



A PATH TO IMPROVEMENT

NEW APPROACHES TO PERFORMANCE MANAGEMENT IN HISTOPATHOLOGY

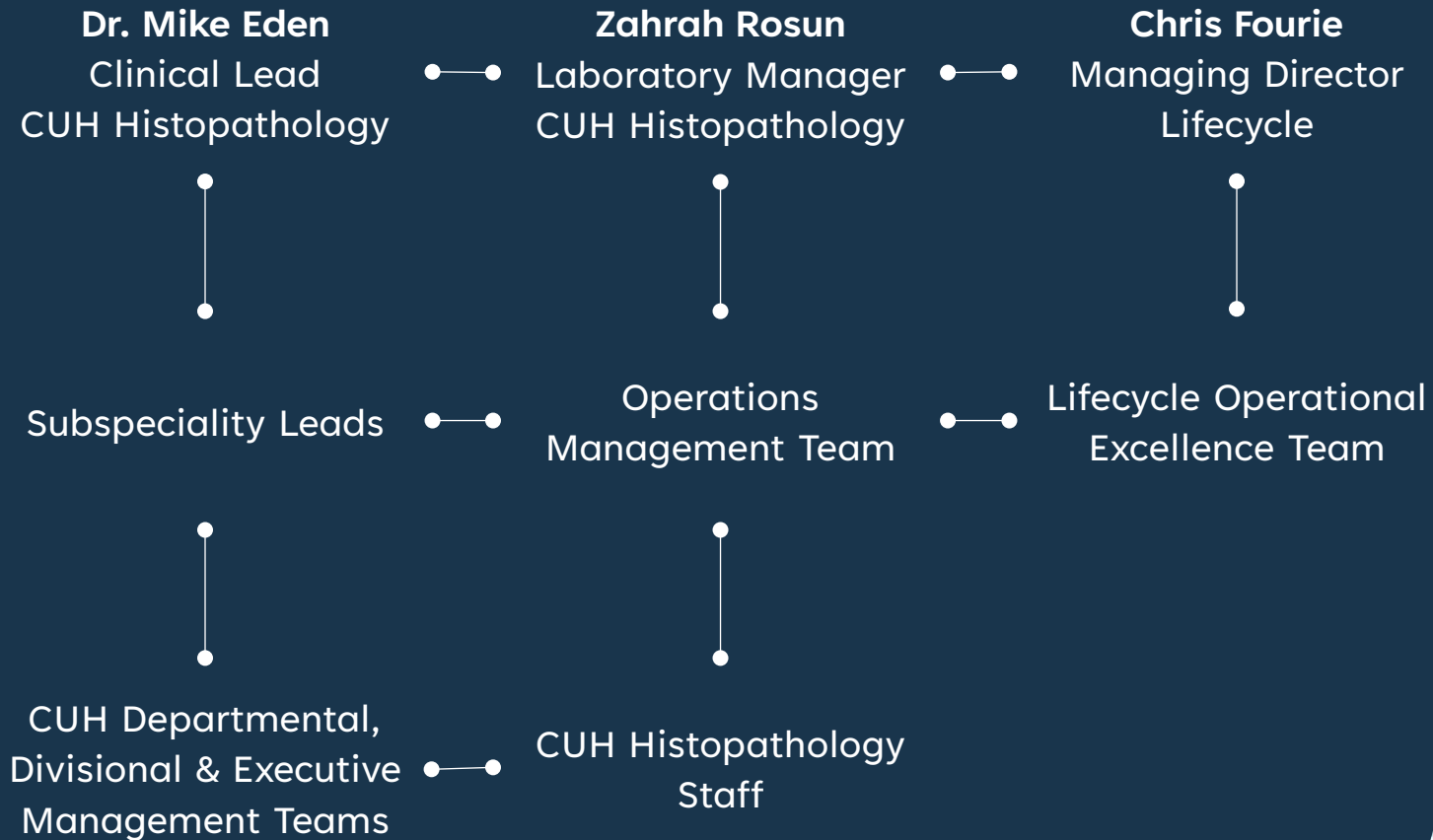
Presenter: Chris Fourie
Managing Director

Date: 10 October 2024

Client:



IT'S A TEAM EFFORT!



WHAT HAVE WE ACHIEVED?

Backlog

10-day TAT

1 May 2024

~6,700 cases

44%

1 October 2024

182 cases

72%

In-house cases: 82%



IMPROVEMENT ROADMAP



1

Booked In

Dissected

Embedded

Microtomy Complete

QC Complete

Awaiting Reporting Resource

Case Assigned – No Additional

Case Assigned – With Additional

Outsourced

Authorised

DETAILED CAPACITY PLAN

Lab Area	Lab Section	Baseline FTEs
Speciment Reception	Specimen Reception	3
Frozen	Frozen	0.5
Dissection	BMS Transfer (Dissection)	2
Dissection	Large, Combined and Skin	3
Dissection	Opening, Lung Inflation	1
Dissection	Decal	0.25
Processing & Embedding	Embedding	4
Processing & Embedding	Processor, Trimming	3.5
Microtomy	Microtomy	2
Staining	HE Bench	7
Microtomy	Microtome HE(Microtomy)	7
	H&E Recuts (Microtomy)	1
	AS410 Microtomy	2
	Staining	1
	Digitalisation	1
	Block Check & QC	2
	Special Stains	1.5
		2
		3
		5
		3
		0.2
		0.2
		2

GRANULAR PROCESS LEVEL DATA

2

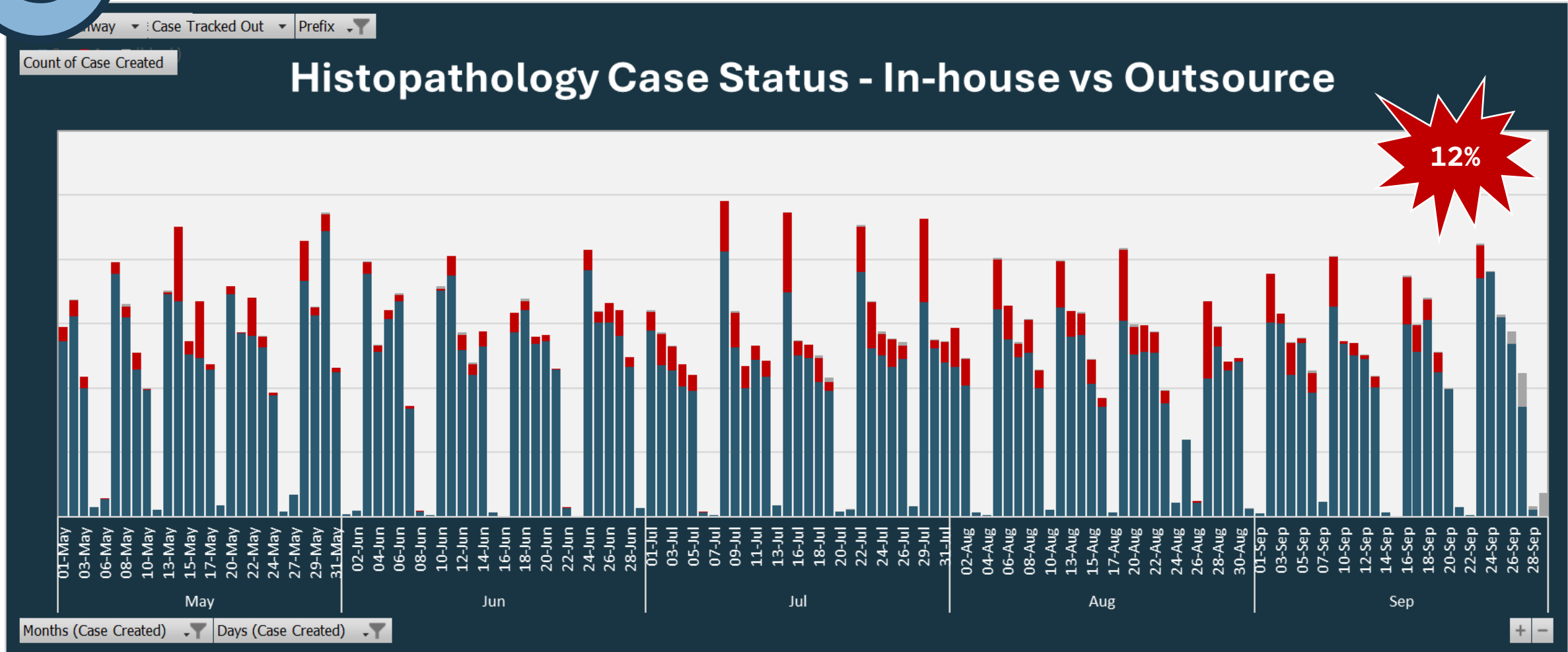
A PLAN WITH CLEAR PRIORITIES

Phase 1 Capacity Pre-Outsource Contract	Phase 2 Capacity With Outsourcing Contract	Phase 3 Capacity With Outsourcing Contract	Phase 4 Capacity Without Outsourcing Contract	Total Posts
	Priority 3: Routine Samples	Priority 3: Routine Samples	Priority 4: BAU Capacity development	Maximum Daily Capacity
Priority 6: Capacity onboarding	Priority 5: Outsourcing	Priority 5: Outsourcing	Priority 3: Routine Samples	Average Daily Capacity
Priority 5: Backlog outsourcing	Priority 4: Capacity onboarding	Priority 3: Routine Samples		
Priority 4: Routine Tail-end	Priority 3: Routine Tail-end	Priority 4: Capacity onboarding		
Priority 3: Routine Samples	Priority 2: PTL, MDT, C&U Tail- end	Priority 3: Routine Tail-end (FTE XX)	Priority 2: PTL, MDT	Target Daily Capacity
Priority 2: PTL, MDT, C&U Tail- end		Priority 2: PTL, MDT		Minimum Daily Capacity
Priority 1: Cancer & Urgent	Priority 1: Cancer & Urgent	Priority 1: Cancer & Urgent	Priority 1: Cancer & Urgent	
CSR, Cytology, IHC, Spec stains, Recuts, Neuro, EM, Tissue Bank, Frozen, etc.	CSR, Cytology, IHC, Spec stains, Recuts, Neuro, EM, Tissue Bank, Frozen, etc.	CSR, Cytology, IHC, Spec stains, Recuts, Neuro, EM, Tissue Bank, Frozen, etc.	CSR, Cytology, IHC, Spec stains, Recuts, Neuro, EM, Tissue Bank, Frozen, etc.	



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CAPACITY FOR CHANGE

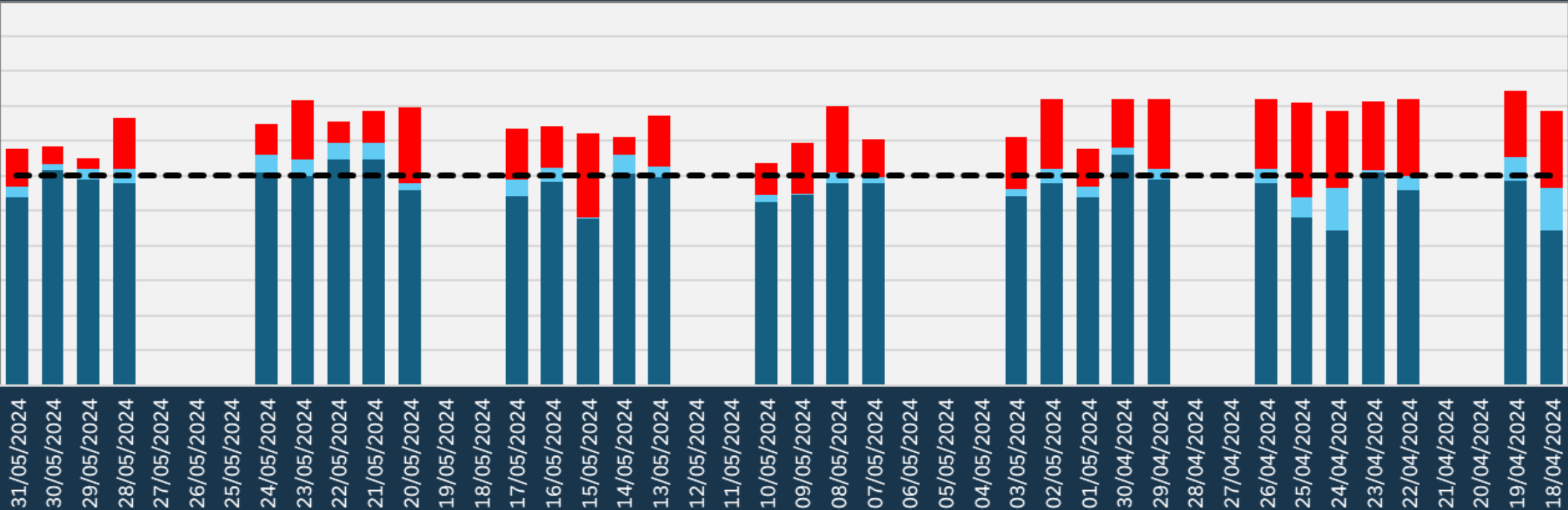


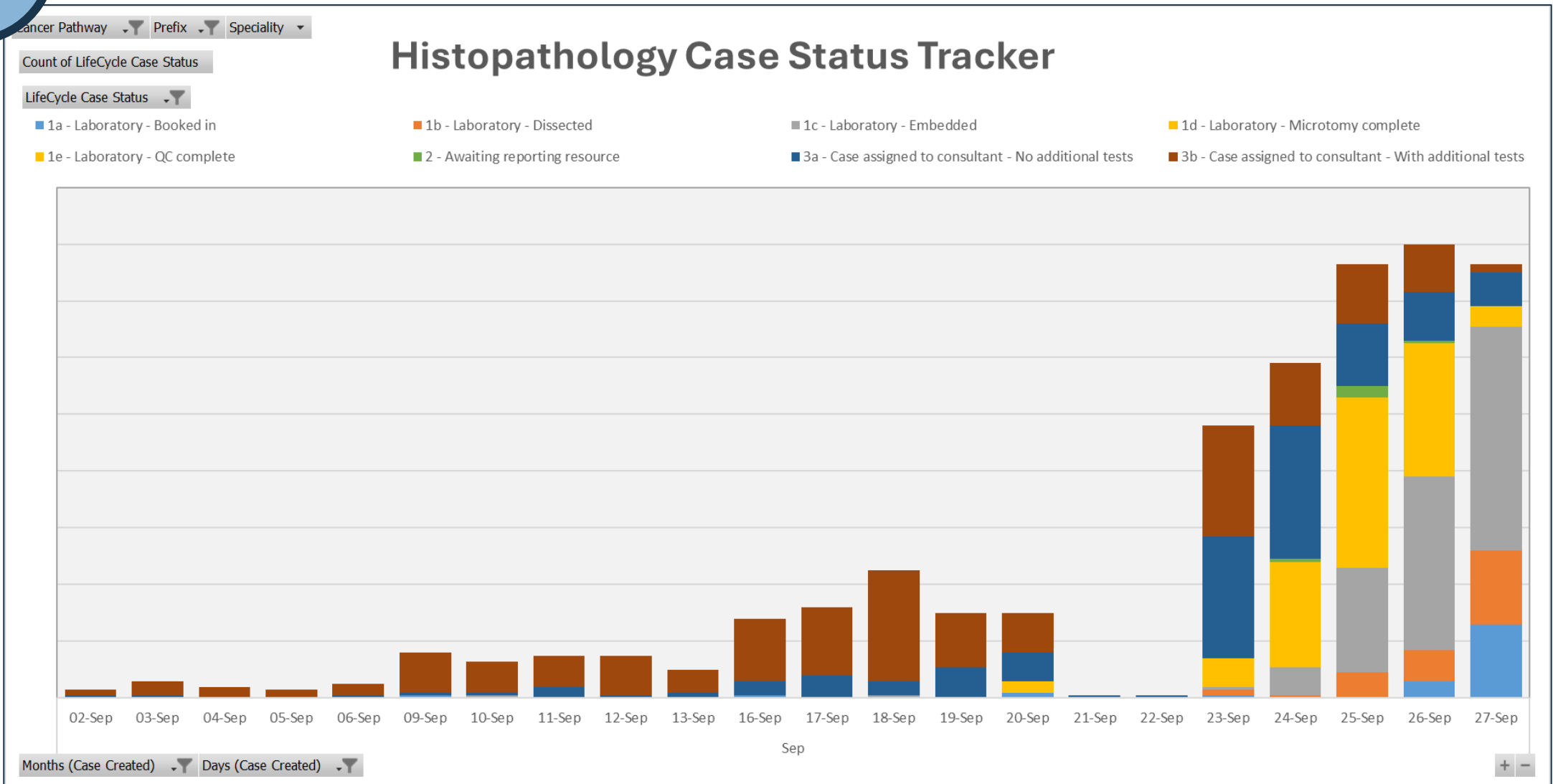
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WE CAN'T ALWAYS GET WHAT WE WANT...

Staff Availability

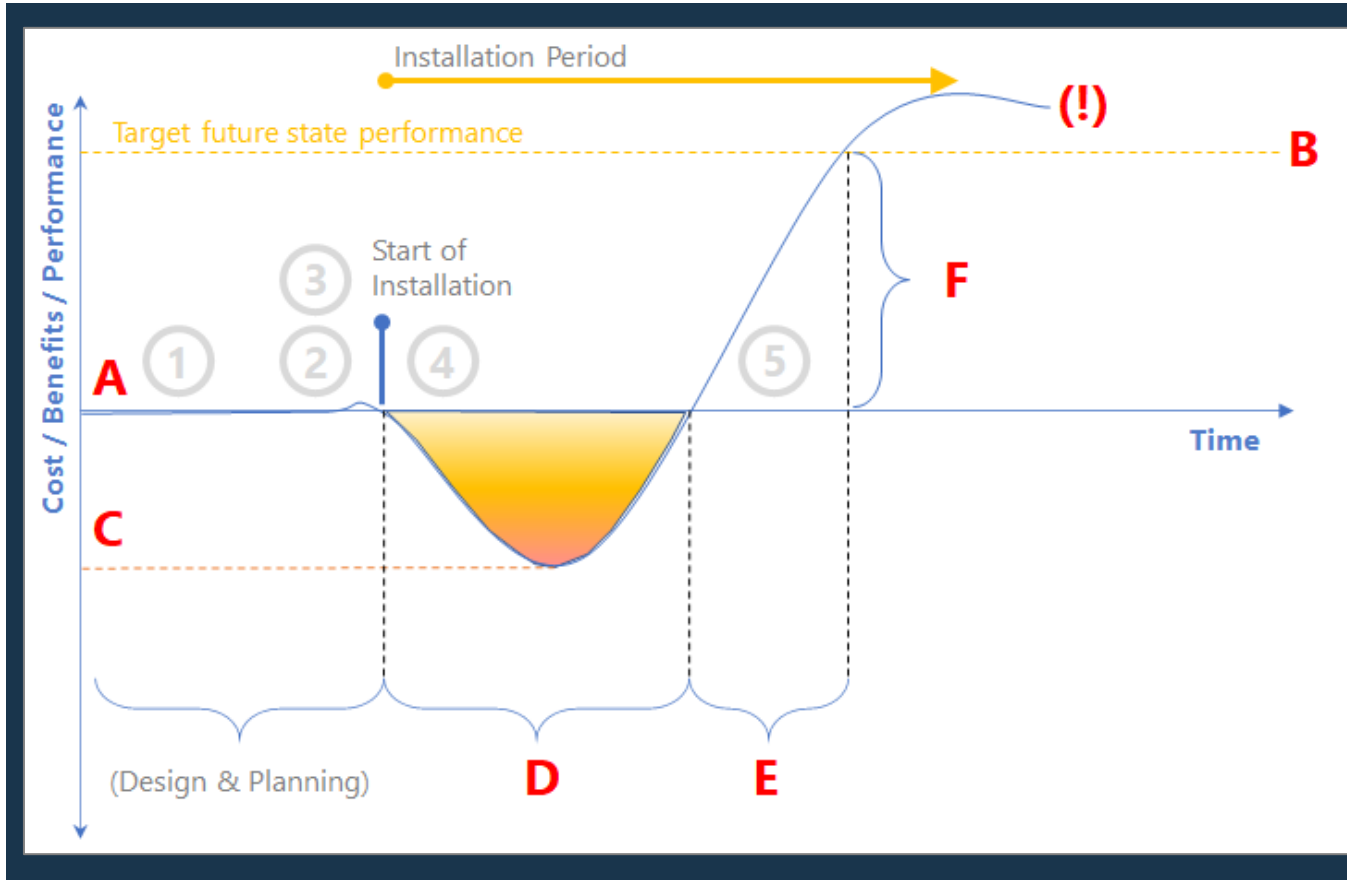
■ Total Staff in Lab ■ Total Staff in NTRA ■ Total Staff Absence - - - Target Staff





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STICKING WITH THE PLAN



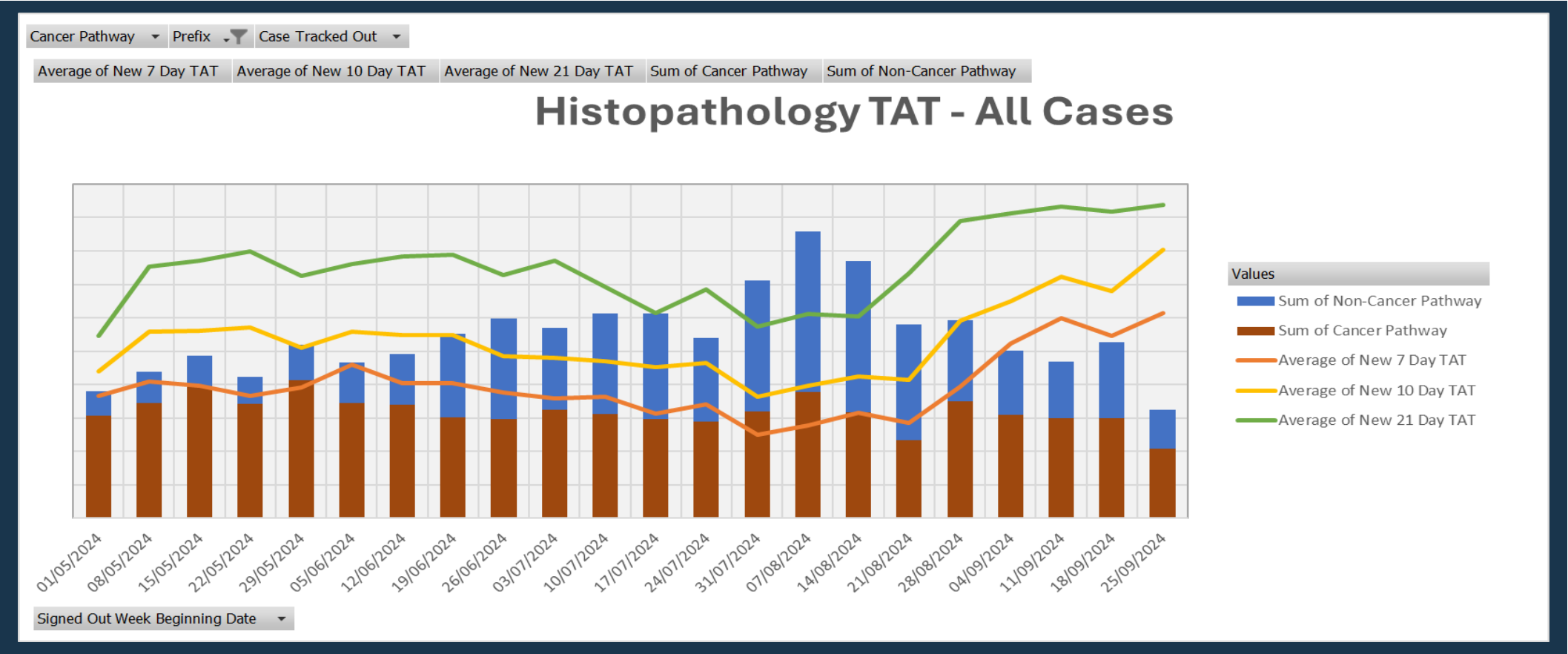
Surviving the J-curve Effect

The J-curve effect is a phenomenon that describes the initial dip in performance or productivity that occurs when teams are adapting to new processes during a transformation project.



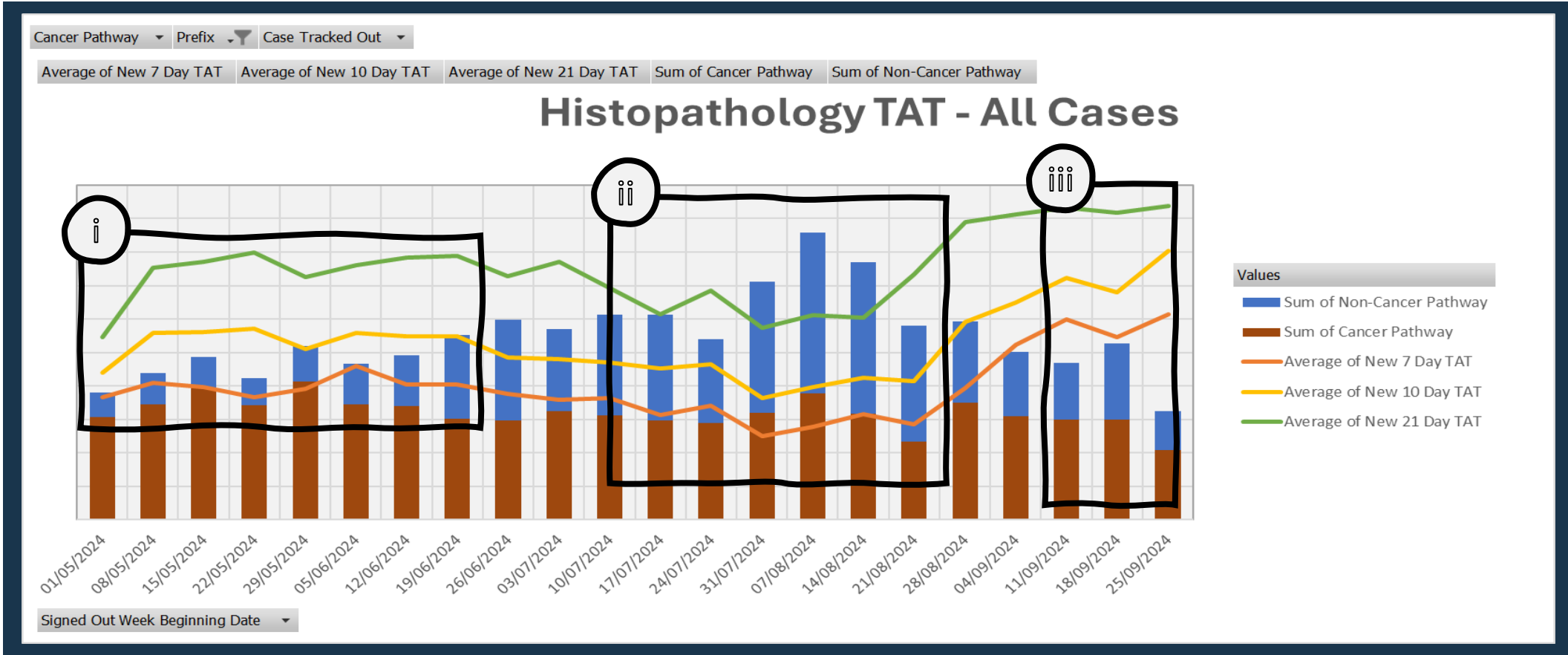
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STICKING WITH THE PLAN



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STICKING WITH THE PLAN



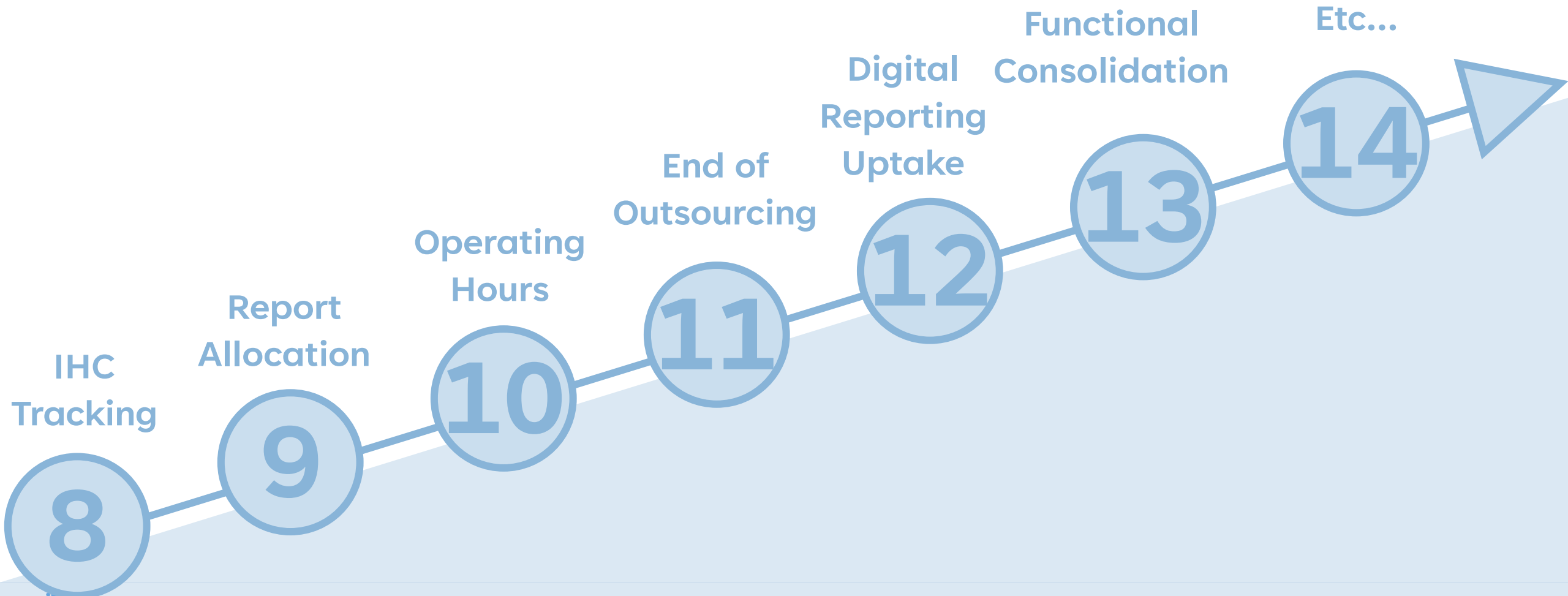
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MAINTAINING DISCIPLINE



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CONTINUOUS IMPROVEMENT





SPECIAL MENTIONS

- A comprehensive staff engagement & change management efforts
- The prospect of moving to new, purpose build facility in mid-2025
- Investing in automation (with support & close collaboration with Axlab)
- The additional motivation and focus following a UKAS suspension





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