

## Creating a pathology network

### Questions from CHFT staff meetings 4 April 2019

#### Huddersfield

**1. Who has democratic / political oversight of this? How will it be transparent to the public?**

Democratic oversight of pathology services will not change. The trusts will retain control and oversight of pathology services. The trusts are accountable to the public through their boards (which meet in public) and the established governance structures of the NHS, including local Health Oversight and Scrutiny Committees. There is also democratic and political involvement in the West Yorkshire & Harrogate Health and Care Partnership, which includes both elected members and senior officers from the local authorities.

**2. How does the wider reconfiguration at CHFT fit with the West Yorkshire & Harrogate approach?**

We are aware of the planned reconfiguration at CHFT and will take its expected outcomes into account. Exactly what this means has not been determined yet but CHFT is not unique in having specific issues and circumstances that need to be considered in developing the WY&H Pathology Network. This is one of the reasons we have the Programme Board with executives representing all trusts, to make sure that the different issues for each trust are fully factored in to our planning.

**3. Will people with expertise in all areas of blood sciences be involved?**

Yes, absolutely. We want to make sure we involve staff across all disciplines and sub-specialities.

**4. When this happens, will all staff automatically have a job or will we have to apply for posts?**

We have not got to that level of detail yet. We need to determine what models we will use and then we can work out the exact staffing requirements. There will undoubtedly be changes for staff but it is too early to know how it will work yet. Even if we were not developing a network approach, there would be changes such as new diagnostic techniques and increased automation, which would mean staff would need to work differently in the future.

**5. Will there be redundancies / job losses? (also asked at CRH meeting)**

We can't definitively say at this stage - it would be wrong to speculate either way until we are clear about what the future operating models will be. Implementation of the new models is likely to take some time which will help us to manage any changes. We know pathology services have significant vacancies and that a number of staff will retire over the next few years, at the same time as services are finding it hard to recruit, retain and train new staff. Even if we were not developing a network approach, there

would be changes such as new diagnostic techniques and increased automation, which would mean staff would need to work differently in the future.

**6. Will there be a common approach to things like rostering? (Concern that staff may end up continually moving around all sites)**

All trusts have committed to the principle of planning our workforce collectively to make best use of our staffs' skills and expertise, and offer more opportunities for development. We recognise that the network will cover a large area and some staff may not want to work a long way away from where they live, or to have to travel around. We want to retain staff, not lose them, so we will be as flexible as possible and balance the jobs people want to do alongside the needs of different areas. We are also clear that there shouldn't be a 'one size fits all' approach – some staff may want to stay at a particular site and only do occasional work elsewhere, while others may be keen to experience different roles in different environments, so it is likely we will end up with a fairly mixed approach.

**7. Would we be compensated for travel costs if expected to travel to a different trust?**

Yes, under Agenda for Change all NHS trusts pay staff travel expenses if they have to travel to somewhere other than their main base.

Calderdale

**8. Do you anticipate job losses?**

See Q5

**9. Do we need a shared Laboratory Information Management System (LIMS) in place before a network model can be implemented?**

Everyone involved in the pathology network is very clear that a shared LIMS is a critical enabler for a network pathology model. Whether a shared LIMS needs to be implemented completely before any other changes will be determined as part of the implementation planning. It will depend on the future network model and how the network is structured. But the ultimate goal is a shared LIMS which will enable us to track samples and share results anywhere in WY&H.

**10. How is this different from PACE?**

We cannot comment on PACE as we were not involved in it. However, there are three main reasons why we believe the WY&H Pathology Network will be successful:

- The six trusts have an overall, strategic agreement to work together to deliver better, more sustainable and more efficient services for the population of WY&H. This is now a fundamental part of how the trusts work and the WY&H Pathology Network is just one of a number of collaborative programmes between the trusts.
- There is really good engagement in the network from all six trusts at a variety of levels. Trust executives, pathology consultants, managers and scientists have all

been closely involved. There is a clear case for change and they recognise the benefits for services and patients.

- The national strategy for pathology services is to create networks in all regions. NHS Improvement, the trusts' regulator, is leading the strategy and supporting the development of our network.

**11. You've talked about Acute Hospital Laboratories (AHLs) to support urgent work – what is your vision for routine work? Would this all go to a hub and how will it affect turnaround times?**

AHLs will provide the pathology testing necessary to support the acute activity on the hospital site, plus sufficient volume of other testing to be make efficient use of the equipment and staff necessary to provide a high quality, robust 24/7 acute pathology service. The exact composition of the services in each AHL will vary depending on the clinical services provided by the hospital. A key consideration will be ensuring that the future network model can meet the required turnaround times. Working through the detail of this for each hospital site and the network overall is part of our current work.

**12. If this is a national initiative, is there an end date when the network has to be in place?**

NHS Improvement has a target timescale for decisions and implementation. However, the key thing for us is making sure we do this properly and don't rush it through. We need to make sure we engage people properly and get to the right future model for our region. Once we've made a decision, implementation will take some time – probably a number of years, in a number of different stages. Detailed implementation planning will be completed once we have determined the preferred future model.

**13. What are the implications for staff in terms of TUPE etc?**

We don't know at this stage - until we have determined the models and then the best structure for delivering them we won't know the full implications for staff. We appreciate staff will be concerned about this but wanted to share what information we have now so that you and unions can be involved in working through the options. Once the best approach for the network is confirmed, we will be able to work through all the details and make sure we give you clear information on any implications for staff as soon as we can.