

## Questions from LTHT pathology staff meetings October 2019

### LTHT Microbiology 16.10.19

**1. Will LTHT be responsible for determining the standard testing processes?**

No, we will be developing the standards and processes as a collaborative process. The aim is to make sure we find the best approach for the network, based on best practice and learning from what is already working well in each trust.

**2. Will microbiology be part of the AHL at LGI?**

The AHLs will provide urgent testing to meet the requirements of each hospital. We haven't finalised exactly what this will be for microbiology but initial thinking – based on feedback from the microbiology consultants – is that sites with AHLs will carry out flu POCT testing and testing for norovirus and C.difficile. Scientific staff will also be involved in developing an appropriate test suite for AHLs.

**3. Are you considering reviewing roles of biomedical support workers (Bands 2 and 3) to ensure a standard approach?**

We need to ensure we have consistency in terms of roles across the network and this is one of the areas we will be starting to look at through the Pathology Workforce Group, which includes representatives from each trust.

**4. What sort of shift patterns will there be – will they be the same as now?**

We are not at that level of detail yet. It is likely that laboratories will operate for longer hours to ensure they are working as efficiently as possible and to process the volume of testing but we would consult staff on any changes to shift patterns.

**5. Do you anticipate there being the same number of staff or will there be reductions?**

There will be fewer roles overall in the end as we have allowed for factors such as increased automation. However, we are not planning for any redundancies as we expect the 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, which was one of the challenges we were 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.

**6. Has any consideration been given to transport for staff who are having to move sites?**

Yes, this is a key consideration and we will be looking at staff transport as part of the implementation planning. We have recently done a transport survey at LTHT to support planning for the Building the Leeds Way programme and will also need to factor in information from staff across all trusts.

**7. Will there be a single (equipment provider?) for microbiology?**

Possibly, as this will help support standardisation. However, we might consider having two different providers if we think this will give us greater resilience.

**8. Has there been any thought about accreditation and how this will work for the two entities?**

We haven't got to that level of detail yet but it will be a really important consideration. We are planning to speak to other areas that have already established networks to understand what they do and learn from their experiences. We can also learn from the experience of the Joint Venture in the network.

**9. How do staff in other trusts feel about the single hub at Leeds?**

At the meetings so far, the concerns have been similar to those raised by staff at LGI around travel and parking at SJUH. People are also understandably concerned about moving to a different site and different ways of working, and we are being clear that this will be a different way of working for all staff as we will be developing new standards and processes for all the laboratories to enable us to work as a network rather than individual trusts.

**10. Will staff be sent to work anywhere across the network? (Concern that could be sent to any site at short notice)**

We are very conscious that this is a concern for staff and that people would rather have a regular base so this will be factored into the workforce planning. We also need to look at how we ensure staff are able to develop their skills and experience effectively, which was another concern raised by staff at the workshops earlier this year.

**11. Has any thought been given to having a dedicated transport system rather than it being run by trusts?**

Yes, it is vital that we have a robust and effective logistics system in place to support the network so we will be looking at all options to find the best solution.

**12. How many staff do you see working in AHLs?**

This will depend on what testing is carried out at AHLs but there will be a minimum number required to support effective working.

**13. Where will the AHL at LGI be?**

This will be sited in the current blood bank facility.

**New laboratory**

**14. You said the change will happen in a staged process but the new laboratory has to be built now so is the plan to build the new laboratory big enough to accommodate the microbiology hub or will it be added on if needed?**

The plans we will submit for the outline planning application include accommodating the microbiology hub.

**15. Will the Leeds microbiology team move into the new laboratory first given that we need to move out of LGI?**

The focus has been on developing the outline plans for the new laboratory and we will need to agree arrangements for how staff transfer into the new facility. The movement of staff will need to be phased to maintain a routine service across all trusts.

**16. I have seen a floorplan for the new laboratory and am concerned it isn't big enough?**

The laboratory has currently been designed in outline form with external specialist input on the technical aspects of planning spaces like these. It has been planned around the anticipated short and long-term workload of the pathology service, including the future West Yorkshire and Harrogate requirements.

It has been configured to work in the most efficient way from its first day of operation, but with a high degree of flexibility. This will allow for spaces to be changed or expanded as necessary, taking into account considerations like the potential impact of automation and new technology, new ways of working and the expected increase in volumes processed to meet the needs of the West Yorkshire and Harrogate Pathology network configuration.

**17. Why couldn't the new laboratory have been built at LGI?**

We did consider whether it could be built at LGI, where there is limited space available for a new laboratory, and also places off-site. However, these were discounted through a robust options appraisal process. Building a new pathology laboratory on the St James's site was considered to be the best option for pathology services. It offers space for a brand-new facility that will consolidate many of those pathology services that will benefit from being more closely co-located. This means we can deliver service improvements up to two to three years sooner.

**18. Do you have an estimation of how many staff in total will be working at the new laboratory?**

At this early stage it is not possible to give a definitive answer as this will depend on the final configuration of the network. This will be developed as part of the full business case process for each stage of consolidation.

**SLM (LGI) 16.10.19**

**New laboratory**

**1. How many toilets will there be in the new laboratory?**

The plans are outline at the moment but will comply with Health & Safety Executive BS 6465 to ensure there are enough toilets for staff.

**2. How flexible are the plans for the new laboratory?**

The laboratory is being configured to work in the most efficient way from its first day of operation, but with a high degree of flexibility. This will allow for spaces to be changed or expanded as necessary, taking into account considerations like the potential impact

of automation and new technology, new ways of working and the expected increase in volumes processed to meet the needs of the network.

**3. You've factored in equipment size but have bench space needs been included?**

The plans are at an outline stage at the moment, so any bench space is only indicative. As we progress through the more detailed design stages the bench space requirements will be worked through in further detail. However, this may be different to what each trust currently has in place as we need to challenge ourselves about how we currently work and if we could improve the way we use our working space and facilities.

**4. If some of our work moves to other areas or we get more, will the plans allow for this? How future-proof are they?**

We want to make sure that, within affordability constraints, the plans are as flexible and future proof as possible and have allowed for growth in all areas.

There is capacity for expansion on the ground floor and operational changes, for example, changes in working patterns, could also increase capacity in the future.

**5. Will all this need to be worked out before we know what space will be needed in the new laboratory?**

At this stage, we have developed an outline plan that takes into account the general direction of travel and the space we need based on that. We have tried to create as much flexible space as possible so that we can respond to the needs of the new network as it develops.

**6. Is the current floorplan the maximum space we can have? Is there a risk that some teams won't be able to move in as planned?**

We are confident that the plans allow sufficient capacity and the impact of new technologies and working practices will ensure that teams can work efficiently within the space.

**Other**

**7. Will there be different working times?**

We are assuming there will be some extended hours where required (ie for high volume work) and will consider if some areas of microbiology may need to move towards a 24/7 approach.

**8. How will testing be categorised - some of the ones we do are considered as part of biochemistry elsewhere?**

We will need to look at this and understand any differences in who does the test and who does the interpretation as part of the work to agree standard processes and approaches for the network.

**9. Where does the merger of quality management systems come into play – different trusts have different systems? How will the specific needs of our department be taken into account?**

This is crucial and will be a key workstream. We need to have one control process to support us working effectively as a network and will need to work together to take account of the specific requirements from different departments and how these can best be met.

**10. Will the new model allow for doing more ‘expert’ work? At the moment, the volume of testing means not able to focus on asset development.**

We want to be a real leader in pathology and bring back work to the region that is currently being done elsewhere wherever possible so we will need to make sure we allow capacity for asset development if we want to achieve this.

**11. Is there any scope to expand staffing in immunology when we move to the new build?**

We understand that immunology staff are feeling under increasing pressure. We will need to look at staffing needs for all areas as part of this process to make sure we have the staffing necessary to deliver all the network requirements.

**Blood Sciences (SJUH) 22.10.19**

**1. How likely is it that staff will stay in the trust – won’t microbiology staff have to move?**

Forming a network does not automatically mean staff will have to move out of their trust. We are hoping to find a solution that will minimise the level of disruption to staff and services wherever possible.

**2. Will we be trying to get UKAS accreditation as a network? And will we centralise functions like quality?**

We haven’t got to that level of detail yet but it won’t be a quick fix, it is likely to evolve over time. We haven’t managed a single process for LTHT yet so need to think about how best to approach this for the network. We can learn from the experience of the Joint Venture in the network and we’ll need to see how UKAS handle this, given that all areas in the country will be forming networks.

**3. Surely terms and conditions will have to change?**

There are bound to be some changes as we will have to look at how we best manage the work as a network and whether extended working or 24/7 services will be needed. And we will need to ensure an equitable approach for all staff across the network. Any changes to terms and conditions would be subject to consultation with staff and the unions.

**4. How will we manage the duty chemist rota? It is already difficult to manage for the whole trust**

We will need to look at this as know it is challenging at the moment. Having a joint LIMS will make it easier to manage though.

**5. Are you saying that processes will remain here but the reporting will be elsewhere?**

There is potential in the future, supported by a single LIMS, that reporting could be more widely distributed across the network much in the way that we work across two sites within LTHT now.

**6. Concerned about maintaining quality – when I have covered for other trusts, have felt this has been hard to do.**

Again, having a joint LIMS will be key and we will also be developing common standards and processes for the network to support us working together effectively and ensure we continue to deliver a high-quality service.

**7. A shared LIMS sounds wonderful but are you confident it can be delivered? Have we definitely got the money?**

We are confident that it can be delivered, and have spoken to a number of other areas that have achieved this to learn from their experiences. We have been allocated £12 million funding for the new LIMS, which will cover most of the capital cost and trusts will pay for the ongoing maintenance costs to support the system as they do now. Our current assessment indicates that the ongoing maintenance costs for the new system will be lower than the costs of running our existing systems across the six trusts. We will have to complete a procurement exercise and a full business case to get the funding released and we're keen to do this as soon as possible.

**8. Will there definitely be benefits financially?**

Yes, based on current data, savings are estimated at being around £62.4m over a 10-year period. However, this needs further detailed review and scrutiny as part of developing the full business cases for the proposed movement of microbiology and blood sciences testing. This will be done alongside an assessment of the impact on clinical effectiveness, patient experience, and quality.

**Blood Sciences (LGI) 24/10/19**

**1. What about other services, like immunology?**

Immunology and services currently within specialist laboratory medicine (SLM) will move to the new lab at SJUH.

**2. Will the AHL be combined across blood sciences?**

Yes, the AHL will bring together blood bank, haematology and biochemistry services.

**3. Where will Point of Care Testing be based?**

This is still to be determined but we recognise there will need to be facilities for POCT.

**4. Will there be rotation of staff across the AHL and the hub?**

We think that there is an opportunity to support staff development through rotation within the AHL and the hub. This will be supported by standardised IT and equipment across sites, which is not currently in place across LGI and SJUH. However, we are very conscious that this is a concern for some staff and that people would rather have a regular base so this will be factored into the workforce planning.

**5. Will there be more multi-disciplinary working?**

This is already operational at some trusts and we need to look at this in more detail. Some multi-disciplinary working will be facilitated by the design of the new lab eg specialist test processing taking place alongside routine testing.

**6. Will all labs be using the same equipment?**

Possibly, as this will help support standardisation. 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.

**7. Will we all be under the same budget?**

Potentially at a high-level but more work will need to be done with the trusts to determine costs and benefits and how this will be managed within the network.

**8. Will the new LIMS be in place by the time we move to the new lab?**

Yes, the timescales should align so that the new LIMS is up and running before we move into the new lab. The intention is to work on building the LIMS collectively across all trusts for a period of 12 months before rolling-out the new system to each trust in a phased-way.

**New laboratory**

**9. Has the new build lab been designed with the necessary capacity in mind to operate as a hub?**

Yes. The plans are based on the maximum volume of tests that would need to be processed from the new lab so this has been considered in the development work to date.

**10. Will there be sufficient parking at the new site?**

The laboratory will be near an existing car park at the St James's site and parking arrangements for pathology staff will be the same as for other staff who work at the hospital. As part of the outline planning process, a transport statement is being prepared to assess the impact on the local network and a range of options will be explored as part of the ongoing commitment to promoting alternative modes of travel and to meet the council's strategies on the environment and reduction of car travel.

**11. What is the timescale for the completion of the new LGI site?**

Construction of the two new hospitals at the LGI site begins in 2022 and is due for completion at the end of 2025. Construction of the new pathology laboratory will begin in 2021, to be completed in 2023. We will need to ensure that the provision of an AHL for the LGI site is in place before services move to the new lab at St James's.