

Step 5: Service Specification

Tool 2: Example workforce, IM&T, Estates and Logistics Requirements

This tool is for use in conjunction with Step 5 of the Commissioning Toolkit document

1 Workforce

1.1 General

- 1.1.1 The Bid must provide in detail the workforce that will source and maintain the delivery of the Community Pathology Services in accordance with the requirements of the Commissioners.
- 1.1.2 The Bid must describe the impact on the current workforce and the plan that will enable Transformation and Transition of the workforce including any reconfiguration, transfer and retraining of staff as well as any estimated redundancy costs. These costs will need to be included within the Financial Model (see Annex D).
- 1.1.3 Providers must provide a proposed organisation structure chart that describes reporting relationships and provides for an accountability structure within the Cluster.

1.2 Compliance

- 1.2.1 Providers must ensure that all proposed new (or changes to existing) workforce policies, strategies, processes and practices comply with all relevant employment legislation in the UK and in addition comply with the provisions set out in:
 - NHS Employment Check Standards 2010;
 - the Care Quality Commission's registration requirements;
 - the NHS Constitution; and
 - where applicable, The Code of Practice for the International Recruitment of Healthcare Professionals (December 2004).

1.3 Qualified workforce

- 1.3.1 Providers must provide a detailed workforce plan that demonstrates that the workforce is sufficiently sized and skilled to deliver the range of Community Pathology Services effectively and efficiently.
- 1.3.2 Providers will need to consider whether and to what extent any staff (including seconded and/or sub-contractor staff) currently engaged in the provision of services may transfer to other Providers in accordance with TUPE

at service commencement. If TUPE applies to the transfer of employees, Staff Transfers in the Public Sector Statement of Practice will apply.

- 1.3.3 Providers must have in place contingency arrangements to ensure adequate available cover in the case of any planned or unplanned increases in workload and staff absences.
- 1.3.4 Providers must ensure all clinical staff engaged in the delivery of Community Pathology Services are registered with the appropriate regulatory body and that the professional registration of all such clinical staff remain current for the duration of the Commissioning Contract(s).
- 1.3.5 If a Provider employs or intends to employ categories of clinical staff who are not registered with a professional body who are directly involved in supporting delivery of Community Pathology Services, they must ensure that these staff have the necessary training, qualifications, experience and competence to perform their respective roles.

1.4 Training

- 1.4.1 Providers will be required to negotiate and work in partnership with the medical/multi-professional Deanery and local Higher Education Institutes to ensure both the provision and plurality of undergraduate/pre-registration and postgraduate/post registration clinical training placements within the local health economy.
- 1.4.2 Providers will be required to comply with the requirements of the Postgraduate Medical Education and Training Board, Postgraduate Medical Deaneries, the relevant Royal Colleges, higher education training providers and the Care Quality Commission (if applicable) and any other training bodies for the supervision of clinical training.
- 1.4.3 Providers must support and implement a continuing professional development plan for all staff involved in the delivery or supporting the delivery of Community Pathology Services. Those staff must be appropriately skilled, trained and competent to carry out their roles and meet the requirements of professional bodies for re-registration and revalidation.

1.5 Equality

- 1.5.1 Providers are required to meet the requirements of the Equality Act 2010 and the NHS Constitution which states that at Rule 3b that the NHS shall not discriminate against patients or staff and shall adhere to equal opportunities and equality and human rights legislation. Bidders are asked to explain how they will ensure that the provision of Community Pathology Services takes place within the context of the Equality Act and the NHS Constitution.

1.6 Health and Safety

1.6.1 Providers must have a comprehensive health and safety policy that complies with the Health and Safety at Work Act 1074 and the Management of the Health and Safety at work Regulations 1992 including a description of its approach to managing:

- health and safety risks;
- health and safety improvement measures;
- Working Time Regulations and safe systems of work;
- safety audit;
- accident reporting; and
- health and safety record keeping and reporting

2 IM&T

2.1 Context

2.1.1 The Carter Report recognised the importance of IM&T developments in achieving his vision of end to end pathology services. The second phase of the report states that good electronic communication – for example, between the Provider on one hand and healthcare providers on the other – is an essential element of any efficient and effective service.

2.1.2 In pathology, IM&T can help to address unnecessary and inappropriate demand and reduce the risk of errors. The collection and analysis of IT-based data can improve the way that pathology enables decisions about diagnosis and treatment to be made.

2.1.3 Bidders must describe the Community Pathology Services' IM&T systems and infrastructure currently in place in each organisation/location that will form part of the pathology service.

2.1.4 Providers will be responsible for ensuring that each organisation/location facility or site in which Community Pathology Services are provided has appropriate IM&T infrastructure and support arrangements in place.

2.1.5 The Pathology IT Model diagram, annex E, represents the information flows of an end-to-end pathology service. The model includes system interactions on the patient pathway as well as interactions with other systems that use pathology information.

2.1.6 Providers will be required to initiate a plan to deliver the IT requirements and detail how it will be managed and resourced. It is anticipated that a dedicated planning team will be in place to lead the transition. The Provider is

responsible for the management of the plan and for providing the necessary resources to the plan. The management objectives are focused on tightly monitoring, controlling, and balancing the three key constraints: scope, budget and schedule.

2.2 Information Governance

2.2.1 The provider is responsible for the completion of

- the NHS Information Governance Toolkit; and
- an Information Governance Statement of Compliance

for each organisation that forms part of the provision of new Community Pathology Services.

2.3 Access and Connectivity

2.3.1 The Provider must establish how test results will be electronically available to all individuals who have a legitimate relationship with the patient, for example, the order comms system, GP system, electronic patient record, other LIM systems, etc. This should also apply to tests undertaken at the point of care and those performed in other areas or by other Providers.

2.3.2 The Provider will be responsible for ensuring efficient electronic results reporting. All requesting clinicians should be notified of results within an agreed time frame (pertinent to the test).

2.3.3 As a key guide within the NHS for IM&T interoperability, the provider will ensure HL7 messaging will be used for the exchange of messages between systems from different manufacturers.

2.3.4 Where new systems are procured, ITK (Interoperability Toolkit) Accreditation will be required.

2.4 Information and Data

2.4.1 As best practice within the NHS, SNOMED or SNOMED-CT coding should be used for the unambiguous identification of clinical concepts such as diseases findings and procedures.

2.4.2 The NHS number must be used as the sole means of patient identification across all systems. The NHS number should be verified via the PDS. Where the LIMS is not directly linked to PDS, an alternative approach is required.

2.4.3 The Provider must ensure that the proposed solution produces comprehensive and robust information to support management of the

service at all levels. This should include support for KPIs, routine and ad-hoc reports and national data sets

2.4.4 The Provider is responsible for putting mechanisms in place to prevent the occurrence of duplicate records in the IT solution. In the event where duplicate records occur, mechanisms must be in place to identify and correct the duplicate records in a timely manner.

2.4.5 Where systems are upgraded or replaced, the provider must ensure that historical / archived data can be recalled as and when required.

2.5 Security and Resilience

2.5.1 The Provider is responsible for ensuring that the end-to-end solution is robust and always available. This applies to all aspects i.e. networks, PCs, applications etc. Fall back/disaster recovery facilities must be in place. There should be no single points of failure.

2.5.2 The Provider is responsible for ensuring the system is only available to authorised users.

2.6 Future Requirements

2.6.1 The provider is responsible for ensuring the IT solution is future proof to include, but not limited to:

- support for additional pathology services
- addition of new equipment/technology
- changes to working practices
- scalability and ability to deal with additional capacity
- consistency with the Any Qualified Provider Model

2.6.2 The IT solution must be able to adapt to innovation and new technology where effectiveness is proven, such as the ability to incorporate genetic technologies used in diagnosis.

3 Estates & Logistics

3.1 General

3.1.1 The Bid must describe the property solution, including overall coverage, location details of all the sites and the mode of service delivery.

3.1.2 The Bid must give details of accommodation currently used for the provision of pathology services and which will become redundant or will be

decommissioned under the Bid, including location details of all the sites affected and options available for alternative use.

3.1.3 Providers have sole responsibility for ensuring that all sites are appropriate and equipped to support the delivery of Community Pathology Services in accordance with the requirements specified by the commissioners.

3.2 Property

3.2.1 The locations from which the Community Pathology Services are to be provided may include the following:

- existing facilities, refurbishments or new build; and/or
- NHS locations having identifiable spare capacity capable of operating as a discretely managed unit. This could involve “mothballed” premises and underutilised facilities.

3.2.2 The Bid will be required to:

- identify the location from which Community Pathology Services will be provided;
- provide a rationale for the use of the property, demonstrating it is fit for purpose, proportionate to the requirements and available in the timescales required;
- supply sufficient technical details and cost information on any works required to the accommodation intended to be used for the provision of Community Pathology Services to demonstrate the quality of the proposal; and
- state any assumptions made regarding the provision of infrastructure services and costs.

3.2.3 The Bid must describe the property solution and, where possible, the layout of the facilities.

3.2.4 In proposing any property, the Provider must provide details of:

- the current ownership and the owner’s agreement, in principle, to consider either the use or acquisition of the property; and
- any known encumbrances, restrictive covenants or other impairments to its use (including, but not limited to, previous, current or nearby uses).

3.2.5 The Provider will be responsible for executing all works associated with the setting up of operational locations including, but not limited to, investigations, demolitions, clearance, decontamination, remediation and/or preservation, refurbishment and building works, any required services diversions, relocations or procurement. Bids must include all costs and any supporting assumptions.

3.2.6 The Provider will be responsible for obtaining all consents required for any proposed use of the location, including any necessary planning permission or

variations to existing planning permissions arising from the provision of Community Pathology Services.

- 3.2.7 The Provider will be responsible for the installation of any built-in/or moveable equipment, furnishings, fittings, general fit out and commissioning works.
- 3.2.8 The Provider must ensure that any lease or licence to be entered into for the use of a property to provide Community Pathology Services contains provision for the Authority to step in and continue to use any equipment which is built-into the property should the Provider be in breach of the terms of the lease or licence.
- 3.2.9 The Bid must provide sufficient detail on any locations suggested as being available, to enable the Authority to ascertain their quality and basic feasibility for use in the provision of Community Pathology Services under this initiative within the required timeframe.
- 3.2.10 The Authority reserves the right to visit and inspect any location forming part of the Bid to assess the suitability and/or readiness of that location including any building or refurbishment works to be carried out. The Provider must ensure that, given prior notice appropriate to the circumstances and subject to complying with relevant operational and safety procedures, authorised representatives of the Authority have unrestricted access, at all reasonable times during working hours.
- 3.2.11 The Bid must include:
- location and layout plans in sufficient detail to show means of access and enclosure;
 - if applicable, schedule and phasing of demolitions and decanting;
 - brief descriptions of construction involved;
 - planning, design, construction and commissioning programme to demonstrate that all relevant tasks in the design and implementation of the facility, leading to it becoming operational, have been taken into account; and
 - any assumptions made regarding the availability of accommodation, infrastructure and utility services required and the implications and costs involved should these assumptions prove not to be appropriate.
- 3.2.12 The Provider must establish sufficient detail on any refurbishment or construction works required to enable a firm price to be submitted and demonstrate that they have allowed in the costs the full scope of any such works.
- 3.2.13 The Provider must provide a cost analysis, to support any provision for construction costs made in the Financial Model (see Annex D), including:

- preliminaries;
- overheads and profit;
- refurbishment/building elemental cost analysis;
- utilities costs;
- provisional sums; and
- specified exclusions.

3.3 Compliance

- 3.3.1 In setting up facilities under this initiative the Provider will be responsible for compliance with all relevant European and UK statutory legislation, utility supply company requirements Health Building Note 15 (HBN15), and CPA criteria.
- 3.3.2 Where the provision of Community Pathology Services do not provide a regulated activity requiring registration with the Care Quality Commission, the Provider will be expected to ensure that the operational facility meets criteria equivalent to the registration requirements that would apply if it were registerable with CQC.
- 3.3.3 The Provider will be responsible for all necessary applications and consultations for approval under the relevant Building Acts and Regulations and other statutory instruments including Codes of Practice, British Standards and any other agreed appropriate standards.
- 3.3.4 The accessibility requirements of the Disability Discrimination Act 1995 and BS8300 must be provided.

3.4 Facilities Management

- 3.4.1 Providers are required to provide details to describe the standard and scope of FM services that are appropriate for the solution set out in their Bid and arrangements for their procurement, whether supplied directly, subcontracted or delivered through an NHS body. These may include but are not limited to:
- cleaning;
 - clinical waste;
 - IM&T support;
 - laundry;
 - pest control;
 - refreshments;
 - security;

- property maintenance;
- deliveries, materials handling and storage; and
- waste management.

3.4.2 Providers will be required to:

- demonstrate their awareness of the standards and guidance relating to pathology services, cleanliness and security and confirm their commitment to provide at least equivalent or better alternatives; and
- demonstrate that the quality and suitability of the facilities will be satisfactorily monitored to ensure that at all times they are fit for the purpose for which they are used.

3.4.3 The Provider shall establish that documented procedures are in place:

3.4.4 For management to regularly assess the results of quality inspections and audits to ensure that risks are minimised and appropriate action taken; and

3.4.5 To address and remedy issues that cause immediate risk to compliance or to the health and safety of staff and visitors to the facility.

3.5 Logistics

3.5.1 The Provider will be required to demonstrate that sites selected for the provision of Community Pathology Services are located within acceptable travelling times from GP surgeries, and other locations where samples for testing and analysis are collected, to meet the specified requirements.

3.5.2 The Provider must demonstrate that security and integrity issues involved in the transportation, handling and storage of pathology samples has been adequately addressed and will be in accordance with CPA requirements.

3.5.3 The Provider must provide details of the method and frequency of sample collection proposed to meet the specified requirements, identifying geographic variations and exceptions and any areas where the proposed turnaround times may be exceeded.

3.5.4 The Provider must supply scoping details of non clinical contracts that it plans to enter into as part of the logistics to provide Community Pathology Services.

3.5.5 The Provider must provide details of existing logistics contracts, the impact on these contracts of the Bid and action to be taken to mitigate those impacts.