

## Proposals for a Combined Haematology Inpatient Service

### 1.0 Introduction

1.1 The purpose of this report is to:

- Provide an overview of the Haematology Programme, and specifically the Combined Haematology Inpatient Service proposal
- Obtain support for the Combined Haematology Inpatient Service proposal
- Seek direction around any further governance that may be required or advised

### 2.0 Background

2.1 The Haematology services at The Rotherham NHS Foundation Trust (TRFT) and Barnsley Hospital NHS Foundation Trust (BHNFT) focus on the diagnosis, treatment, and management of blood disorders. These services include:

Diagnostic Services:

- Blood Tests: Full blood counts, reticulocyte counts, blood films, and coagulation screening
- Specialised Tests: Thrombophilia screening, haemoglobinopathy screening, and lupus anticoagulant tests, bone marrow biopsies

Treatment and Management:

- Chemotherapy: Administering chemotherapy for blood cancers like leukaemia and lymphoma
- Blood Transfusions: Providing blood and blood products to patients in need
- Inpatient care for patients with haematological conditions including both malignant and non-malignant conditions
- Outpatient follow up and ongoing long-term care of above patients

Patient Support:

- Patient Engagement: Involving patients in their care plans and providing education about their conditions
- Multidisciplinary Teams: Collaborating with other healthcare professionals to provide comprehensive care

Research and Development:

- Clinical Trials: Participating in research to develop new treatments and improve existing ones

2.2 The Haematology service at BHNFT provides British Committee for Standards in Haematology (BCSH) standards 2a 'Levels of Care' at a 'Moderate' level. The Haematology service at BHNFT currently provides:

- Inpatient Care
- Outpatients, both Consultant and Clinical Nurse Specialist led
- Laboratory services
- Chemotherapy Day Unit

2.3 The Haematology service at TRFT provides 2B 'Levels of Care' at a 'High' level (management of acute myeloid leukaemia and provision of intensive curative chemotherapy). The Haematology service at TRFT currently provides:

- Inpatient Care
- Outpatients, both Consultant and Clinical Nurse Specialist led
- Laboratory services
- Chemotherapy Day Unit and Chemotherapy at home service

2.4 To understand how many patients access Haematology services, a data analysis exercise was undertaken. The specific patient groups reviewed included those admitted to the Haematology inpatient wards at both BHNFT and TRFT. This analysis covered both non-elective and elective patients for both organisations.

2.5 Additionally, the data considered Haematology patients admitted to other non-Haematology wards, plus BHNFT patients who currently receive their treatment at Sheffield Teaching Hospitals (STH), due to the level of care currently available at BHNFT.

2.6 The following table illustrates the Haematology patient numbers for 2023-24 for BHNFT:

Admission method	BHNFT No. of spells	BHNFT No. of patients	TRFT No. of spells	TRFT No. of patients
Non- Elective	79	64	135	91
Elective	34	27	57	43
<b>Total</b>	<b>113</b>	<b>91</b>	<b>192</b>	<b>134</b>

2.7 The Haematology Programme was identified through the BHNFT sustainability review, and falls within TRFT 2023/24 Operational Plan, with the objective of working in partnership to ensure that both the organisations as a whole and its services are sustainable and fit for the future. The Haematology Programme reaffirms the commitment of both Trusts, and of the Integrated Care Board (ICB), to work collaboratively across secondary care partners to deliver sustainable services.

2.8 The Haematology Programme Vision Board is provided in Item 5b (attached) for information.

2.9 A clear recommendation of the Haematology Programme, following engagement events with the Haematology teams from both Trusts, was the creation of a combined facility for all Haematology inpatients across Barnsley and Rotherham, located at the Rotherham Hospital site. This would provide a unit of sufficient size and scale to allow the concentration and consistent provision of specialist clinical expertise, something that is challenging to achieve across two sites and two teams.

2.10 To facilitate an informed and comprehensive decision on the most suitable site for the single facility, a Decision Matrix was developed with a suite of key measures in line with national guidance and scored independently by key clinical and operational colleagues at both TRFT and BHNFT. For information, the TRFT Decision Matrix template is provided in Item 5c (attached), and the scoring was as follows:

- TRFT = 80
- BHNFT = 52.

#### Key Drivers / Outcomes for a Combined Inpatient Facility

2.11 A single inpatient facility will provide a sustainable combined Haematology Inpatient service and workforce model, that will reduce agency spend, improve patient experience, and make it easier to respond to changes in demand.

2.12 A single inpatient facility will provide a sustainable base for all BHNFT patients requiring an inpatient stay, including both planned treatments and emergency care. This will enhance the management of complex patients across the Haematology partnership, ensuring that the most unwell and complicated

patients are managed in the right setting with access to appropriate specialist and supportive services. This approach will ensure better patient clinical safety and quality of care.

- 2.13 The proposed single unit would allow BHNFT patients undergoing treatments for Acute Myeloma Leukaemia and other specialised treatments, currently managed at STH, to be repatriated and receive their treatment at TRFT.
- 2.14 A clinical model of care, for the combined inpatient facility, has been developed through extensive pathway work by key representatives from both Trusts, ensuring continuity of care. The clinical model has considered each point of contact a BHNFT Haematology patient may experience, ensuring their care is managed as seamlessly as possible.
- 2.15 A single facility will enable uniformed pathways to be developed and will accommodate multiple sub-speciality working with peer expertise that will support and enhance our consultant offer during recruitment.
- 2.16 A single facility will address recruitment issues by being more attractive to potential future consultants, as this would allow them to develop professional expertise. It will also enhance flexibility to rota cover (e.g. increased consultant on-call resilience, moving from a one in four to a one in eight rota).

#### Key Governance (to date)

- 2.17 At the Joint Executive Team Meeting in March 2024, the proposal for a Combined Inpatient Model, located on the Rotherham Hospital site, was supported. To ensure effective oversight and accountability a monthly Haematology Programme Board is in place, this then reports into the Joint Executive Delivery Group (JDEG).
- 2.18 At the TRFT and BHFT Board of Directors Meetings in March 2024, the proposal for a Combined Inpatient Model, located on the Rotherham Hospital site, was further supported.

### **3.0 Current Position**

- 3.1 Developing a single Inpatient facility is both a complex and a large undertaking, and to facilitate this a number of workstreams have been developed. Progress against those workstreams is provided below:

#### TRFT Inpatient Ward Reconfiguration Work

- 3.2 A significant amount of work has been undertaken to model the required bed numbers for a single inpatient facility. This has been based on an informatics-led modelling exercise and a clinical review. Benchmarking was also undertaken with a comparable-sized Trust, Mid Yorkshire Teaching NHS Trust, which has 18 beds for a similar combined population (550k population). In comparison, BHNFT and TRFT have a combined 500k population. The agreement is for a 16-bed single unit. This represents a reduction in the total bed base across both Trusts of 8 beds (currently 24 beds in total – 12 at TRFT and 12 at BHNFT).
- 3.3 TRFT Estates colleagues have engaged external architects to produce initial design options for the reconfiguration works, and a Business Case will be required seeking funding of the necessary capital to deliver the work.

#### Challenges in relation to Haematology Consultant Recruitment

- 3.4 BHNFT has experienced issues over a number of years in relation to its substantive consultant workforce, with a high dependency on a locum cover in order to maintain service. In addition, BHNFT has experienced considerable difficulty in recruiting and retaining consultants on a substantive basis, given that consultants are often attracted to Haematology services in bigger Trusts. In order to develop a substantive and sustainable consultant workforce, a joint recruitment process has been developed. An advertisement for the recruitment of two Haematology Consultants was posted in July 2024, but unfortunately there were no applications. Following a review and revision, the advertisement was re-posted in September 2024, including an advert in the British Medical Journal, which was subsequently

extended into January 2025. A potential candidate was interviewed in March 2025; but they declined an offer of employment. A further recruitment drive will now take place.

### Staff Engagement

- 3.5 To date, two face-to-face staff engagement events have taken place, involving Haematology services staff and also wider interfacing services that support Haematology at both Trusts. The first session took place in September 2023. The aim of the event was to provide Haematology colleagues from both Trusts with the opportunity to meet each other and understand each other's roles. Additionally, it was an opportunity for key staff within both Haematology services to help shape the Haematology Programme by identifying areas that are working well and those that need improvement. This played a key part in developing the Programme's vision and objectives. The event focused on what currently worked well, what didn't work well, and ideas on how the services can improve, prioritising what was most important to them.
- 3.6 The second event took place in May 2024, again with Haematology staff and interfacing services representation from both Trusts. The event focussed on the single inpatient proposal and was an opportunity in a workshop setting for staff to consider the key tasks required to deliver a single inpatient facility, and the key risks that we would need to consider as part of the planning process.

### Patient Engagement

- 3.7 To date, two face-to-face patient engagement events have taken place. The first event occurred in October 2024 and involved 7 patients and their families currently receiving Haematology treatment at BHNFT. The goal was to understand what the service meant to them and to be responsive to their needs. Overall, feedback was positive, and patients felt they had the opportunity to discuss their concerns. Key outputs from this engagement session were collated, capturing the "You Asked, We Did" exercise, and shared with patients, staff, and the Haematology Partnership Programme Board. Please see Item 5d (attached) for further information.
- 3.8 The second engagement event took place in March 2025 for 9 BHNFT Haematology patients and families visiting the TRFT Haematology ward. This visit was organised in response to key questions raised by patients at the first engagement event. At this event, concern was raised about potential isolation if an inpatient stay at TRFT was required, especially if the patient had no regular visitors. Some anxieties were also expressed relating to unfamiliarity with the TRFT environment and team. A question was also raised about what facilities would be available for their families.
- 3.9 In response, the visit provided patients and families with the opportunity to familiarise themselves with the TRFT Haematology environment, facilities, staff, and Macmillan services. They also met some current TRFT Haematology patients and had the chance to ask questions and feel generally reassured. BHNFT Haematology patients in attendance were given points of contact at TRFT should they subsequently have any further questions. Overall feedback will be compiled and shared with those in attendance upon completion, and updates will also be shared at the BHNFT Haematology Patient Support Group.
- 3.10 BHNFT Haematology patients already have a quarterly support group in place. Moving forward, we will utilise this group to inform our patient engagement plan. This arrangement will provide updates and ensure their continued involvement, offering patients a platform to ask further questions and gather their input on how any changes may affect them.
- 3.11 Continuity of care has been considered through extensive pathway work referenced in section 2.8. Continued support systems from the existing BHNFT Clinical Nurse Specialist (CNS) team (a key output from the engagement event) will be provided, alongside support from the TRFT CNS team.

### Nursing Inpatient Model

- 3.12 To ensure that the additional demand for the nurse-to-patient ratio is adequately providing safe and quality care, a nursing impact assessment was undertaken. This assessment was based on the additional bed requirement identified through bed modelling, to meet the expansion required for the existing ward at TRFT to safely accept BHNFT patients. Support staff to accommodate this increase in beds has also

been included in the impact assessment, all changes will be reviewed against the Safer Care Bundle assessment periodically.

### Stakeholder Engagement

- 3.13 A stakeholder letter was shared with key stakeholders across Barnsley and Rotherham Health Services and Partners in October 2024. The letter provided an overview of the proposed changes and described which patient services would remain at BHNFT.
- 3.14 The combined Haematology Inpatient Service Proposal was presented at the Integrated Care Board (ICB) meeting on April 8th. Work on the proposal is currently being undertaken with Yorkshire Ambulance Service (YAS) to assess any impacts the combined inpatient service may bring to their services. The proposal was well received, and it was agreed that the Place Director will attend OSC in support of the proposal, and that the Haematology Programme Clinical Lead from TRFT will also be in attendance in support of the proposal.
- 3.15 Internal impact assessments have been completed for Pharmacy and Pathology services, with further assessments ongoing for other services.

### Economic, Health, Equality, Diversity

- 3.16 Economic, health, equality, and diversity measures have been considered to ensure the change in the delivery of inpatient care at TRFT for BHNFT patients has been evaluated. Some areas that may be directly impacted have been evaluated and mitigated appropriately. Please see Item 5e (attached) for the Haematology Combined Inpatient Quality Impact Assessment and Item 5f (attached) for the Haematology Combined Inpatient Equality and Health Inequalities Impact Assessment.
- 3.17 A key output from engagement with BHNFT patients was concern about car parking access and travel options at TRFT. Those concerns were acknowledged; however, car parking is available on-site at TRFT albeit spaces can be limited, and charges do apply. Concessions for weekly parking passes are available at a discounted rate for family members or carers who have a loved one in the hospital for more than seven days. We also shared information on how to claim a refund of reasonable travel costs under the Healthcare Travel Costs Scheme (HTCS), along with details about designated pick-up and drop-off points. Public transport options were shared to support planning of journeys to TRFT, with links to the Travel South Yorkshire Journey Planner.
- 3.18 Continuity of care has been considered through extensive pathway work developed by representatives from both Trusts. This patient care model has considered each point of contact a BHNFT patient may experience, to ensure that their care is managed as seamlessly as possible. Continued support systems from the existing BHNFT CNS team (a key output from the engagement event) will continue, alongside support from the TRFT CNS team.

## **4.0 Future Plans and Challenges**

### Plan

- 4.1 Below is a high-level plan of the key work that is required to ensure that we are in a position to admit BHNFT patients into the single inpatient facility at TRFT. Please note that this plan may be subject to change / slippage:
- Rotherham Inpatient Estates Reconfiguration Work (Initial design) – Complete
  - Rotherham Inpatient Estates Reconfiguration Work (Business Case to support capital funding) – May/June 2025
  - Rotherham Inpatient Estates Reconfiguration Work (building work) – To be confirmed
  - Barnsley patients admitted to the combined Inpatient facility – To be confirmed

## Challenges

4.2 A number of risks and issues have been identified and are being carefully managed and reported through the Haematology Programme Board. A summary of the key risks / issues and the mitigation that is in place are provided below:

<b>Risk / Issue</b>	<b>Mitigation</b>
Risk to the delivery of consultant led service staffing at BHNFT and sustainability of the on-call rota (covered by Locum).	A joint approach to substantive recruitment is being managed.
Failure to secure the required capital funding for the single inpatient facility reconfiguration works.	Initial design is complete, and a Full Business Case will be developed to support the capital requirement.
De-stabilisation of the service at TRFT whilst the Haematology Programme is in progress.	Pace of change is managed effectively and carefully, and staff concerned are engaged in the change process.
Risk to BHNFT patients' acceptance to deliver their care away from home.	Patient Engagement is crucial, and in support of this an engagement event and an engagement visit to TRFT has been managed for BHNFT Haematology patients. BHNFT patients have also been given point of contact information to support them with any questions and concerns outside of both of these events.
Risk to adequate nurse-to-patient ratio at TRFT due to the additional patient demand from BHNFT.	To understand the number of beds required, a modelling exercise was carried out to inform the new bed capacity needed. The nursing model was then reviewed against the additional bed capacity, using the regulatory Safer Care Bundle to determine the nurse-patient ratio required.
Risk for TRFT consultants to access patient records for BHNFT patients due to each Trust having a different IT system.	Early engagement with both Trusts' IT departments to identify solutions to access patient clinical information.
Risk to staff engagement to the combined inpatient model.	Two staff engagement events have taken place with regular updates provided at both Trusts Haematology Governance meetings, along with Trust wide communication updates.

## **5.0 Invited Witnesses**

5.1 The following witnesses have been invited to attend to answer questions from the committee:-

- Michael Wright, Managing Director, Barnsley Hospital NHS Foundation Trust
- Dr Arun Alfred, Clinical Lead for Haematology, The Rotherham NHS Foundation Trust
- Katy Calvin-Thomas, Executive Director, Adults & Place Health, Barnsley Council and South Yorkshire Integrated Care Board

## **6.0 Possible Areas for Investigation**

6.1 Members may wish to ask questions around the following areas:-

- What approach was taken to design the proposed model and are you confident that sufficient due diligence and evidence gathering has been carried out to make an informed decision?
- What were the criteria in the decision matrix based on?
- What alternative ways of working will be considered for people living in Barnsley? Will there be options for a chemotherapy at home service in line with the offer for Rotherham residents?

- What are the challenges in recruitment specific to Barnsley and Rotherham Hospitals? Is there more that could be done to overcome these barriers?
- How have haematology staff and Yorkshire Ambulance Service been involved in the engagement and consultation process?
- Do you consider the engagement to date to be fully representative of all the sections of our community or does more need to be done?
- How will the proposals improve patient outcomes in relation to health, wellbeing, safety and experience?
- How confident are you that the new model is fair and equitable in terms of access?
- What steps need to be taken to ensure that the model is sustainable for the future?
- How do you expect the new model to impact on quality given the increased patient flow through Rotherham Hospital?
- Is the reduction in beds sufficient to meet need? How does this compare to the current occupancy rate?
- What else is on the Hospital's Sustainability Review that is likely to need to be presented to OSC?
- What are the next steps and key milestones for the proposals?
- What can members of the committee do to ensure that the proposals improve outcomes for the residents of Barnsley?

## 7.0 Background Papers and Useful Links

- Item 5b (attached) - The Haematology Programme Vision Board describes the current Haematology Programme Vision, the key Projects that will deliver the vision, and the objectives of those Projects.
- Item 5c (attached) - Decision Matrix
- Item 5d (attached) - Patient Experience Feedback
- Item 5e (attached) - Haematology Combined Inpatient Quality Impact Assessment
- Item 5f (attached) - Haematology Combined Inpatient Equality and Health Inequalities Impact Assessment

## 8.0 Glossary

BCSH	British Committee for Standards in Haematology
BHNFT	Barnsley Hospital NHS Foundation Trust
CNS	Clinical Nurse Specialist
HTCS	Healthcare Travel Costs Scheme
ICB	Integrated Care Board
JEDG	Joint Executive Delivery Group
STH	Sheffield Teaching Hospitals
TRFT	The Rotherham Foundation Trust
YAS	Yorkshire Ambulance Service

## 9.0 Officer Contact

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