We are proud to introduce the new benchmarking service at Keele...

Keele University Benchmarking Service
www.keele.ac.uk/benchmarking

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From the Editor

First of all, a very happy new year to you on behalf of everybody at the recently re-branded Benchmarking Service at Keele University. As you may already have discovered from our marketing, our name has now changed to “Keele University Benchmarking Service”. Either way, we hope you had a nice Christmas and New Year, and are feeling refreshed and re-invigorated for the challenges that lie ahead in 2013!

I will not steal my own thunder from the article on our re-branding on page 3 too much, but needless to say I am really excited about the changes which are coming to the benchmarking service. We are carrying out a very extensive re-development of the core service, and as we also look to build on links we have within the Keele University School of Pharmacy and consider other areas for benchmarking work, we felt it right to create a new name and identity.

Besides which, most people only knew of us as being called “Keele Benchmarking” anyway!

January is traditionally a big month for us. Our annual user group feedback meeting marks the end of one benchmarking cycle and the beginning of another, and this meeting was due to take place on 18th January. However, the severe weather conditions in Birmingham and surrounding areas meant that we reluctantly decided to cancel the meeting. As it turns out it was definitely the right decision – the snow was just as bad as forecast, resulting in the closure of Birmingham airport and traffic chaos on the roads. However, it meant that we were unable to discuss the reports and gather feedback in the usual manner, which was a big blow for us since we use the feedback as an essential integral part of our development process.

Thankfully, we were able to gather feedback electronically after the event, which has been used for discussion with our panels, so hopefully everybody who wanted to have their say and input into the development process has been able to do so. If not, please do get in touch with me via email on d.holland@keele.ac.uk and I would be delighted to discuss your feedback with you.

Of course, we are also still working on our primary care benchmarking scheme, and still progressing with the work we are doing as part of the West Midlands Demand Management Forum. We have contributed towards a number of abstracts submitted for FOCUS, and also started to work on a couple of new research papers, so things are definitely continuing to move at a fair pace even without the re-development of the laboratory benchmarking scheme!

I believe that 2013 is going to be a pivotal year for the benchmarking service. The re-branding and the huge re-development of the service will breathe new life into the scheme, and we are very excited to see where it takes us.

I would like to wish you all a prosperous and successful 2013, and look forward to working with and speaking to you over the coming months.

David Holland
Operations Lead,
Keele University Benchmarking Service
Welcome to the Brand New Benchmarking Service at Keele University

We are delighted to announce that the National Pathology Benchmarking Service will now be known as the Keele University Benchmarking Service (KUBS), but this is not just a simple change in name. The following twelve months will mark a period of significant development of the services we provide, not least of which will be a major overhaul of the long-running laboratory benchmarking service to make it easier to complete and offer better value. Benchmarking is high on the Pathology agenda at the moment, so we want to ensure we are making our service accessible to as many NHS laboratories as possible to provide more coverage and more robust data.

You may have seen the short survey we sent out over Christmas which asked a number of questions concerning your views on the service we provide – specifically, to what extent the service provides value and useful information, and what the negative aspects are. We were particularly keen to learn what factors would influence any decision to take part, so that we can address these issues to make the service more accessible.

Whilst most respondents indicated that the service did provide useful information and good value, three primary areas for concern came out of the feedback we received:

1. That times are hard, financially speaking, and the cost of subscription could be an issue. We are a not-for-profit organisation, and our pricing policy is such that we make enough each year to just break even. The cost of subscribing to the service last year was just over £4,000, which is not a ‘massive’ amount of money as such in the grand scheme of things, but clearly the cheaper we can make the cost of subscription the more it is likely to appeal in this financially challenged climate. We have therefore significantly reduced the cost, on the basis that if we can attract additional participants to the scheme we should still be able to break even.

2. That the questionnaires take too much time to complete. This is an area we are addressing every year – those who have taken part for a long time will have noticed that they have become much more user-friendly over the years – but it is something that is receiving a major overhaul this time. We are massively simplifying the staffing and finance tables (but in such a way that nothing is ‘lost’ in terms of the value of the data).
and also making them much easier to complete by removing the need to import General Laboratory Questionnaire (GLQ) staffing. We are also cutting out all of the ‘fringe’ questions that were only of relevance to a handful of labs, but then concentrating our efforts on making the most of the important data by producing more analysis on these areas. In short, the questionnaires will be shorter and much easier to complete, but will still capture all of the information our participants find useful, and also be reported back in more depth and with much more analysis both in the core reports and in the analysis tools (which, incidentally, will contain a whole host of new layouts for each section which can be easily operated even by the less-capable users of Excel).

3. That participation levels are only just adequate for meaningful analysis, but more participants are needed to get more robust data. This is the big one for us; we hope that by addressing points 1 and 2 we will, in combination with the additional push we are going to make with our marketing this time round (and in the hope that Pathology departments will realise that there is now, more than ever, a very real need to gain access to robust benchmarking data) see a significant increase in participation levels this year.

It was also apparent from the feedback that many people are still reflecting on experiences of participating in the scheme a number of years ago, back when the service was admittedly very cumbersome and slow to return data back to participants. One thing we are definitely keen to do this time round is to emphasise many of the changes that have already taken place, for example the turnaround of getting reports back to participants – I do not think, for example, that some people realise that a first draft of the reports are actually returned to participants within two weeks of the final data of questionnaire submission.

So for us it is vital that we use the re-branding and re-launching of the service as a way to get people to look again at what we are offering, perhaps raising awareness of the fact that benchmarking is high on the agenda at the moment, and that the service we offer is still the only one of its kind; certainly that it is the only one with the long-established experience and refined workload definitions needed to collect the most comparable data available.

The re-development is not limited to just the main laboratory scheme, though. We are also working towards providing meaningful outcomes data for laboratories and primary care in the form of analysing the effects of appropriate requesting on patient management, including the impact that appropriate (and indeed inappropriate) requesting has on their test results, the drugs they are prescribed, and any complications that may arise (for example admissions into hospital). The INTERCEPT study paper, published in the American Clinical Chemistry journal (http://www.clinchem.org/content/early/2012/02/16/clinchem.2011.176487), marked the first of what we anticipate will be a number of related publications to arise from the primary care data we have gathered to date.

We are working closely with a number of laboratories to produce research around appropriate use of tests, which we hope will feed into guidance and help inform demand management strategies.

Finally, the new name excludes the word ‘Pathology’, and this is because we may want to leave the door open for working in other diagnostic areas. In particular we are working closely with our colleagues in the School of Pharmacy here at Keele University to map Pathology data to their prescribing data sets, and should such a collaboration start to ‘take off’ then we do not want to be limited to working only in the Pathology silo – something that Pathology itself should be trying to move away from. Whilst our world will always revolve around Pathology, we feel it is important that Pathology starts to connect with the world around it – in particular in demonstrating value in the patient care pathway and the value Pathology brings to the wider health economy – so we feel that it is right to also integrate what we do into wider health environment.

So, from now on, the National Pathology Benchmarking Service will be known as the Keele University Benchmarking Service, and we hope this will signal the start of great things in the provision of benchmarking data and research in Pathology.
Coffee with the Benchmarking Team

#6, Building a Service Fit for the Future

In the last edition of Benchmarking News I talked a little about how we handle user feedback, and what impact it has on the development work we do.

As I am sure you will have gathered now from this newsletter, the benchmarking service are re-branding, and as part of that ‘renaissance’ we are undertaking a significant re-development of the laboratory scheme.

In short, the world in which we exist is changing, and we need to ensure that we are also changing to meet the needs of our participating NHS pathology departments. To this end we sent out a very short survey around Christmas time (which you may have seen and completed) to determine what factors influence any decision to subscribe to the service, and more importantly, to ensure we address anything which might prevent people from taking part.

I have written a separate article in this newsletter talking about the specifics, in particular discussing the ways in which we are intending to address any concerns, but for now I thought it would be interesting to look at how we are hoping to build the service as a whole to take on board the ‘bigger picture’.

The laboratory benchmarking scheme provides valuable information to help laboratories inform their management decision making processes – we understand this from the feedback we have received, and we know that the information we provide has been used to help reduce costs, improve efficiency, and provide evidence for a range of different business cases.

However, there is more to Pathology than just meeting QIPP targets or gathering information that can help with recruitment of a new Biomedical Scientist.

What about demonstration of effectiveness in patient outcomes, for example? Pathology has struggled to demonstrate its value in the patient care pathway, which is something that we are beginning to address in the primary care benchmarking project by looking at appropriateness of requesting (compared with guidance, such as NICE), comparing requesting patterns to prescribing data, and even analysing the impact of test frequency against test result change (does a more frequent test lead to a stabilisation or improvement in result?).

We are now also looking at the impact of testing on hospital episodes data and mortality, and have various data sets on-going to try and establish a link between effective testing and patient care, although in truth any final ‘product’ or research paper(s) we publish are a while down the line, and not within the scope of the laboratory benchmarking scheme anyway.

We do, however, need to ensure that the benchmarking service is ready and equipped to deal with the changing world, and we hope that the development work we are carrying out will help us to achieve that with the laboratory scheme, and that the gradual introduction of new primary care benchmarks and research papers will then build on it.

What do you think about our plans for the benchmarking service? Please let us know!

Email g.s.trigg@keele.ac.uk or d.holland@keele.ac.uk
There would normally be an article appearing in this edition of our newsletter providing feedback from our annual user group meeting... but on this occasion there is not!

These meetings take nearly 12 months in preparation – the venue has to be booked, sponsorship arranged, invitations sent out to all participants, booking forms processed, delegate packs put together etc... We always look forward to holding these meetings as it gives us a chance to meet the participants and they get a chance to feed into the future development of the service as well as being able to network with colleagues.

On the day before the meeting was due to take place we had to come to a decision as to whether it would be able to go ahead. All week we kept looking at the weather forecasts and up until the morning before we were hoping the meeting would still be on. However, the great British weather defeated us! After careful consideration... as well as thinking of the safety of all our participants, panel members and sponsors... it was decided that the meeting would have to be cancelled due to the adverse weather that was expected all day on the Friday. This is the first time in the history of the benchmarking service that we have had to cancel the meeting completely. As you can imagine, the team were all greatly disappointed that this had to be done but, after seeing the weather come in as forecast on the Friday morning, we know that we made the right decision. The last thing we wanted to happen was for people to become stranded in Birmingham!

We would like to thank all our participants, panel members and sponsors for their understanding upon receiving the notification of the cancelled meeting. Due to the time it does take to arrange these meetings, unfortunately it will just not be feasible to reschedule. We therefore sent out electronic feedback to all participants and will be incorporating this into the development as usual.

We only hope that the same thing does not happen again next year!!

Written by Gill Trigg, Keele University Benchmarking Service
Fifty Shades of Benchmarking

As we look to re-develop the benchmarking service for the upcoming year, we start to think about how we should best present the data in our reports and analysis tools.

Our current reports are very bar-chart heavy, sometimes featuring a number of stacked bars (the staffing skill mix chart springs immediately to mind). This can occasionally make them difficult to read where there are a lot of measures in place, even in colour.

When printed in black and white (which most in the NHS are forced to do, it seems!) it becomes even more difficult – we are left with what looks like fifty shades of grey on a page (and yes I will resist the temptation to use a pun about it being ‘restrictive’).

So one of the challenges we will be taking on over the next few months will be to create flashy new layouts, and in all honesty it is one of the challenges I most enjoy about the job. I figured it is about time we did slightly more than standard bar charts with the odd pie chart thrown in for good measure, so I will look forward to coming up with something a little bit more creative.

For those who take part in the scheme this year, watch this space for whatever creations are devised at the benchmarking towers!

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**Case Studies**

Looking for an opportunity to showcase your pathology-related business in the newsletter? Please contact Gill Trigg on *g.s.trigg@keele.ac.uk*
SBK Healthcare held two events in London in December 2012: “New Pathology Structures” and “Commissioning Pathology Services”. Due to work commitments I was only able to attend the latter, but found the day very useful and interesting.

The content of the day presented a broad view of commissioning from both sides of the fence, including looking at Pathology as a value-added proposition, functions of the commissioning boards and commissioning support units, the role of commissioning in driving Pathology review and service change, and getting costing for Pathology services correct.

The panel discussion, which featured Phil Hudson (Beeston Consulting), Ian Barnes (National Clinical Director for Pathology at the Department of Health) and Professor Chris Price (Department of Primary Care Sciences, Oxford University), was particularly enjoyable, and helped a lively audience to engage in a two-way discussion with the panel and the rest of the group.

SBK Healthcare events present a useful opportunity to network and to discuss and learn about case studies revolving around the current ‘hot topics’. Details of upcoming events can be found on their website at http://sbk-healthcare.com/
The annual Association for Clinical Biochemistry (in association with the Dark Report) “FiLM” meeting took place at the end of January in Birmingham. FiLM is one of the ‘big’ events I most look forward to, as it often provides an interesting international context which makes it unique.

This year’s event was undoubtedly the best I have been to so far in the past five years of annual attendance.

The programme featured speakers delivering presentations from a wide variety of perspectives, with the primary focus of the day revolving around re-structure and the future of Pathology. We heard a very clear account of what the role of commissioners will be, and what, as customers of the service, they will be looking to get from Pathology providers.

We were also introduced to case studies from a number of laboratories and networks who have been meeting the challenge of modernisation in different ways, and of course, gained an

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- Complete audit trail and real-time GPS tracking

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insight into the way Pathology services are delivered in the United States and Canada. Innovation, leadership and quality were key themes running throughout the two day event. Attendees were reminded that QIPP, and the challenges that have been set for Pathology (and indeed the wider NHS) regarding cost efficiency savings and quality improvement, are most definitely here to stay.

However, we were also reminded that for those who are prepared and able to meet the challenge, this should in fact be seen as a period of opportunity. The speakers at FiLM were keen to reinforce the belief that there are benefits to be claimed by those who are engaged and willing to move with the changing times.

I look forward to next year’s event, particularly if it can be as interesting, engaging and as well attended as this one.

**Primary Care Benchmarking Workshop:** Friday 30th November 2012, De Vere Venues Colmore Gate, Birmingham

The Primary Care Benchmarking project was conceived a few years ago by Keele University in partnership with the Yorkshire Centre for Health Informatics (YCHI) at Leeds University. It is intended to provide information to stakeholders around primary care use of the pathology service, and its effectiveness in patient care. This could include “dashboard” performance measures and would feed into research and guidance.

In November 2012 Keele University held an invitation-only event aimed at moving the project forward. Representatives from all stakeholder groups, including GPs, commissioners, industry and laboratories, were asked to feed back about the project to date and how they see it progressing in the future.

The day included presentations from a number of key speakers covering a range of subject areas, and included Jeff Seneviratne (Clinical Lead, Greater Manchester Pathology Network), Rick Jones (Senior Lecturer, YCHI), Tony Fryer (R&D Director, University Hospital of North Staffordshire NHS Trust) and Craig Webster (Consultant Clinical Scientist, Birmingham Heartlands Hospital). Details of the project to date were discussed and then put into context of the wider environment in which it will exist, e.g. the view of the commissioner, ways in which data can be presented to maximise impact and how correct use of the pathology service can lead to better patient outcomes.

There was also group feedback and discussion. Judging by the feedback from the event, the workshop was successful, and delegates found it interesting and we have certainly gathered a wealth of feedback. The challenge ahead is to build a service that can provide meaningful
intelligence to its stakeholders.
This project will progress throughout the year.
We will keep you informed of developments as they occur.

If you would like further information about the project, please visit the website at www.ychi.leeds.ac.uk/benchmarking

Written by Andy Brooks, Keele University Benchmarking Service

Spring Wordsearch

Time for a bit of relaxing fun! How many pathology-related words can you find in the grid below? Words only go horizontal (left-to-right or right-to-left) and vertical (downwards or upwards). There are no diagonal words... or at least, not intentionally! See how you score:
0-10: Okay; 10-15: Good; 15-20: Excellent; 20+: Unbelievable!

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Book now to get a reality check on your finances and ensure your budgeting is robust – take away the tools to:

- Discover what you should be thinking about in terms of finance when entering into a collaboration: going beyond simple profit and loss
- Identify the costs and income streams you need to factor in when calculating your finances
- Analyse the value of your assets that you are bringing to a collaboration
- Learn how to calculate margins and profitability
- Ensuring financial feasibility: take away a detailed exploration of financial modelling
- Confidently negotiate your budgets: identify the costs that are not covered and take away the tools to achieve compensation

This highly interactive day will enable you to examine and work through your finances in detail, and get insider tips and tools to ensure confidence in your approach with:

- Phil Hudson, Managing Director, Beeston Consulting
- Mark Latham, Director, Intellidat Limited
- Stephen Voysey, Director, Voysey Consulting
- Neil Anderson, Director of Pathology, Coventry and Warwickshire Pathology Services
- Neil Anderson, Director of Pathology, Coventry and Warwickshire Pathology Services

Benefit from practical sessions throughout the day and share hands-on experience:

- Explore budgets from hypothetical scenarios to build up detailed insight
Calling all Pathology Leads: gain confidence in taking the next steps in your governance arrangements and develop the right agreements at this course. Your key learning outcomes from this interactive training day:

- Evaluate the range of organisational options available to you: from a shared service to creating a new fully autonomous business
- Gain expert legal guidance on how to craft strong agreements
- Discover how to develop robust service level agreements with strategic partners
- Gain practical insight and expert advice on common legal hurdles and trip points

Your training seminar leaders:

- Mark Crichard, Partner, DLA Piper UK LLP
- Andrew Bamber, Deputy Associate Director of Operations, Diagnostics and Clinical Support Services, Wirral University Teaching Hospital NHS Foundation Trust

Receive in-depth information and real examples:

What is the Right Structure for your Collaborative Pathology Venture?
- Examining collaborative models: investigating the breadth of business models available
- How do you evaluate which model is right for you?

Managing Liability and Risk in Consolidated Organisation Structures
- How to adequately protect yourself when entering discussions
- Who picks up the bill? Understanding the transfer of risk and liability between organisations

Fundamentals of a Watertight Service Agreement: How to Put Together a Complex SLA Effectively
- What are your goals? Safeguard yourself and provide value to your customers
- What to include: thinking beyond your laboratory to the wider services you utilise
- Practical hints and tips on setting out and embedding finances
- Effective service delivery: essential quality markers

Avoiding Disputes: Essential Insight to Safeguard your Interests
- Common areas of negotiation and modifications, and avoiding classic pitfalls
- Practical guidance and experienced reassurance: legal insight into areas of concern
Pathology Quality Standards
CPA and ISO 15189:2012: Ensuring you Remain Compliant

Calling all Quality Leads: your key learning outcomes from this interactive training course:

- Clarification of the impact of ISO 15189:2012 on your quality management systems
- Practical advice on the changes that ISO standards will bring to your medical laboratory
- Interpret regulations for your own department to fulfil compliance

Develop an action plan to ensure ongoing compliance

- Return to your trust with a full understanding of the implications of changing regulations, and the knowledge to ensure your laboratory quality management systems are safe, effective and fully compliant

Your training seminar leader:

- John James, Occupation Convenor, ISO/TC 212 Working Group 1 – Quality and Competence in the Medical Laboratory

Understanding ISO 15189:2012: Achieving a Robust Quality Management System

- Assessing quality and quality management concepts
- Background to revision: historical context and rational for change
- Key elements covered: assessing the scope, management requirements and technical specifications
- Practical application: analysing and interpreting the standards for medical laboratory work

Action on Compliance: Gap Analysis between ISO 15189:2012 and Current CPA Requirements

- Identifying key differences in requirements between current and future standards
- Ensuring your quality system documentation continues to meet evolving guidelines
- How to practically adapt your quality and operational management to meet evolving regulations

Preparing yourself for Change: Ensuring you Continue to meet the Evolving Standards

- Keeping abreast of regulatory changes: future developments for laboratory quality
- Highlighting additional regulatory standards activity impacting on your laboratories
Diary Dates/Events for 2013

SBK Healthcare Pathology Events
• **Pathology Financial Management**, Wednesday 15th May 2013, DoubleTree by Hilton, Manchester
• **Pathology Service Agreements**, Thursday 16th May 2013, DoubleTree by Hilton, Manchester
• **Pathology Quality Standards**, Friday 17th May 2013, DoubleTree by Hilton, Manchester
see [www.sbk-healthcare.com](http://www.sbk-healthcare.com)

Keele Participant User Group Meetings
• **Multi-discipline** – To Be Confirmed
  *Participants will receive a formal invitation to attend this meeting in September 2013*

IBMS Events
• **IBMS Biomedical Sciences Congress**  [www.ibms.org/go/congress/](http://www.ibms.org/go/congress/)
• For information on IBMS events see  [www.ibms.org/go/events](http://www.ibms.org/go/events)

RCPath Events
• **National Pathology Year 2012** - after its success, public engagement activity continues throughout 2013 so keep checking for regular updates  [www.ilovepathology.org](http://www.ilovepathology.org)
• For information on RCPath events see  [www.rcpath.org/index.asp?PageID=476](http://www.rcpath.org/index.asp?PageID=476)

ACB Events
• **FiLM**, TBC
• **FOCUS**, Monday 15th April to Thursday 18th April 2013, York
  see [www.acb.org.uk](http://www.acb.org.uk)

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Diagnostic Intelligence
Advanced Management Reporting

Adapting to the growing demands in ad hoc management reporting
adopting a Business Objects front end
Simplifying the delivery of Benchmarking performance reports (Keele)
Meeting the demand for high quality service reporting through flexible presentation of data
Managing the need for performance and service level management reporting (PbR)
Supporting the commercialisation of the service and meeting the demand in performance based reporting

For further information please contact Sales Enquiries on Tel: +44 (0)1932 581200
Email: Enquiries@CliniSys.Co.UK
www.CliniSys.co.uk

Transforming Business Intelligence Through Real Time Performance Management

Graphical application for monitoring real time pathology information with easy to interpret representation of information

Enables customers to view and take action on Key Performance Indicators quickly with drill down facility through predefined pathways to more detailed views

Reduced turnaround times through real time visibility of information

Real time alerts for key information

Increased productivity through workflow monitoring, remote and mobile access to key information

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