

Imaging Radiochemistry | 28 February 2020

Document updated 18th May 2020

supplementary questions from N°23 onwards

FAQs

1. Why are you proposing to close imaging radiochemistry?

The facility has been running for a number of years with significant annual deficits. For context, despite only generating an income of £0.04m in the last financial year, the imaging radiochemistry facility generated a deficit on contribution of £0.9m. The Faculty needs to prudently consider its operating costs and invest in priority research areas.

2. What did the options appraisal group consider?

The group, comprising senior imaging academics and a member of the Faculty Leadership Team (FLT), looked at a range of options and potential opportunities over several months, including maintaining the status quo, new investment, increased commercial radiotracer production, and closure of the facility. Following further discussion at FLT in July 2019 it was agreed that closure of the imaging radiochemistry facility should be explored further as none of the other options sufficiently reduced the financial deficit and it was not feasible to justify the ongoing deficit or further investment. A sub-group of FLT was established to lead on this and this group also continued to explore the potential of commercial opportunities to close the financial deficit. Even when taking into account potential commercial deals, they were not sufficient to bridge the deficit forecast over five years for radiochemistry of £5.3m (£1m average deficit per annum).

3. What will the financial impact be if radiochemistry is closed?

If the facility is closed it will reduce the annual average deficit for imaging by £1m. This will result in a £4.9m cumulative uplift to the Faculty baseline by the end of the five-year-plan and will enable the Faculty to reinvest in strategic priorities.

4. Are there plans to close any other areas producing a deficit?

Every business case for change is a response to a particular set of circumstances and financial drivers. Here, the impact of the costs and exhausting all avenues for cost recovery via a thorough options appraisal means the imaging radiochemistry facility is not sustainable.

5. How many posts will be directly affected by the proposed closure?

There will be a proposed reduction of 14 Professional Services posts. These posts currently either produce or test radio-isotopes or support the regulatory requirements to maintain the Medicines Health Regulatory Authority (MHRA) licence, which would no longer be required if the imaging radiochemistry facility were to close, or, are impacted by a reduction in available radiotracers. The radiography, MR physicist and project management positions are still required in the proposed new structure as the MR, PET-MR and HRRT imaging facilities will still be available. However, the proposed reduction in available tracers and closure of the PET-CT scanner impacts on the PET-related radiography activity and therefore the structure across this team has been reviewed and job descriptions developed to increase flexibility.

6. Will academic staff be affected?

There is no proposed reduction of academic posts and academic staff who undertake PET imaging are out of scope as there is still imaging capability. However, the impact on their research will need to be considered with their line managers because they will no longer have access to bespoke short half-life radio-isotopes generated by the cyclotron. The academics will be returned in the REF in the usual manner.

7. Will there be a voluntary severance scheme?

Yes, it is proposed that this reduction will be undertaken, subject to consultation, through a voluntary severance scheme. The process for undertaking this and the opportunities for avoidance of redundancy was outlined in a paper submitted to the University Staffing Committee.

8. What happens if the reductions are not secured through voluntary severance?

If the proposed reduction in posts is not secured through voluntary means, then moving to a compulsory redundancy situation will be necessary, subject to approval by the Board of Governors in July 2020. If approval is given, one-to-one individual consultation meetings will begin in line with our procedures on compulsory redundancy.

9. What is the timescale for the proposed closure?

It is proposed that radiochemistry be closed by the end of December 2020 following a phased closedown of facilities. Colleagues 'in scope' and 'in scope and at risk' have been invited to attend a staff briefing following the first formal consultation meeting with the trade unions. It is proposed that the voluntary severance scheme will be open for six weeks. There will be dedicated support sessions available with HR and line managers throughout. It is anticipated that the new structure will start from January 2021.

10. Why are you not decommissioning the facility?

Decommissioning estimates of more than £1 million make it more cost-effective to mothball the facility initially. A view can be taken on full decommissioning once there is further information about the potential use of the facility.

11. What will happen to the space?

The space in the WMIC could be repurposed, although there are restrictions on what the building can be used for under the terms of the lease. The University will consult with the landlord, The Christie NHS Foundation Trust, about using the space for data sciences and clinical imaging. The Paterson Redevelopment Project will also likely impact on any decision around usage, with potential expansion of the pre-clinical space in WMIC considered a likely option.

12. What imaging facilities will continue?

The proposed closure of imaging radiochemistry will not impact on our ability to undertake MR scanning. The clinical HRRT scanner at WMIC and the PET-MR scanner at MFT will continue to undertake scans. Only research projects involving commercially available tracers, or tracers made in other academic facilities with sufficiently long half-lives to support transport to Manchester, would be feasible once in-house radiotracer production ceases.

13. Will there be any impact on students?

A number (fewer than 20) of PGR students have academics directly linked with PET imaging, either as their main supervisor or co-supervisor. Of these, only a small number will be impacted by the proposal to close imaging radiochemistry, based on their project and/or end date. We will discuss with individual students how their research can be adapted so they can continue with their studies.

The PGT MSc in medical imaging has a forecast of fewer than 20 students per year in the Faculty five-year plan. The proposed closure will have minimal impact on delivery of this course as the academics are out of scope and there will still be imaging capability. The course includes a visit to the imaging radiochemistry facility as part of a radio-isotope imaging module, which would require review.

14. What will the impact be on grants?

There are no further PET-CT grants in the pipeline as the equipment was decommissioned in December 2019. Three ongoing HRRT grants rely on in-house tracers. A GSK grant is scheduled to end mid-year but the two others would need to work to an accelerated timetable to ensure that we can move towards a proposed orderly shutdown in December 2020. Of six PET-MR studies, two will complete before radiochemistry activity ceases. Four remaining studies will progress over an extended period. Plans would need to be put in place to facilitate the completion of these studies through revenue models using alternative cyclotron and scanner locations in Cambridge or Edinburgh. It would be reputationally damaging not to complete these studies. All of the pre-clinical work is on batch-by-batch basis and none

of the contracts have a termination penalty, therefore the Faculty is in a position to serve notice on the funder should we need to end the relationship. Researchers should not submit any further grant applications that involve using our imaging radiochemistry facility beyond the proposed plan and phased closure period.

15. What will the impact be on commercial contracts?

Of the three ongoing contracts, two of them are batch-by-batch contracts with no termination fees. The third ends mid-2020 but will require 20 doses to be delivered before then.

16. Will the closure of imaging radiochemistry impact patients?

There are sites located across Greater Manchester offering capabilities in MR and PET-MR imaging, to facilitate high quality research that will inform the identification of effective treatments for patients.

17. What does 'in scope' mean?

A post is affected by the proposed closure because it sits within a team where work is ceasing. Roles 'in scope' of this change will be subject to minor changes to job descriptions.

18. What does 'in scope and at risk' mean?

A post is affected by the proposed closure and is subsequently identified as being at risk of redundancy. These posts will be offered voluntary severance.

19. Will the proposed closure result in job losses?

Yes, but the Faculty is keen to reach the reduction of 14 posts through voluntary means. Subject to consultation with the trade unions, a voluntary severance package will be available to those 'in scope and at risk' of redundancy. If the reduction of 14 posts is not achieved through voluntary severance or redeployment, the University will seek the approval of the Board of Governors to move to compulsory redundancy.

20. How will the proposed changes be implemented?

Changes to roles in the University are given very careful and serious consideration and we have begun formal consultation with the trade unions in relation to the proposal to close radiochemistry. We are committed to ensuring that these proposed changes are conducted fairly and transparently and will manage these through the following procedures, which have been agreed with the trade unions.

- Statute XIII, Part II – Redundancy – Academic and Academic-Related Staff. Ordinance XXIII, Procedure
- for the Dismissal of Members of Staff by Reason of Redundancy.
- [Introducing Change to Organisational Structures Procedure](#)
- [Security of Employment Policy](#)
- [Redeployment Policy](#)

21. Who can staff speak to about the proposed closure?

We understand that going through change can be a very unsettling time. Staff will be encouraged to speak to Greg Pass (HR Partner), and line managers for any information and guidance they may need.

22. What other support is available?

Our University also offers a range of wellbeing support services that staff can access, including the Wellbeing and Counselling Service. Staff can also contact HR, their line manager or trade union representative for support.

UCU - T: 0161 275 3080 - E: UCU@manchester.ac.uk

UNISON - T: 0161 275 2055 - E: unison.office@manchester.ac.uk

Unite - T: 0161 306 0614.

23. The presentation included the words ‘proposal for change’ – is it a proposal or can anything be changed?

An options appraisal group, comprising a group of senior imaging academics, led by the Deputy Dean, considered a range of options including maintaining the status quo, new investment, increased commercial production and closure of the facility. The Faculty Leadership Team asked that closure of the imaging radiochemistry facility be explored further as none of the options sufficiently reduced the financial deficit and it was not feasible to justify the deficit or further investment. A business case was drafted and submitted through the University’s governance process with the Board of Governors approving entering into formal consultation with the trade unions on the proposals laid out in the business case. At this stage we are still in that consultation phase and so suggested amendments to the proposals can be put forward.

24. What is the communications plan? What do staff tell external customers, regulatory bodies NHS partners etc; and who should tell them?

Following the announcement on 28th February a communications plan was enacted which sought to inform the following internal and external groups:

- The Christie NHS Foundation Trust
- The Faculty and wider University
- NHS partners (Salford and MFT)

The Faculty Communications and Engagement team will work with staff who will have direct contact with the various groups to determine an appropriate response to any queries raised. The Academic Imaging group will also be picking this up with a view to engaging with the appropriate academic colleagues.

25. Will staff be given outreach help, time off for interviews, interview and CV guidance?

For those members of staff who are taking VS the University does offer outplacement support, the details can of which can be discussed on an individual basis as and when the respective VS case is approved.

26. Are staff expected to apply for their own jobs?

After the VS scheme close, the University will determine whether there is a need to move to a compulsory redundancy (CR) process. If all members of staff that are eligible for VS apply then there will not be a need to move to a CR process. The University will then populate the new structure by looking at direct transfers to the new roles, i.e. where 80% of the current post matches to a post in the new structure. If someone is a direct transfer they won’t have to apply for what they might consider to be their own job. This can be explained in more detail by contacting Greg Pass, HR Partner.

27. What about posts that are in the structure but the postholder is on a fixed term contract that ends before 31 Dec?

Staff in this position should have received a letter detailing the process moving forward. In effect, the contract will run its course and the postholder will be eligible to apply for vacancies at the same grade as a redeployee.

28. Can you add further clarification on administrative support for the structure?

Administrative posts that currently exist outside the Imaging structure but continue to access and support services at WMIC will carry on according to the business need, this will be picked up further through the School Operations management team. Fixed Term contracts not funded through baseline funding will be reviewed on a case by case basis according to whether relevant ongoing research funding is available.

29. The current organisational structure is inaccurate: the receptionists do not report to the Research Project Administrator; they report to an Administrator in the Division of Informatics, Imaging & Data Sciences.

This has been noted and the structure updated.

30. What notifications were sent to casual staff?

As these positions are on a casual basis, the University is not obliged to send formal notification however the project group will ask senior academic staff to update the colleagues mentioned.

31. For new posts in the structure, when can they be advertised e.g. PET-MR radiographer?

Ordinarily once the consultation period has ended and the final structure populated we would be able to move forward with the recruitment process. In the current unprecedented circumstances recruitment to vacancies would need to be paused in line with wider recruitment guidance.

32. Is there a consultation period re the new structure? How long does this last for and how do staff make their feelings known?

The consultation period is underway with the trade unions. Staff can either provide feedback via line management to Peter Crowe and Sharon Grant or if they are members of a union via their union rep. The exact length of the consultation period will be determined over the coming weeks through discussions with the unions (which is happening on a weekly basis)

33. Who decides on the outcome of the consultation and what are the timelines involved?

The Faculty Leadership Team. The new structure and service should be in place for the 1st Jan 2021 as mentioned in the PPT presentation given on the 28th February

34. Do any committees need to approve any changes?

No. Faculty Leadership Team will approve all changes.

35. The proposed structure needs to be changed otherwise staff will leave as you cannot expect staff remaining to pick up jobs that are not in the structure (see above)

An assessment has been made about the needs and requirements of the department based on the future strategy and business need. This has included reviewing and amending the role specifications. As stated above the University is still in the consultation period and so constructive feedback is welcomed.

36. What wellbeing will be organised at WMIC for affected staff?

The University has provided information on the support available. If staff want to request consideration of something more specific this can be fed back through the relevant line manager. We are aware that a request for Resilience training has been made and are now exploring options for this to be delivered remotely.

37. What is happening with imaging modalities?

- MR is continuing and will be considered as part of the formulation of the new strategy Imaging at Manchester
- Preclinical is continuing and will be considered as part of the formulation of the new strategy Imaging at Manchester
- PET-MR is continuing and will be considered as part of the formulation of the new strategy Imaging at Manchester

The proposed closure of imaging radiochemistry will not impact on our ability to undertake MR scanning. The clinical HRRT scanner at WMIC and the PET-MR scanner at MFT will continue to undertake scans. Only research projects involving commercially available tracers, or tracers made in other academic facilities with sufficiently long half-lives to support transport to Manchester, would be feasible once in-house radiotracer production ceases.

38. Who will be project managing the closure process?

A Faculty led group will draw upon expertise from the area to support the process; this will link with the Academic Imaging group to ensure the process takes account of all scenarios.

39. Has the Faculty exhausted every opportunity?

The group, comprising senior imaging academics and a member of the Faculty Leadership Team (FLT), looked at a range of options and potential opportunities over several months, including maintaining the status quo, new investment, increased commercial radiotracer production, and closure of the facility. Following further discussion at FLT in July 2019 it was agreed that closure of the imaging radiochemistry facility should be explored further as none of the other options sufficiently reduced the financial deficit and it was not feasible to justify the ongoing deficit or further investment. A subgroup of FLT was established to lead on this and this group also continued to explore the potential of commercial opportunities to close the financial deficit. Even when taking into account potential commercial deals, they were not sufficient to bridge the deficit forecast over five years for radiochemistry of £5.3m (£1m average deficit per annum).

40. Which parties have the Faculty engaged with over future collaborations/buy out?

The Faculty Leadership Team collaborated with internal staff within Imaging to explore numerous opportunities of a commercial nature but unfortunately the outcome of such discussions were unable to sufficiently reduce the financial deficit.

41. What has been the decision making process? Who has been involved; what stakeholders were consulted; and what committees have approved this?

Following the options appraisal undertaken by high level academics within the area of Imaging group a business case was drafted and submitted through the University's governance process which involved passing through the Faculty Leadership Team, The University Senior Leadership Team, Planning Resource Committee, Finance Subcommittee, University Staffing Committee and finally the Board of Governors.

42. What benchmarking has been carried out and does the Faculty know if we're more expensive/cheaper than other similar sites?

The financial review concentrated on UoM and took account of historical, existing and forecasted running costs including the various income streams available, the financial deficit currently and forecasted was too severe to justify the deficit or further investment

43. Can you offer further clarification on the QA position within the new structure as it does not appear to be evident?

The level of Quality Assurance activity required in the proposed structure is significantly less due to there no longer being a requirement for Quality Assurance activity related to Good Manufacturing Practice, once radiotracer production ceases. Managers of areas required to comply with Good Clinical Practice will continue to be responsible for adherence to GCP. To ensure compliance with Good Clinical Practice is maintained, the FBMH Planning, Compliance and Governance team and University Research Governance, Ethics and Integrity team will support audits relating to GCP compliance, as occurs for other GCP labs within the Faculty. Any further concerns raised about QA support are currently being explored.

44. Staff currently based at WMIC whose jobs are safe - will they remain at WMIC or be moved elsewhere?

The roles within the new structure will be delivered where needed to support the future strategy of imaging at the University of Manchester; this may include supporting imaging across the City.

45. What is the future role of WMIC going to be? What is the proposed partnership with the Christie? What will happen to radiochemistry equipment and lab space and the PET clinical space?

The space in the WMIC could be repurposed, although there are restrictions on what the building can be used for under the terms of the lease. The University will consult with the landlord, The Christie NHS Foundation Trust, about using the space for data sciences and clinical imaging. The Paterson Redevelopment Project will also likely impact on any decision around usage, with potential expansion of the pre-clinical space in WMIC considered a likely option.

46. What about the emerging UK PET chemistry network?

This will be taken into account through the Academic Imaging group being reconvened as part of the future strategy of Imaging at Manchester.

47. There is no STOM/TOM as of March 2020, what arrangements are in place?

This role will be covered by the Senior Technical Operations Manager on an interim basis.

48. The FAQs mention the HRRT scanner which will not be operational as of 31 December 2020. Is this correct?

The HRRT Scanner will be out of service from the 31st December 2020.

49. Which School do staff sit within the new structure?

The proposed structure does not alter the existing affiliation of staff to their current School.