

## APPENDIX 3 – Lessons learned from previous pathology integrations in Kent and Medway

(Table taken from strategic outline case January 2019 - updated with a progress made column on right hand side)

Issue	Lesson identified	How would you do things differently?	Progress through Outline Business Case phase to date
Change fatigue (multiple attempts halted)	Lack of trust between organisations	Collaborate in the first instance before attempting to consolidate to gain Trust to achieve partnership working together for mutual benefit, rather than one Trust taking charge and taking all the benefits	Working together across the Trusts in the programme board and project team has developed a single team approach – although the operational pressures at NKPS have impacted on level of engagement and involvement possible. To mitigate against this we have supported NKPS to have a ‘maximum engagement minimum involvement’ approach and to identify mutual aid needs from the other organisations.
Communication ‘being open and transparent’	The individuals involved in the transformation are often personally impacted by the proposed changes. This can lead to unintentional resistance to share information and can impede progress	Agree and regularly review and discuss principles of working together to create and maintain a safe and effective working environment	An agreed set of Ways of Working principles is part of every sub-group, project team and programme board terms of reference. The workforce and OD lead has experience of supporting services and individuals through transformational change; and runs monthly staff forums on all 7 hospital sites. EKHUFT OD Team is facilitating a change leadership workshop in September.
Poor Governance Framework	<ul style="list-style-type: none"> <li><input type="checkbox"/> Importance of clinical leadership</li> <li><input type="checkbox"/> identification of potential conflicts of interest</li> <li><input type="checkbox"/> Mechanism for decision making based predominantly on finances</li> <li><input type="checkbox"/> Lack of quick decision making</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Clinically led and facilitated by a professional project manager with no conflicts of interest and an agreed method for decision making</li> <li><input type="checkbox"/> Method for decision making should be developed around patient, staff mobility, space, transport, infrastructure, quality e.g. accreditation etc.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> For the OBC stage we developed an implemented a broad and robust governance framework including 6 sub-groups to ensure leadership and involvement from a range of groups and individuals inside and outside the pathology services.</li> <li><input type="checkbox"/> The evaluation criteria for service site configuration is 50/50 quality and finance</li> </ul>

Lack of early staff and union engagement	Involve staff early and regularly communicate (even if there is nothing to say tell them)	Develop and implement a communication and engagement strategy and plan utilising a variety of communication channels (meetings, written brief, notice boards, FAQ's and website)	See engagement section in body of the report. The workforce & OD lead and communications & engagement work closely to implement a comprehensive and accessible communication and engagement strategy
Lack of adequate resource to develop and mobilise plans	Day job comes first, impacting on transformation and timescales. Investment required to mobilise key enablers e.g. end to end IT and infrastructure.	Realistic identification and provision of resources: <ul style="list-style-type: none"> <li><input type="checkbox"/> dedicated project manager / team freeing up frontline staff</li> <li><input type="checkbox"/> Identification of funding for key enablers</li> </ul>	Dedicated project team Outline Business Cases to identify programme resource for Full Business Case and implementation phase – ensuring additional resources for transition.