

# Creating a Pathology Network for West Yorkshire and Harrogate Staff Feedback Report

This report sets out the feedback from the staff workshops that were held in May and the emails sent to the WYAAT pathology inbox.

## 1. Staff Workshops

Three workshops were held in Bradford, Wakefield and Leeds to give staff a chance to give their views on the potential models being considered and the key factors that should be considered when assessing them. These were attended by over 165 staff in total. As a number of staff attended without registering, it is not possible to give an exact total. 135 people registered for the events and 165 were signed in over the three workshops but there are likely to be some additional attendees whose details weren't captured.

There was a relatively even representation of staff from each discipline at the workshops. See figures 1.1, 1.2 & 1.3 for breakdown of attendance.

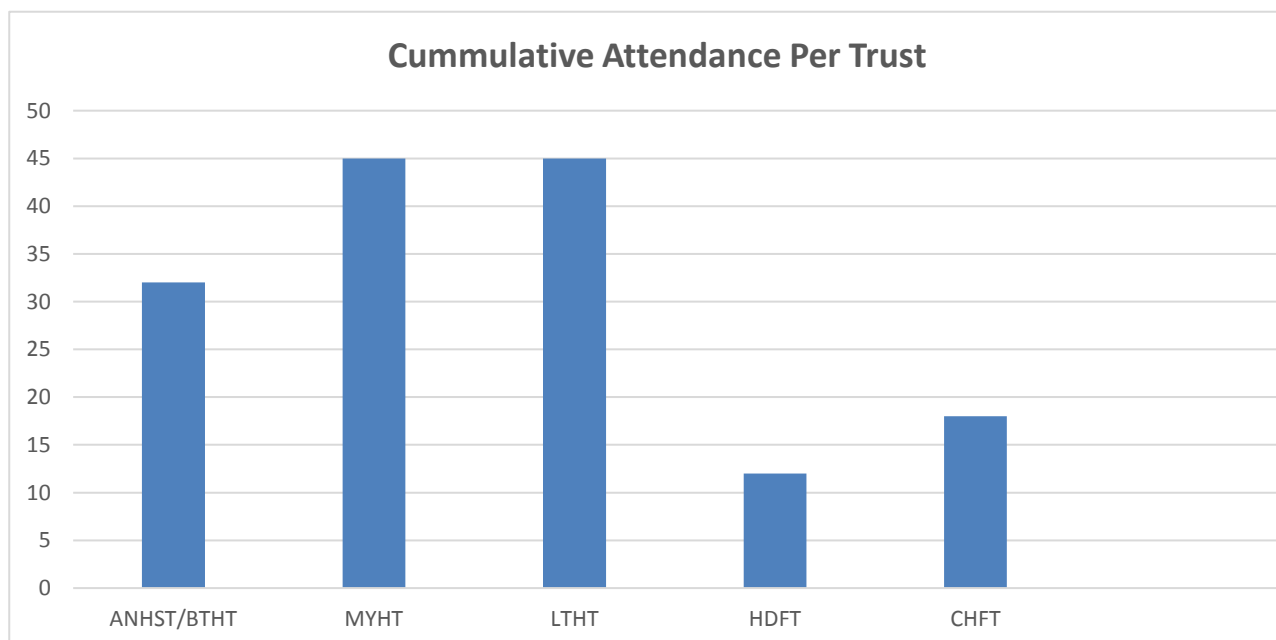


Figure 1.1: Attendance from each trust

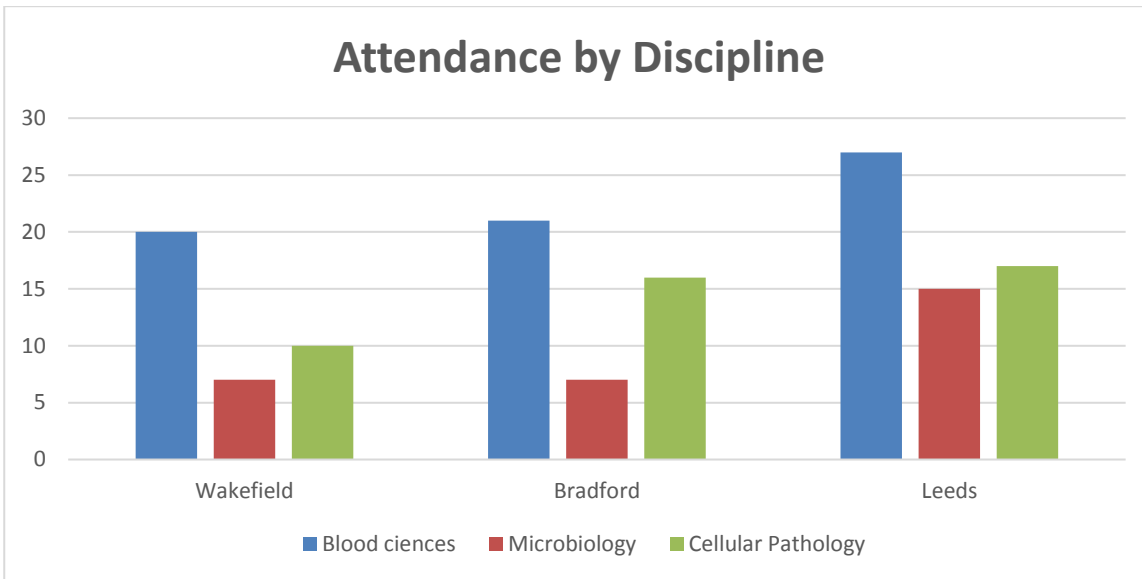


Figure 1.2: Attendance by Discipline

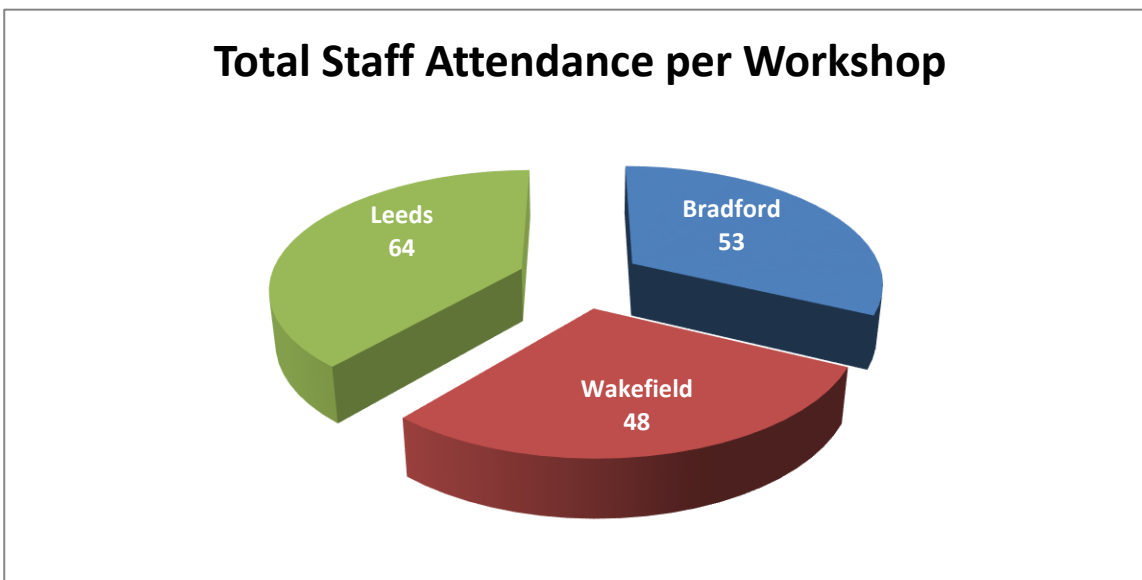


Figure 1.3: Total staff attendance per workshop

## 2. Scoring Criteria

The first part of the workshop focused on the criteria that will be used to score the short-listed options. A suggested list of nine criteria was shared with staff comprising:

- Achievability (how easy it will be to implement)
- Estate (making best use of existing estate)
- Finance: affordability and value for money
- Quality – effectiveness, safety and patient experience
- Resilience and business continuity
- Strategic fit (with national and the West Yorkshire & Harrogate Health & Care Partnership strategies)
- Supporting standardisation of systems and processes

- Technology (ability to invest in an implement new technology)
- Workforce

Staff were then asked to discuss any other factors that should be considered when scoring, what key features should be considered for each criterion and which three criteria they felt were the most important.

## 2.1 Additional criteria

Staff suggested a number of additional criteria that they thought should also be considered. A number of these related to the provisional list of criteria identified but nearly every group put forward 'logistics' as a criterion that should be considered in its own right and used to assess options. The following are the suggestions for additional criteria or considerations that were captured during discussions:

1. Logistics
2. GP locations
3. TUPE
4. Skill mix
5. Staff car parking
6. Multi-site working
7. LIMS
8. UKAS accreditation
9. Transport
10. Environmental considerations
11. Point of Care
12. IT
13. Staff morale
14. Communication between trusts
15. Medical training
16. University links
17. Clinical cover

## 2.2 Most important criteria

Feedback was broadly consistent across all groups, with the majority of staff rating Quality, Workforce and Achievability as the most important criteria for assessing potential models. (See Figure 2.1 below).

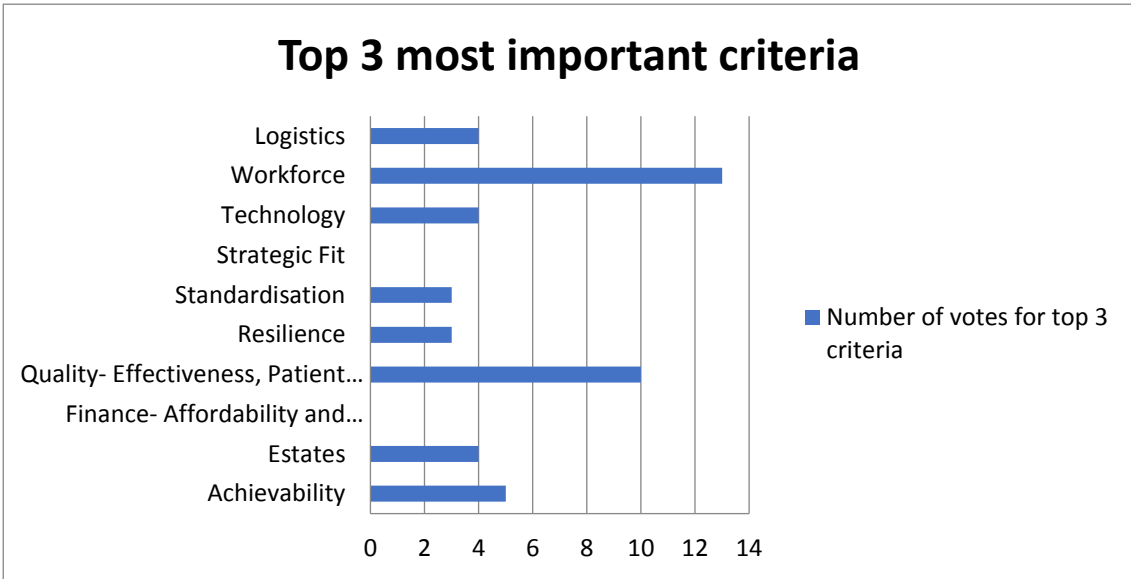


Figure 2.1: Top 3 most important criteria

### 2.3 Factors to consider

For quality, staff were clear that any model should aim to improve quality, including meeting the turnaround times. Another common point raised was the concern around maintaining sample quality and the need to consider the impact of any logistical requirements on this. Other suggestions included the ability to achieve UKAS accreditation and consistency across laboratories.

Key considerations suggested for workforce included retention, geographical impact and minimising the need for staff to travel further, offering more training and development and ensuring staff are not de-skilled. There were also a lot of useful points made around factors affecting staff morale and the need to involve staff throughout the process.

Discussions around achievability highlighted concerns around needing to take into consideration the capital and operational costs against the expected benefits and allowing sufficient time for proper planning. The need to learn from what has been done elsewhere in the country was also suggested.

A list of all the feedback for each criterion is included as Appendix 1.

## 3. Operating Models/Options

The second half of the workshop looked at the potential models being considered for each discipline. Staff then broke into discipline groups and were asked to consider the benefits and risks of each potential option and location for that discipline.

A list of key considerations was provided, based on the suggested scoring criteria and the feedback has been collated under these headings. Some groups discussed the pros and cons of the different locations. For example, the need for the potential hub to be positioned in a location that has good transport links for both staff and laboratory samples/specimens. However, most of discussions centred on the risks and benefits of the various models, especially the number of hubs being suggested.

The collated feedback from all the table discussions is included at Appendix 1.

### **3.1 Blood sciences**

The potential models considered for blood sciences were 2 or 3 hubs, which would include a specialist hub at St James University Hospital plus a further 1 or 2 hubs at either Airedale, Calderdale or Pinderfields.

Overall, the general view from the discussions was that a 3 hub model would be preferable. This was largely preferred for geographical reasons, plus it was felt that it would be easier to deliver and offer a greater resilience

Some of the main concerns raised about the 2 hub approach centred around the perceived risks of having to transport more samples and for longer distances, such as delays to treatment and affecting quality, and that this model would be less resilient. Staff also fed back concerns about the 2-hub approach meaning more travel for staff and that they felt the 3-hub approach would mean less disruption and less pressure regarding workload.

There was recognition that there could potentially be greater economies of scale from a 2-hub model and that this would allow greater investment in technology. However, it was also felt that it would be likely to require more investment to expand premises and there were concerns around the costs of exiting managed service contracts and the increased logistics requirements. Some of the other benefits of a 2-hub model mentioned included making it easier to standardise processes and share skills, as well as likely to save on technology

### **3.2 Microbiology**

The potential models considered for microbiology were either a single hub or 2 hub model. One hub would be based at St James University Hospital and – if a 2 hub model – the second would be at either Airedale, Calderdale or Pinderfields.

A lot of concerns were expressed about the single hub model, including the potential impact on sample quality and turnaround time arising from having to transport so many samples to a single location, the number of staff having to travel further which could lead to potential retention issues

(especially among lower bands), and lack of resilience. Some benefits were also identified – such as procurement advantages and facilitating standardisation – but overall the preference was for the 2-hub model. Benefits identified for this approach included better geographical spread, less disruption for staff, comparative reduction in logistics challenges, making better use of existing estate and greater resilience. Staff also identified a number of risks for for the 2-hub model, including greater costs for technology, and felt there would be considerable challenges to agreeing the site for the second hub.

One group felt that a new build should be considered for a single hub at a central location, while other staff highlighted the need to make use of good existing estate, and take account of current PFI agreements.

Some staff also expressed concern that a 3-hub model was not being considered as it was for the other disciplines. This was raised in relation to concerns about the potential impact on turnaround times and quality that it was felt could arise from having only one or two hubs.

### **3.3 Cellular pathology**

The potential models for cellular pathology have not been narrowed down as far as the other two disciplines, and a single hub model, a 2 or 3 hub model and maintaining the current configuration of 5 laboratories were all considered.

There was less of a clear consensus from discussions but overall feedback suggests a preference for retaining the current configuration. Benefits of this approach that were highlighted included greater resilience and less disruption to staff, making retention easier.

Although it was recognised that there could be benefits to a single hub in terms of value for money and making it easier to standardise processes, there were concerns that this could have a negative on both quality and staff and this seemed to be the least favoured approach. Points were also made around fewer hubs supporting a more collaborative approach and the ability to invest in more technology, although it was felt that there is less opportunity for automation in cellular pathology than other disciplines. Again, concerns around the logistics implications to support fewer hubs were raised, including the potential detrimental impact on sample quality, which has also been the subject of staff email questions.

## **4. Other staff feedback**

In addition to the feedback from the workshops, a number of staff have also raised questions or given their feedback via the pathology email address that was set up in March. Ten emails have been received from staff, five of which have been from microbiology staff and two from a union

representative. A summary is attached at Appendix 2; some are asking for clarification on specific points but others raise some of the same points as made in the workshops, such as concerns about maintaining sample quality and making use of existing good quality estate.

## 5. Conclusion

While there were a wide range of views and opinions expressed at the events, there were also a number of common themes that emerged. These included the importance of developing a robust and reliable logistics system to ensure quality and turnaround times are maintained or improved and the concerns around staff being required to travel further and the potential impact this could have on retaining staff.

Overall, staff tended to favour more hubs due to the greater geographical spread and the increased resilience it was felt this would offer, plus less potential risk to quality due to needing to transport samples over shorter distances. However, it was also recognised that fewer hubs would offer benefits in terms of efficiency and facilitate standardisation and greater investment in technology.

## 6. Next steps

This report will be shared with members of the Pathology Programme Board and Collaboration Group, in order to inform the agreement of the scoring criteria and the scoring of the short-listed models, which will take place in July.

It also provides a greater understanding of staff views and concerns, which need to be understood and taken into account in the planning and implementation of the network.

The Programme Board and Collaboration Group would like to thank all staff who attended the workshops or shared their views to help shape the development of the network.

## Appendix 1: Notes from table discussions

### 1) Scoring criteria – key features to consider and what ‘good’ looks like

Criteria		Features to Consider
1	Achievability	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• The total Investment and engagement requirement must be less than savings</li> <li>• Staff morale &amp; training</li> <li>• Accessibility of sites</li> <li>• Fit larger plans</li> <li>• Clarity of vision</li> <li>• Loss of quality &amp; poor patient experience</li> <li>• Avoid reinventing the wheel - learn from any national initiatives like this one</li> <li>• Realistic time scale - sufficient time planning and designing rather than rush into doing</li> </ul> <p>What does ‘good’ look like?</p> <ul style="list-style-type: none"> <li>• Save Money &amp; Increase productivity</li> <li>• Seamless transition &amp; end with no complaints</li> </ul>
2	Estates	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Good transport links for workforce, logistics</li> <li>• Current state of facilities, PFI, parking</li> <li>• Compare cost of new building, renovation etc</li> <li>• Big enough space, fit for purpose expansion &amp; expansion</li> <li>• Onsite facilities now, best use of existing estate - PFI vs NHS owned, parking</li> <li>• Cost of expansion or renovation</li> </ul> <p>What does ‘good’ look like?</p> <ul style="list-style-type: none"> <li>• Suitable working environment</li> <li>• Future proof</li> </ul>
3	Finance	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Capital costs vs operational costs</li> <li>• Value for money &amp; costs of cancelling existing contracts</li> <li>• Quality service should be prioritised over cost</li> <li>• Relocation costs - staff &amp; logistics</li> <li>• Capital investment vs benefits/savings</li> <li>• Service contracts</li> <li>• Redundancy cost</li> <li>• Unnecessary duplication</li> <li>• Equal access to funds</li> <li>• TUPE</li> </ul> <p>What does ‘good’ look like?</p> <ul style="list-style-type: none"> <li>• Fair share</li> <li>• Balancing the Books</li> </ul>
4	Quality	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Have clear measures</li> <li>• TAT</li> <li>• Providing services on sites for direct patient access</li> <li>• Impact of logistics on samples</li> <li>• PQAD - KPI - Achievability</li> </ul>

		<ul style="list-style-type: none"> <li>• Effect on systems norms</li> <li>• Not expect to exceed UKAS standards from staff</li> <li>• Contribution from staff to ensure quality issues are covered</li> <li>• Priority acute services</li> <li>• Standardized processes - document control etc</li> <li>• Logistics improvement</li> <li>• LIMS performance</li> <li>• UKAS accreditation - whole/part</li> <li>• Sample integrity - close to patients site</li> <li>• Timeliness of frozen sections - consultants access</li> <li>• IT connections</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• Mainstream / Improve Quality</li> <li>• Consistent in quality across the trusts (TAT, Lab results)</li> <li>• Accreditation status</li> <li>• Quality Patient Care</li> </ul>
5	Resilience	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Backup for estates is essential</li> <li>• Staff mobility and capacity must be resilient - easy and suitable</li> <li>• Spare capacity, building, IT, Storage</li> <li>• Environment, weather &amp; transport</li> <li>• Continuity &amp; contingency for incidents</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• Multi Hubs</li> <li>• Backup systems</li> <li>• Standardised Processes</li> </ul>
6	Standardisation	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Technology, processes, equipment, IT, roles, facilities, practices needs to be standardised</li> <li>• Consider impact of compatibility of existing systems being different in each trust</li> <li>• One standard SOP per process across all labs</li> <li>• QMS - variation, needs standards, Imaging system</li> <li>• Need to agree reference ranges/limits</li> <li>• Standardise antibiotic ranges</li> <li>• TAT, LIMS, A4C, procurement &amp; Instruments standardisation</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• Shared &amp; common practices</li> <li>• NPEX</li> <li>• Transferable standards</li> </ul>
7	Strategic Fit	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Fit NHSI</li> <li>• National &amp; regional pathways</li> <li>• Clear and common strategy/objective needs to be reached</li> <li>• Accessibility for staff and samples</li> <li>• Consider hospital strategy not just a lab - moves etc</li> <li>• Current/climate - could we cope with major incidents, future thinking</li> <li>• Impact of BREXIT</li> <li>• Local trust strategies need to be considered</li> <li>• National directives &amp; trusts strategy</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• NHSI &amp; larger plans of individual trusts aligned with</li> </ul>

8	Technology	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Common LIMS</li> <li>• Drone for delivery of samples</li> <li>• Robust system and support</li> <li>• State of the art levels</li> <li>• Uniform ordering of test materials</li> <li>• Size of trusts, logistics and estates</li> <li>• Will procurement be joined up?</li> <li>• Will systems and machines be made same? LIMS etc</li> <li>• Remote validation</li> <li>• Security issues</li> <li>• Cloud &amp; broadband speed</li> <li>• Combined resources - improve facilities</li> <li>• Opportunity to invest in new technology</li> <li>• Where are the informatics</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• One IT department for all</li> <li>• Single LIMS</li> <li>• 24/7 service</li> </ul>
9	Workforce	<p>What are the key considerations in this criterion?</p> <ul style="list-style-type: none"> <li>• Communication flow must be easy and open</li> <li>• Training of staff to have consistent level of skills</li> <li>• Good pay to motivate staff &amp; ensure fairness across board</li> <li>• Collaborative working</li> <li>• Staff rotation, job satisfaction &amp; morale</li> <li>• Structure of staff work base should be fair and expectations realistic</li> <li>• Staff input in deciding their work locations</li> <li>• Flexible working, parking scheme &amp; staff shuttle should be considered</li> <li>• Training model, recruitment, sustainability and future proof models</li> <li>• Shift patterns and staffing volume/roles meet demands</li> <li>• Avoid deskilling staff for morale sake</li> <li>• Things that can affect morale - size of lab, estate, function, progression, satisfaction level, fear of getting short notices to work, ownership, home, space</li> <li>• Consider workforce impact geographically</li> <li>• Use smaller labs for training, make job attractive with good progression</li> <li>• Staff retention, recruitment, work-life balance, flexible working, training &amp; development</li> </ul> <p>What does 'good' look like?</p> <ul style="list-style-type: none"> <li>• Retention</li> <li>• Recruitment – attractive to professionals</li> <li>• No staff issues</li> <li>• Standard contracts</li> <li>• Capacity for taking new placements from universities</li> </ul>

Table 1: Scoring criteria considerations

## 2) Potential Models

### Blood Sciences

Key considerations	2 hubs	3 hubs
<p>Quality – Effectiveness, Safety &amp; Patient Experience</p> <ul style="list-style-type: none"> <li>• <i>What are the implications for clinical effectiveness, safety and patient experience?</i></li> <li>• <i>Does it meet the needs of interdependent services?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• SJUH- better situated as more central</li> <li>• Standards could be easier to monitor in 2 hubs</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Long transport times affect urgent samples from GPs - delay patients treatment</li> <li>• Geographical location means more travelling and could affect quality (Especially M62)</li> <li>• Sample viability may be affected by longer distance &amp; stability while travelling, hence poor-quality results</li> <li>• Could create bottlenecks around booking in</li> <li>• Harder to cover staffing if they must travel further</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• New facilities &amp; standardised processes could improve TAT</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• More robust from logistics point of view thus faster TAT</li> <li>• Local access will help to maintain sample integrity</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Keeping quality consistent might be more challenging</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Robust system can be created using this model</li> <li>• GPs working at POCT how/where stabilize? Will GPs do it? (only few have centre fridges)</li> <li>• Need common system for booking in.</li> <li>• Where will it be booked in electronic requesting</li> <li>• Normal voyage v Ref voyage (not same)</li> <li>• How does UKAS accredit whole network? NHS BT hub move to Bamsley in June 2020</li> </ul>

<p>Resilience and business continuity</p> <ul style="list-style-type: none"> <li>• <i>How resilient will this option be?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Specific reagent issues different analysers</li> </ul> <p>Weakness</p> <ul style="list-style-type: none"> <li>• Fewer hubs mean low resilience when equipment or facilities are down</li> <li>• Less resilient than 3 hubs. Future proofing workload - 3 hubs better</li> </ul> <p>Opportunity</p> <ul style="list-style-type: none"> <li>• Could have different types of equipment to make things more resilient. More capacity for resilience</li> <li>• If same kit/equipment</li> <li>• Transfer staff to other labs to help</li> <li>• CCGs may appreciate and engage more with a local service</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Offer greater resilience to share work in case of equipment failure</li> </ul> <p>Risks</p> <p>***</p> <p>Other points</p> <ul style="list-style-type: none"> <li>• Robust system could develop from this model</li> </ul>
<p>Workforce</p> <ul style="list-style-type: none"> <li>• <i>Will this help to recruit/retain and develop staff?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• If want to specialise, can just go to Leeds - will have clinical lead there.</li> <li>• May mean GP to work at site closer to home</li> <li>• Closer hubs allow easier sharing of work, skills &amp; training</li> <li>• Leaner workforce model (fewer higher bands)</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• More travelling for staff</li> <li>• High volume of work and high staff stress</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Could enhance staff working flexibility</li> <li>• Could make travel better - Shuttle between sites, reduce travel after night shifts</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Staff working under less pressure is spread across 3 with some spare capacity and allow for training/sickness cover</li> <li>• Less changes and easier to get behind</li> <li>• Less travelling for staff particularly given the requirement for 24/7 service blood sciences</li> <li>• Lower workload would reduce staff stress</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Staff concerned about being downgraded/deskilled</li> <li>• Implication of more transporting of samples on pre-analytic requirements/specimen reception</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• All staff can get Other points for training wherever they work</li> </ul>

<p>Strategic Fit</p> <ul style="list-style-type: none"> <li>How well does this option fit national and WY&amp;H strategy for pathology?</li> </ul>	<p>Benefits Fits NHSI strategy Risks ***</p> <p>Other points</p> <ul style="list-style-type: none"> <li>Could now align strategy to that of the larger hospitals not just lab</li> <li>Could make strategy clear and common across trusts in the region</li> </ul>	<p>Benefits Fits NHSI strategy Risks ***</p> <p>Other points</p> <ul style="list-style-type: none"> <li>Could now align strategy to that of the larger hospitals not just lab</li> <li>Could make strategy clear and common across trusts in the region</li> </ul>
<p>Standardisation</p> <ul style="list-style-type: none"> <li>Does the scenario facilitate standardisation of: common processes and systems etc?</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Scope for larger pre-analytics</li> <li>Processes can be standardized easily</li> </ul> <p>Risks ***</p> <p>Other points</p> <ul style="list-style-type: none"> <li>New SJUH build</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Better in terms of logistics</li> <li>Different equipment-reference ranges</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Standardizing may cost more and more difficult to have an oversight</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Three high standard hubs mean more resilience and could beat UKAS standards</li> </ul>
<p>Technology</p> <ul style="list-style-type: none"> <li>Does it facilitate the introduction of new technologies and automation?</li> </ul>	<p>Benefits Spend less on duplicating technology Risks Low resilience in case of breakdown of technology Other points</p> <ul style="list-style-type: none"> <li>Could get state of the art technology into the expansion and new builds</li> <li>POCT does not have confidence of medics - often ask lab to confirm results</li> <li>Single LIMS</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Three high tech hubs mean more resilience</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Chance of duplication of equipment and technology leading to high cost</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Could get state of the art technology</li> </ul>

<p>Estates</p> <ul style="list-style-type: none"> <li>• <i>Does it make the best use of existing good estate?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• New estate can expand/increase capacity</li> <li>• Economies of scale compared to 3</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Single analyser platform may not be sensitive to everything.</li> <li>• One LIMS for all disciplines - could be difficult for each discipline + transfusion</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• New fit for purpose SJUH build</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Less need to expansion as there's no real need for sites refurb - all meet standards (UKAS etc)</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Challenges with reconfiguring space/estate available</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Could create good quality estates across all 3 hubs</li> </ul>
<p>Affordability &amp; Value for money</p> <ul style="list-style-type: none"> <li>• <i>Will this option save money?</i></li> <li>• <i>What do we need to invest in to make it successful?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Less duplication hence cheaper capital investment</li> <li>• High cost on expansions</li> <li>• Cost on training lesser</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• High logistics &amp; travel cost hence, costly operational cost</li> <li>• Cost of cancellation of existing contracts</li> <li>• Staff redundancy costs</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Single orders could save cost in general</li> <li>• Shared skills could save money on training needs</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Less logistics cost</li> <li>• Less capital cost initially</li> <li>• No cost on cancellation of contracts</li> <li>• Less redundancy of staff means less pay outs</li> <li>• Scope to take more work from other regions, thus more money</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Likelihood of duplication of technology</li> <li>• High spend on running many equipment's</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Future expansion cost less as there is more hubs</li> </ul>
<p>Achievability</p> <ul style="list-style-type: none"> <li>• <i>How easy will it be to achieve?</i></li> <li>• <i>What issues do we need to consider?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• AHL with Bradford already providing work for Leeds so could continue, potentially easier to do 2 hubs</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Will not work without big investment but where is the money?</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Potential for expansion</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Easier to deliver within existing estate</li> <li>• Easier to achieve - less disruption for staff</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Small labs currently</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Need to pick hubs with good transport links</li> <li>• Potential for expansion</li> </ul>

Table 2: Blood Sciences: unedited comments from workshop

## Microbiology

Key Considerations	1 hubs	2 hubs
<p>Quality – Effectiveness, Safety &amp; Patient Experience</p> <ul style="list-style-type: none"> <li>• <i>What are the implications for clinical effectiveness, safety and patient experience?</i></li> <li>• <i>Does it meet the needs of interdependent services?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Standardisation of processes and training</li> <li>• Good location for transport of samples from all areas</li> <li>• Faster results of tests by clinicians</li> <li>• Good for clinical sciences in general</li> <li>• Clinicians can authorise things quicker</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Logistics may affect sample quality &amp; TAT</li> <li>• Patients services will be difficult for the elderly</li> <li>• Potential loss of skills level due to relocation in staff</li> <li>• De-skilling staff</li> <li>• Loss of staff in specialist areas</li> <li>• Time critical sample may suffer</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Quality can be monitored more and UKAS standards exceeded</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Two hubs will cover more areas than in one hub</li> <li>• Splitting workload makes TAT better</li> <li>• Creates backup site for cold rooms and increases capacity, hence quality is secured</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Standards/quality oversight more difficult</li> <li>• issues with transport of samples</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Currently there are quality issues which could be solved if the labs were 24/7</li> <li>• Value of sample should dictate the location of 2nd Hub</li> </ul>
<p>Resilience and business continuity</p> <ul style="list-style-type: none"> <li>• <i>How resilient will this option be?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Large pull of skilled staff in one hub increases resilience</li> </ul> <p>Weakness</p> <ul style="list-style-type: none"> <li>• Issues for storage of samples due to backup not being available</li> <li>• IT breakdown single point of failure</li> <li>• Transport of sample from sites</li> </ul> <p>Opportunity</p> <p>***</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Larger available workforce will improve the resilience</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Depending on second site location some area will lose on travel/logistics</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Collaboration could improve</li> </ul>

<p>Workforce</p> <ul style="list-style-type: none"> <li>• <i>Will this help to recruit/retain and develop staff?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Training &amp; development easier</li> <li>• Sharing of skills increased</li> <li>• Communication is easier</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Difficult transporting and extra travel for staff resulting in low morale &amp; impact on private life</li> <li>• Impact of staff on skills due to de-skilling</li> <li>• May lose staff/redundancies</li> <li>• Conflict in staff views on processes</li> <li>• Potential congestion charges to staff depending on sites</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Flexible working</li> <li>• 24/7 service</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Workforce less travel than in 1 site model</li> <li>• Less impact on staff travel</li> <li>• Higher staff retention</li> <li>• Easier commute and parking for some staff</li> <li>• More accommodating for staff than in 1 hub model</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• More workload small lab means much work for staff</li> <li>• Less specialist staffs</li> <li>• Travel cost for lower band may be too much to handle if second hub is not local</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Division of labour thus fast TAT</li> </ul>
<p>Strategic Fit</p> <ul style="list-style-type: none"> <li>• <i>How well does this option fit national and WY&amp;H strategy for pathology?</i></li> </ul>	<p>Benefits Strategically aligned</p> <p>Risks ***</p> <p>Other points Could make strategy clearer</p>	<p>Benefits Strategically aligned</p> <p>Risks Delay to national targets</p> <p>Other points ***</p>
<p>Standardisation</p> <ul style="list-style-type: none"> <li>• <i>Does the scenario facilitate standardisation of: common processes and systems etc?</i></li> </ul>	<p>Benefits Standardisation will be easier Could have a positive effect on confirmation work as in the same place</p> <p>Risks Difficulty in agreeing to standards Clash of opinions</p> <p>Other points</p>	<p>Benefits Collaboration &amp; learning from each other is enhanced</p> <p>Risks Oversight issues in keeping standards Accreditation issues</p> <p>Other points</p>

<p>Technology</p> <ul style="list-style-type: none"> <li>• <i>Does it facilitate the introduction of new technologies and automation?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• No duplication of equipment</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Data transfer issues</li> <li>• Compatibility of exist technology</li> <li>• Wasting PFI of Pinderfields and still paying for other labs</li> <li>• Single point of failure</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Invest in more technology will be useful</li> <li>• Single LIMS</li> <li>• Single provider of equipment for the managed service, exit fees etc</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Duplication of technology</li> <li>• More robust in terms of failure</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Cost of keeping all the required technology</li> <li>• High initial capital requirement</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Invest in more technology will be useful</li> </ul>
<p>Estates</p> <ul style="list-style-type: none"> <li>• <i>Does it make the best use of existing good estate?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Nice environment</li> <li>• Central geographical position for WYATT</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• No backup estate in case of an emergency</li> <li>• Wasting PFI of Pinderfields and still paying for other labs</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• New purpose built and state of the art lab</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• More room for expansion</li> <li>• Utilization existing facilities &amp; contracts</li> <li>• Sharing workload</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Cost of keeping 2 estates and all the required technology</li> <li>• Duplicating equipment</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Room for expansion</li> </ul>

<p>Affordability &amp; Value for money</p> <ul style="list-style-type: none"> <li>• <i>Will this option save money?</i></li> <li>• <i>What do we need to invest in to make it successful?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Cost effective for technology</li> <li>• Capital costs</li> <li>• Less staff required could save costs</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Why build new HUB and planning permission when buildings already exist so saves money- but can cause costs to configure existing estates.</li> <li>• Gain share- will the Trust lose money?</li> <li>• High cost of logistics, estates expansion and technology investment</li> <li>• Cost of terminating existing contracts on estates and services</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Economy of scale</li> <li>• Automation</li> <li>• More purchasing powers</li> <li>• Opportunity to save money on duplication</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Cost effective for technology</li> <li>• Capital costs</li> <li>• Future proofing</li> <li>• Shared resources</li> <li>• Less travel cost</li> <li>• More staff option and retention</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Cost of backups</li> <li>• Costs to configurate the labs to change everything</li> <li>• High initial cost on expansions</li> </ul> <p>Other points</p>
<p>Achievability</p> <ul style="list-style-type: none"> <li>• <i>How easy will it be to achieve?</i></li> <li>• <i>What issues do we need to consider?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• One location so easier to focus and complete &amp; run to high standards</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• LTHT brought in automation but consumables of automation costs too much</li> <li>• Likely to be opposed by staff</li> <li>• Cost of redundancy &amp; cancellation of contracts unreasonable</li> <li>• Difficult in arranging shifts patterns</li> <li>• Logistics will be a challenge</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Staff engagement improvement</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Easier to achieve without much resistance</li> <li>• Staff buy-in higher</li> <li>• Less wastes on cancelled contracts and redundancy pay out</li> <li>• Availability of space for estate</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• More complex in terms of choosing hubs</li> <li>• Cost limitations</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Staff engagement improvement</li> </ul>

Table 3: Microbiology: unedited comments from workshop

## Cellular Pathology

Key considerations	1 hub	2/3 hubs	5 hubs
<p>Quality – Effectiveness, Safety &amp; Patient Experience</p> <ul style="list-style-type: none"> <li>• <i>What are the implications for clinical effectiveness, safety and patient experience?</i></li> <li>• <i>Does it meet the needs of interdependent services?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Higher quality can be met &amp; kept in terms of consistent processes</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Poor quality in service may arise from low TAT, logistics etc</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Build high standards</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Improve TAT for specialist work</li> <li>• Shared Workforce</li> <li>• Better communication flow</li> <li>• Workload balance</li> <li>• Shorter turnaround times (TAT)</li> <li>• Reduced UKAS cost</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• High TAT &amp; Travel</li> <li>• Communication between lab staff &amp; pathologists</li> <li>• Low professional working between clinical staff</li> <li>• Single QMI system</li> <li>• UKAS assessment</li> </ul> <p>Other points</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Shorter TAT</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Offering services at the same quality level</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Multi-site working implication should be considered to know what is optimal. Site should be considered based on functional histology lab</li> </ul>
<p>Resilience and business continuity</p> <ul style="list-style-type: none"> <li>• <i>How resilient will this option be?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Larger workforce</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Not resilient</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Factors such as weather &amp; transport links should be considered for transportation</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• More resilient than in 1 hub for down times – in case of pandemic flu breakout</li> </ul> <p>Risks</p> <p>***</p> <p>Other points</p> <ul style="list-style-type: none"> <li>• Can build more capacity for pathology in the region</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Very resilient to system failure if one hub goes down</li> <li>• Staffing resilience</li> <li>• Access to consultant &amp; lab staff</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Not same level of equipment</li> <li>• Not same skills level for staff</li> </ul> <p>Opportunity</p> <p>***</p>

<p>Workforce</p> <ul style="list-style-type: none"> <li>• <i>Will this help to recruit/retain and develop staff?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Availability of training specialist</li> <li>• Better training development</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Redundancies</li> <li>• Staff de-skilling &amp; dissatisfaction</li> </ul> <p>Other points</p> <p>***</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Extended lab hours possible</li> <li>• Flexible working to cover</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Longer travel times, not good for work-life balance, redundancies, retention of workforce in short term may be an issue</li> <li>• West Yorkshire would have a job 'monopoly' and potentially limit the choice of jobs people could apply for</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• More staff opportunity in career development</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• No staff movement or redundancies, thus happy workforce</li> <li>• Staff retention</li> <li>• Wider variety of work technique</li> <li>• Rotation of staff ownership</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Shortage of training specialists</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Collaboration gets higher</li> <li>• More staff opportunity in career development</li> </ul>
<p>Strategic Fit</p> <ul style="list-style-type: none"> <li>• <i>How well does this option fit national and WY&amp;H strategy for pathology?</i></li> </ul>	<p>Benefits</p> <p>***</p> <p>Risks</p> <ul style="list-style-type: none"> <li>• What is the strategy?</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• NHSI strategic alignment</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Fit to NHSI</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• What drives the strategy?</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• NHSI strategic alignment</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Easier to fit to strategy of different hospitals</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Harder to have a common direction in strategy</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Could have a common strategy developed</li> </ul>

<p>Standardisation</p> <ul style="list-style-type: none"> <li>Does the scenario facilitate standardisation of: common processes and systems etc?</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Easier communication</li> <li>Easy to oversee standards</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Less factory like</li> </ul> <p>Other points</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Collaboration in building high standards</li> </ul> <p>Risks</p> <p>Other points</p> <ul style="list-style-type: none"> <li>More difficult to maintain standards</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Robust in case of breakdown in one hub</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Standards tracking issues</li> <li>Much harder to standardise</li> </ul> <p>Other points</p>
<p>Technology</p> <ul style="list-style-type: none"> <li>Does it facilitate the introduction of new technologies and automation?</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Cheaper in terms of infrastructural investment</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Reliance on single IT system</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Improved digital systems</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Resilient technology</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>High cost of technology</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Improved digital systems</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Can utilize existing technology</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Different LIMS</li> <li>High cost on duplication of technology</li> <li>Potential high cost of new technology across board</li> </ul> <p>Other points</p> <p>***</p>
<p>Estates</p> <ul style="list-style-type: none"> <li>Does it make the best use of existing good estate?</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Lower cost on refurbishment</li> <li>Can build to fit purpose</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>No backup estate</li> </ul> <p>Other points</p> <p>***</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Save cost on expansion or new build</li> </ul> <p>Risks</p> <p>***</p> <p>Other points</p> <p>***</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Can utilize existing estates</li> <li>Low cost on expansion</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Cost of refurbishment</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Future expansion easier</li> </ul>
<p>Affordability &amp; Value for money</p> <ul style="list-style-type: none"> <li>Will this option save money?</li> <li>What do we need to invest in to make it successful?</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>More value for money</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Cost of new expansion to accommodate all</li> <li>Cost on logistics</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>Savings down the line</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Save cost on expansion or new build</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>Still need same staff number for much of the manual workload - there won't be much economy of scale as little automation of some services</li> </ul> <p>Other points</p>	<p>Benefits</p> <ul style="list-style-type: none"> <li>Economies of scale could come into play</li> <li>Less cost on expansion</li> </ul> <p>Risks</p> <p>Other points</p>

<p>Achievability</p> <ul style="list-style-type: none"> <li>• <i>How easy will it be to achieve?</i></li> <li>• <i>What issues do we need to consider?</i></li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Streamline processes &amp; improve standards</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Logistics issues</li> <li>• Staff redundancy cost</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Improvement of standards &amp; processes</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Easier logistics</li> <li>• Better for workforce</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Duplication issues</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Improvement of standards &amp; processes</li> </ul>	<p>Benefits</p> <ul style="list-style-type: none"> <li>• Best for workforce</li> <li>• No logistics issues</li> </ul> <p>Risks</p> <ul style="list-style-type: none"> <li>• Duplication costs</li> </ul> <p>Other points</p> <ul style="list-style-type: none"> <li>• Keep things same but have more collaboration</li> </ul>
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Table 4: Cellular Pathology: unedited comments from workshop

## Appendix 2: Staff questions (via WYAAT pathology email)

	Trust	Discipline	Summary of key points
1	MYHT	Micro	General comments - Need to create a robust high quality service, that must be clinically led, suggestions for work that could be started now to facilitate the development of the network including standardizing operating procedures. Highlights issues around recruitment of microbiology consultants and clinical scientists and suggests advertising as WYAAT posts. Also stresses importance of keeping staff informed and involved
2	LTHT	Micro	Asking if there will be a model that keeps the microbiology laboratory at LGI – concern that moving this to SJUH will affect the processing times for urgent work and patient care.
3	LTHT	Micro	What role will reference services play in the models being discussed?
4	MYHT	Union rep	22 queries clarifying information from the presentation given to trust teams. Also asking for the savings made from moving immunology to LTHT
5	MYHT	Micro	Raising concerns re microbiology provision 1) having single hub at SJUH (doesn't make best use of existing estate, parking and congestion issues for staff), suggestion to have each site acting as a centre for a particular aspect of those service (eg MYHT doing TB and respiratory Microbiology). 2) Consultant cover due to on-going recruitment difficulties at MY Pleased that staff workshops have been organised and would like to see report and programme board response
6	MYHT	Micro	<p>Questions</p> <ul style="list-style-type: none"> <li>• Has movement/recruitment/retention/training of staff following reconfiguration been considered</li> <li>• Impact on PFI agreements if laboratories are “downgraded” or vacated</li> </ul> <p>Suggestions</p> <ul style="list-style-type: none"> <li>• Needs to be one central laboratory providing specialist/reference/time-critical services, in Leeds but more use made of existing purpose-built laboratory estate across the network.</li> <li>• Other laboratories deal with their own time-critical services and a portion of routine work.</li> <li>• If blood culture incubation is available, each site should process positives.</li> <li>• No need to have 3 levels of laboratory.</li> <li>• There needs to be a common IT system.</li> <li>• Clinicians will cover across the network – issues around current shortage of consultants.</li> </ul>
7	HDFT	n/a	Asking if labs will all have to run the same way (eg will HDFT have to change from overnight on-call system to shift work) and how will decide which trusts have small AHLs and lose GP work. Also asked if a plan has already been agreed with LTS and whether we are likely to offer

			the course that was offered to ViaPath staff when they merged laboratories
8	HDFT	Cell path	Asking for clarification on which cellular pathology functions are proposed to be carried out at AHLs
9	A&B	Cell path	Concerns about centralisation of specimen dissection - extremely problematic transferring fresh or fixed organs ensuring not compromising specimen integrity and certain cancer specimens need to be adequately opened in specific time frames from when they leave the body.  Also re centralisation of pathologists reporting – risk of losing pathologists at retirement age early. Need pathologist supervision on site for specimen dissection and reporting.
10	MYHT	Micro	Asking which services from PGH will be affected and if includes serology, plus concerns about the move of immunology to LTHT