



Welcome to the NHS Pathology Conference



7th July 2026
etc.venues, Prospero House, 241 Borough
High St, London, SE1 1GA



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Join the Healthcare Engagement Society (HES)

- **What it is** – A secure, year-round platform bringing NHS professionals together across six specialist communities.
- **Why it matters** – Stay connected beyond today's event, share challenges, and learn from peers facing the same priorities.
- **Your benefits** – Exclusive access to interviews, insights, best practice, and real-time discussion threads with colleagues nationwide.
- **How to join** – Simply scan the QR code, choose your community, and start connecting today.



SCAN ME

Stay Connected Beyond Today

Join the **HES Primary & Long Term Care WhatsApp Community** to stay connected with the people, ideas and conversations shaping this space. Receive relevant updates, access focused peer discussion groups, share practical insight and be first to hear about future events, resources and opportunities.



Scan the QR code to join the Community



Chair Opening Address



Mr Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks



Leadership Interview



Catherine Ross
Chief Scientific Officer
Scottish Government



Skill Clinic



Noman Manzoor

Pathology Laboratory Director, General Manager Pathology ,
Transfusion and Mortuary Services
South 4 Pathology Partnership Great Western Hospitals NHS
Foundation Trust



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Skill Clinic

NHS

South 4

Pathology Partnership

From Vision to Reality:
Embedding Digital Pathology, AI and
Automation into Day-to-Day
Laboratory Practice.

Moving from pilots and promises to clinical reality

NOMAN MANZOOR

PATHOLOGY LABORATORY DIRECTOR

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

SOUTH 4 PATHOLOGY PARTNERSHIP



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Where Are You on the Journey?

1. Which area best describes your organisation?

- Exploring
- Piloting
- Partially deployed
- Fully operational

2. Biggest implementation challenge?

- Funding
- Workforce
- Infrastructure
- Change management
- Digital maturity

3. Which area is furthest ahead?

- Histopathology
- Blood Sciences
- Microbiology
- None



The Reality We Face

Growing Demand

- ↑ Cancer diagnostics
- ↑ Complex testing
- ↑ Genomics integration
- ↑ Demand for faster turnaround

Growing Constraints

- ↓ Workforce availability
- ↓ Financial resources
- ↓ Estate capacity

How do we increase capacity and quality without continuously increasing workforce?

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From Vision to Reality What Does “Embedded” Look Like?

Vision	Reality
Digital Pathology	Routine digital reporting
AI	Daily decision support
Automation	Standard workflow
Data	Operational intelligence
Innovation	Business as usual

Success is not:

- Buying technology

Success is:

- Changing workflows
- Changing behaviours
- Delivering measurable outcomes

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Histopathology: The Digital Pathology Journey

Before

- Glass slide transport
- Physical archives
- Single-site reporting
- Manual prioritisation

After

- Whole slide imaging
- Remote reporting
- Network reporting
- AI-supported triage
- Digital MDT review

Operational Benefits

- Increased flexibility
- Faster case allocation
- Improved resilience
- Enhanced collaboration

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Histopathology AI in Practice Where AI Adds Value Today

Detection

- Prostate cancer
- Breast pathology
- Metastases detection

Quantification

- HER2
- Ki67
- PD-L1 scoring

Workflow Optimisation

- Case prioritisation
- Quality assurance
- Identification of negative cases

AI should remove repetitive work, not replace pathologists.

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Blood Sciences: Automation at Scale

Existing Automation

- Pre-analytical automation
- Track systems
- Auto-verification
- Reflex testing
- Middleware rules

Emerging AI Opportunities

- Predictive demand modelling
- Intelligent workload balancing
- Quality control analytics
- Failure prediction
- Capacity forecasting

Impact

- More samples
- Less manual intervention
- More consistent quality

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Microbiology: The Next Digital Frontier

Traditional Model

Specimen → Culture → Manual Review → Reporting

Digital Model

Specimen → Automation → Digital Imaging → AI Support → Reporting

Examples

- Automated plate inoculation
- Digital culture reading
- Automated susceptibility workflows
- MALDI-TOF integration
- AI-supported interpretation

Benefits

- Faster organism identification
- Reduced repetitive tasks
- Better standardisation

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Interactive Exercise

"Find Your Biggest Opportunity"

Consider one process in your laboratory that:

- Delays patient care
- Creates backlog
- Consumes staff time
- Generates frustration

Now ask:

- Can it be digitised?
- Can it be automated?
- Can AI support it?

Discuss for 2 minutes

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Why Implementations Fail

Common Pitfalls

- Technology before strategy
- Poor stakeholder engagement
- Underestimating change management
- Weak digital infrastructure
- Lack of measurable benefits
- Insufficient workforce training

Lesson

Digital transformation is 20% technology and 80% people, process and culture.

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A Practical Framework for Success

Step 1

Understand the problem

Step 2

Digitise the workflow

Step 3

Standardise the process

Step 4

Automate repetitive tasks

Step 5

Apply AI where it adds value

Step 6

Measure outcomes relentlessly

Formula

Digital + Automation + Workforce Adoption = Sustainable Transformation

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The Future Laboratory

Intelligent

Data-driven decision making

Connected

Integrated diagnostics

Automated

Routine work handled by systems

Augmented

AI supporting expert decisions

Human

Experts focusing on complex clinical judgement

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Final takeaways

1

Digital pathology, AI and automation are already delivering value.

2

Success comes from redesigning workflows, not purchasing technology.

3

The organisations that embed these tools into everyday practice will be best positioned to meet growing demand with limited resources.

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Your Next Step: Where Will You Start?

If you returned to your laboratory tomorrow and could automate one process, what would it be and why?



Main Sponsor



Main Sponsor



Jade Erwin

Digital Integrations Manager
Source LDPath





From Analogue to Digital: Revolutionising Pathology to Help You Meet RCPATH / NHSE Turnaround Directives

Jade Erwin – Digital Integration Manager



Source BioScience Laboratories

Two UKAS accredited laboratories delivering histopathology services across all disciplines.



Nottingham

Head Office | Histopathology

Cambridge

Genomics

Chichester

Histopathology



Key Achievements



Support Over 90
NHS Trusts



280+ Consultant
Pathologists



Dedicated Courier &
Integration Team



350k+ Cases Reported
& 1 million+ Slides Scanned
in the Last 12 Months



Proven Expertise
Achieving KPI Compliance
Averaging 90% for TATs



Weekend Reporting
Introduced in 3 weeks to
Support Compliance with New
10 Calendar-Day Directives

Why Go Digital

DIGITAL



GLASS

*2026 digital statistics support same-day TAT.
**Glass average TAT typically falls within 4 days. Contracted to 7 working days.

Integration Options

Scanner Integration

Supporting direct image transfers straight into Indica Halo.

- ✓ **Scanner agnostic**

Vendor Integration

Providing access to the associated Cloud via the sending trust, simplifying image retrieval.

- ✓ **Digital images are stored for a minimum of 8 years**

LIMS-to-LIMS Integration

Direct LIMS-to-LIMS integration streamlining outsourced testing from order to result.

- ✓ **Instant report availability → 2-3 days faster**

- ✓ Faster Turnaround Times
- ✓ Seamless Case Transfer
- ✓ Real-Time Case Tracking
- ✓ Simplified Workflows

LIMS / IMS Plugin

Platform-agnostic integrations, tailored to your existing digital infrastructure.

A LIMS plug-in, designed by pathologists for pathologists.

- ✓ Instant report availability
- ✓ Faster TATs
- ✓ Easily interpretable results
- ✓ Supporting NHS cancer targets
- ✓ Reduced risk of sample loss or damage

Integration Options in Practice

 Integration Model (By Case Study)	 No. Cases Reported	 Reduced Time (Procedure to Outsourcing)
Scanner	6,000+	7 days → 3 days
LIMS-to-LIMS	11,000+	9 days → 5 days
LIMS-to-LIMS	14,000+	18 days → 4 days

2026 Case Study 1

Month	No. Cases	Digital Average TAT
Jan	17	0.06
Feb	378	1.9
Mar	703	2.1
Apr	530	1.5
May	1119	1.3
Jun 1 st -12 th	706	1.3
Total	3454	1.6

1.6 Days
Average TAT

26%
Same-day TAT

46%
Next-day TAT

96%
≤ 5-day TAT



2026 Case Study 2

1.45 Days

Average TAT

27%

Same-day TAT

55%

Next-day TAT

100%

≤ 3-day TAT



TalkingPoint PathXchange

- Import module eliminates manual case handling with outsourced providers
- Automated read/write integration with LIMS
- Auto-generated manifests for outbound samples
- Complete case data written back to LIMS

Time Impact – Case Study



Our Pathologist Network Feedback

“

I have never worked with a lab with such a **high level of quality control** and this “right first time” approach means specimens move through the pathway more efficiently and **improves TATs**.

Dr James Carton
Consultant Histopathologist

”

“

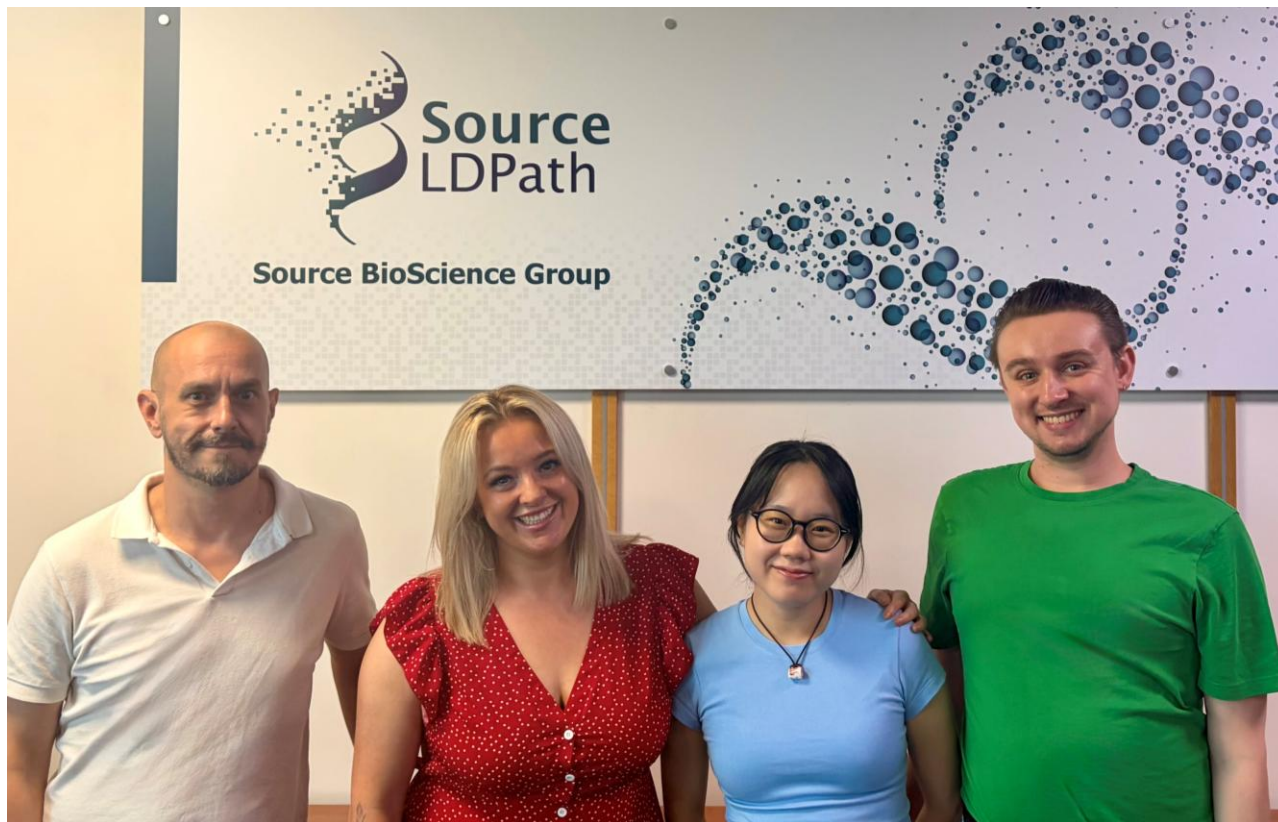
A **national leader** in adopting and operationalising a fully digital pathology model, pioneering this approach in 2013. This transformation has had a **profound impact** on diagnostic efficiency, workflow flexibility, and the evolution of my own professional practice. And numerous others.

Dr Essam Raweily
Consultant Cellular & Dermatopathologist

A defining strength of this lab is its **bespoke, internally developed LIMS**. Unlike off-the-shelf solutions, this system is continuously refined to support **lean workflows**, evolving clinical needs, and the laboratory’s strategic direction.

”

Meet the Team



- ✓ Experienced team
- ✓ Dedicated support
- ✓ Tailored solutions
- ✓ Fast response times
- ✓ End-to-end delivery



Making Outsourcing Feel Inhouse



- Integration project management support
- End-to-end validation testing
- Post-integration support

Contact the Team

sourcebioscience.com

enquiries@sourcebioscience.com

**Connect with Me
on LinkedIn**



Jade Erwin
Digital Integration Manager

Refreshments & Networking



Chair Morning Reflection



Mr Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks





Case Study

ProfilerLive



Case Study



Angela Jean-Francois CSci FIBMS HCPC
Managing Director
North West London Pathology



North West London Pathology & ProfilerLive in partnership

Training and Competency – From Analogue to Digital and Beyond!

Angela Jean-Francois FIBMS CSci
NWLP Managing Director



Patient focused



Collaborative



Expert

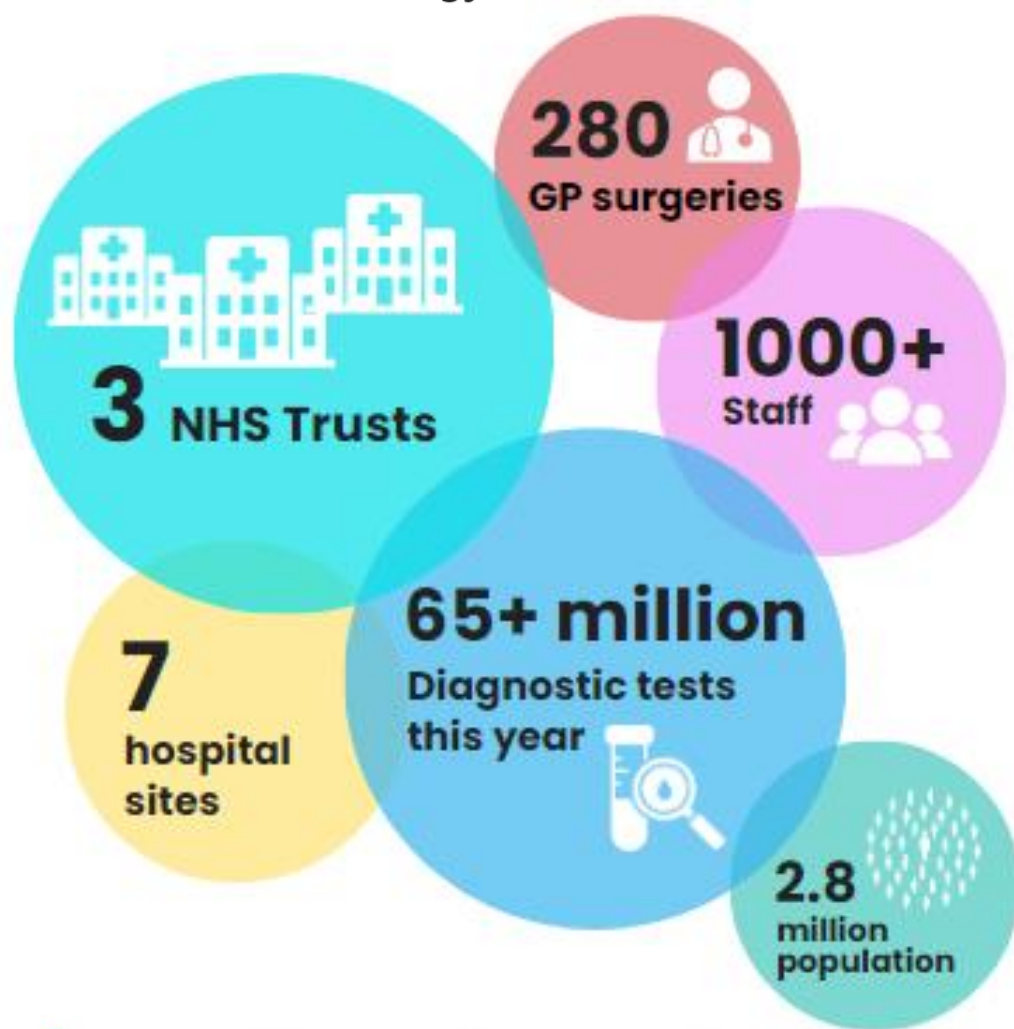


Caring

2026



North West London Pathology



Patient-focused



Collaborative



Expert



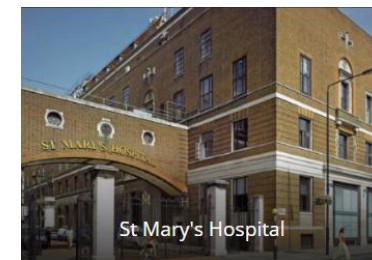
Caring



Mount Vernon Hospital



Hammersmith Hospital



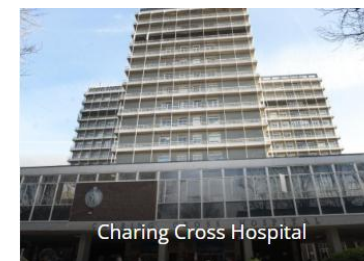
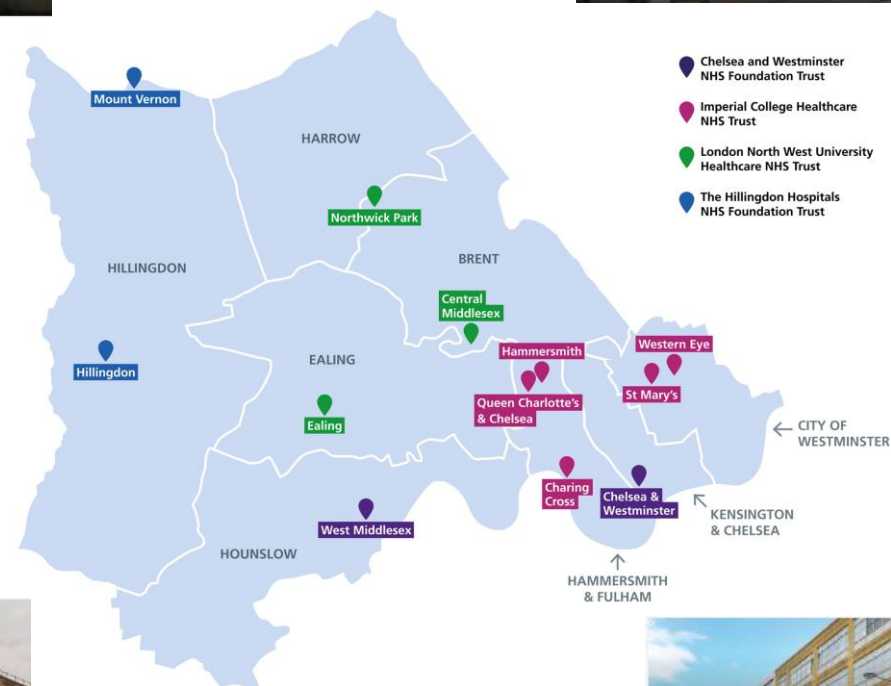
St Mary's Hospital



Hillingdon Hospital



West Middlesex Hospital



Charing Cross Hospital



Chelsea and Westminster Hospital

Our existing approach needed to evolve

The issue was bigger than paper and spreadsheets

The real challenge was making workforce capability easier to evidence, manage and connect to operational need

We needed to show, quickly and confidently, that rotas, benches and services were safe to operate

Consistency

A more consistent approach across services

Visibility

A timely view of status, validity and progress

Evidence

Accessible, auditable and captured closer to the bench

Agility

A faster way to respond to changing service needs

Our Leadership question:

How do we create a more visible, governed and agile way to manage workforce capability ... and support assurance when services need to change?

Why we chose ProfilerLive

Visibility first - One foundation - Ongoing partnership

**Operational visibility was the immediate priority ...
but we also needed a foundation that could grow with us**

1

Operational visibility was the priority

A clearer live view of progress, gaps, validity and assurance;
supporting day-to-day management, rota assurance and bench-level confidence

2

One foundation ... multiple outcomes

Core T&C first,
then KPIs, portfolio, induction, academy content, risk, skill sets, business continuity assurance and CPD as the platform matures

3

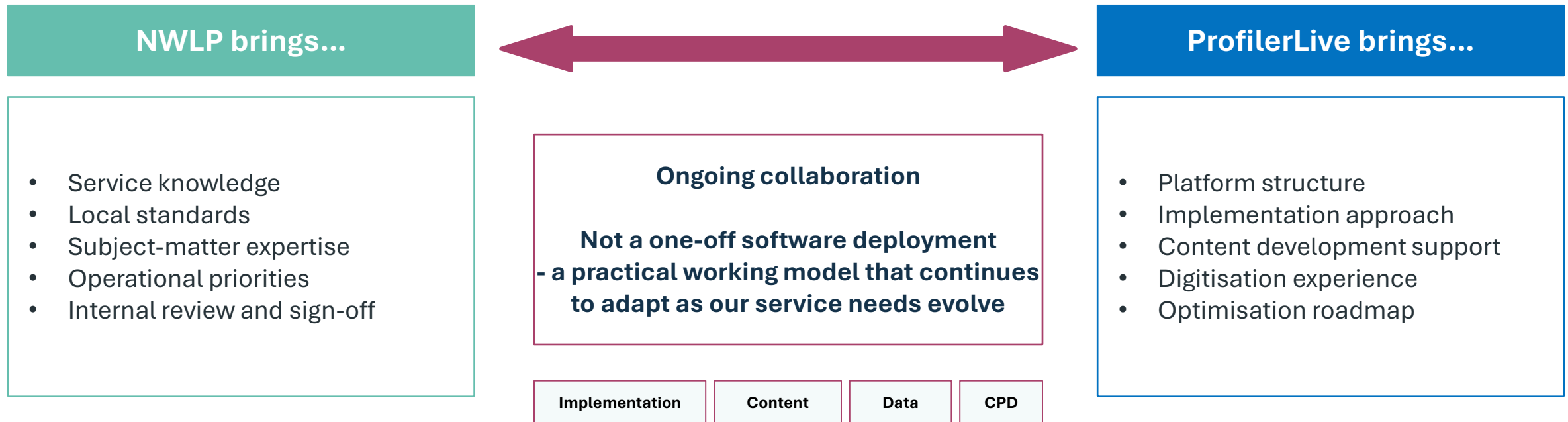
A partner ... not just a platform

Implementation structure, content development support and ongoing optimisation
- helping shape the platform as our needs develop

**The selection logic was simple:
visibility now, a foundation for growth, and a working relationship that continues**

How we work with ProfilerLive

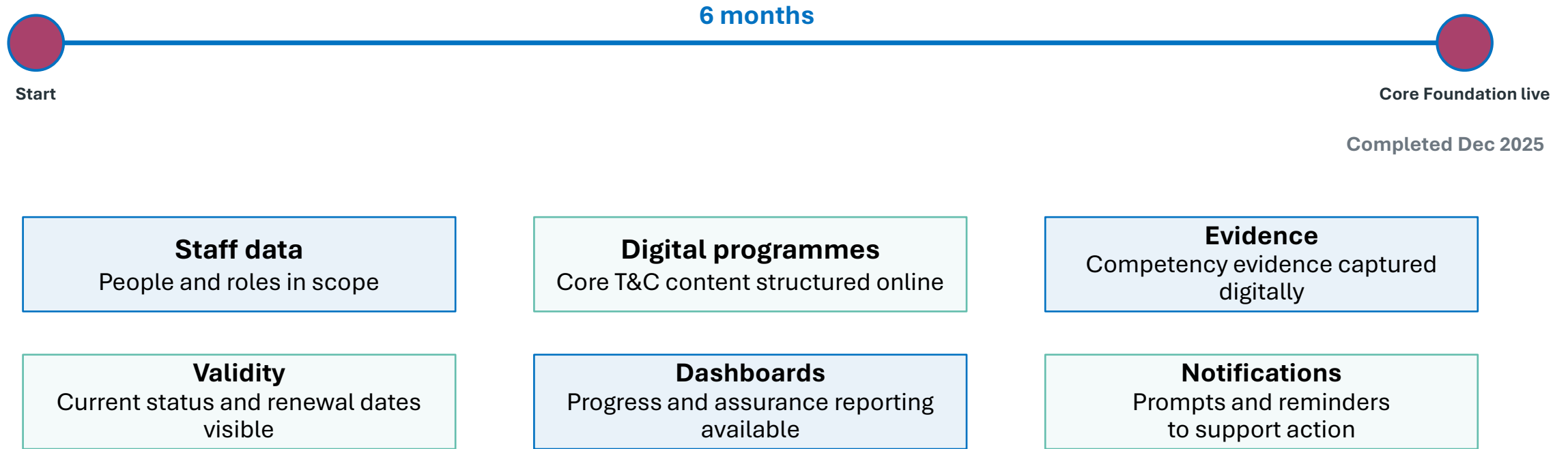
An ongoing working relationship - not just a completed implementation



**We do not just use ProfilerLive; we work with ProfilerLive ...
continuing to shape the foundation around what the service needs next**

Phase 1: Establishing the foundation

Implemented within six months, with the core foundation live by December 2025

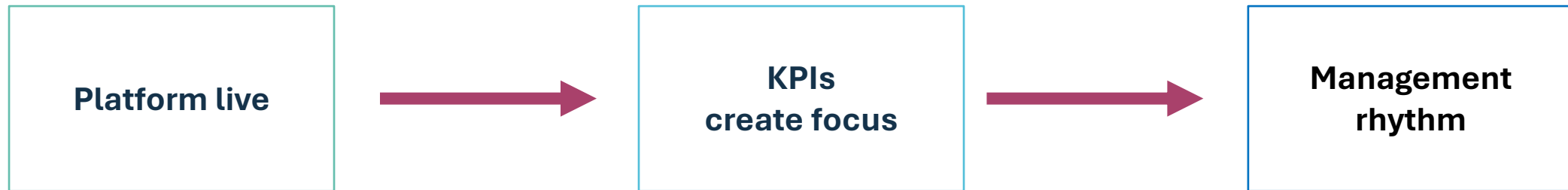


**The first milestone was not perfection – we chose to ‘lift and shift’
It was creating a working digital foundation that we could
operate, learn from and build on**

Phase 2: Operationalising the platform

KPIs helped turn system adoption into management rhythm and accountability and assurance

Visibility + KPIs = operational grip



Management rhythm in practice



KPIs made ProfilerLive part of how progress, accountability and assurance are managed

The value became visible in three practical ways

Implementation moved quickly ... Once live, three practical changes became visible

Delivered at pace

Live in under six months
across a complex, multi-site
pathology network

Liked by staff

Staff found it easier to access,
complete, review and evidence
T&C activity in one place

Better information at every level

Clearer information from
individual progress to service-
level assurance

**The value was not just going live ...
it is making workforce capability easier to see, manage and improve**

Extending content beyond traditional T&C

In the first half of 2026, the same foundation began supporting wider workforce capability development

Portfolio

**Train the
Trainer**

**Core T&C
foundation**

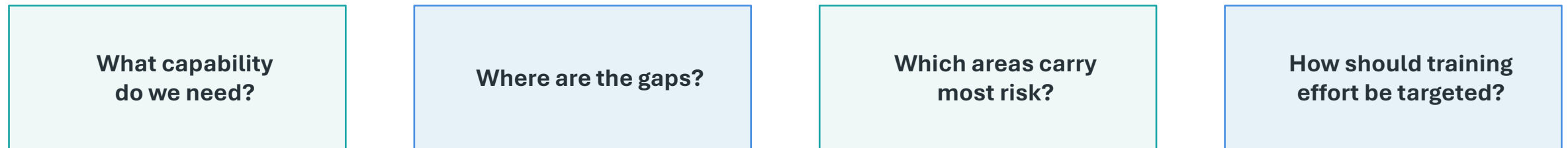
Induction

**NWLP
Academy**

**Digitising T&C content created a robust core foundation
Once live, we began building content to support wider workforce development**

Optimising the rich data source

Risk and Skill Sets move the story from records and reporting to more targeted workforce insight



**Risk and Skill Sets turn training records into workforce intelligence
... helping leaders focus effort where it matters most**

The natural next step: from evidencing competence to supporting development over time

With the core T&C foundation in place, our next step is CPD.

Natural progression:

- We started by building the core T&C content. That gave us a structured foundation for evidencing competence
- CPD is the next step in supporting staff development over time

What this means for us:

- Staff can record development activity
- Reflection and evidence sit alongside competence history
- Development becomes easier to see, support and discuss
- CPD becomes part of the wider workforce capability picture

Record

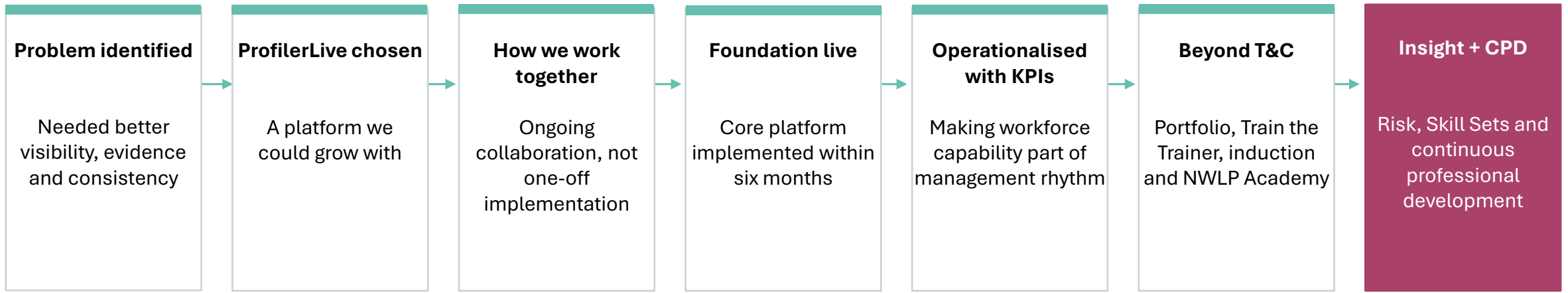
Reflect

Evidence

Develop

**CPD is now being integrated into our wider workforce development approach ...
rather than managed as a separate process**

Core T&C foundation - Wider workforce outcomes



With the core T&C foundation in place, we are using the platform to support assurance, management rhythm, wider content development, workforce insight and CPD

Thank you TeamNWLP and TeamProfilerLive #TogetherWeAreStronger

LMS implementation - From paper to a fully digital competency assessment platform



965

licences live

900+

staff trained

23

go-lives

1,000+

competencies

Changed the operating baseline and creating new possibilities

Training evidence, competency records and manager visibility are now in one place

"Accessible training evidence" became visible during UKAS inspection.

Case Study



Case Study



Jenny Fitzgerald
Chief Revenue Officer
Diagnexia





TECHNOLOGY FOR THE CANCER TARGET

Technology for the 10-day cancer target

How hospitals can use capacity and automation to close the histopathology gap.

Jenny Fitzgerald · Diagnexia · Tuesday 7 July 2026



The 10-day target, in numbers

98%

10-day target by Mar 2029

National Cancer Plan, every cancer pathway case.

~55%

National performance today

All-histopathology 10-day TAT, the gap to close.

33 mo

To delivery deadline

Boards and Cancer Alliances are already intervening.

Integration alone hasn't closed the histopathology gap

FULLY INTEGRATED NETWORKS

48% **66%**
within 7 days within 10 days

NON-INTEGRATED NETWORKS

33% **52%**
within 7 days within 10 days

The gap between these two is smaller than a structural fix would predict. This reads as a capacity constraint, not an organisational one.

Histopathology is the rate-limiting step

EVERY CANCER PATHWAY WAITS ON TISSUE. FASTER HISTO TAT UNLOCKS FDS, MDT AND TREATMENT.

The target

98% of cancer pathway histology within 10 days by March 2029. Every trust, every network.

Why technology

Capital buys scanners and automation kit. It does not buy reporting capacity or days out of the workflow.

Where we are

National performance around 53% on 10-day TAT. The cancer pathway subset is higher, still far from 98%.

What moves the number

Flex subspecialty reporting when the rota breaks, plus workflow automation through sign-out.

Histopathology lags every other specialty

LORD CARTER REVIEW: WHAT THE NATIONAL DATA SHOWS

Trust-level Performance

Fewer than 10% of trusts meet 7- or 10-day histopathology targets nationally — the worst-performing area in the review.

Digital maturity patchy

Only ~23% of pathology networks at maturing digital maturity — despite £200m+ national capital into digital pathology and LIMS.

Integration is not enough

Fully integrated networks: ~66% within 10 days vs ~52% non-integrated. Better — but workforce and reporting capacity still bind.

Where Carter Points

Top performers linked to workflow optimisation and mature digital foundations — not structural reorganisation alone.

Capacity and workflow automation

LEVER 1 • FLEX REPORTING CAPACITY

When a subspecialist is missing, cancer cases sit, regardless of scanner speed or LIMS investment.

Flex into qualified reporting capacity (shared pools, partners or structured overflow) before the backlog forms.

→ Protects the 10-day clock when the local rota breaks

LEVER 2 • HOSPITAL WORKFLOW AUTOMATION

Automate workflow friction: bad slides caught early, cases routed to the right pathologist, quality checks that do not add days pre-sign out.

AI coordinates the workflow. Pathologists retain every diagnostic decision.

→ Takes days out of the cancer pathway pipe

Neither lever alone closes 98%. Together they are how high-performing networks build headroom.

LEVER 1

Flex capacity for when the rota breaks

The NHS reality

Network theory includes shared subspecialty cover. Most trusts still cannot flex a head and neck reporter when a vacancy hits.

What good looks like

Pre-arranged elastic capacity. Qualified subspecialists on demand, integrated into your LIMS and governance.

What breaks first

Cancer referrals and MDT slots compete for a thin rota. Overtime and locums add days.

Impact on the target

Trusts that plan cover before crisis hold 10-day compliance through retirements and surges.

LEVER 2

Hospital workflow automation

Pre-analytical

Cut-up workflow, specimen tracking, block to slide checks.

Scan QC

Rescan bad slides before the pathologist opens the case. Around 1 day saved.

Smart routing

Right subspecialist, shortest queue. Auto-reassign if delayed.

Reporting

Pathologist sign-out. Every diagnostic decision is clinical.

Post-report QA

Morphology vs SNOMED. Discordance held for QA review.

IMPACT ON 10-DAY COMPLIANCE

~1 day Per bad slide avoided Scan QC before the pathologist, no wasted reporting slot.	Hours Off coordinator triage Auto-routing removes manual queue management.	Continuous QA under volume Post-report check holds quality as targets tighten.
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Automate before the bottleneck hits

LIMS and order validation

Cases complete in the LIMS before processing. Correct request data, specimen linked, no missing clinical fields.

Block to slide check

Near-term, auto-match block to scanned slide before reporting. Stops wrong-slide rework.

Cut-up workflow

AI-assisted cut-up (AlgoScope): less manual documentation, urgency triage at the gross bench.

Why it matters

Pre-analytical delay hides until it becomes a backlog. Fix it at accession, not at MDT.

Applies where your network handles wet work. Digital-only sites focus on the digital pathway slides that follow.

Before and during pathologist review

Scan QC gate

AI flags out-of-focus, incomplete tissue and staining problems.
Rescan before the worklist, around 1 day saved per catch.

Auto-reassignment

If a case risks breaching 10 days, reassign without waiting for manual triage.

Smart routing

Routes cancer cases to a qualified pathologist by subspecialty, complexity and current queue depth.

Works in your stack

Hamamatsu, Philips, Sectra. Histotech decides the rescan, the pathologist decides the diagnosis.

Faster reporting without lowering the bar

SNOMED discordance check

After sign-out, AI compares morphology to SNOMED codes. Discordance goes to QA review before clinician release.

Why it helps

Runs after sign-out, no extra days on the reporting clock. A quality net as you push toward 98%.

What it catches

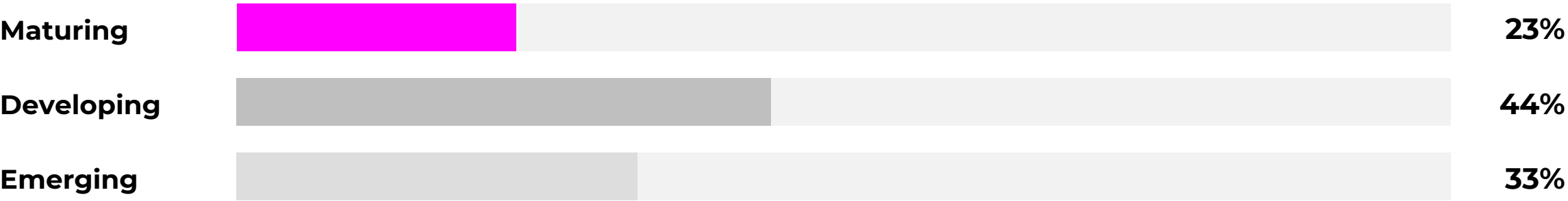
Undercalls, grade mismatches, code inconsistencies. Errors that rise under volume pressure.

Regulatory position

Operational lab QA, not a medical device. The pathologist retains authority, the AI only flags.

DIGITAL FOUNDATIONS · WHERE PERFORMANCE IS MOVING

Digital maturity is where the gains are showing up



Three in four networks haven't reached that stage yet. The capability to get there exists now, not on a future roadmap.

HOW THE STACK FITS TOGETHER

Three AI layers, one cancer pathway

- | | | |
|---|-----------------|--------------------------|
| 1 | Stratify | Cancer cases prioritised |
| 2 | Assign | Reported within 10 days |
| 3 | QA net | Quality toward 98% |

Capacity flex covers rota gaps. Automation removes avoidable delay.

A roadmap to 10-day compliance

STEP 1 Baseline Measure 10-day performance by subspecialty, not trust average alone. Find where cases breach.	STEP 2 Quick wins Digital: scan QC plus smart routing first. Glass: fix LIMS workflow gaps before new capital.	STEP 3 Capacity Map subspecialty single points of failure. Plan elastic cover before the next retirement.	STEP 4 Scale QA Add post-report SNOMED checking as volume rises. Quality without manual 100% review.
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MATURITY GUIDE

 Glass / early START HERE Capacity flex LIMS workflow Routing design	 Digital live ADD NEXT Scan QC Smart assignment Queue monitoring	 Network scale FULL STACK Cross-site routing Shared QA Elastic pools
---	--	---

PRIORITY ORDER • IF YOU DO ONE THING THIS YEAR

Highest impact for the 10-day target

1	Scan QC before pathologist review	Digital trusts, around 1 day saved per bad slide caught. The fastest automation win.
2	Smart routing and assignment	Right subspecialist, no manual triage queue. Needs a qualified pool.
3	Elastic subspecialty capacity	Cover rota gaps technology cannot: head and neck, skin, neuropath.
4	LIMS workflow validation	Complete orders and specimen linkage in your LIMS before processing starts.
5	Post-report QA	SNOMED discordance checking as you push speed toward 98%.



DISCUSSION

What would move your trust toward 98%?

Capacity flex · scan QC · routing · LIMS workflow · post-report QA

98%

Target 2029

You know the number.

?

Your gap

Which lever closes it for you?

Leadership Interview



David Gibbs

Pathology Network Director
Peninsula Pathology Network



Case Study

clinisysTM



Case Study



Melissa Cochrane
Head of Programme Delivery
Business Services Organisation



Path360 2026: The NHS Pathology Strategy Conference

Patient Impact



⊕ **500,000+ waiting list** – more than the population of Belfast

⊕ **Without pathology**, core pathways would **begin to fail**

⊕ Transforming pathology is no longer about improving labs -**it is about improving the performance of the entire HSCNI system**

Case Study: National LIMS Implementation

Melissa Cochrane

Head of Programme Delivery

BSO ITS



INVESTORS IN PEOPLE™
We invest in people Silver

INVESTORS IN PEOPLE™
We invest in wellbeing Silver

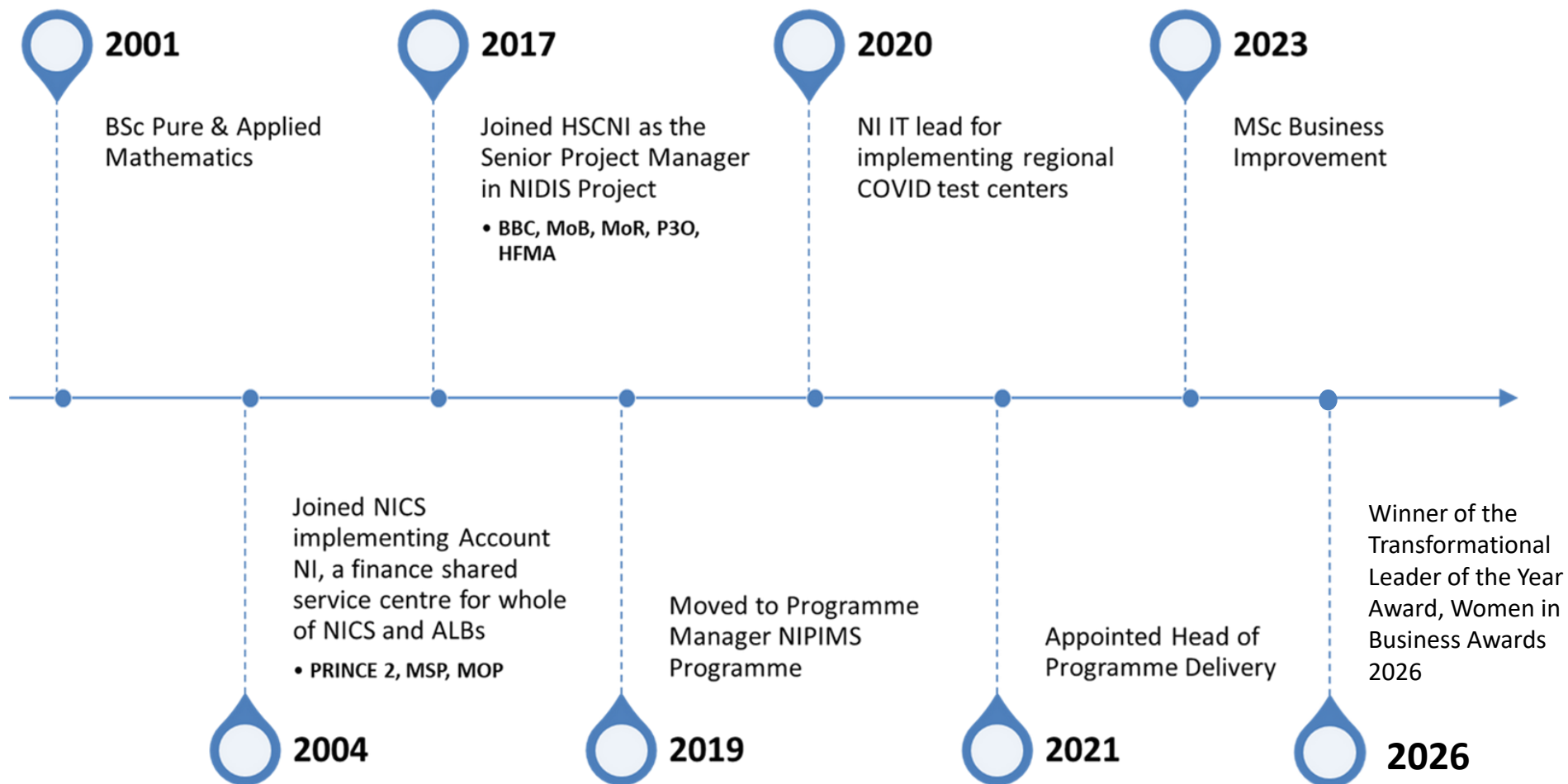
Agenda

- Introduction & Background
- Overview of HSC Digital Strategy
- ITS Delivered Programmes
- Social Impact





Melissa Cochrane - Head of Programme Delivery - BSO ITS



HSCNI Digital Strategy 2022-2030



Digital Strategy - HSC Northern Ireland 2022 - 2030 | Department of Health (health-ni.gov.uk)
health-and-wellbeing-2026-delivering-together (health-ni.gov.uk)

HSCNI Trust Locations

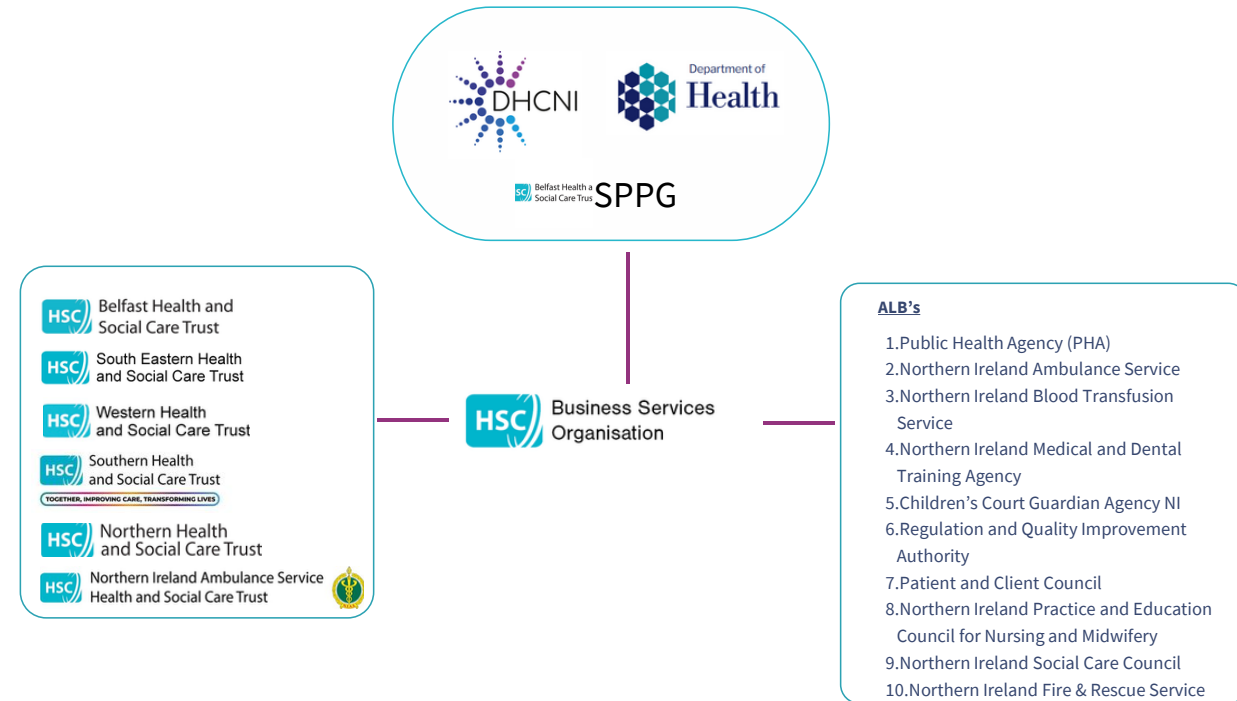


How BSO fits within DOH HSCNI

BSO is an ALB to DoH and provides IT services to all areas within HSCNI.

BSO ITS is divided into 3 service areas:

- **Operations:** Provides 300+ service critical IT systems. ITS also provide nonclinical systems such as finance and HR.
- **Infrastructure:** Hosts the IT systems ensuring resilience and security with a dedicated cyber team.
- **Programme Delivery:** Leads on transformational IT change programmes within HSCNI



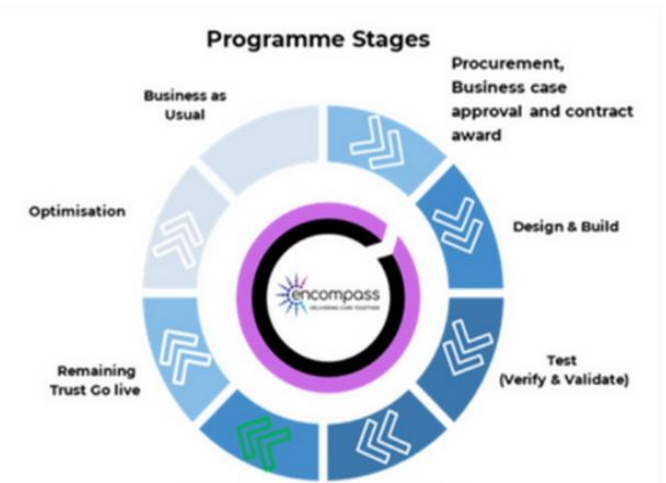
Encompass Programme Stages and Timelines



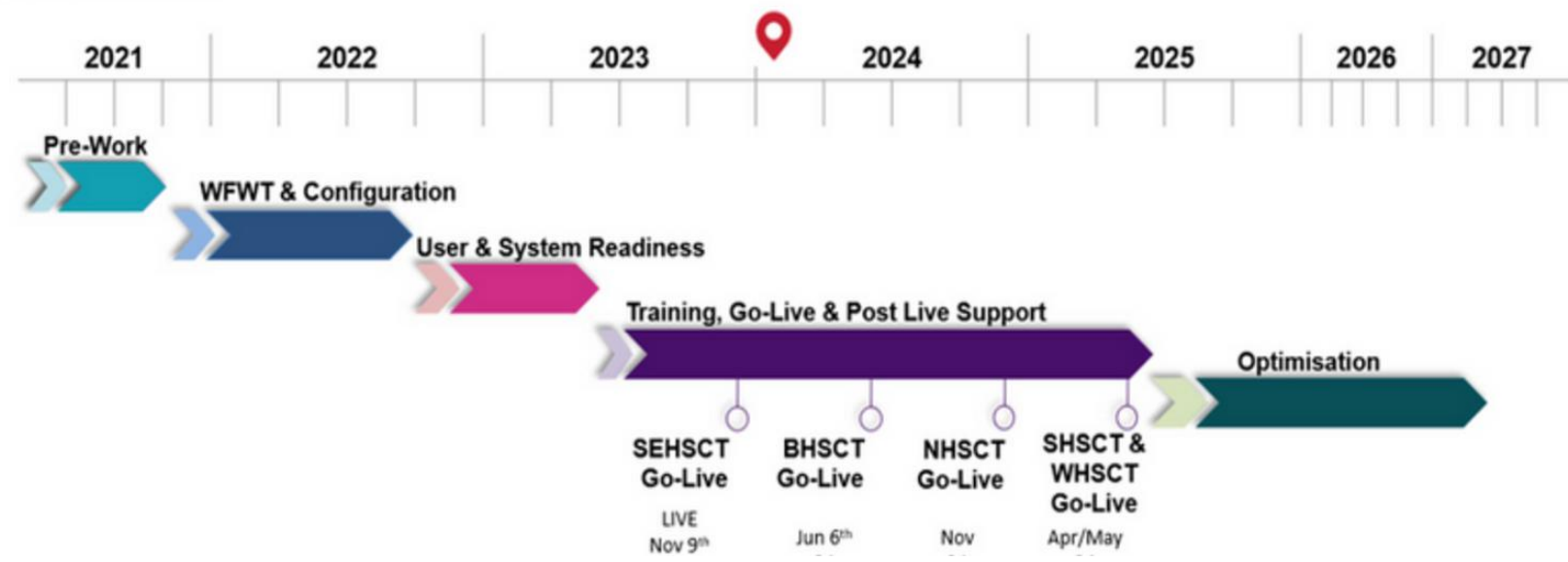
encompass is a regional programme flagship programme within the HSCNI Digital Strategy.

➡ The Programme aims to provide a single Electronic Health Care Record for all citizens within Northern Ireland, replacing legacy ICT systems and paper-based processes within all Trusts, with a “once for Northern Ireland” standardised approach across a range of clinical pathways within both the Acute and the Community Sectors.

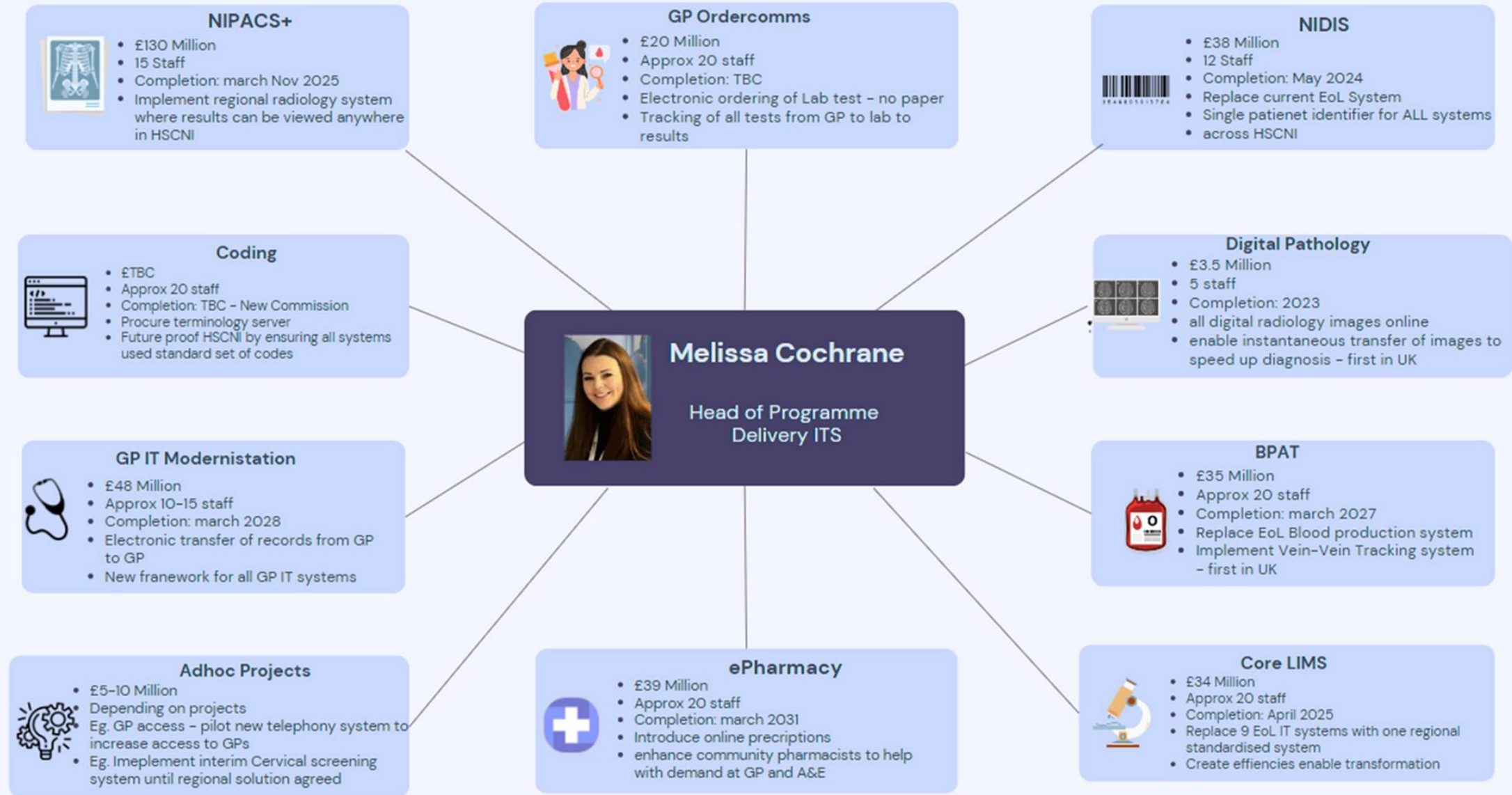
➡ Given the scale of digital transformation across HSCNI it has been necessary to manage encompass as a separate regional programmes within BSO but outside of ITS.



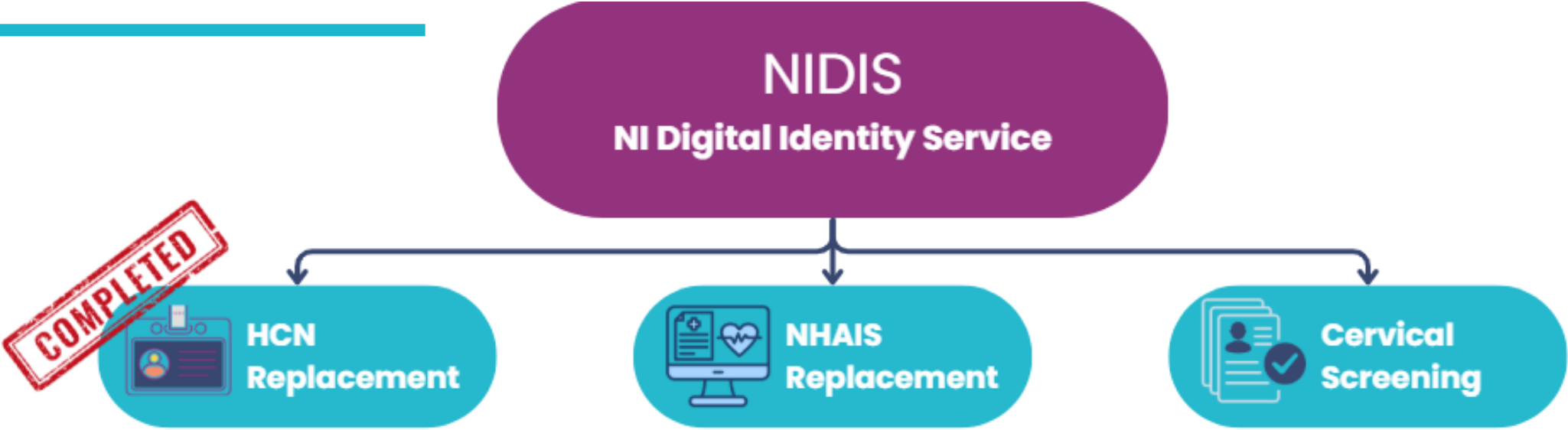
Core Timelines



ITS Delivered Programmes



ITS Delivered Programmes



Budget: £41M

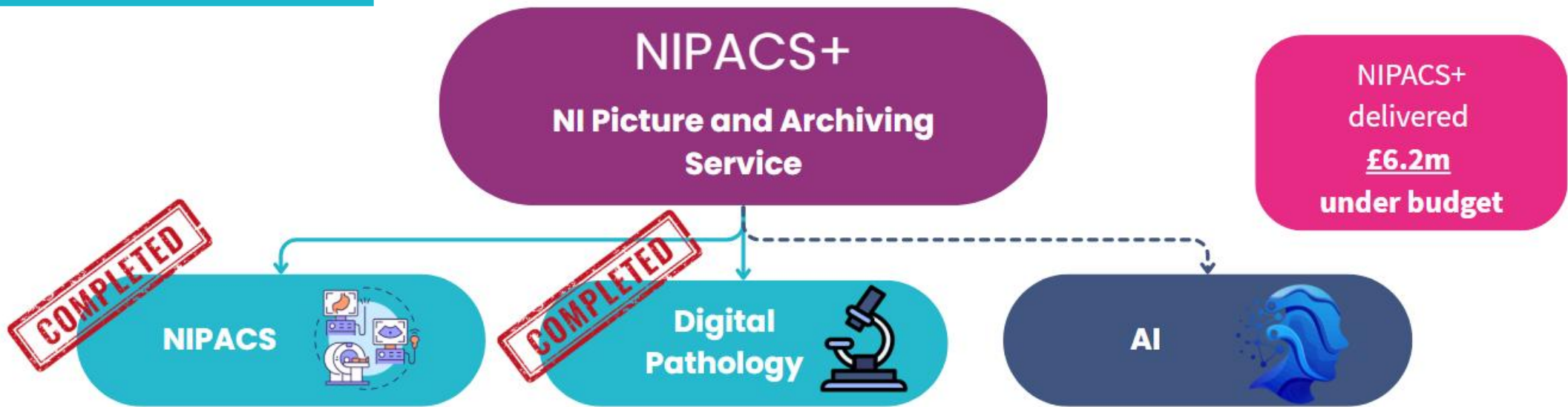
Supplier: DXC

Completion Date: January 2027 Phase 2

Aim: The Northern Ireland Digital Identity Service (NIDIS) will replace two legacy systems and help us correctly identify patients across all Health and Social Care systems. The new solution is aimed at improving healthcare services for patients and assist in the sharing of medical records.

Challenges: New request with addition of the Cervical Screening Project.

ITS Delivered Programmes



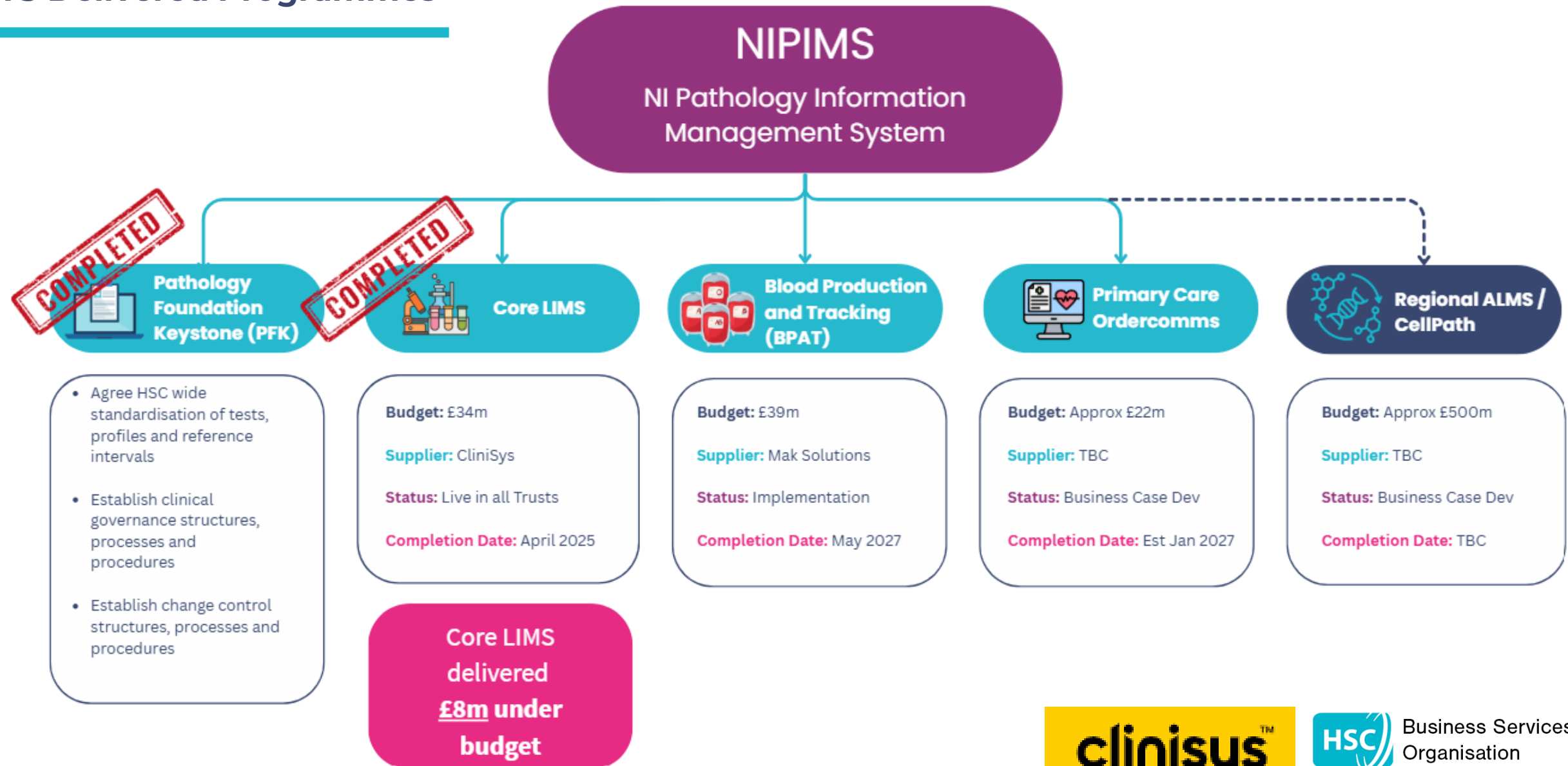
Budget: £120M

Supplier: Sectra

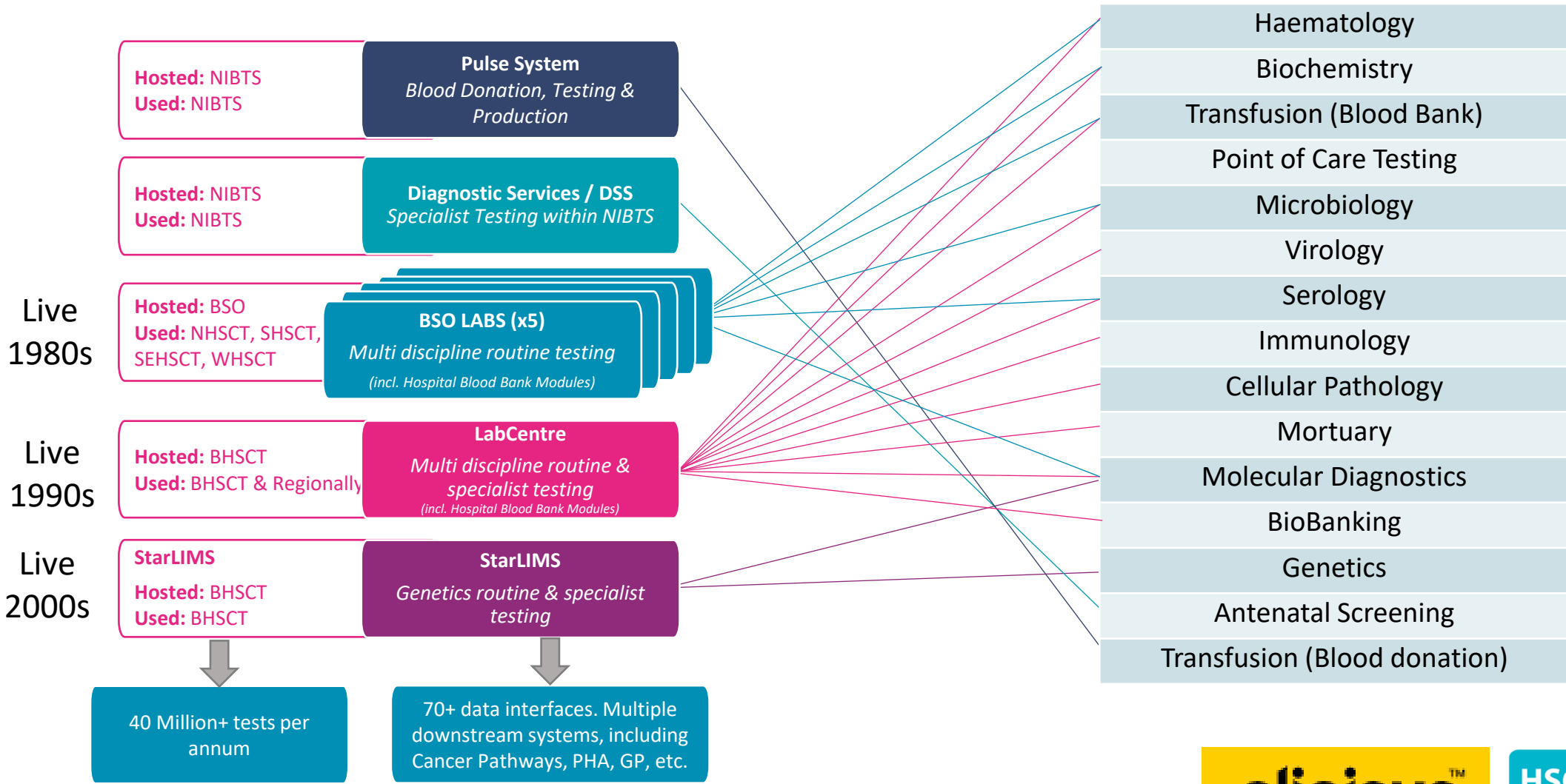
Completion Date: Phase 2 – June 2026

Aim: The NIPACS+ Programme will deliver cutting edge technology for our clinical staff and will deliver the first UK enterprise imaging service which will combine imaging from a diverse range of specialties including radiology, digital pathology, cardiology, ophthalmology, dentistry, obstetrics, endoscopy, medical photography etc.

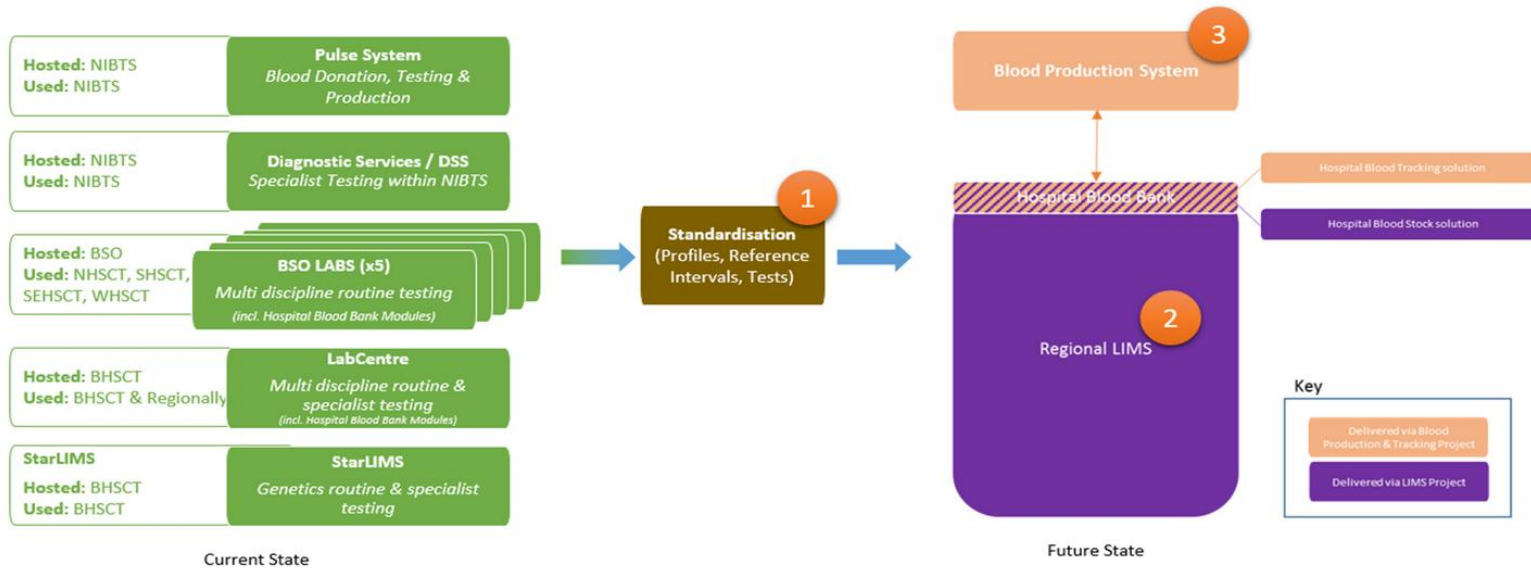
ITS Delivered Programmes



LIMS Legacy State



New Model



Drivers for change

- Legacy systems EoL with no interoperability.
- Improved efficiency and safety with better data management
- Enable BPAT Programme
- Enable Pathology Modernisation Programme



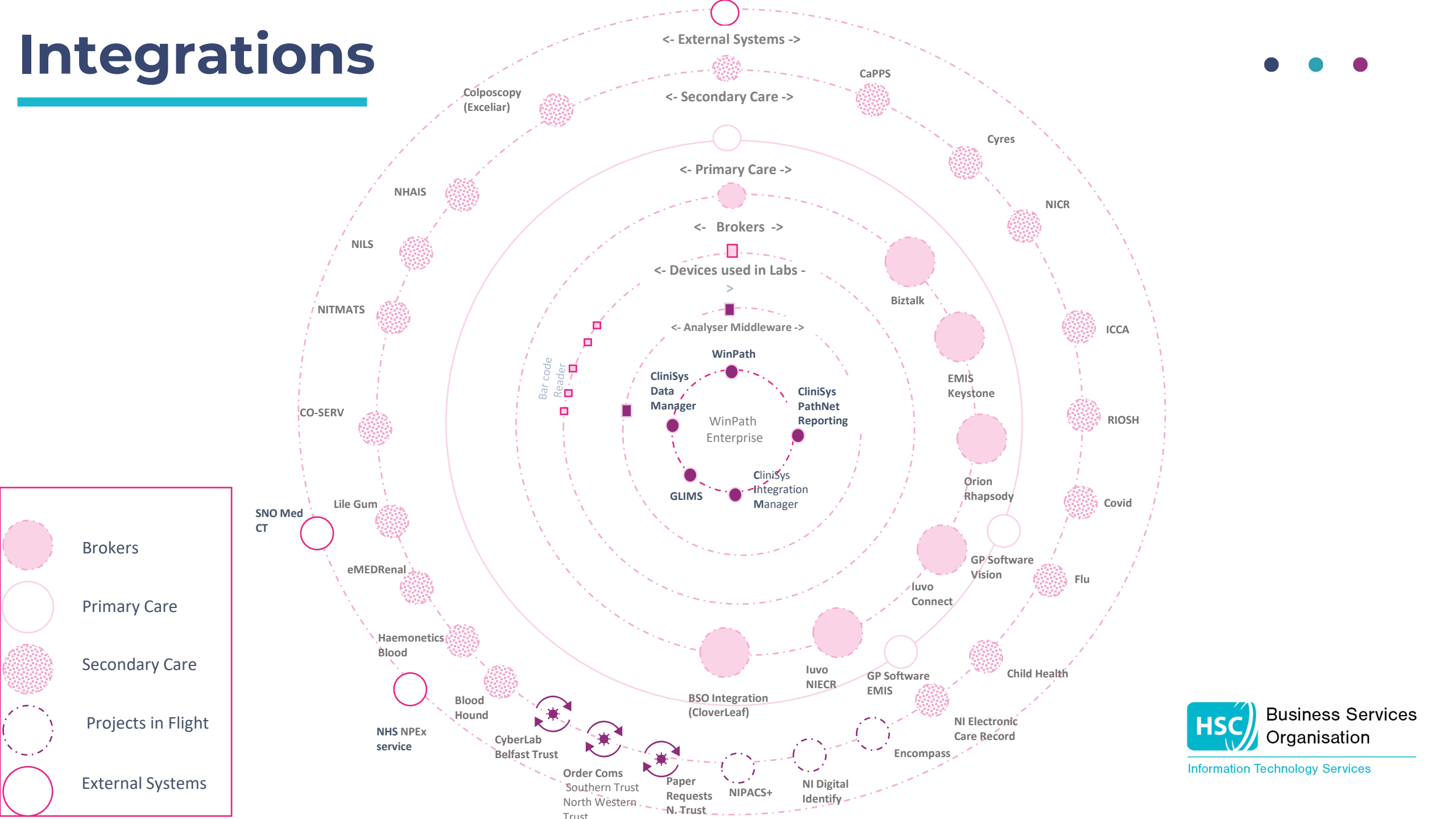
clinisysTM



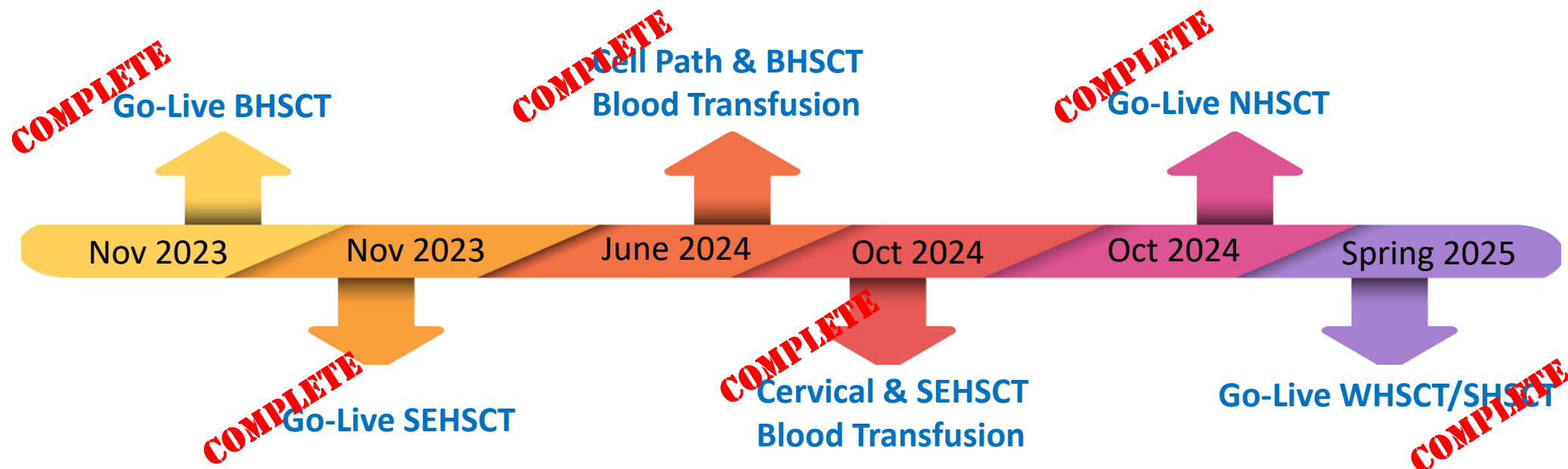
Business Services
Organisation

Information Technology Services

Integrations

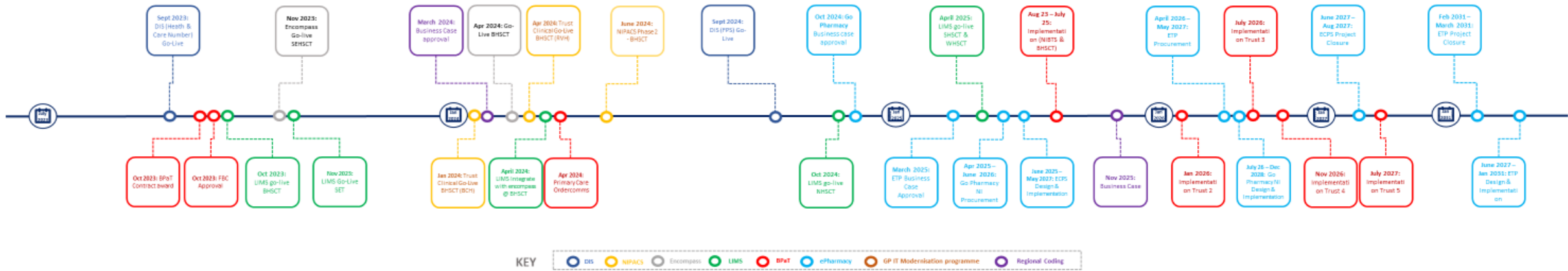


Implementation

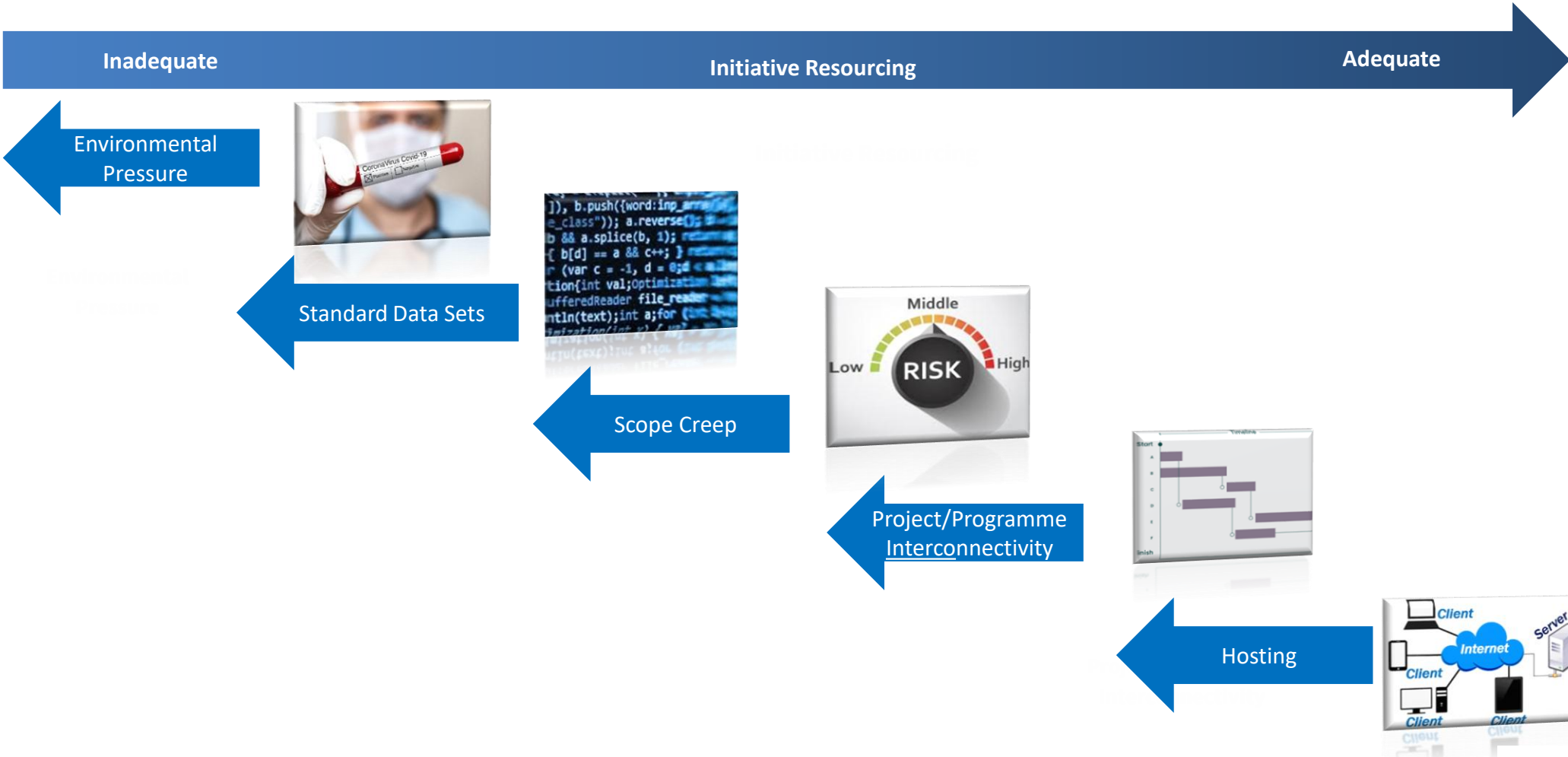


Core LIMS was fully rolled out in 13 hospitals, over 300 GP surgeries across in 5 Trusts and NIBTS over
18 Months

High VUCA environment



Challenges



What went well - Collaboration and Training



Collaboration: The implementation of these programmes is a truly collaborative endeavour requiring expertise and involvement across BSO and HSCNI.

Key success factors were:

- **Engaged SROs** at appropriate senior level within HSCNI
- **Go Live Readiness Assessments (GLRA)** - 'Pinch with Pride'
- **Pay It Forward** – support from the wider HSCNI , first trust to go-live solves many problems for the region.
- **Flattened hierarchy** – Quick resolution of issues.
- **No Silos** - The effort and engagement of the programme staff was exceptional

Training:

- Used a “**Train the trainer**” model
- 95% of Go Live staff trained based on **cascade** training concept



clinisys™

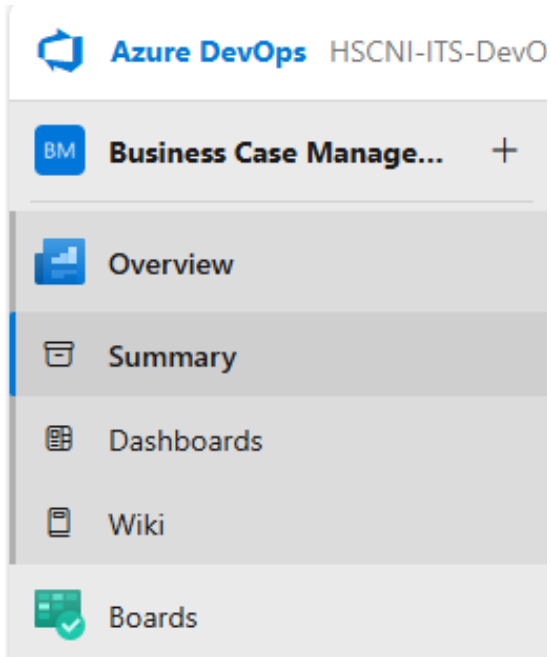
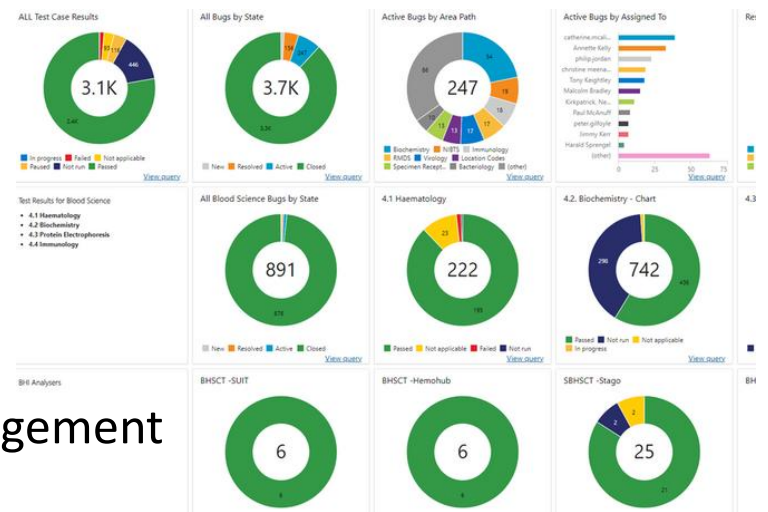


HSC Business Services Organisation
Information Technology Services

What went well – Testing and Tools



- Atamis
- Project Vision
- Devops Business Case Management Tool
- Devops Testing
- Co Pilot



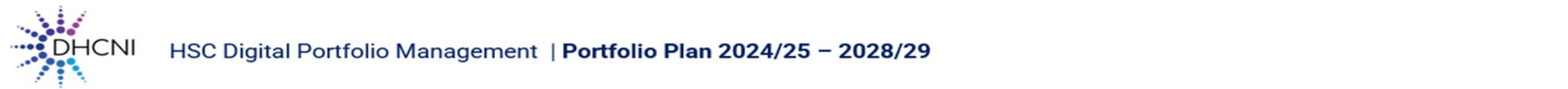
What Is Next?



- Continue to implement the Programmes and optimize the technology and processes where required
- Continue to collaborate on other HSC initiatives that these programmes enable such as the Data Institute, Pathology Blueprint Programme, Evolve Programme etc.
- Pipeline Projects/Programmes



What Is Next?



DHCNI Ref	Project Name	Project Stage	Category	Strategy Outcomes Scoring 5	Strategy Outcomes Scoring 3	Rank	Start Date	Finish Date	2024/25	2025/26	2026/27	2027/28	2028/29
DH0330	Cyber Security Project	2. Initiation	Strategic	1, 2, 3, 4, 5, 6		1	21/01/2022	31/03/2028					
DH0420	Technical Enablement Project	5. Transition	Key operational	2, 3, 4, 5	1, 6	2	01/07/2020	30/04/2024					
DH0888	MSEA Implementation 2024-27 Project	0. Discovery	Key operational	2, 3, 4, 5	1, 6	2	01/04/2024	31/03/2027					
DH0057	Encompass	4. Delivery	Strategic	1, 2, 3, 4, 5, 6									
DH0088a	Core Laboratory Information Systems (LIMS)	5. Transition	Strategic	2, 3, 4									
DH0788	RISOH Replacement	1. Start-up	Key operational	2, 3, 4, 5									
DH0863	Careline Live Solution Implementation - WHSCT	0. Discovery	High potential	1, 2, 4, 5									
DH0867	Careline Live Solution Implementation - BHSC	0. Discovery	High potential	1, 2, 4, 5									
DH0856	Careline Live Solution Implementation - SHSCT	0. Discovery	High potential	1, 2, 4, 5									
DH0873	Careline Live Solution Implementation - NHSCT	0. Discovery	High potential	1, 2, 4, 5									
DH0103	NIPACS +	4. Delivery	Strategic	2, 3, 4									
DH0088b	Blood Production & Tracking (BloodPaT)	3. Design and Procurement	Strategic	2, 3, 4									
DH0742	GMS ICT Infrastructure	2. Initiation	Key operational	2, 3									
DH0248	SNOMED CT Implementation Project	1. Start-up	Strategic	2, 3, 4, 5, 6									
DH0015	Equip	3. Design and Procurement	Key operational	2, 3, 4									
DH0862	Regional Replacement of Cisco ISE for Network Environment	0. Discovery	Key operational	2, 3, 4									
DH0829	GP OOH ICT Support & Maintenance 2024-2027	3. Design and Procurement	Key operational	2, 3, 4									
DH0772	HSC Cloud Services Team	0. Discovery	Strategic	2, 3, 4									
DH0076	NI Digital Identity Service (NIDIS)	5. Transition	Key operational	2, 3, 4									
DH0779	GP Order Comms	2. Initiation	Strategic	2, 3, 4									
DH0543	DLS Caseload Management System	2. Initiation	Statutory	2, 3, 4, 5									
DH0297	Digital Dictation & VR	2. Initiation	Strategic	2, 3, 4									
DH0337	NIAS CAD	3. Design and Procurement	Strategic	2, 3, 4									
DH0783	Children's Social Care Payments	0. Discovery	Statutory	2, 3, 4									
DH0834	Regional replacement of the Abacus Social Care Payments System	1. Start-up	Statutory	2, 3, 4									
DH0354	End User Compute	0. Discovery	Key operational	2, 4									
DH0736	Replacement of RQIA IConnect System	0. Discovery	Key operational	2, 3, 4, 5									
DH0753	Electronic Transfer of Prescriptions (ETP)	2. Initiation	High potential	2, 3, 4									
DH0694	PoC for Archiving using Cloud technology	4. Delivery	High potential	5, 6									

DHCNI Ref	Project Name	Project Stage	Category	Strategy Outcomes Scoring 5	Strategy Outcomes Scoring 3	Rank	Start Date	Finish Date	2024/25	2025/26	2026/27	2027/28	2028/29
DH0343	Legacy System Lookup from Epic	1. Start-up	Strategic	2, 3, 4		30	03/05/2023	31/03/2025					
DH0773	Ophthalmic Claims System	1. Start-up	Statutory		2, 3, 4, 5	30	01/04/2023	31/03/2024					
DH0865	Mobile Phone Replacement Project	0. Discovery	Key operational	4	2, 3	32	01/04/2024	31/03/2028					
DH0752	GoPharmacy NI	2. Initiation	High potential	1, 2, 3, 4	5, 6	33	31/01/2023	30/06/2028					
DH0517	Maintaining the Integrity and Functionality of the NBSS	4. Delivery	Strategic	2	3, 4, 5	34	05/07/2021	25/03/2024					
DH0751	GP Access Pathfinder Project	2. Initiation	High potential	1, 2, 3, 4		35	28/06/2023	31/08/2024					
DH0782	Vaccinations Management System 2024-26	2. Initiation	Key operational	2, 3	1, 4, 5, 6	36	01/04/2024	31/03/2026					
DH0132	Evolve Programme	3. Design and Procurement	High potential	3, 4	2, 5	37	04/03/2019	31/12/2025					
DH0674	Reference Codes	0. Discovery	Key operational	3, 4	2, 5	38	01/04/2024	30/09/2025					
DH0370	Drug Tariff changes to FPPS	2. Initiation	Statutory	3, 4	2	39	01/04/2022	31/03/2028					
DH0636	Regional Portfolio Management Toolset	0. Discovery	Key operational		3, 4, 6	40	01/04/2024	31/03/2026					
DH0695	WHSCT eRoosting Replacement Solution	4. Delivery	Key operational	4	2, 3, 5	40	01/08/2023	31/07/2025					
DH0699	NHSCT eRoosting Replacement Solution	4. Delivery	Key operational	4	2, 3, 5	40	30/06/2022	30/06/2025					
DH0314	OPCS Replacement	0. Discovery	Key operational	3, 4	2, 5, 6	43	01/04/2024	31/4/2026					
DH0274	ICD 11	0. Discovery	Key operational	3, 4	2, 5, 6	43	01/04/2024	31/4/2026					
DH0538	HSC Collaboration Tools Project	0. Discovery	High potential	4	1, 2, 3	45	01/06/2025	31/03/2028					
DH0334	GP IT System Migrations (inc VDI implementation)	4. Delivery	Key operational		2, 3, 4	46	01/01/2020	31/12/2024					
DH0852	Independent Sector Access Enabling Project	0. Discovery	Support			47	01/09/2024	28/02/2026					
DH0676	Lifeline CIMS	0. Discovery	Strategic	2, 3	1, 4, 5, 6	48	01/04/2024	31/12/2025					
DH0814	Directory of Services Project	0. Discovery	High potential	2, 3, 4	1	49	01/07/2025	31/12/2026					
DH0074	GP to GP Record Transfer (GP2GP)	4. Delivery	Support	3, 4	1, 2	50	04/01/2019	30/06/2024					
DH0537	HSC Email Migration Project	0. Discovery	High potential		2, 3, 4	51	01/06/2025	31/03/2028					
DH0374	Extra Contractual Referral & Patient Travel Database	0. Discovery	Key operational		2, 4	52	01/04/2025	31/12/2026					
DH0551	Patient Exemption Remittance Checking System	2. Initiation	Key operational	4	3, 5	53	25/05/2020	01/07/2026					

*DHCNI can provide further information on the management of the HSCNI Digital Portfolio including

prioritisation, planning and commissioning by emailing DHCNIportfolio@hscni.net

Some Takeaway Thoughts



- **Change Management** is critical - Why are we doing this? What is in it for me?
- **Staff wellbeing** during the go-lives is critical – arranged catering, free tea and coffee 24 hrs., wellness walks
- **Go-live is just the start!** - Post go-live planning is essential. Manage expectations – temporary dip in productivity post go live.



Celebrating Success



LIMS Project – Winner at the Go Awards - Excellence in public procurement, capital project of the year



NIPACS+ Programme winners of the HealthTech Innovation of the Year Award at the Business Post Public Sector Digital Transformation Awards 2025.



The CoreLIMS Project were Healthcare Science winners for Service Improvement at the Advancing Healthcare Awards Northern Ireland 2025!



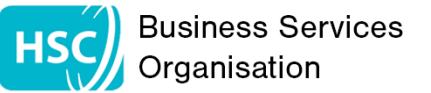
Melissa Cochrane – Winner of the Transformational Leader of the Year Award, Women in Business Awards 2026



Niall O'Hagan awarded Digital Leader of the Year in Public Sector at the Business Post Public Sector Digital Transformation Awards 2025.



Celebrating Success



Information Technology Services

What is it?



Not an optional extra

A core, embedded commitment



Accountable

for delivering tangible benefits to the communities we serve



Beyond Technology

and service performance

Making a real difference

Social Value



Driving licence was transformational for independence and opportunity



100% attendance in classes



Improving life chances for some of the most vulnerable people in our society



Not just transforming pathology - transforming lives

Thank you for your time

Lunch & Networking



Chair Afternoon Address



Mr Chris Sleight MSc BSc FIBMS

Chief Executive Officer of Sleight Insights

Formerly Chief Officer of the Greater Manchester Diagnostic
Networks





Case Study



Case Study



Gemma Quinney
Digital Health Solutions Executive
Abbott Diagnostics



Optimising Diagnostic Quality at Scale: Transforming NHS Laboratory Performance with Abbott AlinIQ Indexor

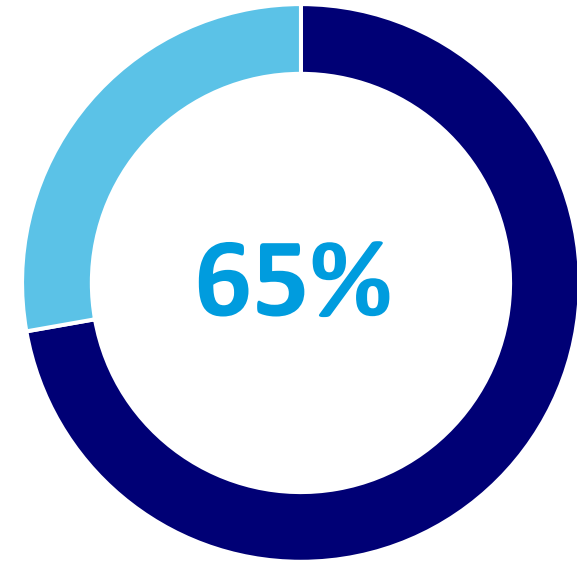
Gemma Quinney

Digital Health Solutions Executive



Pre-analytical processes

UP TO 65% OF ERRORS HAPPEN IN THE PRE-ANALYTICS PHASE



BENEFITS OF A PREANALYTICAL SAMPLE TRACKING SYSTEM

TRACE SAMPLE FROM PATIENT DRAW TO ARRIVAL IN THE LAB

MONITOR KEY **QUALITY** INDICATORS

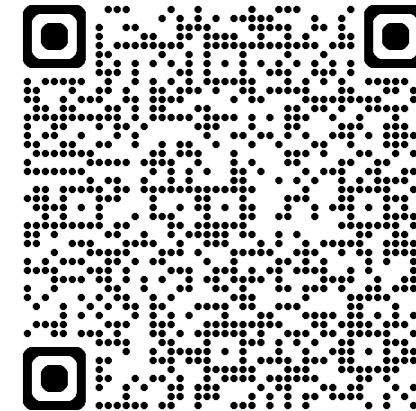
AUTOMATE TO SAVE TIME AND IMPROVE SERVICE LEVELS

REDUCE PLASTIC WASTE

What is Indexor?



Why Indexor?

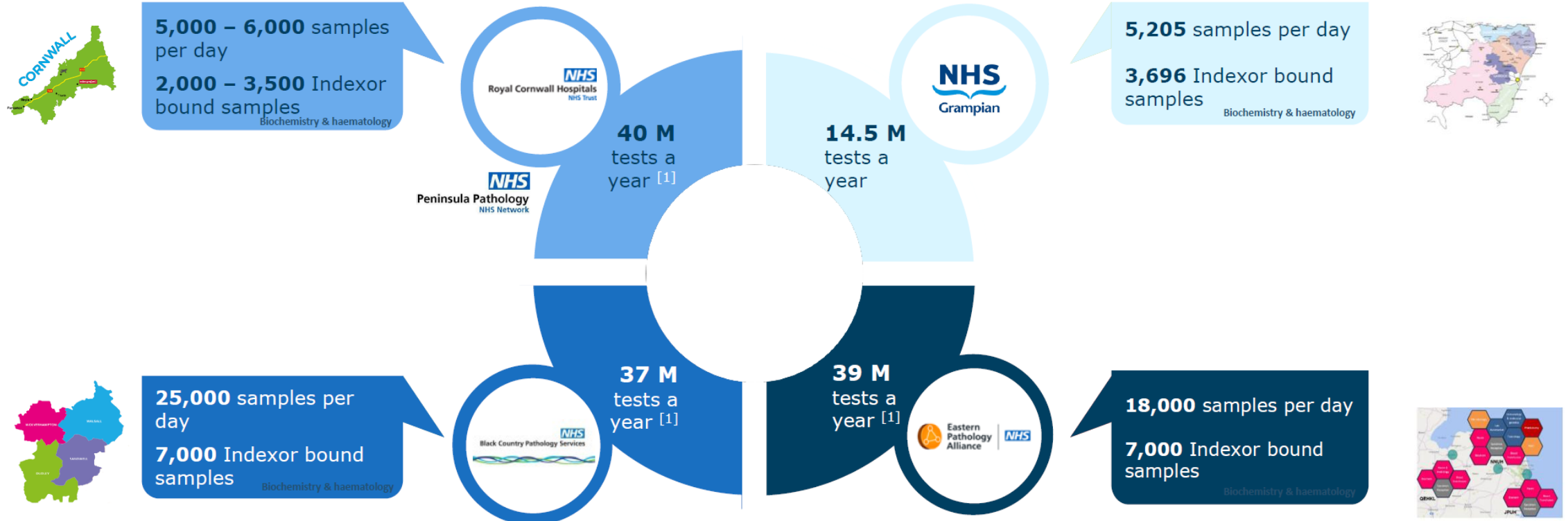


CORE-25019827_Indexor System_Evaluation Report_Health Innovation East FINAL

Proprietary and confidential — do not distribute

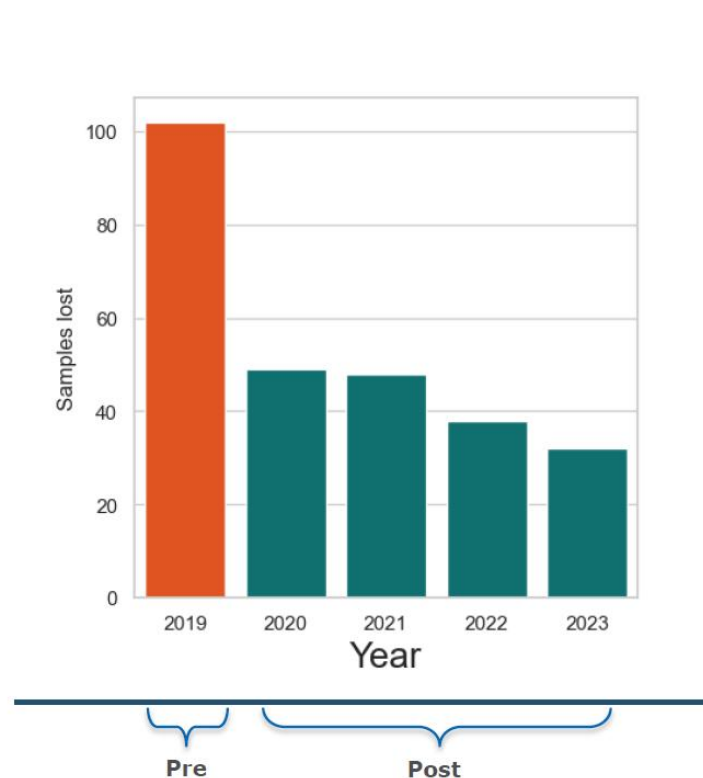
Proprietary and confidential — do not distribute

Why Indexor?



Trace sample from patient draw to arrival in the lab

Reduction in missing samples



NHS
Royal Cornwall Hospitals
NHS Trust

52%

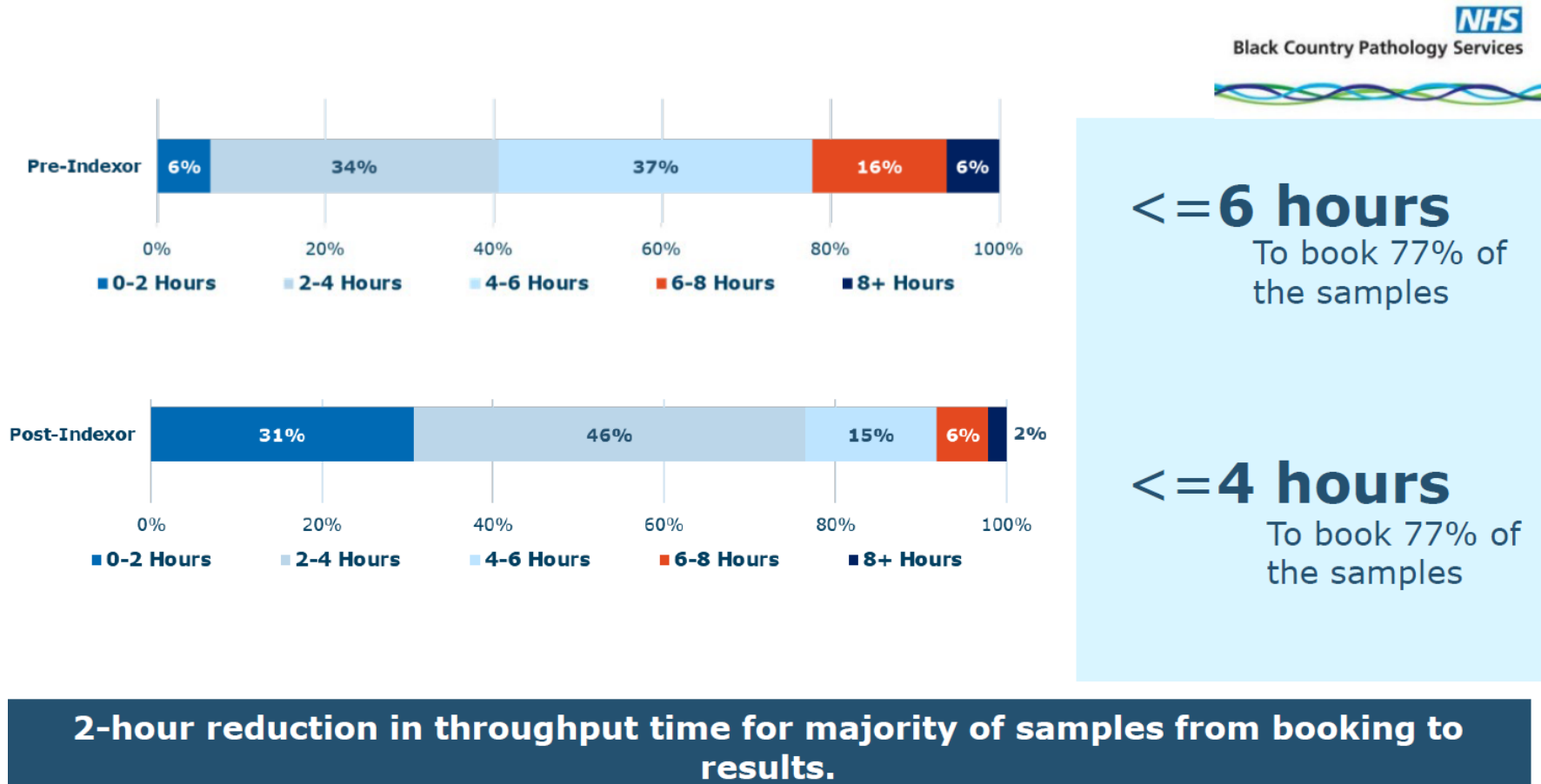
reduction in number of missing samples just one year after installing Indexor between 2019 to 2020.

Indexor was installed in October 2019

18

Monitor key quality indicators

GP samples, grouped by hours of sample life since venepuncture



Monitor key quality indicators

GIRFT report on transport 2020

CASE STUDY

Combining initiatives to ensure faster transport and more efficient sample processing

Eastern Pathology Alliance

Results

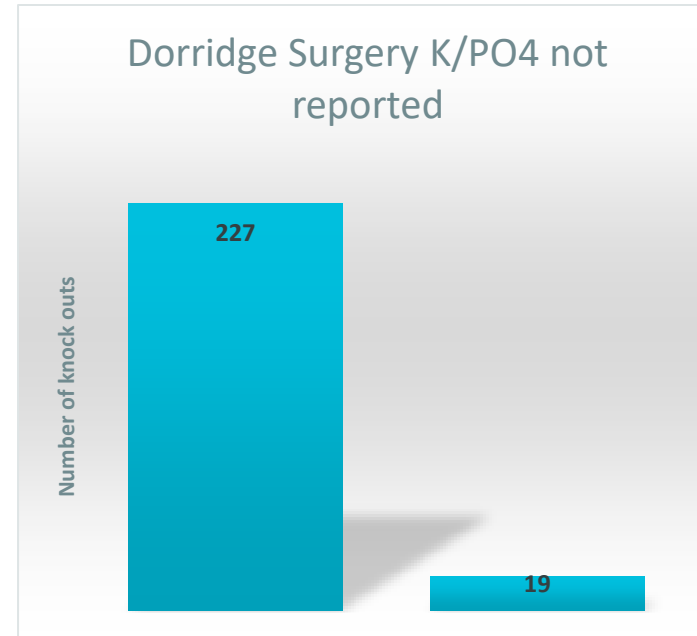
- Time from sample collection to receipt in the lab is usually within four hours.
- Up to 480 samples can be booked in at one time, and processed in less than five minutes. This frees up lab resource, but the fast processing times also help to preserve sample integrity.
- Time of collection is recorded and can be transferred to LIMS.
- Labs are seeing a reduction in the number of artificially raised potassium levels caused by processing delays.

- The racks are collected and taken to the lab. Once there, they are placed in cradles, which link to the LIMS using the main Indexor IT systems. All samples are booked in at once using the information recorded on the chip.

Results

- Time from sample collection to receipt in the lab is usually within four hours.
- Up to 480 samples can be booked in at one time, and processed in less than five minutes. This frees up lab resource, but the fast processing times also help to preserve sample integrity.
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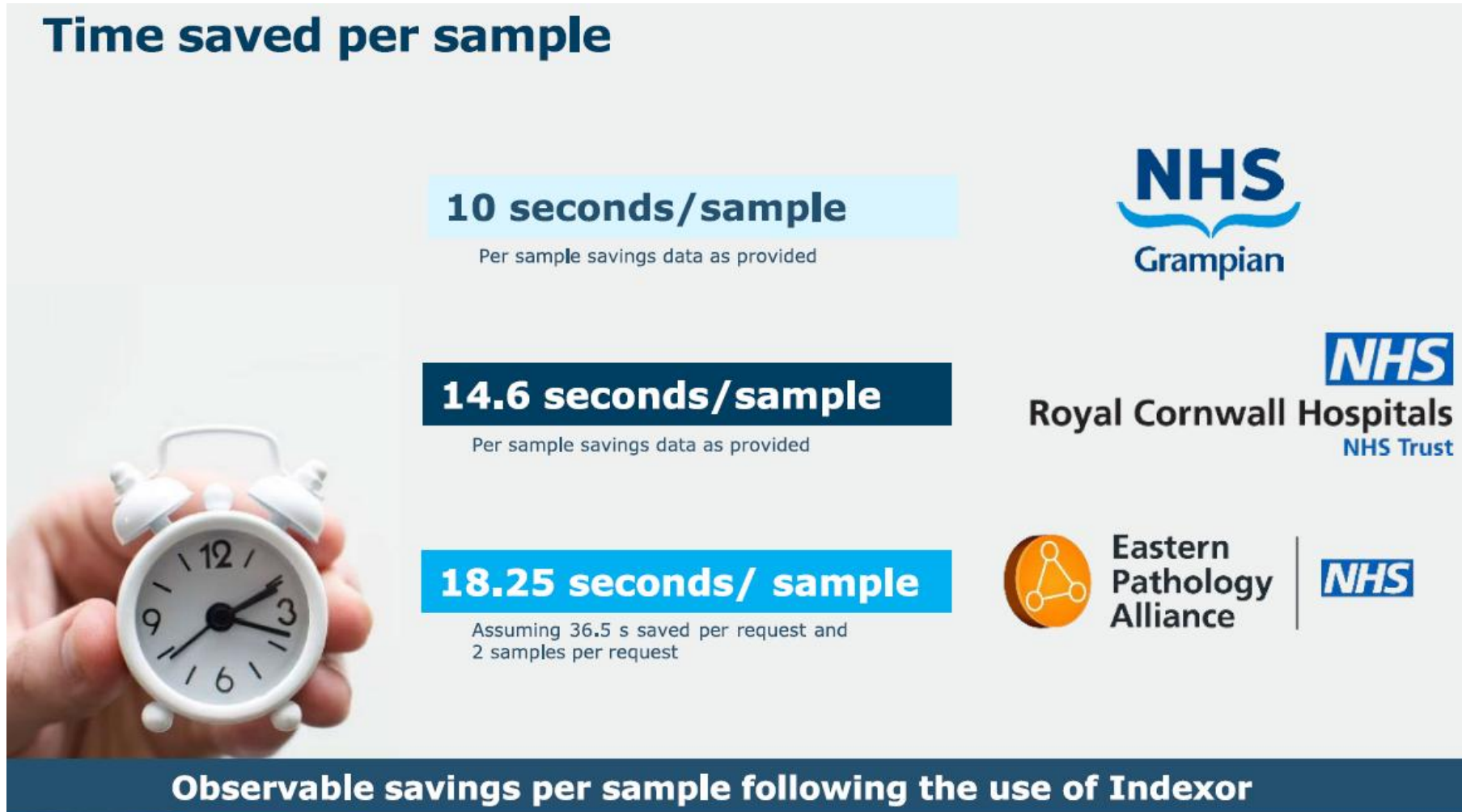
Monitor key quality indicators



One Birmingham GP practice had 227 patients in a 3 month period with non-reportable potassium and phosphate due to samples being left on cells.

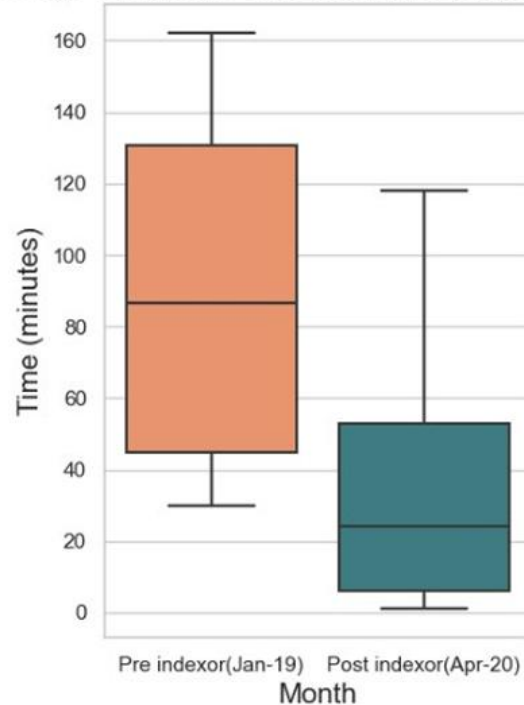
After Indexor implementation, this dropped to 19 samples in 3 months for the same seasonal period.

Automate to save time and improve service levels



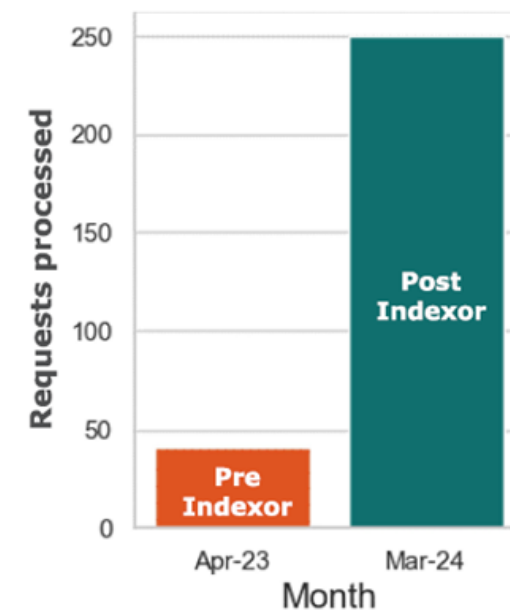
Automate to save time and improve service levels

Average Turnaround time of samples pre/post indexor



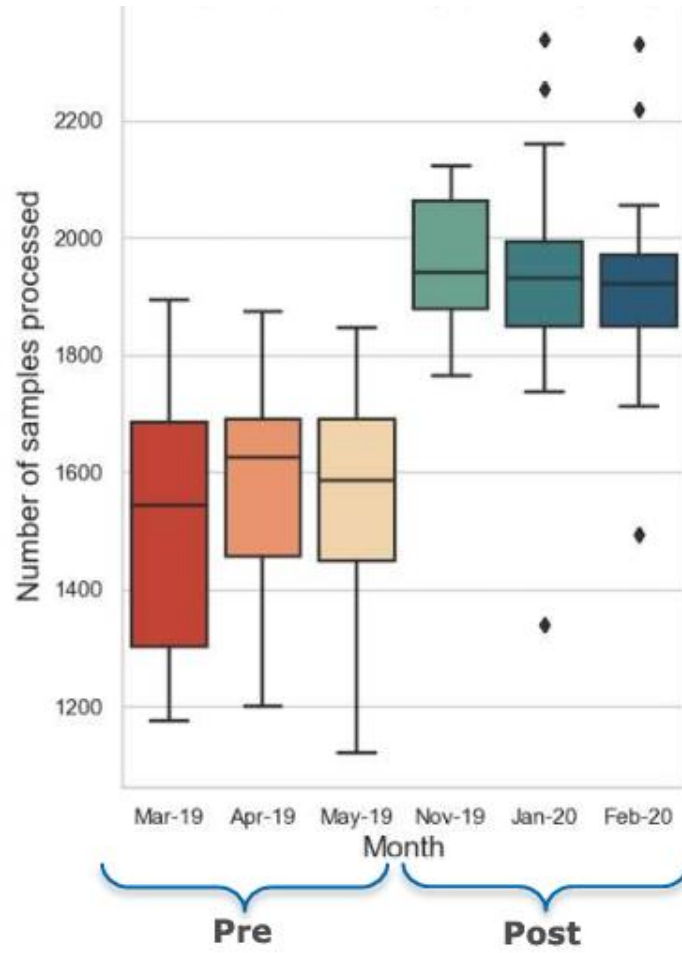
Eastern Pathology Alliance found a 65% decrease in in time taken between samples arriving to laboratory and being booked into LIMS following introducing Indexor

Sample requests processed per person per hour



Data from Black Country Pathology Services showed an increase in sample requests processed per person per hour of >500% following the introduction of Indexor

Automate to save time and improve service levels



Royal Cornwall saw ~25% increase in the daily average of processed samples after the introduction of Indexor

Automate to save time and improve service levels



5 FTE saved

FTE savings provided via comments



Royal Cornwall Hospitals
NHS Trust

5.4 FTE saved

Based on per sample time savings



**Eastern
Pathology
Alliance**



6.75 FTE saved

Based on per sample time savings

Assuming 2 samples per request

Between 5 and 6.75 FTEs saved per 10,000 samples

Automate to save time and improve service levels



Testimonials

 Eastern Pathology Alliance | 

“

The EPA NNUH blood sciences hub site receives 18,000 specimens on average per day. To be able to accommodate this volume would be impossible without the Indexor, simply from a space capacity point of view.

*Since implementation of the Indexor the workload has grown by 30% in this section, and the department have managed to function **without increasing staffing***

”

Vj Bilyard
Blood Sciences Network
Manager

Reduce plastic waste

Plastic bag baseline

Easy open MPPB8058
(160mm x 230mm)



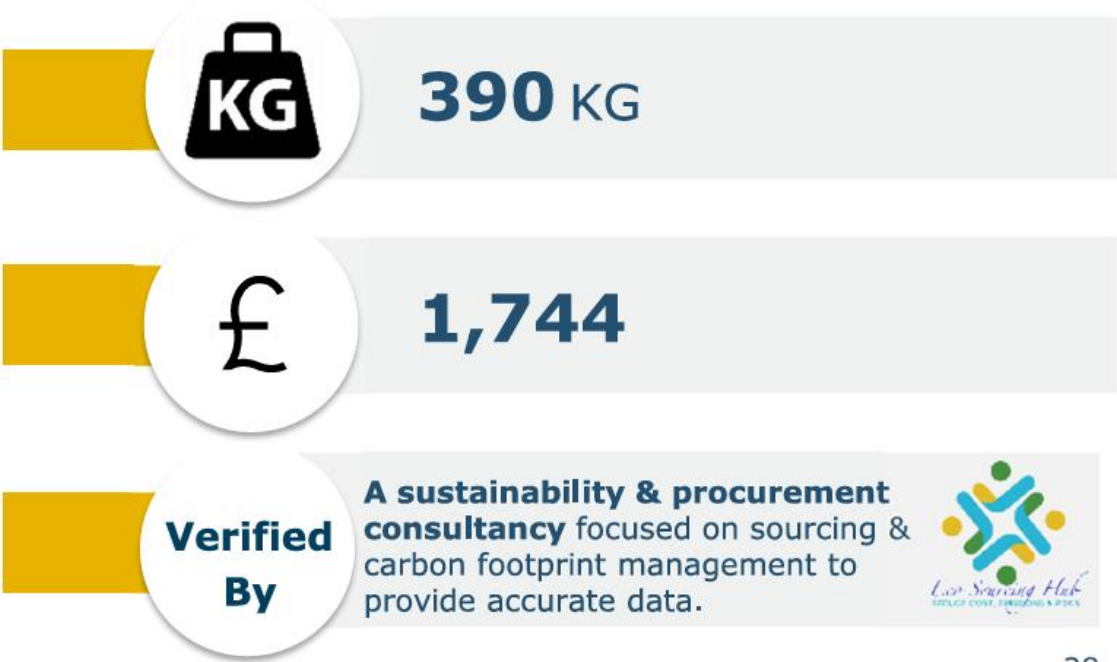
Midco
Print & Packaging



Manufactured and shipped from China

Used by:  **Royal Cornwall Hospitals**
NHS Trust  **Black Country Pathology Services**

Per 100,000 plastic bags...



Reduce plastic waste

The real carbon footprint of the specimen bags Per 100,000 (390 kg)



Emission Category	All GHG (tCO2e)
Purchased goods and services	1.009
Upstream transportation and distribution	0.271
Waste generated in operations <i>high temperature incineration (HTI)</i>	0.2496

NHS providers could save up to 1.475 t CO₂e for every 100,000 bags avoided.

Reduce plastic waste

	 Weight plastic bags	 CO₂e emission	 Potential Savings
	2,535 KG	9.59 t	£12,900
	2,844 KG	10.76 t	£14,473
 *Assuming 260 working days	3,549 KG	13.42 t	£19,060
	9,508 KG	35.96 t	£48,384

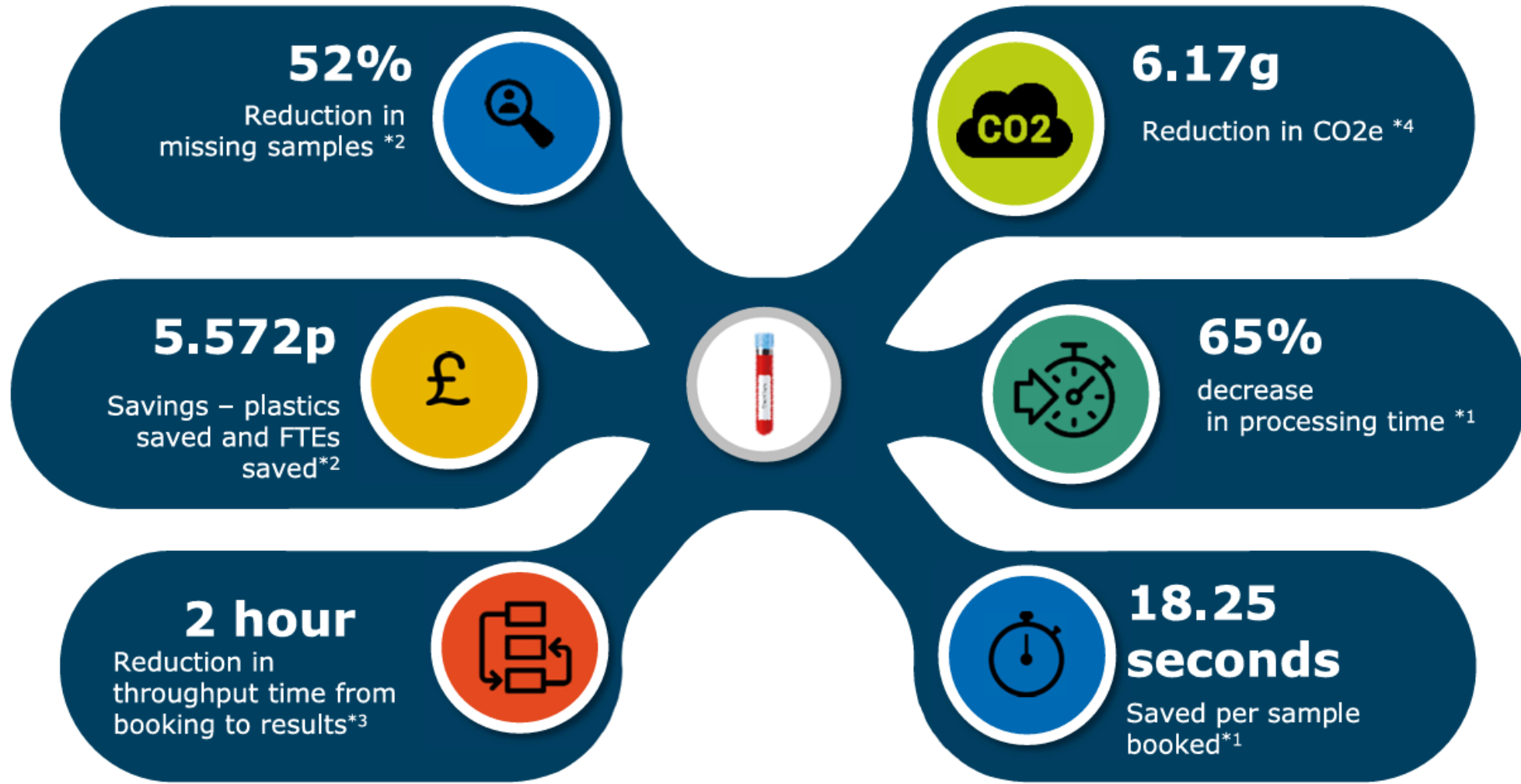
1. Data Source: National Pathology Data Collection - Annual

Strategic value for Pathology Networks

Supports consolidation and networked pathology models. Samples can easily be tracked between laboratory sites using data analytics



The impact of Indexor on a Sample



^{*1} EPA data provided 06/03/2024
^{*2} Based on data and bag from RCHT
^{*3} Data from BCPS
^{*4} Carbon savings data

Indexor User Feedback

“The automated check-in process has saved significant time”

"Being able to track temperature and transport conditions gives us confidence in sample quality before testing begins."

"The reduction in plastic bag usage has helped us support our sustainability goals while simplifying workflows."

"Sample reception is now much faster, allowing staff to focus on higher-value laboratory activities."

"STAT samples are easier to identify and prioritize, helping us improve turnaround times."

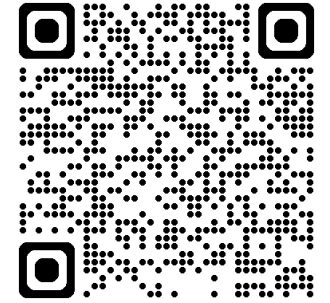
"This system didn't just solve our problems; it helped us work smarter and faster. We're handling more samples with fewer headaches, and I honestly can't imagine going back."

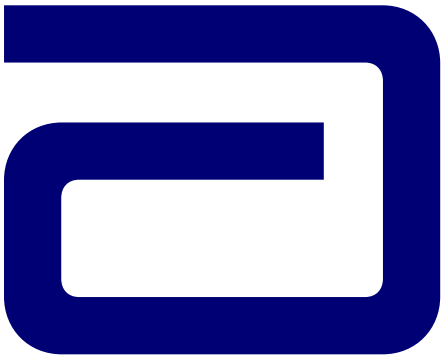


ABBOTT



Any Questions?



 ABBOTT

Interview Session



Richard Wardle
Head of Pathology
South Yorkshire and Bassetlaw Pathology



Case Study

RDi™ Better
made
possible.



Case Study



Amanda Sparkes
Chief Clinical Officer
RDI

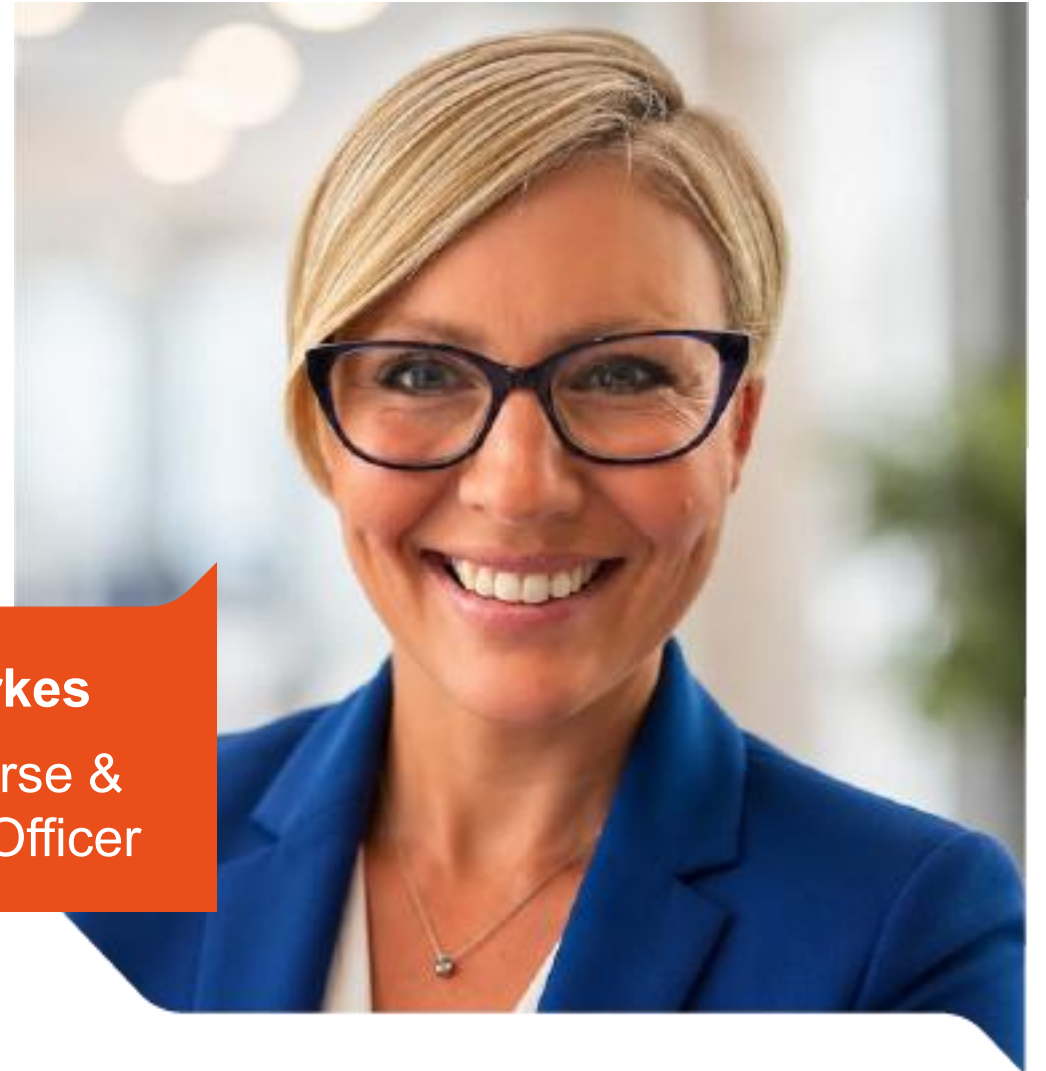




From referral to result

Redesigning the diagnostic
pathway around the patient

Amanda Sparkes
Registered Nurse &
Chief Clinical Officer



Designing around the patient isn't always easy. But it should always be where we start.

**22% wait 6+ weeks
for a diagnostic test**
vs. the 1% NHS standard –
NHS England, 2025

If data is only used
retrospectively,
workforce planning
stays reactive.

Referral

Patient

**Sample
collection**

Laboratory

Result

If a patient
doesn't
understand
the kit, the lab
sees it later.

If uptake improves,
laboratories absorb
the volume.

If a supplier cuts
corners upstream,
pathology carries
the quality risk.

People rarely behave
the way pathways
assume they will

Where do they
struggle?

Will they
engage with it?

Can they
understand it?

Can they
complete it?

What are we
learning from
their behaviour?

Can they
access it?

What happens at the kitchen table **shows up in the lab**

By the time a sample reaches the lab,
the pathway has already shaped it.

- Sample quality
- Rejection rates
- Workload variation
- Repeat testing
- Turnaround pressure
- Data for redesign

We need to use data to bridge and connect



Patients



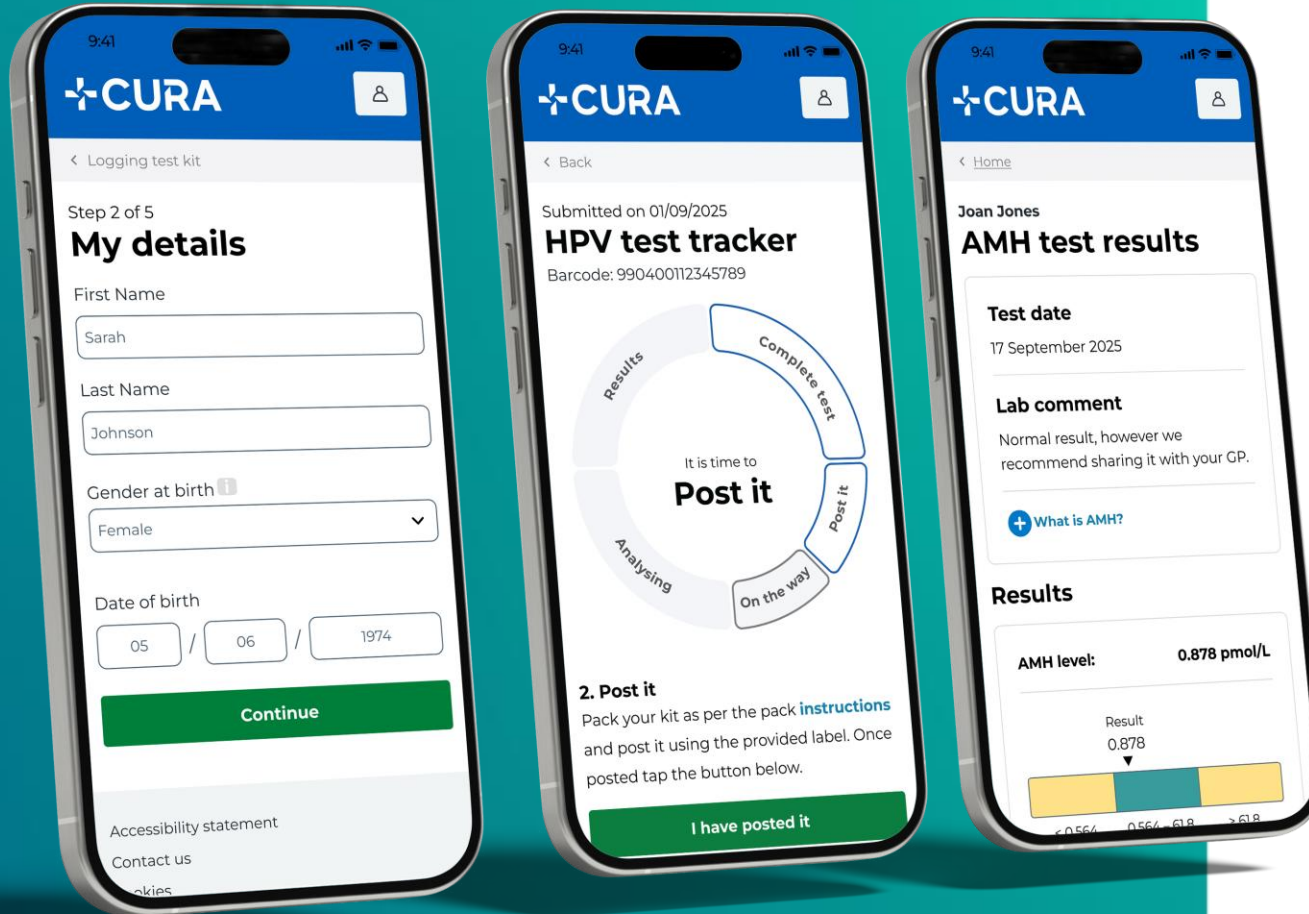
Clinicians



Labs



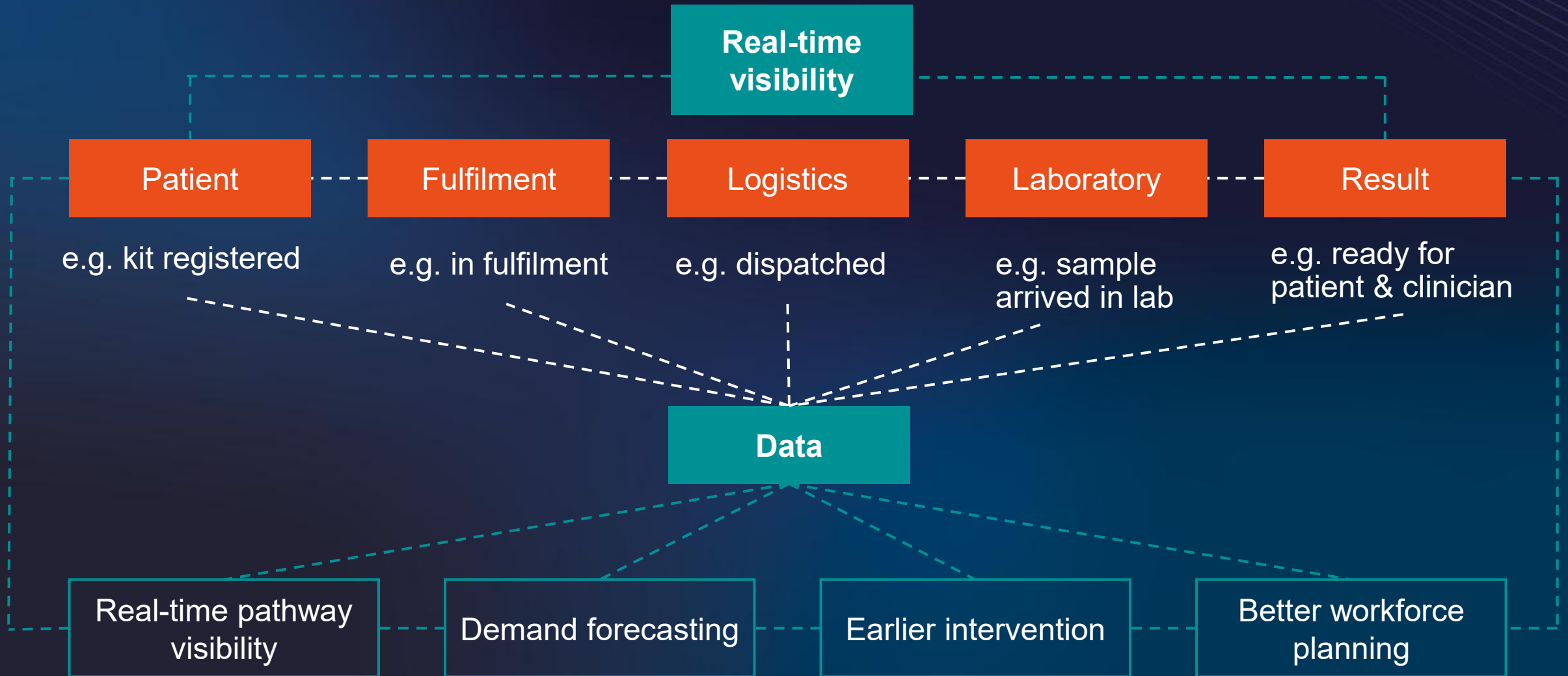
The value of data throughout pathways



The value of data is what teams can do with it

- What has been registered?
- Where is it in the journey?
- When is it likely to arrive?
- What does that mean for workforce and capacity?

Connecting pathways with embedded technology



Quality starts long before a sample reaches the laboratory

Your chain of custody checklist

- Who regulates this?
- What standards apply?
- What evidence sits behind them?
- Who owns quality upstream?
- Where could sample integrity be compromised?

What to look for in your supply chain:

- ✓ ISO 13485
- ✓ ISO 27001
- ✓ Notified body
- ✓ CE Marking
- ✓ CA Marking



A real-world lesson in pathology pathways

CASE STUDY: NHS National bowel cancer screening programme

- National screening programme for adults aged 50–74
- Home sampling, postal return and laboratory processing at national scale
- Use of data and feedback to continuously improve design
 - Automated, camera-verified production lines
 - Patient personalisation
 - End-to-end fulfilment and returns

36k kits produced each day

Increased participation:
national uptake increased from 59.2% to 65.2%



Making end-to-end diagnostics possible

Data, quality and compliance with a leading digital overlay

Two sub-brands – one powerful solution

RDi
HEALTH

**Kit design,
assembly,
fulfilment and
compliant logistics**

RDi
EVOLVE

**Digital connectivity,
patient engagement,
clinical workflows
and data**

Rapid, kit-based
diagnostics for acute
& routine testing

Sepsis kits, MRSA
kits, respiratory
panels combined with
+CURA traceability

Direct alignment
with NHS pathology
strategy reduces
turnaround times

**Better patient
outcomes and
better pathology
outcomes should
be achieved
together.**



Better made possible.

NHS Deep Dive



Dr Rajesh Rajendran

Clinical Head of Division for Laboratory Medicine, MFT
Deputy Director for Infection Prevention and Control MFT
Manchester University NHS Foundation Trust



Running a Pathology Network in Practice

Leadership, priorities and operational delivery

Dr Rajesh Rajendran

Clinical Head of Division of Laboratory Medicine
Manchester University NHS Foundation Trust
July 2026

Collaboration, not consolidation

The Greater Manchester Pathology Network (GMPN) is one of the largest, most complex pathology networks in England. It serves approximately 2.8 million people, across seven NHS provider organisations.

- Guiding philosophy of integration rather than forced amalgamation
- Digital and operational integration in place of a single physical mega-lab
- Levelling up capacity and equitable access to diagnostics across the conurbation

“

**Collaboration,
not consolidation.**

The organising principle behind every network decision.

The network by the numbers

2.8m

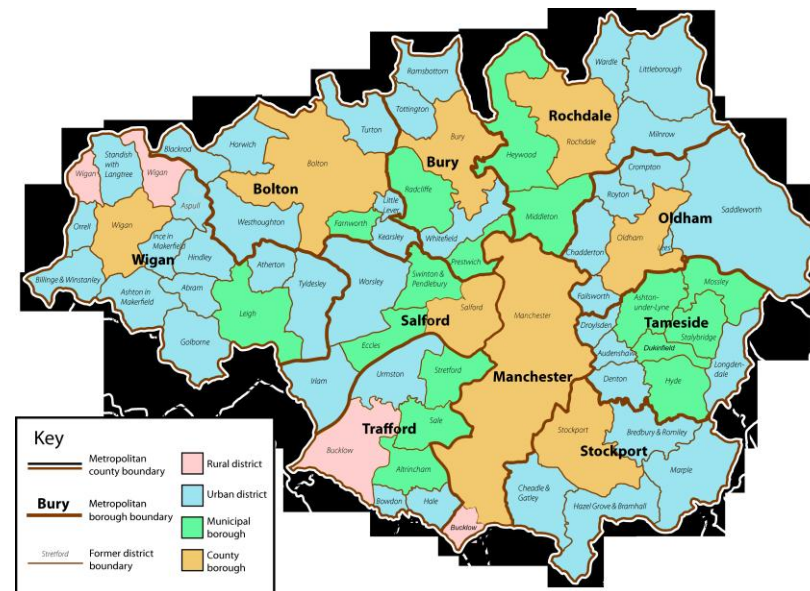
people served across Greater Manchester

7

NHS provider organisations in the network

~50%

of workload targeted for digital pathology



Seven boroughs, one integrated network

Balancing Trust Ambitions & Network Priorities

Operational Friction Point	Local Trust Aspiration	Wider Network Priority	Symmetric Resolution Strategy
Financial Autonomy	Retain local cost savings and effectively manage local laboratory balance sheets.	Lower cost per test through centralized volume scaling.	Transparent Gain-Share Models: Reinvest aggregated procurement margins back into local spoke upgrades.
Repositioning Prestige	Preserve complex, sub-specialist reporting workflows on-site.	Consolidate low-volume, complex specialties in designated expert hubs.	Joint Cross-Site Appointments: Retain local trust contracts while holding formal, cross-network clinical directorates.
Operational Control	Demands immediate localized processing for all immediate diagnostic pathways.	Standardize regional tracking, queues, and cross-site diagnostic sharing.	Tiered SLAs & "Hot" Labs: Ensure immediate turnaround for acute work locally; route "cold" volume to central hubs.

Sustaining Leadership Through Transformation

01

Clinical Lead

Resolves clinical disputes and drives consensus on regional standards.

02

Operations Lead

Directs sample logistics, turnaround metrics, and regional hub-spoke SLA adherence.

03

Programme PMO

Manages capital budgets, procurement framework contracts, and IT dependencies.

CHANGE LEADERSHIP ENABLERS

Structured Change Frameworks:

Embedding repeatable change methodologies (e.g. Kotter or ADKAR) to ease cultural anxiety.

Protected Time (The 20% Rule): Formally writing dedicated network Programmed Activities (PAs) into clinical job plans with funded backfills.

Operational Empathy & Influence:

Moving away from traditional corporate hierarchies towards collaborative influence and transparent data-sharing.

Clinical Takeaway: For pathology to realize its maximum potential efficiency, leadership must realize pathology as a fundamental component of patient care.

Governance and operating model

01

Governance & Leadership

- System and GM-level leadership
- Clinical and scientific engagement through clinical reference groups
- Shared risks and shared resources

02

Strategic Priorities

- Digital pathology — 50% of work digitalised
- LIMS replacement
- Data standardisation
- End-to-end specimen tracking

03

Operational Delivery

- Concentration of specialist work
- Hybrid workflow and cross-reporting
- Workforce resilience — flexible working and retention
- Automation and AI

Creating an effective leadership team

The clinical reference group

- Must be the engine room of expertise
- Holds a clear, agreed mandate
- Has a clear vision with SMART, deliverable objectives
- Well represented, with balanced views and engaged stakeholders

The CRG landscape

- Speciality-wise CRGs
- Digital and LIMS CRG
- Quality CRG
- Short working groups
- Logistics
- Procurement

Core principles

01 One trust, one vote

03 Dedicated PA for CRG chairs

05 Testing algorithms and reference ranges

07 Improved access

02 Protected time for clinicians

04 Standardisation as the default position

06 Patient-centred outcomes

08 Best diagnostic test, based on published research

Core leadership competencies

A system mindset

- CRG leads think and bring together diverse stakeholders
- Consider patient pathways end to end
- Understand the impact of labs on patient outcomes and flow
- Prioritise the 'left shift' in diagnostics

Delivery discipline

- Clear action plans and annual plans
- SMART objectives
- An action tracker with monitoring mechanisms
- A 'system first' orientation

Running effective CRG business

Foundations

- Well-defined terms of reference
- Chair and deputy, ideally fixed for three years
- Dedicated administrative support
- Welcomes trainees to attend and present relevant QI activities

An effective meeting covers

- Strategic transformation
- Standardisation
- Quality, patient safety and accreditation requirements
- Operational challenges and escalations

What does success look like?

Harmonisation & procurement

- What have we harmonised?
- Can we procure together?
- Common MES contracts and renewal timing

CRG effectiveness

- Membership and attendance (trust-wide representation)
- Diversity of stakeholders
- Clinical efficiency and reduced variation
- Collaboration and resilience

TARGET **>90% of biochemistry tests harmonised to common reference ranges within 18 months**

What a strong CRG looks like

- Shared vision and objectives
- A well-defined annual plan and action tracker
- Diverse representation, which includes:
 - Specialist expertise
 - A mix of clinical and laboratory staff
 - Operational leads / lead BMS
 - Network leads / PMO representation
 - Primary care and public health, where appropriate
 - Patient representation

PICK A QUICK WIN

Moves away from ‘my trust’ to ‘our network’.

Early, visible success builds trust across organisations.

Navigating priorities

Mapping the tensions early

1

Financial autonomy

- Transparent gain-share agreements and system-wide costs
- Avoid winners-and-losers conversations

2

Repertoire and prestige

- Protect specialist and complex work
- Consolidate low-volume work

3

Clinical oversight

- Clear and well-defined clinical and laboratory oversight

4

Diagnostic stewardship

- Move to stewardship — right test, right place, right time

Sustaining strong leadership

01

Tripartite leadership model

Clinical Director, Operational Director and PMO working as one

02

Be system first

Influence, negotiate and actively listen, with operational empathy across settings

03

Data-driven transparency

Counter conspiracy with a strong data set and regional improvement metrics

04

Embed leadership in job plans

Don't expect clinical staff to do this for free — provide funded backfill

05

A culture of psychological safety

A safe channel for dissent; change for better outcomes, not just savings

Key takeaways

01

Collaboration, not consolidation

Integrate digitally, not into a single mega-lab

02

Clinical reference groups

Clear mandates, SMART objectives, balanced membership

03

Standardize, system-first

One trust one vote, shared mindset

04

Diagnostic stewardship

Right test, right place, right time — harmonised ref ranges

05

Sustain the leadership model

PAs in job plans, funded, psychologically safe

Keynote Presentation



Angela Jean-Francois CSci FIBMS HCPC
Managing Director
North West London Pathology



From Network Design to Operational Delivery: Building High-Performing Pathology Services at Scale

Angela Jean-François FIBMS CSci HCPC

NWLP Managing Director

angela.jean-francois@nhs.net



Patient focused



Collaborative



Expert



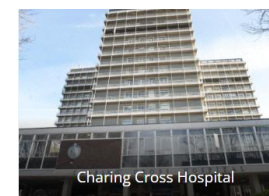
Caring

2026

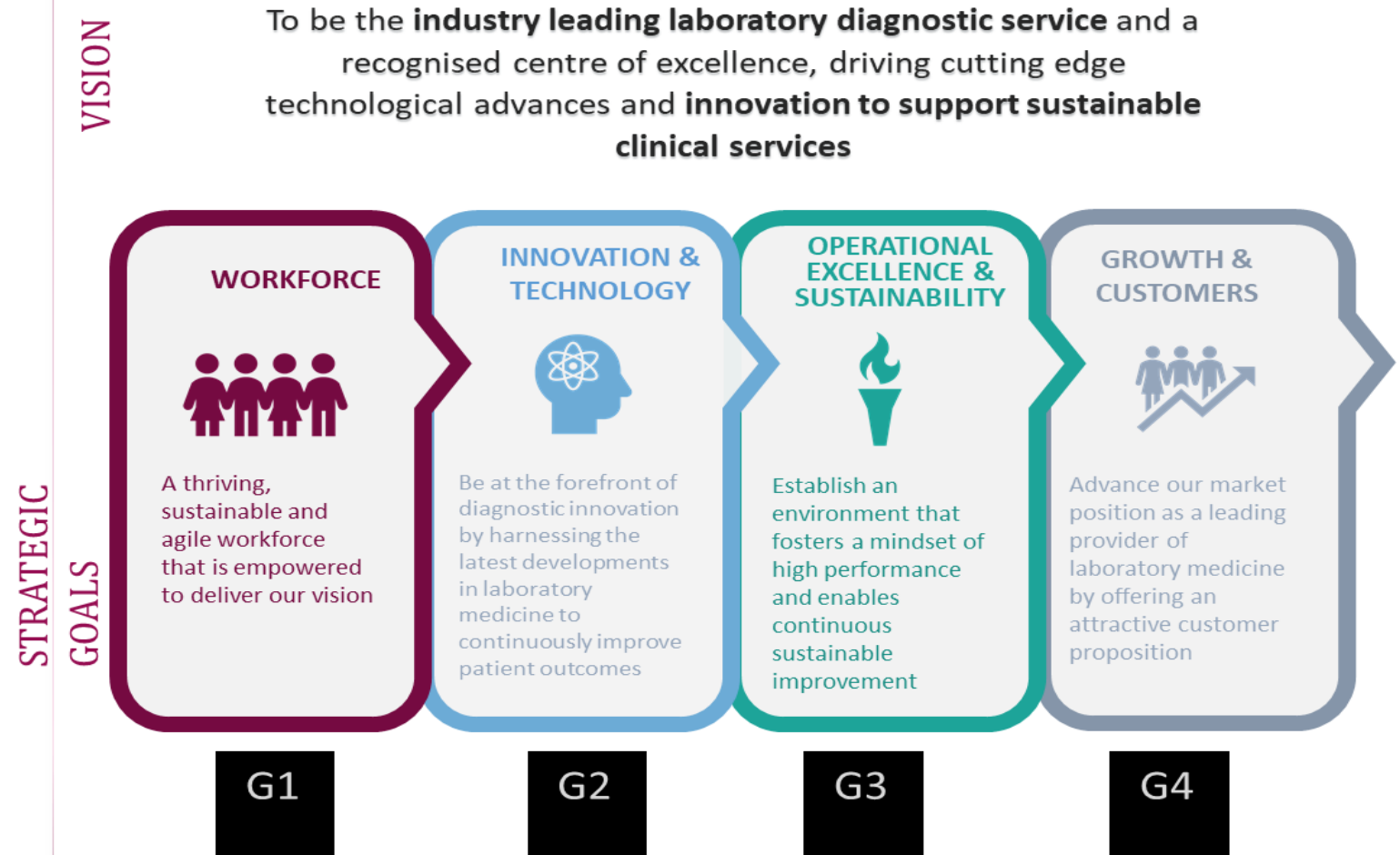
Who we are



North West London Pathology



NWLP 5-year strategy 2023 - 2028



Operational excellence at NWLP



Objectives

1. Review and revise functions and processes of the organisation to deliver our vision.
2. Optimisation of process & practices for sustained high performance.
3. Continuous Improvement.
4. Build strong partnerships with key suppliers and strong contract management that will promote growth and maintain operational excellence.
5. Embed strong financial responsibility principles across all levels in the organisation.



Review and revise functions and processes

Our corporate and support services are essential for driving excellence within our organisation and play a pivotal role in enabling us to achieve our strategic objectives and maintain a competitive edge in the market.

These services encompass a wide range of functions, each integral to maintaining the seamless operation of NWLP.



Optimisation of process and practice for sustained high performance

Primary objective = First class diagnostic laboratory services

Continual assessment = Clinical, operational and financial = Effective and responsive

WHAT HAVE WE DONE?

- Attract, develop, retain, and celebrate diverse, highly motivated and talented employees
- Invest in outstanding digital infrastructure, information management and technologies that are interoperable and that will harness artificial intelligence and machine learning.



Continuous improvement

Challenge conventional approaches
Foster a culture of continuous improvement
Transcending boundaries through regular reviews and optimisations

Our mindset of continuous improvement is supported by our well-established
Division of Portfolio and Strategic Delivery

WHAT HAVE WE DONE?

- Deep systematic review of services – Digital First approach
- Six sigma service improvements across all of our sites and services
- Leveraging data - to enable data utilisation to enhance patient outcomes
- Enhancements such as Pass Through Numbering, digital morphology and use of PDA's
- Expanded molecular diagnostic capabilities, enhanced anti-fungal stewardship, cross-discipline on-call, improvements through clinical audit.

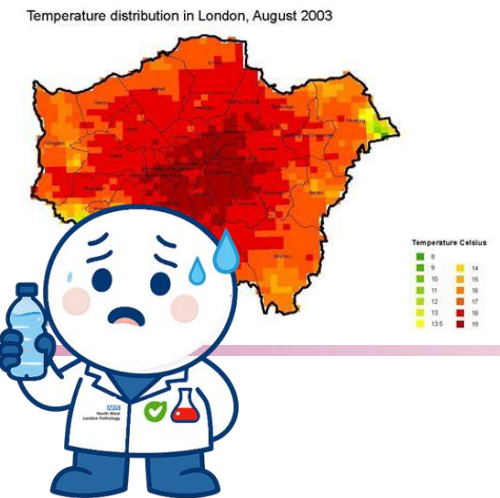
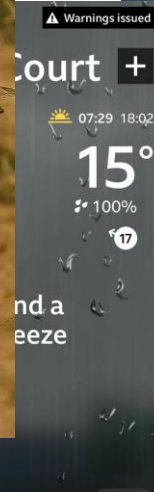
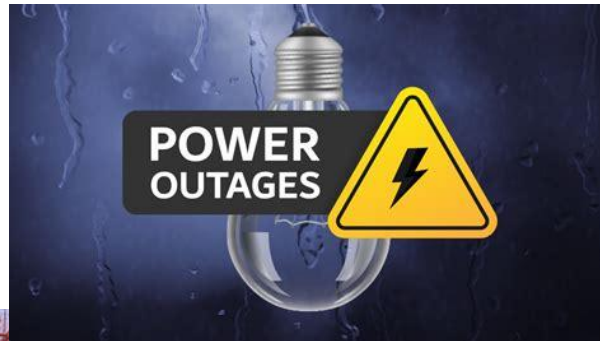
Single Quality Management systems

NHS

**North West
London Pathology**



Resilience



Business continuity – single systems

The downtime vault



The vault contains all forms, paperwork, supplies and SOPs to increase overall preparedness of the laboratory in the event of downtime

Command and Control



Gold: Director on-call
Silver: Senior Manager on-call
Bronze: Lab Manager on-call

During routine hours, Operational managers act in the bronze role. Out of hours the Bronze role is undertaken by the bronze commander or on-call microbiology manager.



Tabletop exercises used at NWLP :
Walking through example scenarios

1. Interactive, discussion based – face to face; On-line
2. Local teams, Network Wide, Trust / ICS level
3. Prepares key team members for an emergency, disaster or crisis
4. Participants will review their roles - ensures they understand the procedures and how they would respond
5. Familiarity
6. Identify weaknesses in the plan
7. Allows for improvements in plan, before being in a live situation
8. A risk-free environment

Cyber attack
Flood
Fire
Loss of electricity / water
Loss of premises

- Lessons learnt; changes made

Strong partnerships, Strong contract management

Nurturing strong relationships with our key suppliers is important to us

Through strategic partnerships, we aim to amplify opportunities in healthcare

Enhancing our commercial acumen in partnership with leading laboratory diagnostic companies will drive growth across our sector and ensure sustainability of our operational excellence



Embed strong financial acumen

We envision operational excellence as a shared goal for all our staff, empowering individuals to take ownership of their work and make meaningful contributions to NWLP

As we develop leadership and management competencies throughout our organisation, operational excellence necessitates the integration of a culture ingrained in sound financial responsibility and business acumen at all levels



2026 – Best Team award
Finance and Commercial Team

NWLP Green Strategy 2024 - 2028



Vision:

To lead by example in sustainable diagnostic practices, minimising our environment impact while maintaining high standards of patient care and diagnostic excellence.

Mission:

To integrate sustainability into every aspect of our pathology service, by reducing our carbon footprint, promoting resource efficiency and fostering a culture of environmental accountability amongst our staff and stakeholders.

Areas of Focus:

Travel and transport



NWLP will work with our transport suppliers to ensure that environmentally sustainable practices are employed to reduce carbon emissions. Our aim is to decarbonise our transport fleet and minimise the environmental and health impacts associated with the movement of specimens, staff and materials.

Workforce and leadership



NWLP will be developing a workforce culture where sustainability is embedded in our everyday working practices across all aspects of our organisation. Creation of Green Champions and a newly established Sustainability Forum we will engage with our staff and our partners to define and deliver carbon reduction initiatives towards our sustainability goals.

Building and estates



NWLP laboratories are hosted at our partner Trusts hospital sites. We are working in collaboration with the three Trusts towards collective efforts and initiatives related to estates looking to reduce the carbon footprint. As part of our 5 year Strategic Plan we will be looking at a new building for our hub. Our focus will be in driving a design where our estates and facilities are driven by sustainability.

Sustainable models of diagnostic services



Embedding net zero principles across all diagnostic services is vital. At NWLP we will be considering carbon reduction opportunities in the way in which our diagnostic services are delivered and work with service users to identify opportunities to reduce unnecessary testing.

Energy conservation



NWLP will be exploring options to optimise the use of laboratory equipment to reduce energy consumption. We will work with our partner Trust and our key suppliers to establish energy conservation projects, and champion good energy utilisation practices amongst staff.

Supply chain and procurement



NWLP is committed to change the approach of utilising resources as well as the way products are produced and distributed. We will be focusing to ensure that the purchasing, the use, and the disposal of products are all aligned with sustainable practices. One of our objectives is to adopt sustainable procurement so that our purchasing is compatible with the protection of the environment as well as meeting the criteria for ethics, society and social value.

Digital transformation



Aligning digital transformation with net and reducing our carbon emissions. zero ambitions is a critical part of our green plan. By utilising existing and new digital technology within our organisation we can streamline service delivery and supporting operational functions, while improving the use of resources

Reducing waste



NWLP will be focusing on reducing single use plastics and disposables consumables. We will consider how we can change our practices to support green initiatives by adopting the reduce, reuse and recycle approach. We will seize opportunities to reuse laboratory consumables and equipment where possible. We will champion waste segregation and promote effective waste management solutions with staff.





Key Themes for change

At the heart of our work is our commitment to make NWLP a better and fairer place for all people – celebrating their talents, whatever their background or needs

ATTRACTING
PEOPLE

PEOPLE
DEVELOPMENT &
LEADERSHIP

SUPPORT AND
BELONGING

ENGAGEMENT &
WELLBEING

KEEPING GREAT
PEOPLE

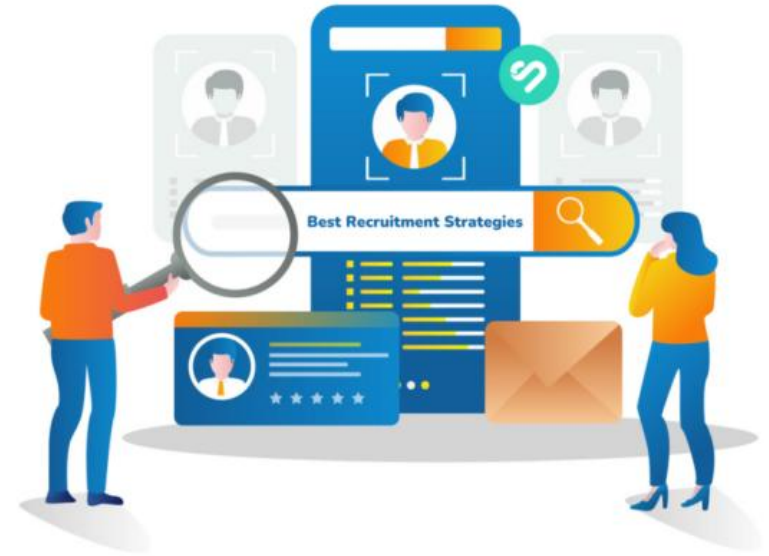
WORKING AS
A TEAM TO
TRANSFORM

**People
Strategy**

At the heart of everything

Changing recruitment strategies

- Updated job generic descriptions to ensure consistency across departments
- Introduction of Recruitment and Retention Premia for Band 6 roles
- Targeted assessment centres for Bands 2 and 3.
- Over 50% of new recruits are local to NWL, and time-to-hire has improved significantly
- Targeted recruitment at Band 4 level with defined career pathways to enable 'grow-your-own'
- Award winning Induction Onboarding programme
- Automatic progression from Band 5 trainee BMS roles to Band 6 on completion of the mandatory IBMS specialist diploma training programme



Skills development

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

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



DEVELOP - Growing skills, careers & capability

The engine room of the workforce pipeline.



130+
Portfolio trainees

120+
Specialist trainees

29
HCPC registered
in 12 months

34
Apprentices

Portfolio schools
Registration and
specialist routes

Apprenticeships
From entry level to
leadership

Career pathways
Every role, every band

What We Have Built



We built a connected workforce ecosystem that attracts talent, develops capability, and transforms how workforce development is delivered.

FOUNDATION People → Skills → Systems



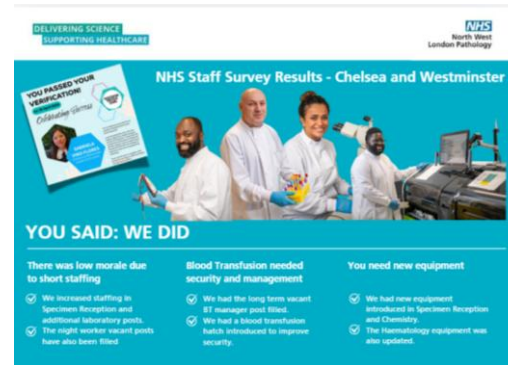
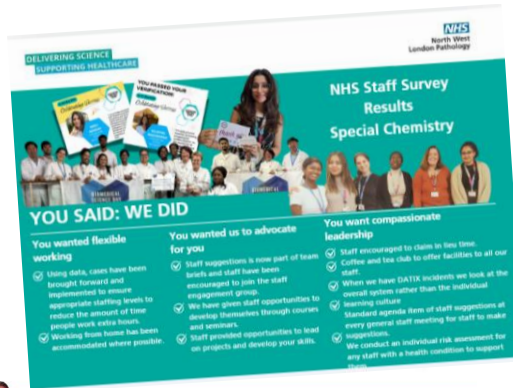
FUTURE Proven locally. Scalable nationally.

NWLP training and development opportunities are overseen by our Workforce Committee and include:

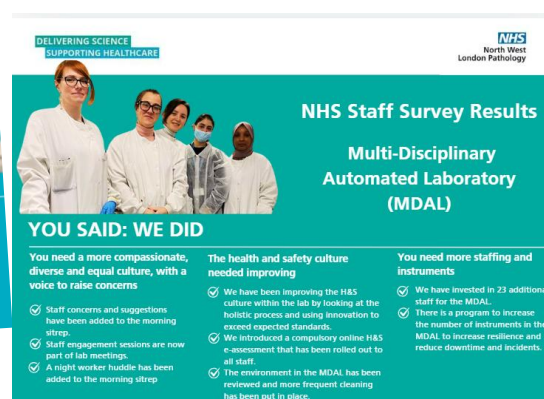


- Student and Voluntary Placements
- T Levels
- Apprenticeships
- Specimen Reception School
- HCPC registration School
- Return to practice Health Care Professions Council (HCPC) programme
- Specialist Portfolio School
- Higher Specialist qualifications
- Clinical and Higher Scientific training
- Talent Development
- Access to courses, conferences and other forms of CPD
- ProjectSEARCH and SEND

Staff Survey – Listening to our people



NHS Staff Survey
Last year we reached
52% response rate



In summary;

Pathology network opportunities are real

We have proven experience of delivering benefits that were visioned by Lord Carter – and are outlined in his 2026 report on pathology transformation

Established ‘Strong Foundations’ to enable us to envision a ‘Bold Future’

<https://www.nwlp pathology.nhs.uk/>



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Skill Clinic



Simon Brewer
Managing Director
South West London Pathology



Professor Michael Osborn
National Speciality Adviser Pathology –
Resilience & Sustainability, Clinical Lead
Pathology - London Region, Clinical Director
North West London Pathology
NHSE, North West London Pathology



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Managing Director
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Angela Douglas MBE
President
BIVDA



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FEATURED ORGANISATIONS

The WINNER for Visiting Every Stand is...

Salutare:



Backlogs

Haier Biomedical
Intelligent Protection of Life Science



clinisysTM



The Lab IT ExpertsTM



ProfilerLive



RDiTM Better
made
possible.



Solmedia[®]
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AXREM

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bioDock

Biobanking Excellence



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SECTRA
Knowledge and passion



medica:

