CHFT Pathology Staff Briefings – Monday 14th October 2019

Calderdale

1. **Staff asked how the internal transformation at CHFT will fit in with the WYAAT transformation?**
   Early days and work has only just commenced on the Trust's transformation plans. However, the Pathology model will probably mirror the overall strategic plan for the Trust, in that acute services will be provided from the CRH site and elements of the HRI site will move to CRH.

2. **Will staff be downgraded or have to reapply for their jobs?**
   There is still a lot of detail to work through around the workforce modelling but we are not planning for any redundancies based on the modelling we have done so far and the experience of other areas who have already formed networks. We expect any reductions will come from natural attrition, such as retirements, and vacancy management over the long implementation period. For example, we know we have a comparatively high number of staff due to retire in the next 5-10 years, and a large number of vacancies across the network, which are some of the challenges we are looking to address through working as a network. We also need to make sure we have the right roles and skills; this is a priority focus for the Workforce Group, who will be looking at this alongside training and development for staff.

   One of the first pieces of work to support the HR process is to agree a collective organisational change policy approach for all six trusts, which will set out how staff will be supported through the changes and we will also need to agree a process for allocating roles.

   Single Pathology LIMS is a risk?
   There is an element of risk associated with moving to a single cloud-based LIMS should we lose connectivity to the internet but this is essential to support working as a network and enable the easy transfer of work between sites. However, the procurement and contract with the chosen supplier will ensure adequate back-up and disaster recovery provision.

3. **Staff asked about analytical platforms and contingencies**
   At this stage in the process we haven't looked at what equipment will be required. We may look at a common approach for the network to help support standardisation, or consider having two different providers if we think this will give us greater resilience. We'll need to balance service resilience against the purchasing power we might have as part of network in moving to the same equipment and ensure that equipment meets service requirements.

4. **Have the transport costs and logistics been fully considered?**
   Yes, the logistics have been modelled for each of the short-listed options, including pick-ups, routes, traffic and travel time between sites, and work has been undertaken by LTS

in conjunction with City Sprint to give indicative costs. The model with three blood science hubs and a single microbiology hub at SJUH had the highest score for logistics, as required fewer routes and therefore fewer drivers.

5. **Could a General Election halt the process if a different government was in power?**
   Possibly but we think it is unlikely. The drive to create networks is based on the recommendations of the Carter Reports, which set out the benefits this approach delivers, and these have not been disputed by any of the other parties.

6. **This feels like a Leeds takeover**
   The network is a collaboration and all trusts are equal partners. The laboratories will be network laboratories – including the new laboratory at SJUH - and run to the jointly agreed processes and standards. These will be overseen by a joint board composed of all six trusts to make decisions about the operation of the network. We appreciate that it will be a big change for everyone to get used to working as a network rather than individual trusts and it is not going to be a quick process. However, we hope that working together to develop joint standards and processes and to design and implement a single LIMS will help everyone to start to adapt to a new approach.

7. **Staff wanted to know what happens to them as individuals**
   We are just at the start of this process so there is a lot of detail that needs to be worked through before we can give staff any definitive answers about workforce models or how it will affect you. However, we can assure you that there is no question of services or staff moving out of the NHS or being outsourced to private providers and the proposals are based on there not being any redundancies. We're also very clear about the need to minimise disruption for staff as much as possible.

   There will continue be roles at each hospital in the acute hospital laboratories as well as the hubs but there will be changes to the way we all work as we will be developing common standards and processes to be used by all laboratories. If the strategy is approved, we will be starting work on the workforce and HR implications next year and will involve staff and the unions in these discussions. Any changes to terms and conditions – such as changes to roles or location – would be subject to formal consultation.

<u>Huddersfield</u>

1. **Will there be a plan for procurement so the analytical platforms are all the same? Or will this be dependent on specialty?**
   We may look at a common approach for the network to help support standardisation, or consider having two different providers if we think this will give us greater resilience. We'll need to balance service resilience against the purchasing power we might have as part of network in moving to the same equipment and ensure that equipment meets service requirements.

2. **LIMS – What will it look like? What will be the failsafe and resilience?**
   We're looking to procure a single consolidated LIMS to deploy across the Network. This will support us in delivering testing across the network in all disciplines. There is an element of risk moving to a single consolidated cloud-based LIMS should we lose connectivity to the internet but the procurement and contract with the chosen supplier will ensure adequate back-up and disaster recovery provision.

3. **Will Transfusion have a standalone LIMs?**
   Possibly. We're designing a specification for a solution that offers all the functionality we need for each discipline. During the procurement exercise, suppliers will have to demonstrate how our requirements can be best met i.e. through a single system or a range of interoperable modules.

4. **What staff side involvement has there been with this?**
   Copies of all staff briefings have been shared with trade union representatives and the proposals have been discussed with the Area Partnership Group, which comprises regional union representatives, on 18 October. Sarah has attended the SMPF meeting to update them and updates will be planned in regularly.

5. **What is the next step?**
   The draft strategy will go to the Committee in Common meeting on 29 October 29/10/19 and providing it supports the recommendations, it will be put forward to each trust board for individual approval. If approved, we will then need to work up full business cases for each stage of the consolidation to confirm that these will deliver the expected clinical and financial benefits. We also need to take into account the challenges of our internal reconfiguration and this is likely to affect us first as it will be 2023 before the new laboratory at SJUH is completed.

6. **Will there be laboratories on both sites?**
   We will be providing services on both sites.

7. **Will there be the opportunity to undertake movement between sites where people want to?**
   We think that there may be opportunities to support staff development through rotation between the AHL and the hub, which will be supported by standardised IT and equipment across all sites. However, we appreciate that not all staff will want to do this and as we have said above, we will factor this into the workforce planning.