
- What is possible through service re-design

Contact the Team

sourcebioscience.com
enquiries@sourcebioscience.com

SCAN TO VISIT WEBSITE

Pathology Insourcing Services

Presented by:

Luke Dyer **(Managing Director)**

CONVENZIS

Health IN Now

Insourcing Solutions

We provide exceptional delivery to our end clients operating in the follow areas:

- Pathology
- Urology
- Dermatology
- Rheumatology
- Ophthalmology
- Gynaecology
- General surgery
- ENT
- Gastroenterology
- Cardiology
- Cardiothoracic surgery
- Radiology

HEALTH IN Now

Benefits

Utilisation – Our teams work on site within departments that are fully equipped and can work core hours + any combination 'out of hours'. We'll work in your departments 'down times' to maximise capacity.

Reduced Processes – Upon contractual setup, we take as much or as little control as our client's desire. We mirror processes agreed with the department to ensure less room for error and keep control of the sample journey with less off-site/different processes.

Cost Saving and Streamlining – Compared to outsourcing services, which involve booking and couriering samples, increasing the risk of errors and incurring additional costs, our in-house Health Now team significantly reduces both error and expenditure.

Accountability – We ensure accountability for all completed work while also ensuring that our clients maintain oversight. Internal controls include policies and procedures mirroring, MMP insurances, real-time guarantees, reporting on samples/cases information, TATs, KPIs, and other necessary statistics.

Health In Now

Benefits

Mid-Long Term - Health Now are a mid to long term solution rather than emergency locum provision. Following Brexit, we have seen the market availability decrease significantly preventing quality overseas candidates to work here in the UK.

Locum Cover Comparison - Departments struggle to get locum cover. This leads to many departments paying significantly higher rates to attract qualified candidates.

Insurance Coverage - this includes medical malpractice insurance to protect against claims arising from Health Now errors or omissions.

VAT Exempt Service - Providers can avoid paying VAT on insourcing services, resulting in significant cost savings and increased profitability. This benefit can be especially advantageous for NHS entities as they are unable to claim VAT.

Health IN Now

Benefits

Staff Training – Staff are trained by Health Now Quality and Training Officers.

Track Record - Partner with a provider with a strong proven track record.

Oversight - Clinical Oversight from Health Now's Chief Medical Officer.

HR/Principal Biomedical Scientist Monitoring - monitoring and responding to staffing/quality issues within our deployed team (no additional management from our clients).

No Down Time - Continuity of service, no down time, no sickness, no A/L gaps.

CQC - Health Now upholds CQC level governance throughout the business.

Health Now

Histology Insourcing – Workflow

1) Medical lab support staff

2) Advanced 'Cut Up' Senior BMS
Experienced BMS

3) Tissue processing
Experienced BMS

5) Microtomy
Experienced BMS

4) Embedding

6) QA check – Senior Biomedical Scientist

7) Consultant Histopathologist

Quality Assurance

Our clinical and quality governance framework ensures that we always maintain patient centric, high-quality care through rigorous service scrutiny, oversight, and performance management.

The framework is overseen by our Chief Medical Officer and incorporates seven key pillars:

- ✓ Staff Management
- ✓ Clinical Effectiveness
- ✓ Information
- ✓ Risk Management
- ✓ Education & Training
- ✓ Audit
- ✓ Patient/Public involvement is designed to ensure that we always maintain patient-centric, high-quality care. This is achieved through rigorous service scrutiny, oversight, and performance management

Health IN Now

Workforce Compliance

✅ Proof of eligibility verified (Right to Work) in line with NHS Employers Check Standards and Home Office guidelines.

   1 Manual right to work check

   2 Right to work check using IDVT via the services of an IDSP

   3 Home Office online right to work check

✅ Proof of Identity Verified in line with NHS Employers Check Standards – Photo ID and 2 Proof of address dated within the last 3 months

✅ Photographic Identity documents must undergo Quality Checks via an ID Verification Scanner/scanning equipment/outsourced third party software.

HEALTH IN NOW

Workforce Compliance

- Enhanced DBS check

- Overseas Police check

- Professional and Regulatory Body Registration

- HCPC alerts, notices or investigations

- Professional qualifications verified

- HPAN checks completed annually

- Our SEQOSH accredited provider conducts occupational health checks

HEALTH IN NOW
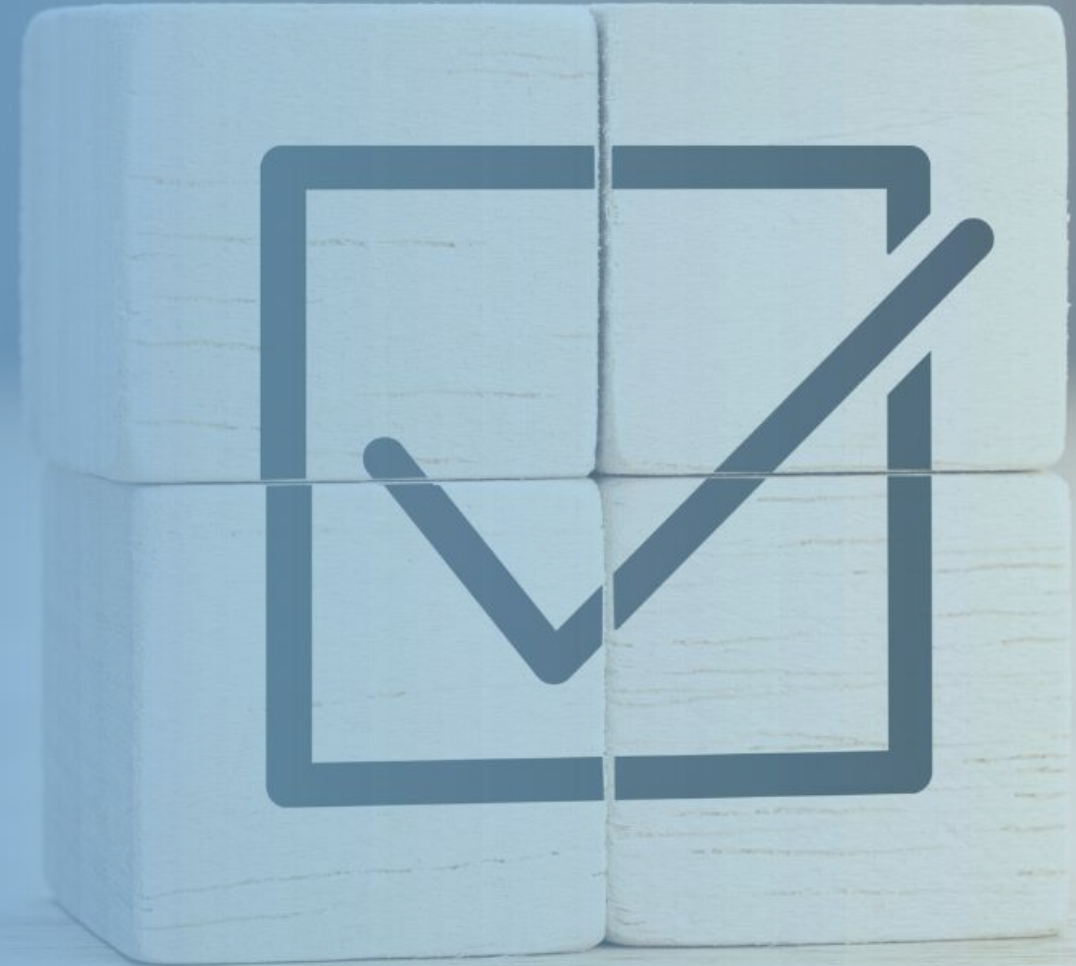
Workforce Compliance

Mandatory training in line with CSTF. Modules include:

- ✔ Life support training (level dependant of job role)
- ✔ Conflict resolution/ Handling violence and aggression
- ✔ Information governance/The Caldecott principles
- ✔ Health, Safety and Welfare
- ✔ Infection Prevention (Included MRSA & Clostridium Difficile)
- ✔ Equality, Diversity and Human rights
- ✔ Counter Fraud Training
- ✔ Complaints Handling
- ✔ Manual Handling (Practical)
- ✔ Fire Safety
- ✔ Safeguarding Adults
- ✔ Safeguarding Children
- ✔ Preventing Radicalisation
- ✔ Lone Worker Training
- ✔ Mental Health Act & Mental Capacity Act

HEALTH IN NOW

KPI Example Report

	Provision of reports to the Customer	Discrepancy rates in report accuracy to be no more than 5% (internal QA/audit results and mechanism to be shared quarterly)	Replacement BMS for time of unexpected sickness and leave. No more than 1 period of absence per quarter to be cancelled for non-clinical reasons	No more than 2% complaints concerning the BMS staff over a quarterly period	Company initial response to any complaints or staff issues to be within 24hrs
Example	100%	0%	0	0.00%	0
Oct-23					
Nov-23					
Dec-23					
Jan-24					
Feb-24					
Mar-24					

No BMS to be currently undergoing professional/investigation - 100% compliance	Number of Services / Cases Provided	+ / - Service Delivery Numbers	Peer Review Records	Clinical Complaints	Non-Clinical Complaints	Works Completed	Serious Incidents
100%	0	0	0	0	0	0	0

Health IN Now

Policies and Procedures - EXAMPLE

▶▶ Candidate Recruitment and Compliance Policy

▶▶ Complaints Policy

▶▶ Conduct & Disciplinary Policy

▶▶ Confidentiality Policy

▶▶ Consent to Care and Support Policy

▶▶ Contracts Tracker

▶▶ Data Protection Policy

▶▶ Data Retention Policy

▶▶ Equality & Diversity Policy

▶▶ Freedom to Speak Up (Whistleblowing) Policy

▶▶ Governance Policy

▶▶ Harassment & Bullying Policy

▶▶ Health & Safety Policy

▶▶ Health Now SDC Template Invoicing Process

▶▶ Incident Reporting and Management Policy

▶▶ Infection Control & Precautions Policy

▶▶ Managing Underperformance or Concerns Raised and Supporting Candidates Policy

▶▶ Mandatory Training Policy

▶▶ Mobilisation Plan

▶▶ Recruitment, Selection & Retention Policy

▶▶ Risk Management Policy

▶▶ Safeguarding Adults Policy

▶▶ Safeguarding Children & Young Persons Policy

Health In Now

Bolton NHS Foundation Trust

NHS
Bolton
NHS Foundation Trust

"We contracted Health Now for our department to tackle backlogs which were a result of the Pandemic. When scoping this service, there was a degree of uncertainty as our Trust had never contracted this kind of service before, and as the NHS framework was new, this just added to the uncertainty of how this was going to work. Let's say everyone was nervous!

Liaising with Health Now and having strong engagement from the department really helped. Everyone worked together to understand our requirements and they were very knowledgeable, and we supported each other through the process. There were some issues to begin with, but we all worked together to ensure the backlogs were completed and this can be attributed to Health Now's "can-do" response.

I was thrilled with the service and the accomplishment for our department and Health Now in their understanding of our requirements and how quickly to get to the desired result, so much so that we extended the contract. The contract runs like clockwork, and I feel secure in the knowledge we are in capable hands."

Paula Lewin
Divisional Procurement Partner
Bolton NHS Foundation Trust

HEALTH **Now**

University Hospitals of Leicester NHS Trust

"I have no hesitation in recommending the team at Health Now. In our department at University Hospitals of Leicester were in a difficult position post Covid19 with a backlog of ~3,000 patients. Ben Hart (Associate Director) was excellent in sourcing high quality staff for us.

The staff integrated well into the department and provided excellent scanning and reporting services which were audited by our Senior Chief. The team at Health Now were excellent in providing staff information before they worked in the department, so we were able to organise access to IM&T software systems and reporting systems.

The services that were provided were excellent and have allowed us to reduce our overall waiting list from ~3,000 patients down to <250 patients. We are currently still working with Health Now to support in meeting our service gap and shortfall and to support in managing demand and capacity on the service.

I can not thank the team at Health Now enough for the support they provided to allow us to reduce our waiting list size at UHL."

Liam
Service Manager
University Hospitals of Leicester NHS Trust

Thank You

Health **IIN** Now

CONVENZIS

NHS PATHOLOGY CONFERENCE

NHS
North West London Pathology x CONVENZIS

Case Study

Dr. Uttara Joshi
Head-Strategic Initiatives
AIRA Matrix Private Limited

AIRA MATRIX

Artificial Intelligence – Transformed Analyses

AI-based Quality & Cost Control for Digital Pathology

Dr. Uttara Joshi, Head- Strategic Initiatives

Applications of AI in Digital Pathology

AI applications that improve the efficiency of laboratory workflows & help diagnostic decision support can prove to be game-changers

- Workflow Efficiency – Improved turnaround of high-throughput workflows

- Diagnostic Decision support – Automated quantification to remove selection bias & omission errors

- Prognostic/Predictive Solutions – Predict disease trajectory/response to therapy to help personalized therapy decisions

Example Applications:

- **Improving throughput of preanalytical workflows for downstream accuracy – (Quality Control)**

- Optimizing repetitive/labor-intensive analytical processes (LN metastasis, Perineural Invasion)

- Biomarker quantification for accurate, reproducible reporting (PDL-1)

- Detection & quantification of parameters for better prognostication (Gleason Grading + Cribriform + NEPC)

- **Predictive solutions – Predict metastases, biochemical recurrence, molecular subtype, and response to therapy.**

3

Artificial Intelligence-Transformed Analyses

Applications of AI in Digital Pathology
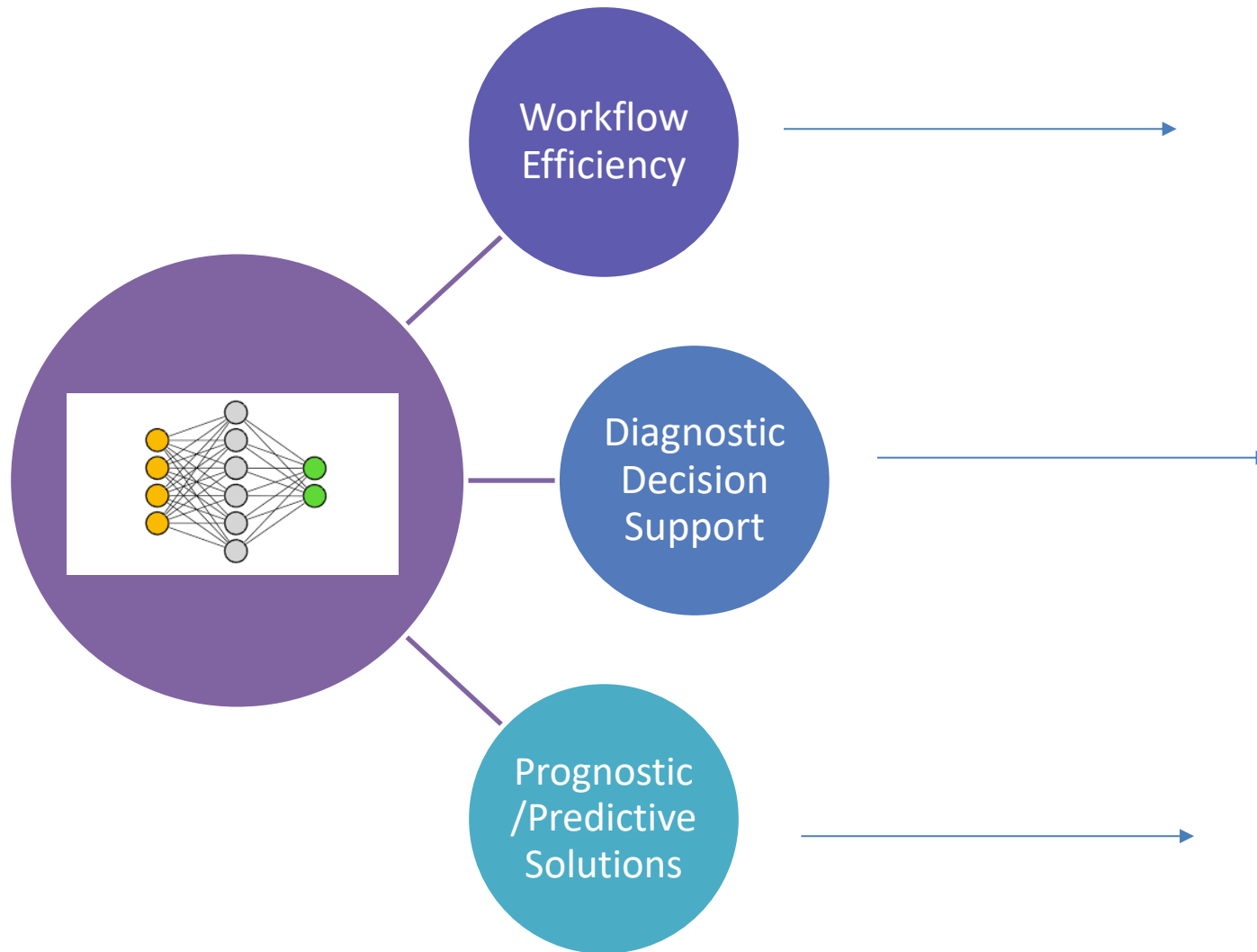
Workflow Efficiency
- **Shorter validation cycles**
- **Relatively easier adoption**
- **Stronger case for RoI due to demonstrable savings on resources**

Diagnostic Decision Support
- Longer validation
- Disruptive adoption
- Difficult to prove RoI

Prognostic /Predictive Solutions
- Prospective validation
- Standard of care acceptance
- Stronger case for RoI with a direct impact on costs, turnaround, and patient outcomes

4

Artificial Intelligence-Transformed Analyses

Errors in Preanalytical Laboratory Workflows

Preanalytical variables account for 30% to 75% of laboratory errors

- Impact the **turnaround time** and usability of WSI

- Directly affecting **patient management** (especially in cancer care)

- Cost represents between **0.23 % to 1.2 %** of the total hospital operating cost. (~**$1.2 million/year** in a 650-bed US hospital)

Digitization adds another variable in the already error-prone preanalytical workflow

- Manual QC is at best a sampling method with room for misses

- Time-consuming and cumbersome **- not conducive to applying AI at scale**

- **Effect on downstream image analysis – Garbage In Garbage Out**

QC Automation helps improve the Preanalytical Workflow Efficiency & Downstream Analysis Accuracy

Improved Throughput - Digital Pathology at Scale

- Needs end-to-end workflow to be automated

- Manual pre-analytical QC checks do not fit in

- Reduction in TAT by earlier corrective action

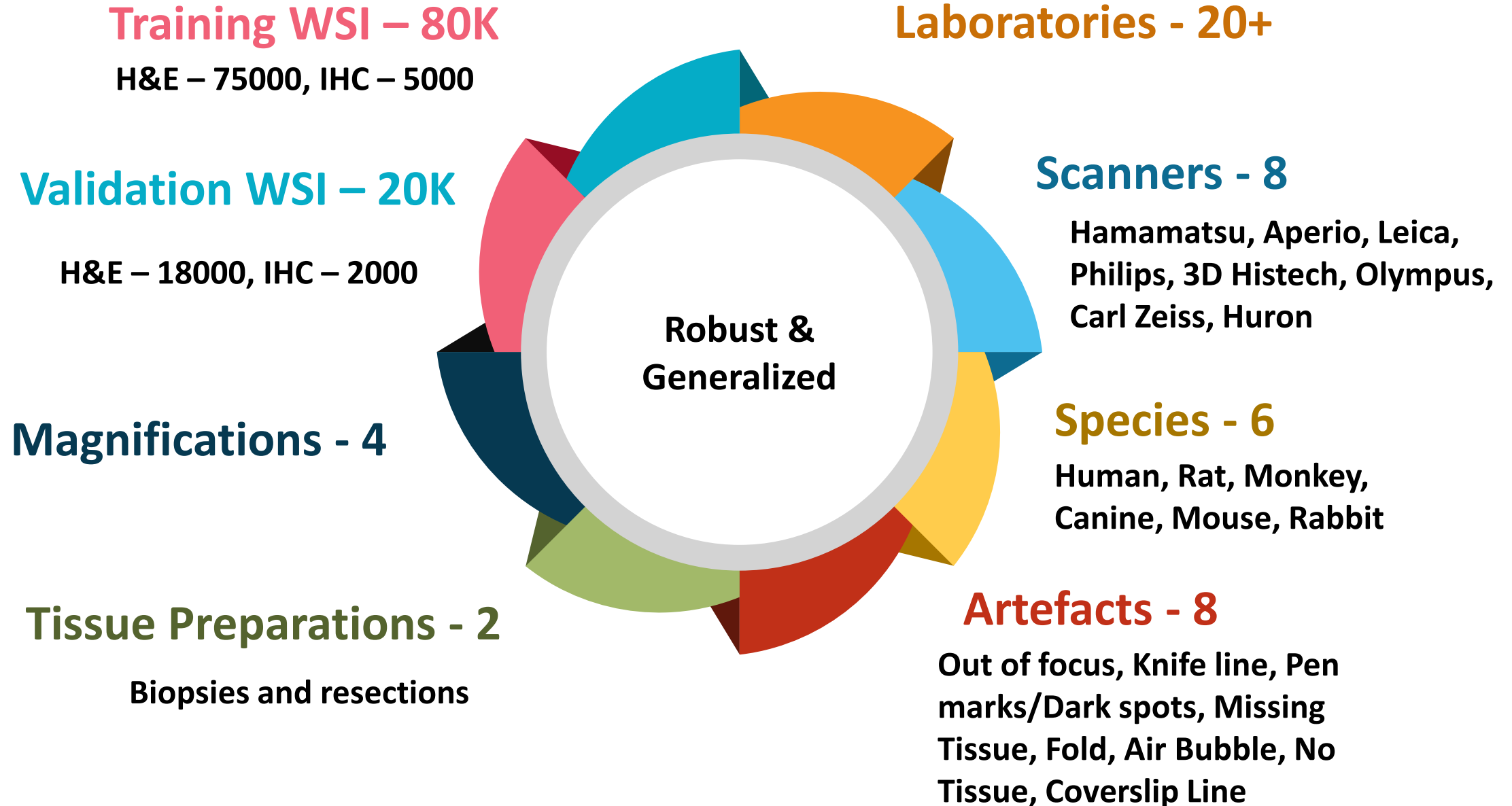**Improved Accuracy - Ensuring Optimum Performance of AI**

- Artefacts can cause sub-optimal AI results

- Introducing automated QC helps improve the performance of AI solutions

AIRAQc
Automated Detection & Quantification of Artefacts

- Web-based platform for automation of the preanalytical QC phase in the anatomic pathology laboratory

  - AI-based solution modules to assess staining gap, tissue processing artefacts, and digitization errors in whole slide images

  - Quantification of artefacts with downstream workflows to **accept** or **reject** WSI based on custom thresholds

  - Error analysis to assign WSI for restaining, reprocessing, or rescanning

  - Data analytics for quality audits

  - **AI at scale with accurate image analysis**

✓ **Complete automation & Improved turnaround of digital pathology workflows**
✓ **Savings on costs & resources**
✓ **Better accuracy of results**

Generalized Across Preanalytical Workflow Variables

Training WSI – 80K
H&E – 75000, IHC – 5000

Validation WSI – 20K
H&E – 18000, IHC – 2000

Magnifications - 4

Tissue Preparations - 2
Biopsies and resections

Laboratories - 20+

Scanners - 8
Hamamatsu, Aperio, Leica, Philips, 3D Histech, Olympus, Carl Zeiss, Huron

Species - 6
Human, Rat, Monkey, Canine, Mouse, Rabbit

Artefacts - 8
Out of focus, Knife line, Pen marks/Dark spots, Missing Tissue, Fold, Air Bubble, No Tissue, Coverslip Line

Robust & Generalized

Ensuring Speed of Preanalytical Workflows with Downstream Accuracy

Sensitivity	Specificity	Throughput
95%	96%	~3-8 WSI/Minute
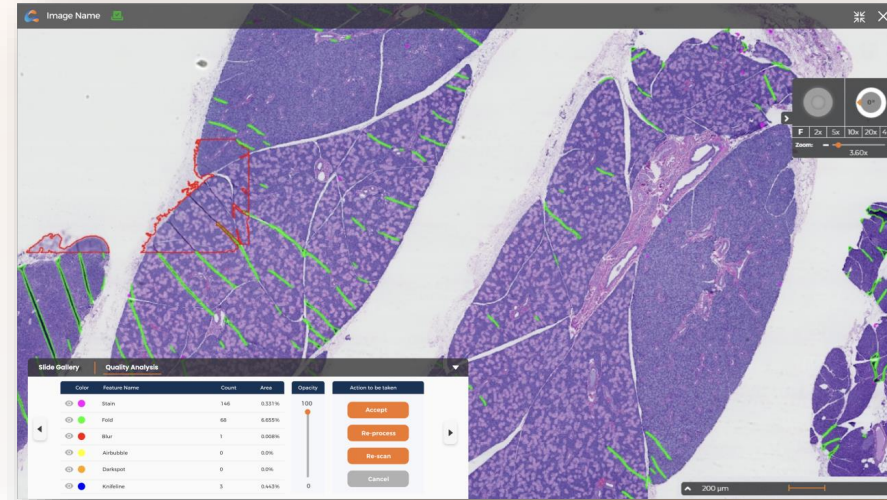
✓ Scanner Agnostic

✓ Species Agnostic

✓ Integrated with IMS

Tissue Processing Artefacts

⌇ Tissue Folds

⌇ Pen Marks

⌇ Air Bubbles

⌇ Coverslip Line

⌇ Knife line

Scanning Artefacts

⌇ Out of focus

⌇ Missing Tissue

⌇ No tissue

Fit in the Preanalytical Workflow

Quality Control

Screening and Diagnosis

Prognosis and Prediction

Demo
Tissue
Slide
Image

REPORTS

Slide Scanning

Image Storage

Case Management

Image Management

Image Evaluation

Analysis Reports
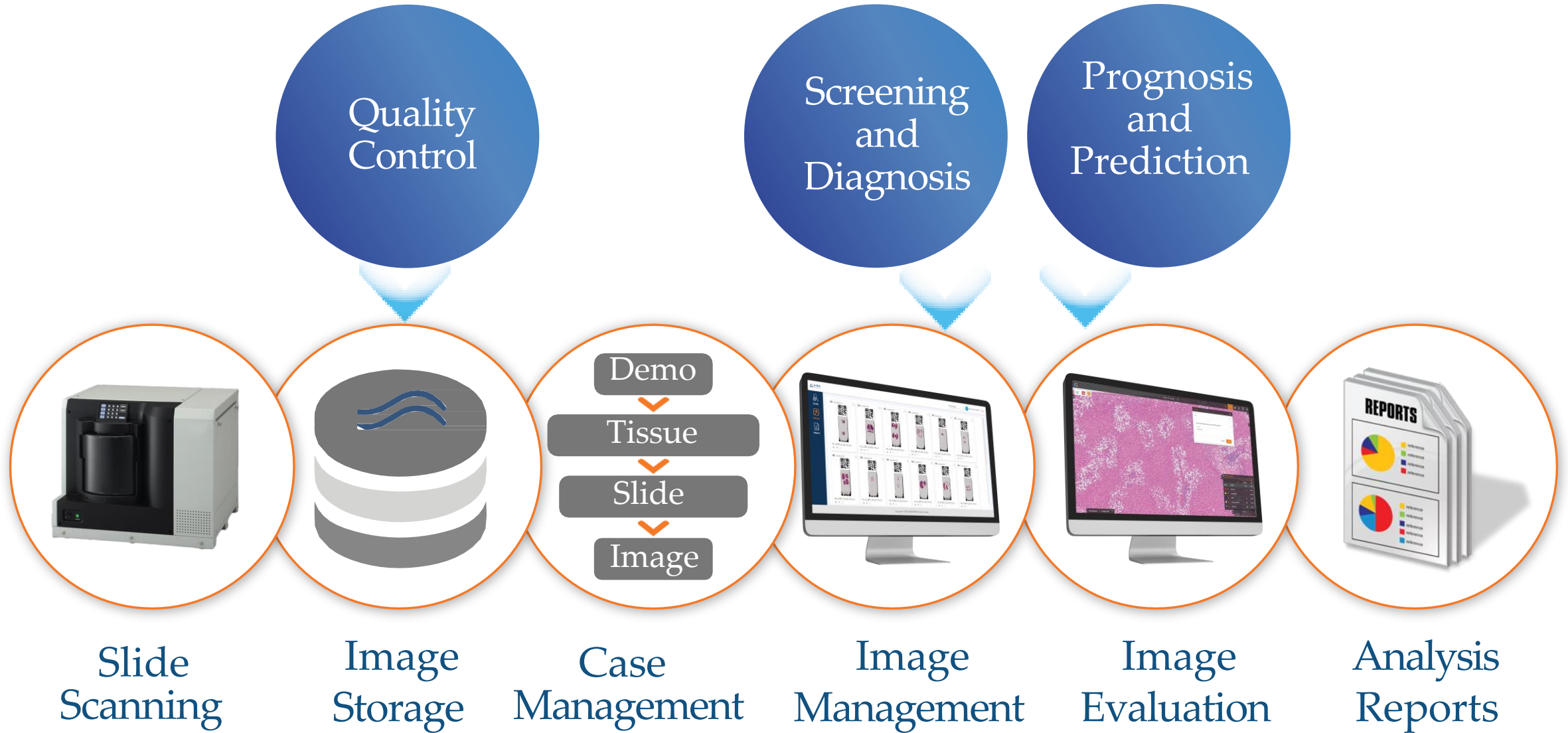
Fit in the Preanalytical Workflow
Bi-directional Integration with LIS and IMS
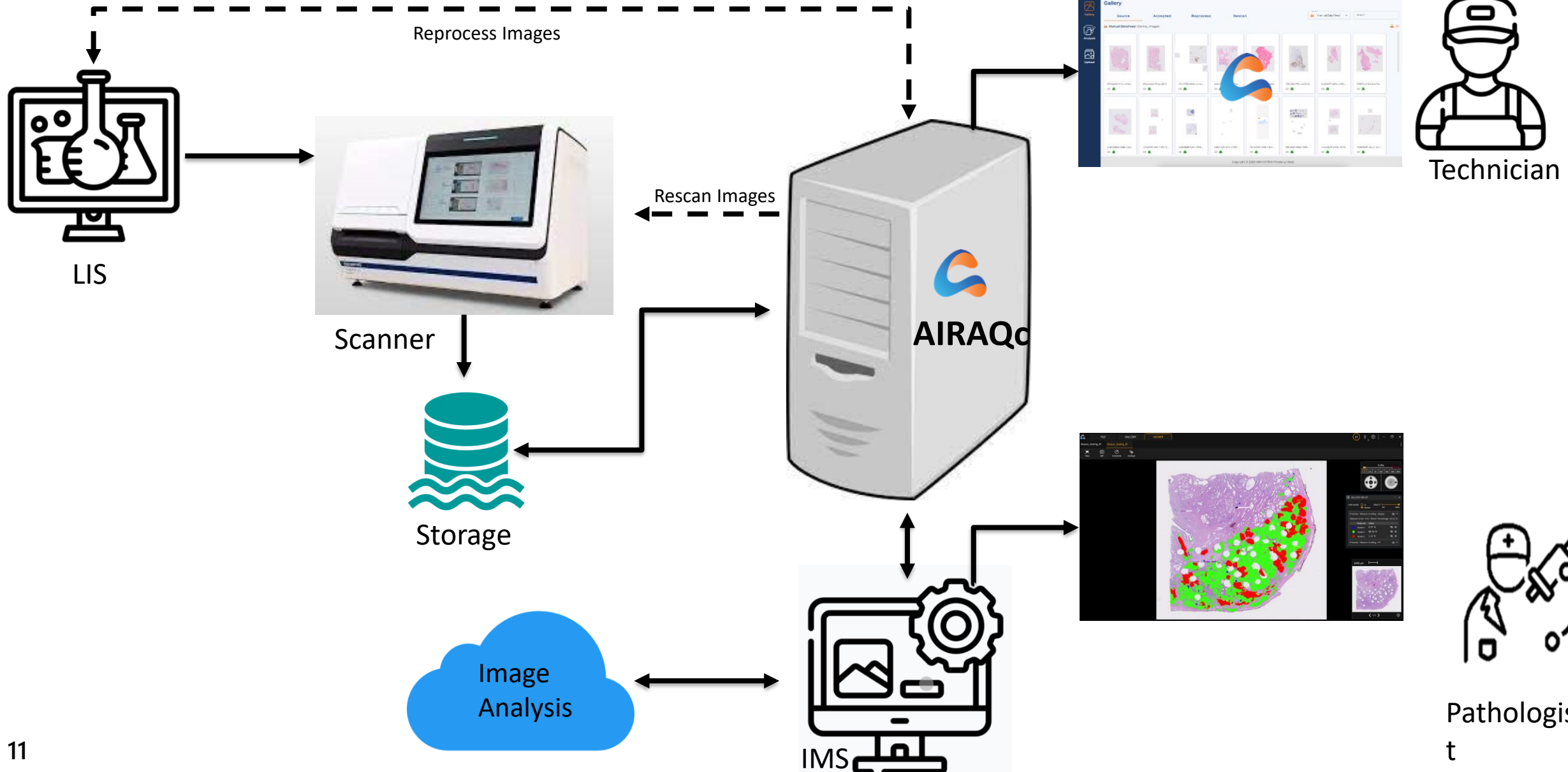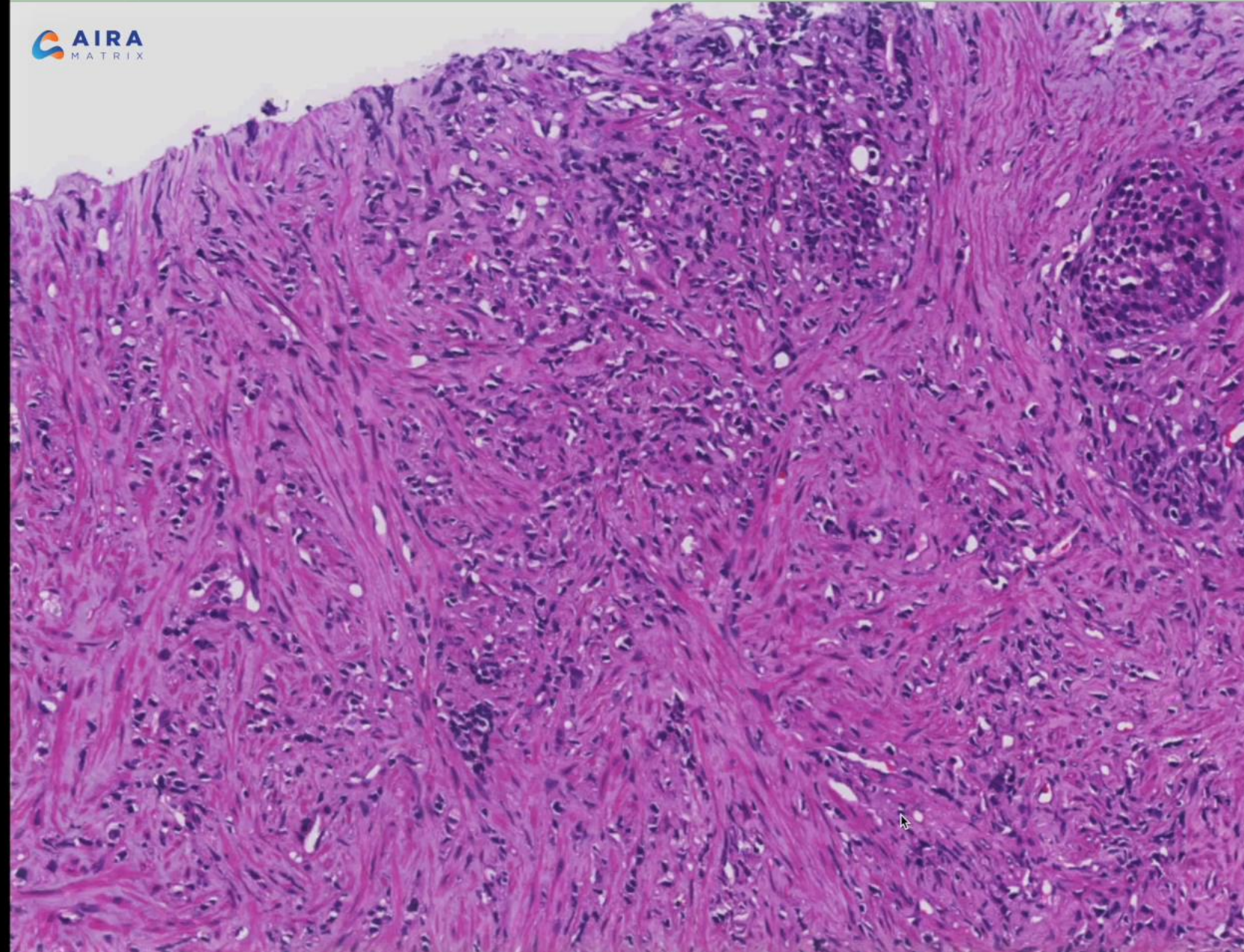
IMPACT OF AIRAQc ON DOWNSTREAM AI IMAGE ANALYSIS
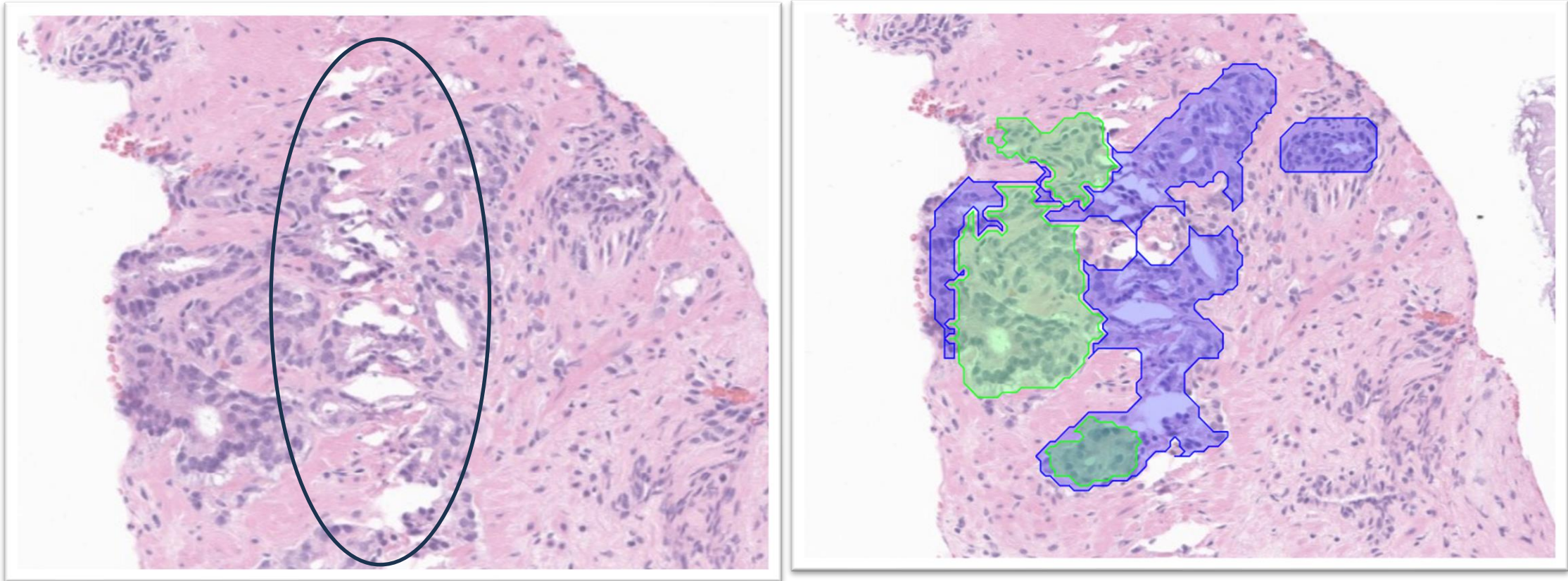
The image analysis system has recognized portion of this region as Grade 3 due to the presence of a knife line. **However, the region is Grade 4**.

The algorithm interpreted the knife line artefact as an indication of the presence of lumina, which is associated with Grade 3 morphology.

Highlighting Out of Focus Areas:
Avoiding erroneous Diagnosis of Benign

- A benign case with out-of-focus artefact
- Region removed from the analysis and flagged for pathologist intervention
- Aids in the accurate identification of malignant regions missed by the image analysis algorithm due to the presence of artefacts
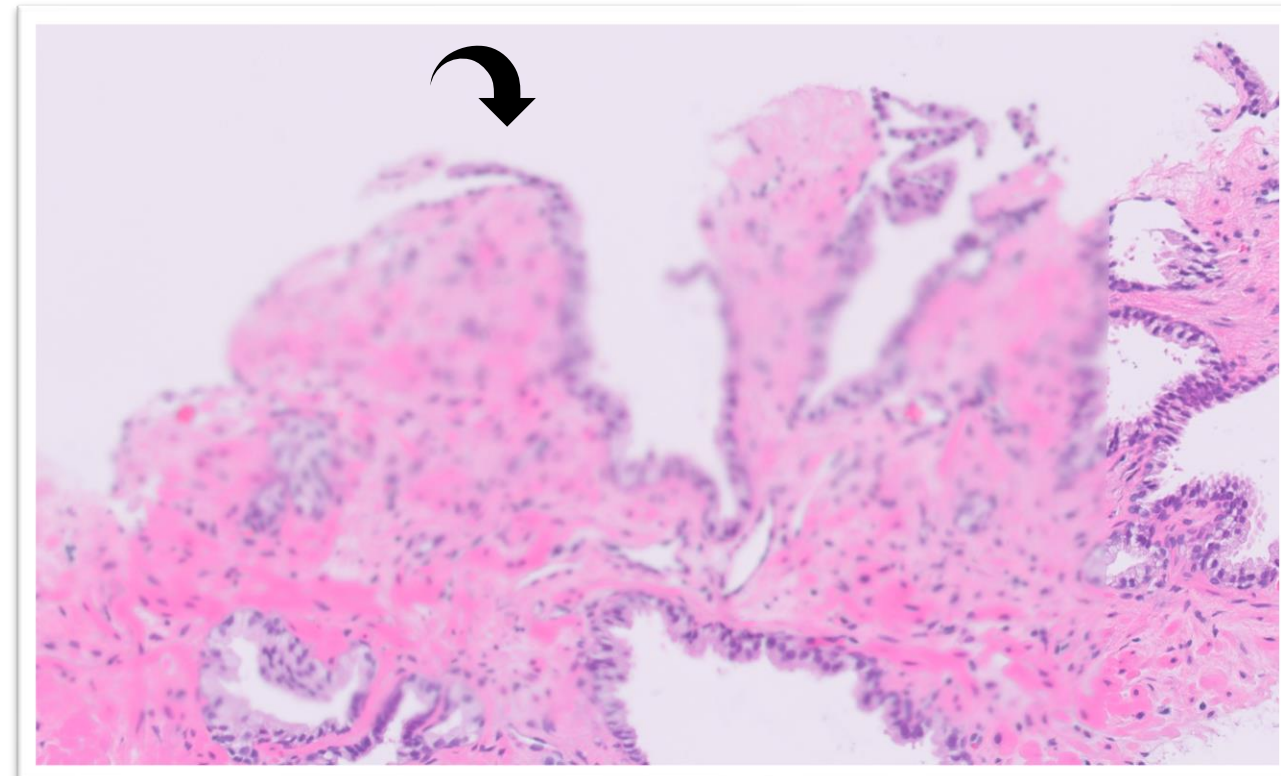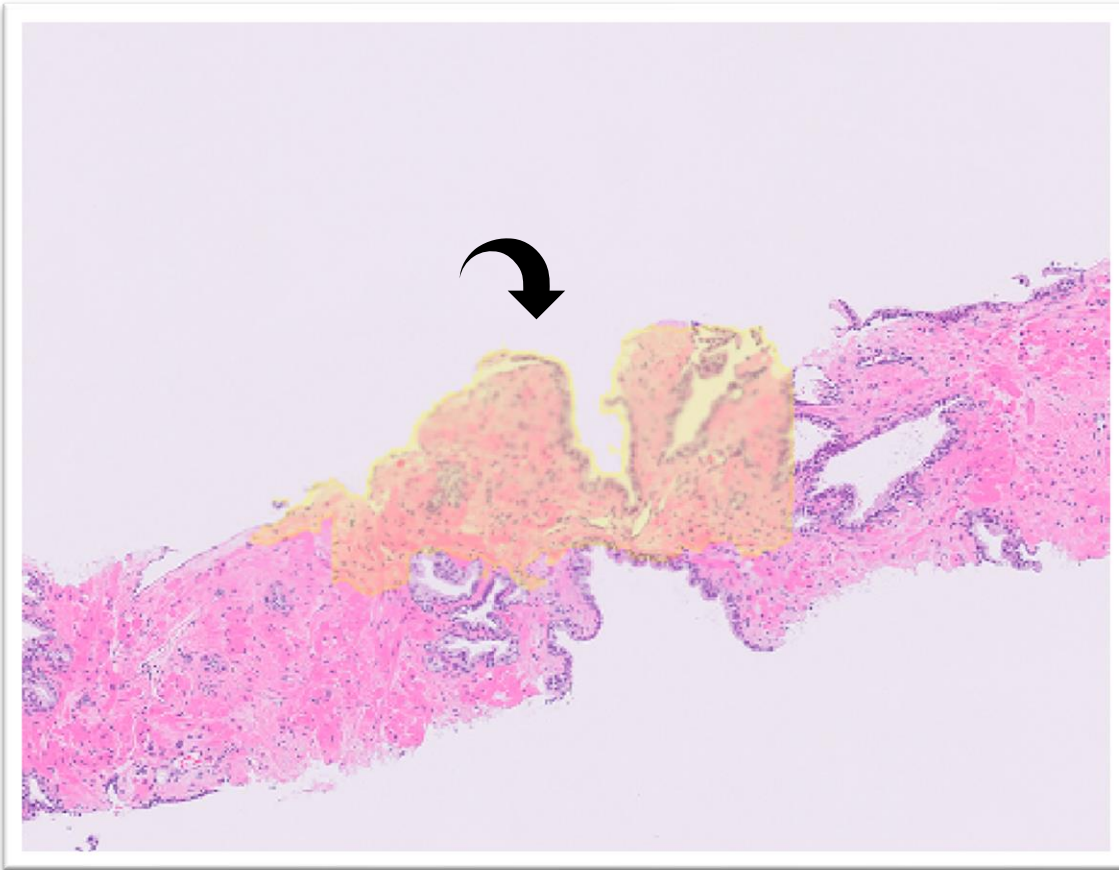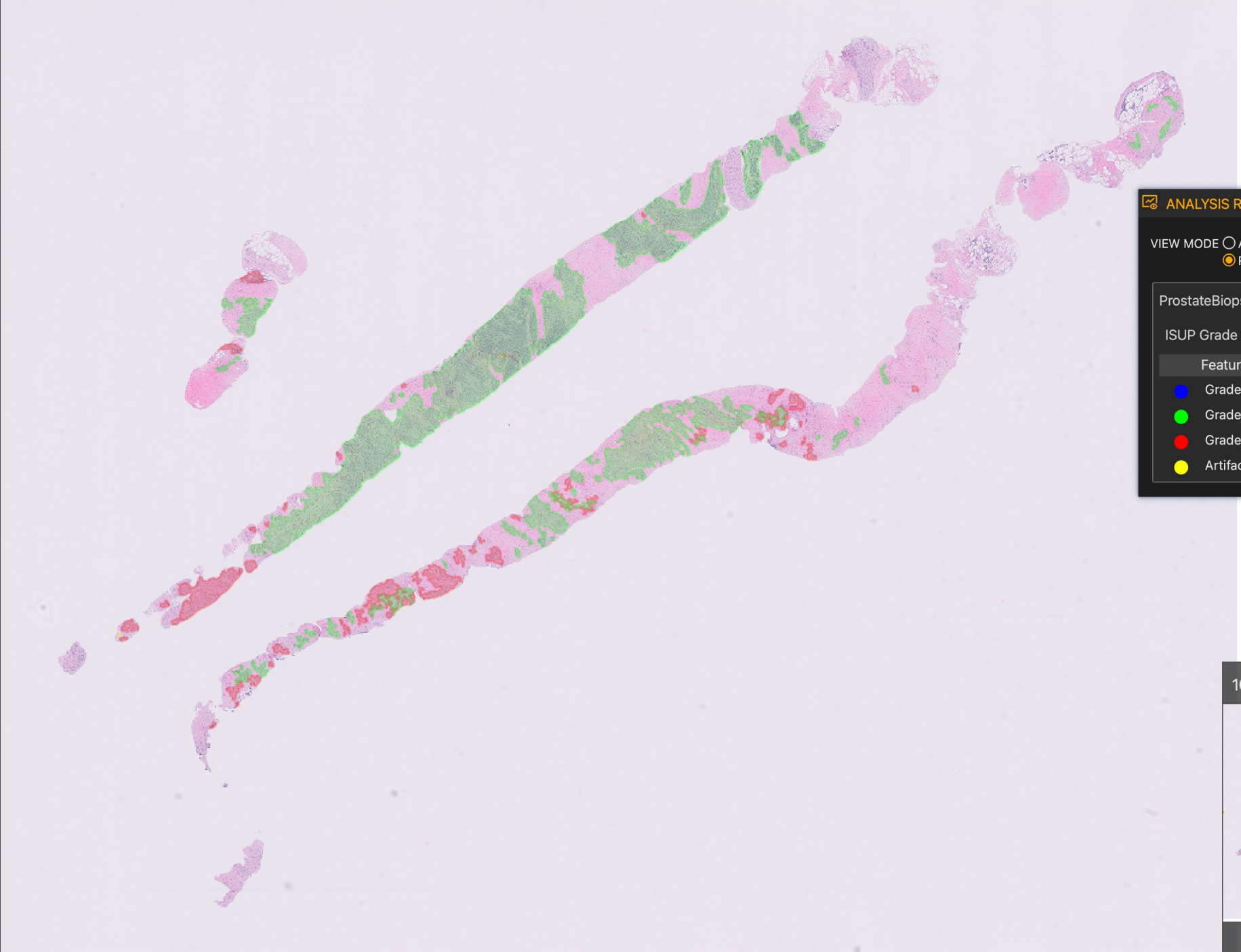
Highlighting Out of Focus Areas:
Avoiding erroneous Diagnosis of Benign

- 100% of the tissue region is out of focus
- Needs to be flagged for re-scanning before pathologist review
- Can be reported as benign by AI algorithm if no intervening QC step

- Classification methods, such as Multiple Instance Learning (MIL), are affected by inaccurate instances in the testing bag.

  - Incorrect diagnosis because of the overall classification of the whole slide image.
  - For instance, a benign sample being misclassified as cancerous. Crucial to remove instances or patches that contain artifacts during the pre-processing stage.

- Case Study:
  By identifying common artefacts such as Out-of-Focus, Air bubble, Fold, Pen Marks, and Dark Spot, the performance of a Weakly Supervised Model (WSL) for Whole Slide Classification (Lung Adenocarcinoma vs. Squamous Cell Carcinoma) **is enhanced by approximately 5%.**

Case Study: Impact of AIRAQc on Algorithm Accuracy

Case Study:

By identifying common artefacts (Out-of-Focus, Air bubble, Fold, Pen Marks, and Dark Spots) the performance of a Weakly Supervised Model (WSL) for Whole Slide Classification (Lung Adenocarcinoma vs. Squamous Cell Carcinoma) is enhanced by **approximately 5%**.
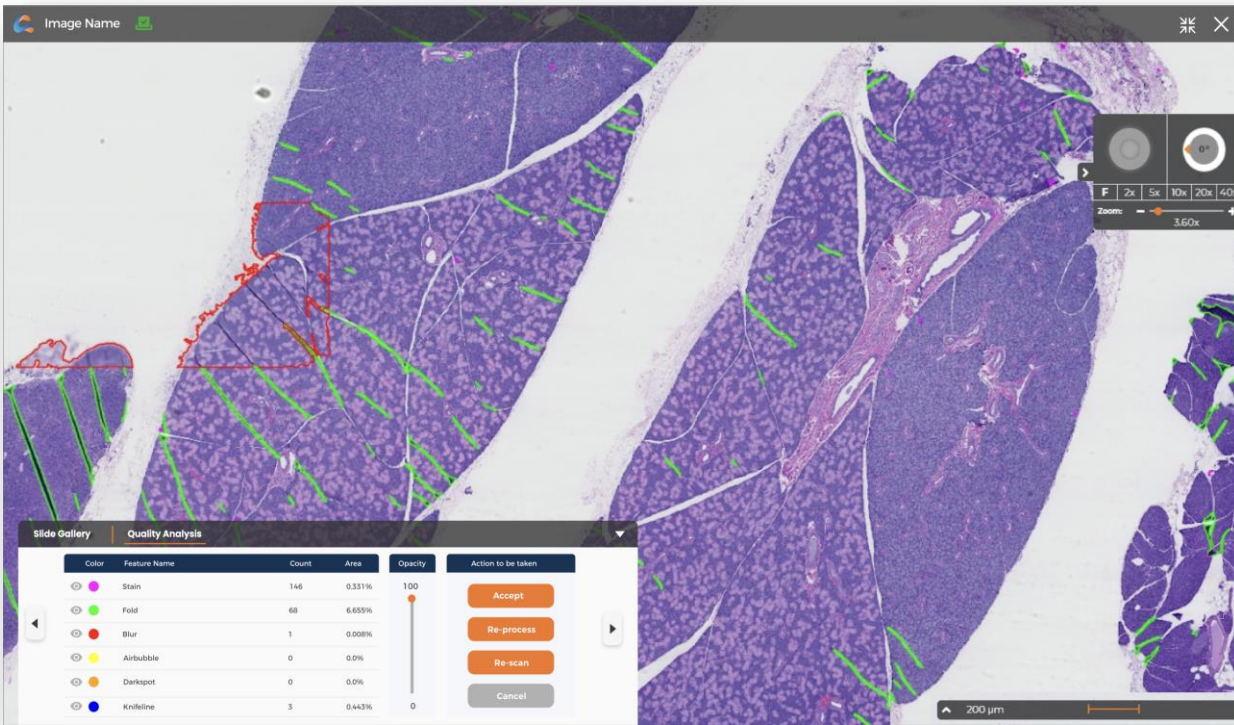
Dataset:
- Total # WSI: 1019 (Training:771; Testing 248)

- Labels: Lung Adenocarcinoma vs. Squamous Cell Carcinoma

Model:
- CLAM with ResNet50 feature extractor

Performance on Test Set	Accuracy (%)
Testing with artefacts	87.1
Testing after discarding the artefact regions	91.8

AIRAQc - Ensuring Speed of Preanalytical Workflows with Downstream Result Accuracy

- Faster turnaround with **100% QC**
- One solution for **ALL WSI**
- **Saving on resources** with efficient automation
- Improved downstream **AI image analysis**
- Analytics for **effective Quality Audits**
- Data to support Root Cause Analysis and plan Corrective, and Preventive Actions
- **Tangible benefits** – Straightforward justification of a business case

Artificial Intelligence–Transformed Analyses

AIRA MATRIX

Exhibiting at booth #5

Thank You

solutions@airamatrix.com

CONVENZIS

NHS PATHOLOGY CONFERENCE

NHS
North West London Pathology X CONVENZIS

Slido

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

SCAN ME

Too Busy to Stop! Too busy to change!
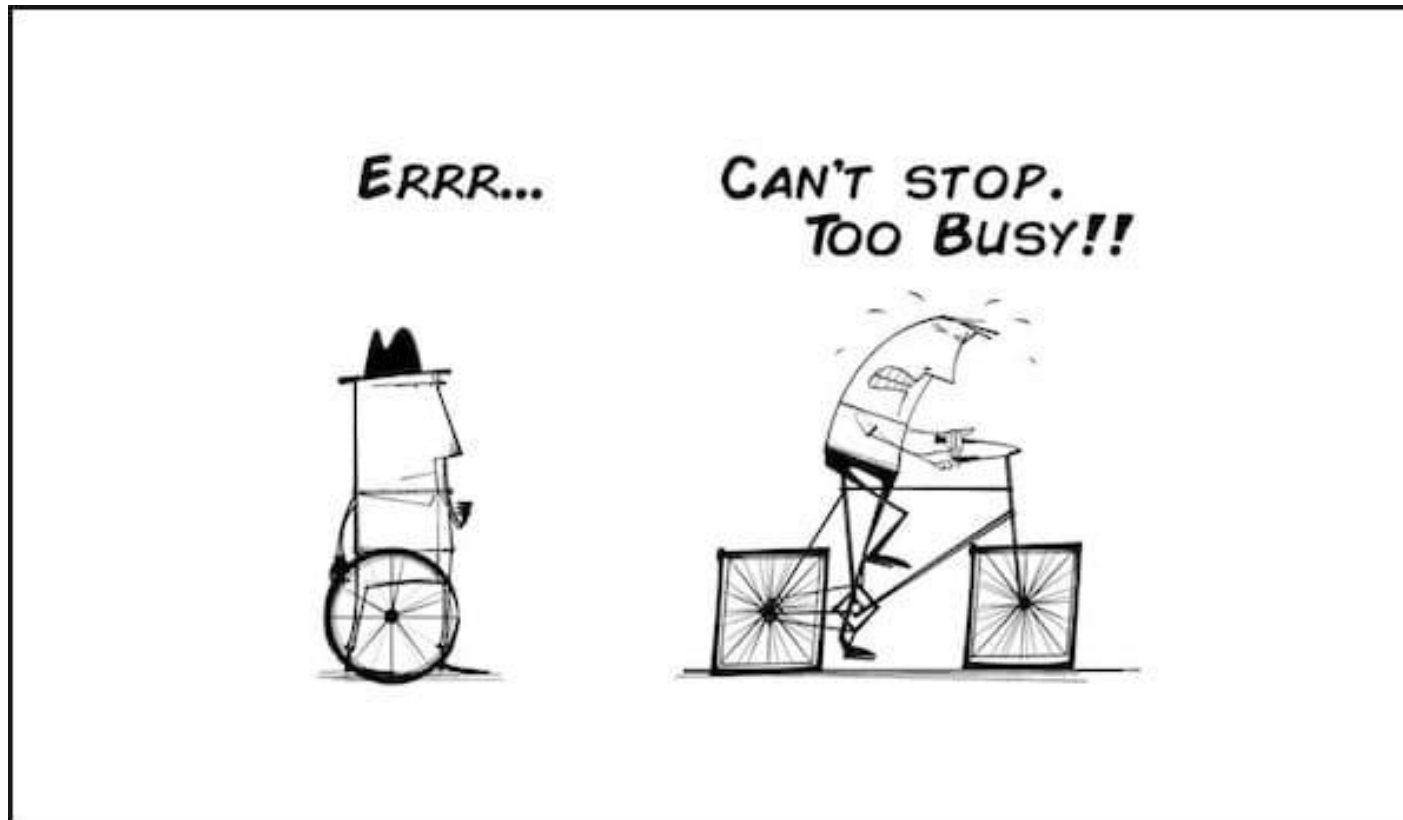
Too Busy to Improve!

SWLP Workforce Challenges – Post Pandemic

Lower productivity – Higher Costs (Increased Temp & Agency)

Legacy inconsistent Education & Training competency systems,

Poor competency evidence base, visibility and compliance

Incomplete Paper based competency files. difficult to assess and audit.

Intermittent Training of staff – when time and rosters allowed.

No network induction of staff joining SWLP.

No protected time for training or trainers.

High turnover of Staff in certain grades e.g. >30% in 12 months.

Limited progression of staff in career.

Difficulty in ESL recruitment to specific bands.

Staff Quotes

"No one to train and no-one to give the training"

"No Time to train"

"Lab work takes the priority"

"Staff have to cover the shifts so don't get trained"

SWLP Multiple programmes to progress

Technology & Automation

LIMS & IT

Staffing & Shifts

Quality Performance & Delivery

Space & Workflow

Science & Scope

Effective Service to Users for Patients

Key strategies in developing SWLP
5 Year forward Plan 2022 - 2027

Release time

- Process **optimisation**
- **Automation** of processes removal of duplication/ redundant processes
- Consolidation/centralisation
- **Increase** standardisation
- **GIRFT** initiatives
- **Service** repertoire
- **Demand** management
- **Removal** of unwarranted processes

Create space

- **Review** space usage
- **Remove** waste
- **Decrease** clutter
- **Centralisation** of testing
- **Archive** storage offsite
- **Reconfigure** space
- **Refurbish** space
- **Move** off site

Develop staff

- Review **workforce – mix**
- Review **task/workflow**
- Use of **Middleware new technology**
- **Autolab** creation
- **Redefine** specialities
- **Multidisciplinary** working
- **New roles** (Band 3 & 4)
- New **patterns** of work

Maximise Investment

- **Refurbish** space
- **Marketing** of services
- Attract **new business**
- **Business** development
- New **technology**
- **Diversification** - phlebotomy/water testing/ home testing/POCT in community
- **Expansion** and **growth**

Working Differently, Creatively and with innovation

SWLP - Creating 'New' together

Vision

A NHS partnership providing a highly dependable, clinically assured and **cost-effective diagnostic** pathology service

Mission

To ensure every patient receives the required **test results and advice** for their effective diagnosis and treatment

Values

- We pursue **excellence**
- We value your **relationship** with us
- You can **depend** on us
- Making every test **matter**

Strategic Goals

1. **Optimise** our organisation in quality, efficiency, infrastructure and workforce

2. **Grow and develop** our presence to strengthen our position in the market

3. **Build** a strong customer-focused organisation

Investment Objectives

Quality – Sustained & Safe
Finance – Value & Competitive
Workforce – Flexible & Skilled

SWLP Workforce Challenges – Post Pandemic

A new approach to workforce was required to reflect our values and investment objectives…

SWLP Workforce Investment Objective

To promote enhanced educational, training and research opportunities in all partner Trusts and across the network, supporting innovative models of care and delivering a sustainable, highly skilled, trained and qualified workforce at all levels

SWLP had to invest in infrastructure and systems to make a material change in our approach and resourcing for workforce.
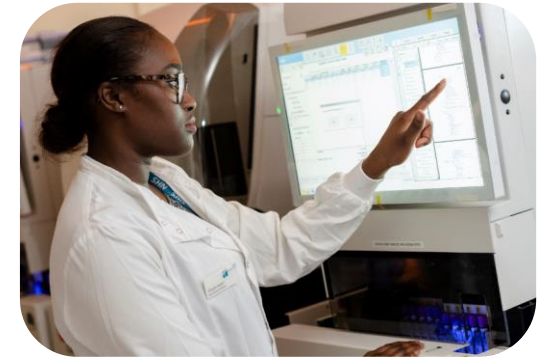
SWLP chose to invest in **ProfilerLive** to be a resource for staff to evidence quality and develop an infrastructure for Users, Tutors and Stakeholders.

SWLP aims to allocate all staff 0.5 day per month away from bench level operations for training and education.

Our Shared Mission…

- Optimise your Productivity!

- Productivity is driven by your people's Capability

- Capability = Confidence + Competence

Likely Training & Competency process today:

Characteristic	Implication
Paper based	Manual tracking
Face to face delivery	2 people off bench for duration
Tracked on Spreadsheets	No aggregate picture View the data one-way Never up to date Risk of calculation formula errors Heavy admin burden

Digitised Content:
Programmes
Plans
Tasks

Assigned

Submitted

Signed Off

Productivity

Governance, Quality & Safety

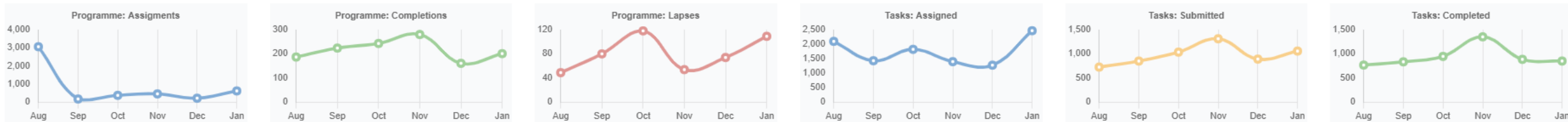Enterprise Stable Visibility

Your Online Solution

Paper Based & Spreadsheets

Real Time, Consistent, Objective

ProfilerLive

Total Assignments	13525
Valid (5897)	Not Valid (1241)
44%	9%

With Active Plans (4873)	36%
Overdue (4125)	0-7 Days (107)	Not Started (4088)
85%	2%	84%

Due Refresh (633)	5%
Expired (507)	Expiring Soon (126)
80%	20%

Looking Ahead (2436)	18%
Upcoming (6)	Require Planning (2430)
<1%	100%

Programme: Assigments
Programme: Completions
Programme: Lapses
Tasks: Assigned
Tasks: Submitted
Tasks: Completed

Topline Plan Progress ⓘ

Upcoming 0	In Progress 100%(1)	Valid (R) 0	Lapsed (R) 0	Overdue -	Due 0-7 Days -	Due 8-14 Days -	Due 15+ Days 1	Not Started 1

Programme filters

Speciality	Programme Group	Programme	Programme Level	Rating	Active/External	Programme Status	Due date	Plan type	Plan State
Coagulation ✕	Choose some options	Choose some options	Choose some op	Choose some	- Show All -	Choose some opti	Choose some options	Choose some optior	Not Started

User filters

Learner	Tutor	Site	Department	Band	Cost Centre	Job Title	Employment Type	Job Role
	Choose some options	Choose some options	Choose some options	Choose some optio	Choose some options	Choose some options	Choose some optio	Choose some options

Apply Clear

Search

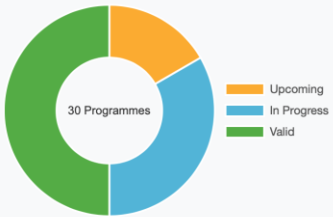| Name	Speciality	Programme Group	Rating	Status	Plan	Due	Days	Tasks	●	●	●	●	Progress	Tutors
1Learner	**1 Speciality**	**1 Group**			**1 Plan**			5	5					
	Coagulation	Routine Coagulation		In Progress	D-Dimer Assay (ESTH) - Initial Training v1.0 (Primary)	11/03/2024	43 days	5	5					Paul Duffy, Valentina Erazo Ospina

Start 1 to 1 of 1 entries

CSV

Welcome to ProfilerLive
South West London Pathology Training & Competency Hub

MY LEARNING JOURNEY

▶ **Start**
Programmes →

⬆ **File store**
Upload files →

30 Programmes
- 🟠 Upcoming
- 🔵 In Progress
- 🟢 Valid

? **Learner guide** ⧉
Quick start help → ⧉

What's New?

First of the new Beckman Coulter analysers to go live at Croydon

Submitted by SWLP Comms Team on Wednesday, 04 September 2024 - 16:46
Read more from SWLP Comms Team

In mid-September, the first of the new Beckman Coulter analysers will go live at Croydon Hospital, marking the beginning of the rollout of the Beckman Coulter managed service contract.

Haval Ozgun takes the helm of rapid diagnostics at South West London Pathology

Submitted by SWLP Comms Team on Wednesday, 04 September 2024 - 16:44
Read more from SWLP Comms Team

As the newly designated General Manager for the Rapid Diagnostics and POCT, Haval has ambitious plans to transform SWLP into a leader in innovative diagnostic services, while maintaining the highest standards of patient care.

Meera Mylvaganam: Pioneering Advanced Biomedical Scientist Reaches New Heights with Rare Diagnostic Cytology Qualification

Submitted by SWLP Comms Team on Wednesday, 04 September 2024 - 16:41
Read more from SWLP Comms Team

Meera Mylvaganam is one of only 12 BMSs in the country to hold the qualification. Her journey, which began nearly two decades ago, has been marked by perseverance, dedication, and an unwavering passion for clinical work.

❯ Read more

ProfilerLive features @ SWLP
Supporting our Transformation

- Reporting in ProfilerLive is tracked in real-time

- Ability to target time to priority High Impact / Risk competencies

- A platform for staff to access regularly (cf eRoster)

- Countless reports and configurations of data analytics

- Develop core programmes of work for eContent

- One competency covers several SOPs

- Programmes, Plan & Tasks / Learners, Tutors & Stakeholders

- Programmes planned for Induction, Operations, Technical & IT

- Integrated in all our Procurements that suppliers work with the ProfilerLive team to develop core competencies.

- Accelerated with dedicated centralised training team.

- The Competency Hub attracts staff to use the software

ProfilerLive for SWLP

- ProfilerLive optimises our Productivity

- Our Productivity is driven by our people's capability

- Capability = Confidence plus competence