**LabMed Podcast Ep 1 - Katy Heaney - FINAL**

MUSIC JINGLE

**Welcome to *Life in the Lab*, brought to you by the Association for Laboratory Medicine. I'm Kamiljit Chatha, and I'm a Consultant Clinical Scientist at University Hospitals Coventry and Warwickshire NHS Trust. In this series, we bring you inspiring stories of clinical scientists and medics working in laboratories in the UK and around the world.**

**Now, let’s be honest - lab science is often an overlooked field. A lot of people don’t really know what we do, or how crucial our work is to public health.**

**But today, we're hearing from a leader in our field who’s working to change that. Meet Katy Heaney, consultant clinical scientist at Berkshire and Surrey Pathology Services.**

We had our pathology raw campaign, which was about telling people all about what we do in pathology, the number of patients that we look after, the number of tests that we do and our absolutely critical role within the care of patients.

And for some of us that might mean we do one or two tests a day, but they allow the diagnosis of a very particular rare type of leukemia, for example. But we might have another biomedical scientist who is running thousands of tests a day which is part of screening for kidney disease.

And it's such a varied place to work, using your science, applying your science, communicating your science.

**Katy knew from a young age that this was the career for her. She even remembers being completely hooked on her Fisher Price medical kit as a kid!**

Inside this kit was a fake syringe and when you pulled back the syringe it revealed a kind of red tape underneath it to make it look like you had withdrawn blood from your arm. And I would use this on my dollies and my teddies in our make believe hospital. So, I had this concept that we used blood in a hospital, but I didn’t really know what we used it for. And so, I was interested in that, I was curious about that. What were we doing with this?

MUSIC INTERLUDE

When I went into my A levels, I had a really great relationship with my chemistry teacher. We did a module on biochemistry. And it was this merging of biology and chemistry at the same time. So, looking at the molecules within the blood.

And I just felt straight away at home. I knew that was what I wanted to do. I was fascinated by this. I was furious when we had to stop learning about it and move onto other parts of chemistry! And I just never felt I was going in any other direction. I never considered that anything else might be better or might be a good idea. I've always been keen on bringing my science to help patients.

**Flash forward through years of study, placements, and summer jobs in hospital labs… to the mid 2000s, where Katy’s first roles were in Point of Care Testing.**

**Now, POCT (that’s the acronym) is all about doing medical tests *outside* the lab, closer to patients. For example, at the pharmacy, or at a community health clinic, or even at home. Back then, it was a totally new approach to testing.**

**For many, this was an exciting way to get results faster - and faster results mean quicker diagnosis and treatment.**

**But for many others… it really wasn’t.**

I always came across naysayers. People who said point of care is not good enough, we shouldn't invest in it. There were some very poor pieces of kit out there. They produced very poor results. So, someone would say, oh, we've been doing these results and we think they might all be wrong. And someone in the laboratory would then correct all of them with the laboratory result, and it would be like, oh, see, point of care is terrible.

And my first kind of point of care role, the idea was to support point of care and actually make it better. And improve the quality of the results going out. Not all devices are 100 percent as accurate as the laboratory. But they can ask and they can answer the right clinical question.

So, as long as you don't ask it a question beyond its remit, you're okay.

**I mentioned that Katy is a leader - and this is where her pioneering work at Frimley Health Trust comes in. It was 2020, and she was the Point of Care Testing Specialty Lead...**

**… and then, of course, COVID hit.**

**Suddenly, identifying and isolating people with the virus became a matter of life or death.**

We needed these test results. This was critical. The real part of that is the asymptomatic part of COVID. People coming into hospital, didn't know they had it.

I thought to myself, if somebody offers me the opportunity to implement point of care testing for COVID, I need to be ready. I produced what I termed the “oven ready” strategy. I would need a room. I would need to be as close to the front door of the hospital as possible. I would need a team of people to do it. Um, I would need a fridge. I would need a few pipettes. I would need gloves and, you know, that kind of thing.

It was seen quite negatively by some. You know, we're doing this in the laboratory and why would we need you in point of care testing? And I just thought, you know, this is the same message that I have received many times in my career, and I'm going to continue on with this. I'm going to be ready.

And so, in the April of 2020, we were approached by the Department of Health who had a piece of kit that could do a rapid covid test. Now, when I say rapid, it was still 90 minutes at the time. That's not rapid for me. My rapid is two minutes, 30 seconds. And so when they said 90 minutes, I had my head in my hands and I thought, my God! But there was nothing else on the horizon. And so 48 hours versus 90 minutes. I was like, well, in relative terms, then I'm rapid. Let's go.

MUSIC INTERLUDE

We bought in all of the bits of kit we needed, including some bits off Amazon that we were like, can't get any other way, let's just get some… it was washing up bowls. I remember ordering 12 of those off my own Amazon Prime.

I could see people around me just utterly petrified about the things that were happening to us as a nation and to the world. And I looked at myself and I thought, I'm not responding like that. I really recognize that I respond differently. I see a crisis or a problem and I will move towards it. And it made me look around and see the other people that had moved towards it with me.

And we hired 40-odd people in three weeks, people who’d been furloughed from other industries. I particularly reflect here, we had a number of airport staff who came to work for us. And they were incredible because I tell you nobody follows an SOP as closely as somebody who needs to know what to do if there's a fire on a plane. And so, they were actually quite used to that. This, this is the structure, this is what I'm doing and, and this is how I'm doing it. And they were a fabulous group of staff.

I had only a small number of tests right at that beginning, and the need was immediately obvious to me. Um, that we just needed to keep growing and keep growing. And keep growing, we did.

**By the summer of 2020, Katy’s team was running around 180 tests a day across the Trust. They were always limited by the stock they had.**

**But as more tests became available, they would slowly ramp up to 600 a day.**

**Katy’s strategy was so effective and groundbreaking... it didn’t take long for it to start getting attention.**

There were pathology people reaching out to me constantly. How did you do this? How did you achieve this? What did you need? And what did it look like?

And I sat back after and I thought, it needs to be bigger. I need to do it more. I need to do more!

And it led me ultimately to reaching out to the Department of Health leads and saying “I really think you ought to do, you know, XYZ” and the person I reached out to, Jane Mills at the time, said: We can't do that, but can you? And I was like, well, yes I could, and she was like, excellent, I'll send you an honorary contract in a moment, and within a week or two I started work.

**Working with the UK Health Security Agency, Katy took on the role of overseeing operational supplies, advising on how to use equipment efficiently, and coordinating with manufacturers and scientific advisors.**

**In short, she helped manage the entire rollout of COVID-19 point of care testing across the UK.**

It was a real challenge in terms of the national ask of it. The NHS in England is approximately 190 hospitals or something like that. And so you were calling people in at different times and as regions and as groups and trying to be efficient about your conversations.

When we were moving from that laboratory only testing system into point of care testing as an addition to that, that is a change piece. And when we do that outside of COVID times with a normal point of care test, that might take us a year, it might take 18 months. And we were asking people to do that at a four week pace. And were having to do those things remotely, while other people were in a state of shock about what was happening around them. But when we started to reach the point of having a really good supply of rapid testing coming through, people were like: Wow, this is making a huge difference to our ability to isolate and to treat appropriately for these patients.

MUSIC INTERLUDE

It was a time of immense stress. There’s no doubt. But we tried to bring as much lightness to it. We had a lot of colours around the place, a lot of rainbow badges. And actually I implemented a kind of weekly wellbeing chat, which was very deliberately not a work meeting. It was a meeting to come along and talk about what you were struggling with, because that was over spilling into work meetings. And I was like, well, that's because we want to talk about that, but there isn't an opportunity to.

Just because I could step towards a problem in a crisis, didn't mean I should think any less of the people around me who couldn't. And that became a really important part of my work, of recognising what place other people were in and actually helping move forward with them.

I think that I started to sort of take a breath, if you like, of relief when the vaccine came. I felt like that was a real light at the end of the tunnel.

MUSIC INTERLUDE

**The pandemic had a huge impact on everyone, especially healthcare workers.**

**For Katy, coming through it has taught her a lot - both about herself as a leader and as a person.**

I'm good in a crisis. I'm good at finding solutions. I am a good decision maker. I can very rapidly take on lots of different pieces of information and see a path through whereby we will achieve our goal in the safest and the quickest and in an efficient way and in an achievable way.

And then, subsequent to that, you've also got to recognise when you're wrong. You've got to be able to say: I made the wrong decision there and I apologise for that. I'm taking it on board and now we're going to move in this direction. I can see where we've gone wrong. And I remember particular moments of doing that with my team. And I think the more that you model that with the people around you, actually the more they trust the decisions you do make.

I understand now so much more what work-life balance really is than I ever thought I did before. I definitely neglected my physical health for a time during that pandemic time. I had really lost my home self a little bit. I felt quite lost in that space. And I had to do a lot of work with my family and with my partner about finding myself again after that.

And actually now, all these years later, I find it actually quite easy to recognise when somebody else is in that place. They feel really pushed out there or very blame-filled and things like that and I can see that in those people around me because I've felt it.

And so, I think now I've learned more about what burnout really looks like. And I can much better now regulate myself and the amount of work that I do.

**Now, looking ahead, one of Katy’s main goals is to bring her teams of clinical scientists into the spotlight, celebrating their amazing work and highlighting how we need much more people to enter the field.**

For me actually now it's much more about supporting all of those different point of care testing teams across the country to lift the level of their service, to lift that quality.

The pandemic has opened lots of different doors to this. And actually I think it has given, certainly within acute hospitals, a much greater understanding of pathology and what it takes to roll out a new pathology test. And lifting people to that level and now what I want to do is keep them there and keep lifting them and keep giving them those opportunities.

All of that really ties into: How do we recruit into pathology and how do we recruit into point of care testing?

The recruitment needed in the NHS is absolutely critical for us in pathology. We have got departments now that 100% of the staff in that specialty are over the age of 51, for example. We have got other departments whereby this big band of staff in their early twenties, they work with us for maybe one to two years and they get either disillusioned or they can't see their career path progressing or there isn't the funding to support them with their development and their education. And that is something that must be addressed for not just pathology, but for all of healthcare science.

NHS England provides what's called continuum professional development funding for roles like nursing and for medical staff. But they have not done so for healthcare scientists. And yet, diagnostics affects over 80 percent of all the decisions that are made in the NHS. And that means it needs healthcare scientists and it needs pathology to be part of that.

More and more young people are thinking that maybe a degree is not for them. Well then we need to recruit them through the colleges and we need to open their eyes and their opportunities of what it is that could be done with your science.

And our recruitment ladder, if you like, does require for our qualified staff to have their degrees. But we do offer now all sorts of other opportunities, apprenticeships, T-level schemes, lots of different ways of learning. Not that straight traditional route anymore.

There's loads of research being done. There's lots of variety within those roles, and it can be an incredibly satisfying career to have. And that's what I want to take to young people.

To say: come and join us.

**For a transcript of this episode or for more about Katy Heaney and her work, visit our website at** [**www.labmed.org.uk**](http://www.labmed.org.uk)**/podcasts**

**This podcast is brought to you by the Association for Laboratory Medicine. Produced and edited by Caroline Bacle, sound mixed by Daniel Fletcher. Special thanks to Avi Surskas and everyone in the LabMed team.**

**And we’ll be back next time for more stories of *Life in the Lab*.**

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