Q&As from Airedale staff session 16 October 2019

14 people

1. **Could we potentially pull out?**
   As a JV we are 50% of the Trusts in the region. The network is a collaboration and we are keen to work collaboratively. Please be assured that our focus remains our patients – what works best for them. The JV has been standing up for our patients' voices from the start and has been vocal, raising concerns where there are things we don't agree with, which have resulted in changes. Our drivers are the patient experience, and what works for our workforce.

2. **Re: microbiology I worry that the assumptions are wrong which could be catastrophic and impact on patient care. How can the scoring be based on a building that doesn't exist?**
   Valid points. Before we get to the position outlined in the strategy, there are many interdependencies to achieve first eg LIMS. The landscape could look very different in 5 years' time when these building blocks have been achieved. This is why this is now a strategy and not an outline business case. This is why we need to test the assumptions for validity. The clinical model needs to work seamlessly with the laboratory model and this modelling will happen in the next phase.

3. **There's a lot of political turmoil currently - has the money been ringfenced for LIMS?**
   To an extent, and we are being encouraged to spend the money. The LIMS business case is going to CIC at the end of the month and the procurement process should kick off after that.

4. **Why is the scoring not evidence-based? Eg developments in microbiology have changed the process over recent years. Total automation has not been proven to increase productivity and molecular techniques are emerging that will replace traditional culture.**
   Part of the testing of the assumptions will be to get the experts ie <u>you</u> in the room, to have these discussions. If we believe an assumption is incorrect we need to provide the evidence. We also need to challenge if there is insufficient evidence supporting an assumption.

5. **Concerns about the scoring system as it appears subjective and non-scientific – negative, positive, neutral/positive. How was patient experience scored – how many patients were asked?**
   We spent a lot of time ensuring that the data we provided to the centre to inform the scoring was robust and accurate. At the moment there is objective evidence that is lacking in certain areas of the scoring, hence the fact that the document being produced has changed from a business case to a strategy. Those areas lacking in objective evidence are the areas where assumptions are being made. Further work is required to validate or discount these assumptions.

6. **Is it worth me finishing my degree? I have been worrying about it.**
   Yes absolutely. Both as the JV and the network, we continue to invest in our workforce. Jayne and Mark sit on the workforce group and there are exciting discussions around what we can do as a wider collaboration with collective knowledge. Also opportunities for you to work in different areas that you want exposure to.

Concerns

- If the microbiology went to 1 hub in Leeds then I know staff would not want to work there and would leave, especially medical laboratory assistants.

- I am concerned that a single hub for microbiology is not resilient. We've seen what happened when Leeds's system went down. If something happened to the single hub eg fire, flood etc that would mean no microbiology service in W Yorks and that will immediately impact.

- General view (from former Leeds staff) that Leeds knew a year ahead of this, because they shared their building plans early on, designated 'for WYAAT'.

More feedback

As well as asking questions locally, encouragement to email central address.