

Recommendations for the West Yorkshire & Harrogate Pathology Network



Delivery model

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Cellular Pathology

- Agreed that need to understand the effect of digital pathology and auto-sectioning before making any decisions.
- Roll out of digital pathology due by end of 2021 - will assess the impact of this before looking at potential models.
- In meantime, will develop a clinical strategy for cellular pathology to support identification of a future service configuration.
- Efficiencies will still need to be delivered through work to standardise processes and improve productivity across the network.

Blood Sciences

- Acute hospital laboratory (AHL) at every hospital site providing urgent and acute testing.
- Three hubs to carry out routine testing and GP work for network.
- These will be based at:
 - Airedale
 - Pinderfields
 - New laboratory at St James's
- Specialist testing will be carried out at St James's.
- Workforce disruption was a key factor in this configuration being the highest scoring

Microbiology

- AHL at every hospital site – requirements for each site to be determined.
- Current data and assumptions suggests single hub would offer greatest benefits - would be based at the new laboratory at St James's.
- Scored lower for resilience but highest for clinical effectiveness and patient experience, as would facilitate a 24/7 service (if required) and automation.
- Also scored highest for logistics, estates, standardisation and value for money.
- Will be kept under review and the data updated and reassessed at several intervals to check if it remains the best approach.
- This will allow us to take account of any changes in demand, workforce and technology that may occur over the next few years and change the approach if it no longer offers the greatest benefits in terms of quality and efficiency.
- A review of the consultant model for microbiology will also be carried out to determine the best approach for the network.

Scoring for blood sciences and microbiology

- Breakdown included in the briefing
- 3 priority criteria identified by staff: quality, achievability and workforce
- Quality – main differentiating factor was the ability to process microbiology samples on a 24/7 basis
- Achievability - all options were considered to be equally achievable
- Workforce (minimising disruption to staff) – assessment based on comparing increases to staff travel time as a result of consolidating some testing to fewer sites

Additional recommendations

The Programme Board has also agreed that:

- Consolidation of services will take place in stages and at each stage the assumptions and potential benefits will be re-assessed to check they remain the best approach for the network.
- A series of gateways will be put in place setting out quality, performance and efficiency criteria that must be met before any movement of services takes place.

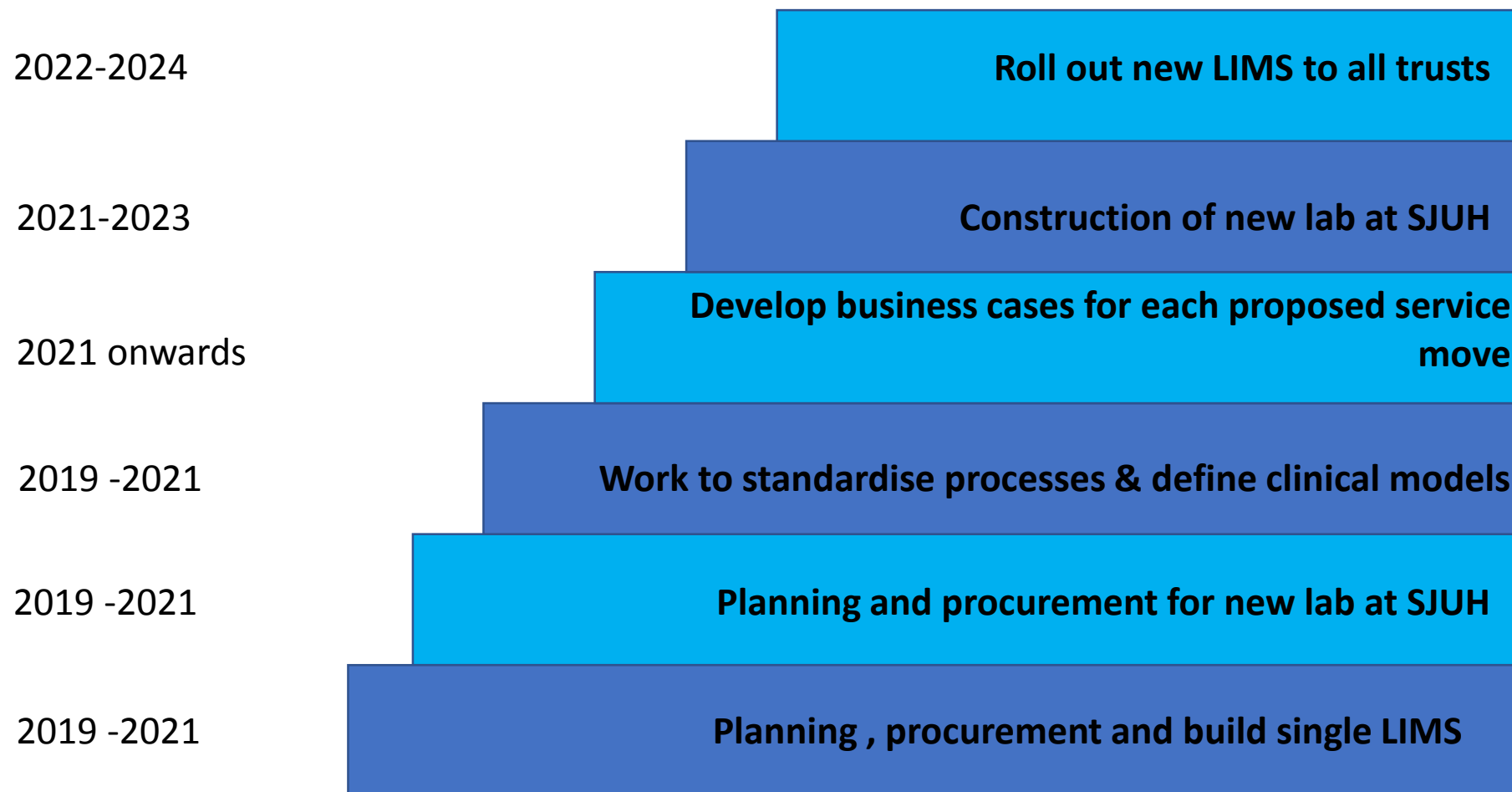
Organisational model

Organisational model

- Need clearly defined governance arrangements for the network.
- Simplest approach would be to work as a single 'entity' but not possible for non-foundation trusts or joint venture to do this.
- Proposal is to group the trusts into two operating units – one comprising the joint venture trusts, and the other the non-foundation trusts.
- As a foundation trust, CHFT can be part of either group.
- Decisions about the operation of the network will be made by a Joint Board composed of all six trusts.
- A joint Operational Group and a joint Clinical Oversight Group will be set up to ensure the development and maintenance of agreed standards across the two units.

Implementation

Implementation



What this means for staff

- Need to work through all the HR implications and requirements.
- Services and staff will remain in the NHS – will not be outsourced to private providers.
- Modelling is based on there not being any redundancies required, similar to other areas
- Working as a network does not require TUPEing of staff between organisations and we are aiming to find an approach that allows all staff to stay employed by their current trust.
- Any changes to roles or locations will be subject to formal consultation with staff .
- There will continue to be staff working at each hospital site as well as the hubs
- There will be changes to the way we all work as we will be developing common standards and processes for the network.
- Applies to all laboratory staff; consultant models also being reviewed.

Over to you – any questions?