

Questions from MYHT staff meetings

14.10.19

Travel and parking

- 1. Leeds council are going to start charging tolls for driving through the city centre which will impact staff if have to travel to SJUH. Has this been considered?**

The proposals for the Clean Air Charging Zone includes charging for the worst polluting vehicles (HGVs, buses, coaches, taxi and private hire vehicles). The proposals do not including charges for private vehicles and light goods vehicles and therefore will not affect staff travelling to the site.

- 2. Will there be a system of transporting staff between their current hospital and Leeds?**

Transport issues are a key consideration and we will be looking at staff transport as part of the implementation planning.

- 3. Staff are concerned about the cost and availability of parking at LTHT**

- 4. I've heard parking will cost £60 a month at Leeds, plus cost of extra travel**

Parking and transport for staff is a key consideration and will be looked at in detail as part of full business case development for any proposed movement of staff. Staff parking permits at Leeds currently start at £35 a month and staff will be covered by Agenda for Change conditions in terms of excess travel costs. Any change of base would be subject to full consultation with staff.

Implications for staff

- 5. Staff at foundation trusts can have different terms and conditions so will they be able to pay their staff more?**

All pathology staff in the existing services currently work to Agenda for Change terms and conditions. There will need to be work across all trusts, in conjunction with staff and unions, to ensure equitable terms and conditions across the network.

- 6. Training implications – concern that if we have a 'super lab', people will get stuck in one section and not get chance for training**

Training and development is a major consideration and we believe that working as a network will give greater opportunities for training and development and ensure equitable opportunities for staff across all organisations. Improving training and development was one of the original drivers for working as a network – for example, we know that we have a comparatively high number of staff due to retire in the next 5-10 years so need to be thinking now about how we will replace their skills and expertise. We also need to make sure we have the right roles and skills for the network, which is something the Workforce Group will be looking at along with training and development requirements.

7. What happens if lower level staff don't want to move?

It is important to note that the proposals will be implemented over a number of years and subject to detail full business case development before any changes to the service. Any changes to bases will be subject to full consultation with staff and trade unions. We will be looking to support staff preferences regarding location wherever possible

One of the first pieces of work to support the HR process is to agree a collective organisational change policy for all six trusts, which will set out how staff will be supported through the changes. Our first aim for any staff who are not able to continue working at their preferred location and do not want to move will be to find them suitable alternative employment and we will be look at support for redeployment and retraining where necessary.

8. What about staff with late/early start times?

Any changes would be subject to full consultation with staff and will take into account current agreed working patterns and arrangements. We will also be looking at what we need to do to support staff working extended hours or shifts as part of the detailed planning and implementation process.

9. Will staff be rotating?

We are very conscious that this is a concern for staff and that most people would rather have a regular base, so this will be factored into the workforce planning. However, there may be some staff who would welcome the opportunity to work across different locations to develop their experience and 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.

10. Is there a timetable for transferring staff?

There is currently no defined timetable given that the recommendation of the Programme Board is to take a staged approach to implementation. The initial focus will be the standardisation and preparatory work to support a single LIMS procurement and implementation. No moves will take place without full consultation with staff.

Finance

11. How much is this going to save?

Based on current data and modelling, indicative savings are estimated at being around £62.4m over a 10-year period assuming full implementation during that period.

However, this needs further detailed review and scrutiny as part of developing the detailed full business cases for the common LIMS and any proposed movement of microbiology and blood sciences testing, including the timeline for implementation. This will be done alongside an assessment of the impact on clinical effectiveness, patient experience, and quality.

12. Where are the savings being made?

Savings will be made from across the network, some of which will be achieved by standardisation and efficiency improvements and some by consolidation of testing, supported by a single LIMS.

13. Will each trust have a buy-in financially?

Detailed financial arrangements have not been worked through yet but all trusts have agreed to a risk and gain share approach.

14. Will trusts get dragged into debt for the new lab?

LTHT has been given a capital loan to progress the new laboratory at SJUH. We will need to work out arrangements at any additional costs incurred for incorporating the hubs, as we will be doing for the hubs at Airedale and Pinderfields too.

Siting the hub at SJUH

15. What will happen to the microbiology lab at PGH?

We are very conscious of the need to make the most of the good estate we have between all trusts, and this was one of the criteria we considered when assessing the different options. There isn't a specific plan for the microbiology laboratory at the moment but we will look at opportunities to use the space for other purposes so that it is not left unused.

16. Why are you not looking at using space at all sites, not just Leeds?

Making the most of the good estate we have across the region was a key consideration and something we have looked at very carefully. There will be hubs at both Pinderfields and Airedale, as well as Leeds but overall a single hub for microbiology was found to offer the most benefit, when compared with multi-site alternatives.

17. Why can't we look at other locations for the new lab? If microbiology testing is not that urgent, why does it need to be at SJUH?

18. Why not build the new laboratory on the M62 corridor so more accessible?

The new laboratory at SJUH is being built as part of LTHT's development programme. This was happening irrespective of the network arrangements, following the need to move pathology services out of the Old Medical School at LGI. The network laboratories have to be sited at existing facilities as we do not have any funding to build a new laboratory and nationally there is limited capital available to support new-build projects. SJUH was identified as the location for a single hub model on the basis that it will continue to be the specialist reference centre for the WY&H Network and it was felt that co-location would deliver greater clinical benefits for patients.

New lab at SJUH

19. Have Leeds got planning permission for the new laboratory?

The outline planning application is currently being developed with the aim of submitting it in December this year.

20. Where at SJUH will the new lab be built?

The proposed site is located on Trust land to the northwest of the St James's site. It is at the back of the estate near the Trust's headquarters building, away from the main public entrances and near a staff car park.

Other

21. Will insurance cover staff working at a different trust to the one that employs them?

Any new working arrangements will be reviewed to ensure staff have the appropriate level of cover.

22. Who sits on the workforce group?

The group comprises operational and clinical representatives from each trust's pathology team.

23. What happens if you find you have not made the right decision about having a single microbiology hub?

The proposal to bring microbiology testing together in a single hub will be subject to rigorous assessment through a detailed full business case. If this does not find that the proposal will deliver the expected clinical and financial benefits then it will not be taken forward and we will look at alternative models.

24. Will the joint operational group and joint clinical oversight group mean an extra tier of management?

No, there will be no additional tiers of management as a result of establishing these governance structures. The groups will be comprised of existing clinical and operational roles.

25. Will there be a team of consultants working together who are based both on sites and at hubs/AHLs?

Consultant models will be reviewed as part of the next phase of work. These will still cover site / ward-based responsibilities as well as laboratory responsibilities.

26. What about transport links? (for transporting samples)

The logistics have been mapped to provide the optimal routes between sites to ensure that turnaround times can be met.

27. Resilience – Leeds don't have any manual kit so what happens if equipment goes down?

Resilience and equipment to support a resilient service will be a key consideration in the planning of all hub sites.

28. People will leave - how are you going to retain / recruit staff?

We understand that staff may feel unsettled or anxious about the changes but hope that by being open about the process and involving staff in developing the network approach that they will want to stay working in the region. The length of the implementation will hopefully reassure staff that they will have chance to see how the network develops and understand the benefits it will offer them. Working as a network will enable us to offer greater opportunities for staff with increased training and development at all levels and progression through WYH-wide apprenticeships and trainee schemes. In addition, we hope to develop and support new roles such as consultant clinical scientists in microbiology and blood sciences and advanced practitioners for cut-up and reporting in cellular pathology.

16.10.19

Delivery model

1. Has the Trust been represented in the clinical microbiology discussions as we don't have any consultant microbiologists?

The consultants are inputting from a clinical point of view rather than representing their specific trust but we recognise that this is a difficult situation for Mid Yorkshire and clinical discussions have been widened to include laboratory and microbiology managers.

2. What microbiology testing will be in the AHLs? Will the consultants decide this?

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 thoughts – 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 the development of an appropriate test suite for an AHL.

3. What will the consultant model be?

This has not yet been decided. The Programme Board has made a recommendation that the consultant model for microbiology should be reviewed to determine the best approach for supporting the network. This is an important issue for MYHT in particular given that the Trust does not currently have a consultant in post and we hope that working as network will support us in ensuring a sustainable service in the future.

4. Will this result in equipment being underutilised for microbiology processing?

Detailed work will need to be undertaken to understand our current and future equipment requirements. This will include movement of equipment and reviewing needs as contracts come to an end to ensure we're maximising our equipment.

5. How will resilience be managed for microbiology in a single hub?

Resilience will need to be considered from a number of perspectives including managed service contracts with suppliers, business continuity arrangements and arrangements with other pathology networks.

6. There is a lack of space for validation / terminal-based work at PGH at the moment. How can we accommodate more work as a hub?

An assessment of the current and potential capacity of every proposed hub site was assessed as part of the modelling process. The modelling identified that the physical size of the laboratory could support additional testing for PGH to be a hub site. It is recognised that there may need to be some changes to the existing laboratory to support additional testing but we're confident that the current estate can deliver the level of testing required.

Siting the hub at SJUH

7. Why does the specialist reference centre have to be a / the hub for routine microbiology processing?

We recognise that there may be different views on whether specialist testing needs to remain at LTHT and the benefits of co-locating the hub with the specialist reference laboratory. However, the decision to take this approach was based on several factors.

The fact that LTHT is a transplant centre is a key driver for retaining specialist testing at Leeds. The serology could be delivered by an AHL but increasing confirmatory and primary testing is being done by PCR. There is a 2 hour turnaround time for this so theoretically it could be done elsewhere but co-location on the transplant site for such a critical, emergency service was felt to be the safest option.

From a clinical perspective, we felt that having the hub and specialist centre co-located offered greater benefits to patients than having them at different sites. For example, this will ensure equitable access to onward specialist testing. This is not always predictable when the initial sample is sent so co-location would avoid the need to transport samples for onward testing. It will also enable sensitivity testing to be set up as early as possible so that results are available in the quickest possible time, which is again something that offers clinical benefits to patients.

New laboratory at SJUH

8. Has a planning application been submitted for the new laboratory at SJUH?

The outline planning application is currently being developed with the aim of submitting it in December this year.

9. Can we see the plans for the SJUH site?

Yes, the outline plans are currently being finalised and will be shared with staff at all trusts shortly. At this stage, they only give an indication of the layout, as the aim of an outline planning application is to agree the general principles for how the site can be developed. Work to develop the detailed plans will start early next year and involve representatives from all trusts. It will start with meetings at each trust to run through the outline plans and approach that has been taken in detail. In the meantime, please [click here for a 3D 'flythrough'](#) of the plans.

10. Can you confirm the total footprint of the proposed site and its exact location?

The proposed site is located on LHTT's land to the northwest of the St James's site. It is at the back of the estate near the Trust's headquarters building, away from the main public entrances and near a staff car park. The total footprint is approximately 5,000 m².

Organisational model

11. How will the two operating units work in practice? Won't that be difficult to manage and result in competition?

There is a lot more detailed work to be done on how the organisational structure will work in practice. Although there will be two operating units, we will be working as a single network so will have a partnership agreement to prevent competition. The joint governance structures will ensure that key quality and clinical standards are maintained so that patients get an equitable service across the region.

Implications for staff

12. When will staff be consulted?

Staff will be consulted about any proposed changes to their existing roles, contracts, terms and conditions, in line with standard processes for any change. However, we will continue to involve staff in developing the implementation process and operational model for the network.

Travel/Logistics

13. Has the traffic and logistics for transporting samples into Leeds been considered?

Yes, the modelling on logistics considered pick-ups, routes, traffic and travel time between sites for each of the short-listed options. The three blood science hubs and single microbiology hub model had the highest score for logistics, as required fewer routes and therefore fewer drivers.)

GPs

14. How have GPs been engaged to date? Are there plans to discuss further with GPs?

Updates have been given on the pathology programme through the West Yorkshire & Harrogate Clinical Forum which includes GP Chairs of CCGs across the region. We recognise there is more work to do to discuss the proposals with commissioning and provider GPs across the region. We have asked all CCG areas to nominate GP representatives to be part of a clinical user group for discussing pathology proposals.

15. Could GPs decide to commission their work from another network?

It is possible that Primary Care Networks could eventually take responsibility for commissioning pathology services for their area. This is similar to the current situation where CCGs could choose to recommission pathology services at any time.

Finance

16. How much money will this save? Is there a point at which we can stop the process if it is no longer viable?

Based on current data, the estimated saving after full implementation is £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 common LIMS and the proposed movement of microbiology and bloodsciences testing. The decision to consolidate services in stages is to allow the assumptions and potential benefits to be re-assessed at each stage. If at any stage it was found that the approach was no longer financially viable then we would of course not proceed.

17. Who is providing financial advice?

Financial input to the work to date has been provided by the six trusts, with oversight and assurance from the WYAAT Directors of Finance Group.

Other

18. Recruitment and retention will be a problem. How will staff be retained in the interim period?

We understand that staff may feel unsettled or anxious about the changes but hope that by being open about the process and involving staff in developing the network approach that they will want to stay working in the region. The length of the implementation will hopefully reassure staff that they will have chance to see how the network develops and understand the benefits it will offer them. Working as a network will enable us to offer greater opportunities for staff with increased training and development at all levels and progression through WYH-wide apprenticeships and trainee schemes. In addition, we hope to develop and support new roles such as consultant clinical scientists in microbiology and blood sciences and advanced practitioners for cut-up and reporting in cellular pathology.

19. Can we see a copy of the strategy before it is approved?

The strategy contains some commercially confidential information so we cannot share the full document. However, we can share the executive summary which sets out the direction of travel and rationale for the recommendations.

20. Has any consultancy support been used?

We have used LTS, a specialist laboratory consultancy, to support the data collection and analysis and the modelling of the short-listed options.

21. Is this the same as the attempt to consolidate mortuary services in Bradford?

The Bradford mortuary site is not a centralised mortuary or body store but it does provide additional capacity to the mortuaries in the region.

22. Have all other pathology teams in the other trusts had these briefings?

All trusts are holding briefings for staff over the weeks commencing 14 and 21 October. We will be sharing the questions and responses from these with all staff, and feedback from each trust's staff will also be shared with its Board.

23. Are all union representatives aware of the proposals?

Copies of all staff briefings have been shared with trade union representatives and local pathology and HR Leads have attended trust partnership forums where requested. The recommendations were also discussed with the Area Partnership Group for West Yorkshire & Harrogate, which comprises regional union representatives, on 18 October.