Frequently Asked Questions

Implications for staff

HR process

- **How will this affect me?**
  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 you any definitive answers about 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.

- **What happens if staff don't want to move?**
  We recognise that moving location may not be feasible for some staff, particularly for staff in lower-banded roles and we will be looking to support staff preferences regarding location wherever possible. Detailed work will be undertaken to understand the impact of proposals on all members of staff and any changes to bases will be subject to full consultation with staff and trade unions. 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 suitable alternative employment and we will be looking at support for redeployment and retraining where necessary.

- **How will posts be allocated? Will people's individual circumstances be taken into account?**
  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. We will also need to agree the process for allocating roles. We will try to take account of people's individual needs and preferences wherever possible in an equitable way.

- **What support is being put in place for microbiology staff?**
  We understand that microbiology staff may be concerned about the recommendation to move towards a single hub. However, there is a lot more work that needs to be done before any changes could take place, including assessing the proposal through developing a full business case to ensure it will deliver the expected clinical and financial benefits. We are working with HR colleagues to ensure support is put in place and will

also be holding further discussions for microbiology staff to talk through the proposed changes in more detail and any concerns they have.

- **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.

- **Will staff be consulted on these changes?**
  Yes, there will be full consultation with staff and unions on any proposed changes to existing roles or terms and conditions. However, there is a lot of detail that needs to be worked through before we get to this stage and we will be continuing to involve staff in this process and in developing the operational model for the network.

Roles

- **Are you considering reviewing roles 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.

- **If you review roles, will this mean bringing them all down to the 'lowest' point?**
  No, the aim will be to understand and learn from what works well at the different trusts and to make sure we have the right roles to deliver the work required for the network.

Rotating

- **Will staff have to rotate across sites?**
  We are very conscious that this is a concern for some staff and that most people would rather have a regular base, so this will be factored into the workforce planning. However, we expect that there will be opportunities for rotation for staff who want to work at different sites to develop their skills and experience, which was another key issue raised by staff at the workshops earlier this year.

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

- **Will any rotation be voluntary – ie we won't get sent elsewhere with no notice?**
  Any rotation would need to be carefully planned in agreement with staff, although there may be a need to ask staff to work elsewhere if cover is needed urgently and provided they would be able to do so.

Staff numbers

- **Will there be the same number of staff overall 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 based on the modelling we have done so far and the experience of other areas who have already formed networks. 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, 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.

- **How many staff will there be working in the AHLs?**
  This will depend on what testing is carried out at AHLs which hasn't been worked through yet.

- **How many microbiology staff will be needed in the AHLs?**
  We haven't got to that level of detail yet. We need to determine what microbiology testing is carried out at the AHLs first, which is still being discussed, but we expect that the majority of testing will be carried out at the hub.

Terms & Conditions

- **Will we be employed by WYAAT rather than our current trust?**
  No, WYAAT is not an organisation so it cannot employ staff. We want to minimise the disruption for staff so are hoping to avoid changes of employer if possible.

- **How likely is it that staff will stay employed by their trust?**
  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 ensure we can work together effectively as a network but minimises the level of disruption to staff and services wherever possible but we need to work through all the details to determine how to achieve this.

- **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.

- **Will our terms and conditions change?**
  There are bound to be some changes as we will have to look at how we best manage all the work as a network and whether extended working will be needed. And we will need to ensure an equitable approach for all staff across the network. However, any changes to terms and conditions would be subject to consultation with staff and the unions.

Training

- **Some trusts invest more than others in training and development – will all staff be brought up to the same levels?**
  Training and development will be a priority for the network and we will need to agree a collective training programme to ensure consistency for all staff. Working together will enable us to continue to invest in training and development and it will also give us chance to explore working more closely with the universities and developing tailored programmes for our staff, as well as opportunities to develop and expand new roles, such as consultant clinical scientists.

- **Is there a view to move training around – eg spend month working in different lab?**
  This could be an option for staff who want to do that. There will also be opportunities to think about bringing people together for specific aspects of work, which will also offer colleagues chance to learn from each other. (*See also responses to questions in 'rotation' section)*

- **If we have big hubs, will people get stuck on one section and not get chance for training?**
  Training and development is a major consideration. We want to make sure staff can continually develop and expand their skills so will be looking at how we can best achieve this across the network. Improving training and development was one of the original drivers for working as a network and this will give greater opportunities and ensure equitable opportunities for staff across all organisations. The Workforce Group will be looking at training and development requirements, as well as how we ensure we have the right roles and skills for the network.

Travel and parking

- **Has any consideration been given to transport and parking for staff who will have to move sites?**
  We appreciate this is an important issue for staff. Parking and transport is a key consideration and will be looked at in detail as part of developing the full business cases and the implementation planning.

- **Will staff get a parking space if they have to move to the new laboratory at SJUH and how much will it cost?**
  Parking facilities will be considered as part of the development of the plans for the new laboratory. 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.

- **Leeds council are going to start charging tolls for driving through the city centre which will impact staff who 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.

Working Hours

- **What sort of shift patterns will there be – will they be the same as now?**
  We have not got to this level of detail yet. We are assuming there will be some extended hours for high volume work and will consider if some areas may need to move towards a 24/7 approach. 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.

- **Will out of hours arrangements change?**
  Again, we have not got to this level of detail yet but we will need to look at how we will manage all the testing as a network and review arrangements to make sure we have an equitable approach across all trusts that meets the needs of patients across the region.

Other

- **What about ancillary staff?**
  The development of the full business cases will undertake a detailed assessment of any consolidation and consider the impact for administrative, clerical and ancillary staff as well as scientific staff.

- **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.

- **Will you be looking at staffing levels on later shifts and out of hours?**
  Yes, we will need to look at the volume of tests we'll be processing at different times and determine the staffing levels need to support this.

Delivery model

- **What microbiology testing will be in the AHLs?**
  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.

- **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.

- **Where will Point of Care Testing be based?**
  We need to work through the best approach for POCT but this will be an important element of the network.

- **What will the consultant model be? Will there be a team of consultants working together who are based both on sites and at hubs/AHLs?**
  The consultant model will be reviewed as part of the next phase of work to determine the best approach for supporting the network. This will still cover site / ward-based responsibilities as well as laboratory responsibilities and will look at how best to address the shortages of consultants in some specialties.

- **Do the consultants want a single microbiology hub?**
  There has been much debate between consultants and with laboratory managers in respect of the benefits of a two-hub and single hub model. The key factor was the ability of the hubs to run 24/7 if necessary. Overall the consultants support moving towards a single hub but agree that if two hubs could run the same suite of tests over a 24/7 period, then this would be equally as beneficial as a single hub model in terms of clinical effectiveness and patient experience.

- **Where is the change in blood sciences?**
  Much of current blood sciences testing is already aligned to the laboratories that have been proposed as hubs. The most significant change will be where sites are currently delivering routine and GP direct access testing but will in the future proposal operate as AHLs (rather than AHL+ or hub sites). Growth changes and movement of specific suites of testing would also change the movement of tests between sites.

- **As most of the services will be provided from the new laboratory at SJUH, does this mean Leeds will be running them?**
  No – all the laboratories will be network laboratories 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.

- **Will the new model allow for doing more 'expert' work?**
  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.

- **How do you know that the sites chosen for the hubs will be able to accommodate more work?**
  An assessment of the current and potential capacity of every proposed hub site was assessed as part of the modelling process. The modelling identified which laboratories, based on their physical size, could support additional testing and be a hub site. It is recognised that there may need to be some changes to the existing laboratories to support additional testing but we're confident that the proposed hubs can accommodate the level of testing required.

- **Will microbiology see any changes before 2023/the new lab is ready?**
  It is unlikely that there would be significant consolidation in microbiology ahead of this time. We will need to work through the full business case for consolidation of microbiology to a single site to confirm that the proposed changes will deliver the expected clinical and financial benefits before we have a definitive timetable and no testing will be moved until all the quality gateways have been met.

- **Why might we need a 24/7 service for the hubs if the testing being done there isn't urgent?**
  We will need to look at this based on the testing that will be required for the network. It may be that extended days would support the requirements and volume of testing but we need to make sure the laboratories are running as efficiently as possible and are set-up to meet required turnaround times.

- **The perception will be that the hubs are Mid-Yorkshire, Airedale and Leeds laboratories rather than network laboratories**
  We appreciate that this may be the initial perception and that it will be a big change for everyone to get used to working as a network rather than individual trusts. It is not going to be a quick process but we hope that working together to develop joint standards and processes for the network and to design and implement a single LIMS will help everyone to start to adapt to a new approach. These will be used by all laboratories and help us to work together effectively irrespective of where people are based to provide the best possible service for patients across our region.

Finance

- **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. However, this needs further detailed review and scrutiny as part of developing the detailed full business cases for the common LIMS and 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.

- **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.

- **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.

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

- **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.

- **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.

GPs

- **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.

- **What do GPs think about the proposed changes?**
  So far, the feedback we have had from GPs is that they are comfortable with the proposals and do not have strong feelings about where the testing is done, providing that turnaround times do not increase and quality is not negatively impacted.

- **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 re-commission pathology services at any time.

LIMS

- **A shared LIMS sounds wonderful but are you confident it can be delivered?**
  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

- **What will the LIMS look like?**
  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.

- **Is it a risk to have a single LIMS? What will be the failsafe and resilience?**
  There is an element of risk moving to a single consolidated cloud-based LIMS, should we lose connectivity to the internet. However, the procurement and contract with the chosen supplier will ensure adequate back-up and disaster recovery provision. It is felt that the benefits of supporting easy transfer of work to other sites in the network,

consolidation of testing, and the need to upgrade existing old systems outweigh the potential risks in relation to resilience.

- **Have we definitely got the money for a new LIMS?**
  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 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.

- **There's a lot of political turmoil currently - has the money been ring-fenced for LIMS or could we lose it if the government changes?**
  It has been ring-fenced for LIMS but we are aiming to get the business case approved by NHS Improvement as quickly as possible to secure it. A business case to start the procurement process has been put forward to the trusts' boards for approval so providing it is agreed then we can submit it to NHS Improvement and hopefully start procurement as soon as possible.

- **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.

- **Is this timescale realistic?**
  We've based this on discussions with other networks that have already rolled-out multi-site and multi-organisational LIMS. However, we'll need to test this with suppliers as part of the procurement process. Once we've undertaken the procurement we'll need to put together a full business case with a detailed timeline which will need to be approved by the WYAAT Committee in Common, the six trust boards and NHS Improvement, in order to obtain the funding we have been allocated.

- **Will transfusion have a standalone LIMS?**
  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.

Logistics

- **How will samples get to the hubs?**
  We'll need to invest in logistics to support the model, including specimen tracking. The modelling done so far has mapped the optimal routes between sites in heavy and light traffic to ensure that turnaround times can be met and identified the numbers of

drivers required to support these routes and indicative costs. However, the full details will need to be modelled as part of a full business case.

- **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 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.

- **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.

- **Will we be able to meet the standards for UKAS documentation for deviated samples and transport with a single hub for microbiology?**
  We will need to look at this as part of the more detailed planning and ensure we meet the requirements. Logistics will need to be carefully planned to support the operation of hub-based models in all disciplines.

Operational issues

- **How will testing be categorised – there are differences between how trusts categorise work at the moment?**
  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.

- **Will we have standardised SOPs? And who will be responsible for determining the standard testing processes**?
  Yes, we are aiming to do this as closely as possible where appropriate and 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.

- **Will all labs be using the same equipment?**
  Possibly, as this will help support standardisation, however, we might 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.

- **How will we book in and track samples?**
  We will need to develop a sample tracking system to support working as a network.

- **Are you saying that processes will be carried out at one location and the reporting will be done elsewhere?**
  There is potential in the future, supported by a single LIMS, that reporting could be more widely distributed across the network, in much the same way that some trusts currently work across multiple sites.

- **Will there be more multi-disciplinary working?**
  This is already operational at some trusts - eg across haematology and biochemistry - and we need to look at it in more detail. We are also looking at how the new lab can be designed to facilitate multi-disciplinary working, for example having specialist test processing taking place alongside routine testing.

- **Will we have a single antibiotic policy for the network?**
  The consultant microbiologists are already in the process of discussing a regional antibiotic policy as they believe this will offer a better approach. However, it is recognised that some local variations may be required to respond to individual circumstances, such as outbreaks of resistant organisms.

- **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.

Organisational model

- **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 and 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.

- **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.

Process and governance

- **Who will approve the strategy and subsequent full business cases?**
  These will be reviewed by the Pathology Programme Board (and in future the Network Collaboration Board), which makes recommendations to the WYAAT Committee in Common (CiC). The CiC is made up of the chief executives and chairs of each of the six trusts and will review the proposals and business cases and make a recommendation to

the six trust boards. The boards hold the statutory decision-making authority for each of the six partner trusts so will make the ultimate decision.

- **Is the Programme Board made up of equal membership from each trust?**
  Yes, each trust has one executive director representative – it is not based on relative size of the trust, or the size of the pathology service.

- **Who sits on the Workforce Group and what is its remit?**
  The Workforce Group comprises operational and clinical representatives from each trust's pathology team. It has been set up to look at training and development needs for the network, including apprenticeships and the potential development of new roles, and consider issues such as retention and recruitment.

- **Is there a point at which we can stop the process if it is no longer viable?**
  The decision to consolidate services in stages is to allow the assumptions and potential benefits to be re-assessed at each stage. This will include an assessment of the impact on clinical effectiveness, patient experience, and quality, as well as finances. If at any stage it is found that the approach is no longer financially viable or will not deliver the expected benefits then we would not proceed.

- **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 t he expected clinical and financial benefits then it will not be taken forward and we will look at alternative models.

- **How long ago was this actually decided, as the plans for the new laboratory that LTHT shared with their staff some time ago included space for WYAAT?**
  The recommendations were agreed by the Programme Board at the end of September. We originally expected that this would be agreed earlier and LTHT delayed its timetable for developing the plans on this basis so that it could take account of whatever recommendations were agreed. However, the delay meant that they had to start work on the design before this in order to meet the deadline for submitting an outline planning application in December. It was therefore agreed that they would work on the basis of applying for the maximum space possible so that this could include space for network hub laboratories for microbiology and blood sciences if required.

- **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.

Quality

- **I am concerned about maintaining quality if we work as a network – when I have covered for other trusts, I have felt this has been hard to do.**
  Having a joint LIMS will be key to this 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 across all areas.

- **We are very proud of the quality of service we provide – how are we going to make sure we maintain a high quality service as a network?**
  We understand that people are proud of their services and the quality of service and absolutely want to maintain the high standards that have been achieved. It is important that best practice standards from across all trusts' laboratories are shared to create the best possible service for patients in all parts of the region. And we also want to keep the expertise and experience of staff, which will help us to continue to deliver a high quality service.

- **Will we centralise functions like quality? Different trusts have different quality management systems so how will the needs of specific departments etc 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.

- **How will UKAS accreditation work going forward? Will we still be assessed individually or will we be trying to get accreditation as a network?**
  We haven't got to that level of detail yet but it is likely to evolve over time. We need to think about how best to approach this for the network and we'll also need to see how UKAS decides to respond to this issue, given that nationally all areas are forming regional networks. We are planning to speak to other areas that have already established networks to understand what they do and learn from their experiences, and we can also learn from the experience of the Joint Venture in our area.

Retention

- **I am worried that staff will start to leave now - how are you going to retain / recruit staff?**
  We understand that is a concern and will do all we can to support staff and encourage them to stay. This approach is being taken across the country and all areas are developing regional networks so we hope that by being open about the process and involving staff in developing the network that they will want to stay working in the region and help us shape pathology services going forward.

We appreciate that staff may feel unsettled or anxious about the changes but we also hope that staff will be able to see the benefits working as a network can offer them, such as 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.

It will take a long time to develop the network and there will not be any changes for several years, plus staff will have chance to be involved in developing the new ways of working. We will also be as flexible as possible and take account of staff circumstances and preferences wherever we can to encourage staff to stay working within our services.

Unions

- **Are the unions aware of / involved in discussing the proposals?**
  Yes, 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. In addition, we discussed the proposals with the Area Partnership Group, which comprises regional union representatives, on 18 October.

Other

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

- **When will digital pathology be in place?**
  This has already been rolled-out to LTHT and there is a plan in place to roll-out the technology to all the trusts in the region by the end of 2021.

- **Could any of the trusts potentially pull out?**
  The proposals have been developed by all six trusts working together and all trusts have committed to establishing the network. NHS Improvement has also made it very clear that all trusts are expected to work collaboratively to form pathology network so this is very much the national direction of travel, as well as the locally agreed approach.

- **Can we see a copy of the Strategy?**
  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.

- **If we get a new government, could all this change?**
  We can't be sure but 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.

- **Have all pathology teams in the six trusts had these briefings?**
  All trusts have held briefings for staff in October and been sent copies of the presentation and Q&As from their meetings. Feedback from each trust's staff has also been shared with its board to inform their discussions on the proposals.

- **Is pathology still an attractive profession?**
  The profession is changing but there are new opportunities from the changes. Working as a network will bring more opportunities in terms of training and development and the chance to develop new roles. Although it may mean working differently, it will mean that pathology continues to develop and advance to meet the needs of patients.

- **Is it worth me finishing my degree?**
  Yes absolutely. We are very keen to look at how we can develop staff and strengthen the skills and experience we have in the region. There will also be additional training and development opportunities through working as a network and the chance to gain experience in different areas of pathology.

- **How is the pathology programme linked into the NHS long-term plan and future-proofed to meet the needs of changing clinical services?**
  The consolidation of pathology services is part of a national directive from NHS Improvement, following the Carter Reports that identified the potential benefits that the NHS could achieve through this approach. There isn't clarity on the future strategy for all clinical services at the moment but we need to be proactive in developing a future pathology service. We'll need to be intelligent in the way we procure our managed service contracts and work with suppliers to ensure we can adapt to any changes in services' needs or new technology, particularly with the development of POCT.