

**Hull University Teaching Hospitals NHS Trust & Northern Lincolnshire and
Goole NHS Foundation Trust**

Executive Summary: Interim Clinical Plan Programme, Haematology

January 2023

1. Introduction

The purpose of this Executive Summary is to provide information to the North and North East Lincolnshire Overview and Scrutiny Committees (OSC) regarding Haematology Services, now and in the future, for patients residing in North and North East Lincolnshire.

2. Background

Haematology services across the Humber region are vulnerable and have been for a number of years.

In 2017, Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) approached Hull University Teaching Hospitals NHS Trust (HUTH) to support their Clinical Haematology service, because of the imminent departure of a Consultant Haematologist. With only one remaining permanent consultant covering both hospital sites, quality of service for patients at NLaG was seriously undermined and the service was fragile. There was also a complicating factor in that limited capacity existed in HUTH to support.

To resolve the issue, both Trusts came together to work under a combined clinical network model. The aim of which was to develop a strategy, ensuring that Clinical Haematology services are delivered through a safe, sustainable, quality driven model for patients across the Humber region. Both Trusts have now been working together, in partnership, since 2017 to develop the clinical strategy through a short and long term model.

The NLaG consultant workforce issues have since worsened, with the service being currently being run by one locum consultant and one substantive speciality doctor. The consequence of the fragility has seen some aspects of the service transferring to HUTH, however, the service remains vulnerable.

The following has occurred:

- All new patients are now referred into HUTH, with their follow up care remaining under the care of HUTH.
- Inpatient care related to a patient's haematological condition is undertaken solely within the Queen's Centre, Castle Hill Hospital (CHH).
- Any patients requiring complex haematological care has been transferred to HUTH.
- All patients with a condition of myeloproliferative neoplasm have been transferred to HUTH.
- The budget and management of three vacant Consultant Haematologist posts in NLaG has been agreed to transfer to HUTH.
- Patients under routine surveillance follow up (<500 patients) in NLaG who require treatment due to disease progression are transferred to HUTH for treatment.

3. Strategic Objective

The strategic vision is to build upon the work already undertaken to create a unified Humber-wide Haematology service (expected 2023/24). It will operate as a single service, addressing the health inequalities and deprivation which exists across the large geographical area. The previous model of all Haematology services delivered across multiple sites is not sustainable in the short, medium or long term. The need to consolidate services is essential, as the delivery of all services at all sites is not possible with further amalgamation required for a unified service.

As haematological patient pathways are complex and varied. Digital solutions are critical if the service is to be robust and fit for the future.

4. Current Position

The Haematologist workforce levels in HUTH are also under strain with difficulties in filling vacant posts with substantive candidates. Therefore, to ensure continued high quality care for all patients, efficiency of the available consultant workforce needed maximising. A new service model of 'Consultant led -Team delivered' was established, acknowledging and addressing the primary problem of national and international shortages of Haematologists.

The following is the current model of care for Haematology patients living in North and North East Lincolnshire:

4.1. Outpatient Care

All new patient referrals, regardless of geography are now referred into HUTH. (The referral pathway into NLaG was closed). Face to face consultations take place in the Queen's Centre, Castle Hill Hospital (CHH). Follow up care for these patients either occurs in the Queen's Centre or is delivered remotely.

As noted in section 2, a significant proportion of patients have already transferred to HUTH. These patients are seen in the Queen's Centre or remotely if safe and appropriate. The Haematology Clinical Nurse Specialists across NLaG and HUTH now work as one team, ensuring continuity of care for the South Bank patients.

There is no provision for patients under the care of HUTH to be seen face to face on the South Bank at either Diana Princess of Wales Hospital, Grimsby (DPoW) or Scunthorpe General Hospital (SGH).

The historic follow up patients that have remained under the care of NLaG (and on their Patient Tracking List <500), have either remote consultations or are seen face to face in DPoW, by the one remaining locum consultant, the nurse-led team or the one substantive speciality doctor. There is no haematological care delivery at SGH.

4.2. Inpatient Care

All inpatient care, related to a patients haematological condition, is delivered from the Queen's Centre at CHH. There is no provision of care for this in NLaG at either site.

Patients admitted with medical problems that are not a direct consequence of their haematological condition or its treatment, are cared for by the relevant specialist medical or surgical team in NLaG.

4.3. Acute Assessment and Triage

All Haematology patients, have access to the HUTH nurse-led telephone line for an acute assessment and triage. If the patient requires to be seen face to face by a clinician acutely, then they will be admitted into the Queen's Centre Acute Assessment Unit (QCAAU) for assessment and care. If they can be managed as an outpatient then this will be done between the QCAAU and, if possible, the NLaG Haematology Clinical Nurse Specialists. If they require admission then they will be admitted into the Queen's Centre inpatient bed base.

The HUTH acute assessment triage telephone line is open 24 hours per day and the QCAAU is currently open Monday to Friday 8am to 8pm, with an expectation that Saturday opening hours will occur in the near future. Outside of these hours, admittance into the Queen's Centre inpatient bed base for triage and assessment occurs.

If a patient living on the South Bank attends an NLaG ED with an acute hematological condition, the patient would be under the "treat & transfer" protocol and be transferred directly to the QCAAU or the Queen's Centre bed base.

4.4. Chemotherapy Delivery and Haematological Treatment

All chemotherapy delivery for the patients under the care of HUTH takes place in the Queen's Centre at CHH. Non-complex treatment (i.e. venesection) that can be performed in NLaG by the Clinical Nurse Specialists, is done so in DPoW (under the care of HUTH).

Any non-complex chemotherapy delivery or treatment, for those historic follow up patients remaining under the care of NLaG, is delivered in DPoW.

There is no provision for Haematology services in SGH.

4.5. Radiotherapy

All radiotherapy treatment for patients across the Humber region is provided by HUTH. In the event that a haematological patient requires radiotherapy, the patient has an IPT from NLaG to HUTH for the time they are receiving treatment and back again once radiotherapy treatment has ended.

4.6. Diagnostic tests

Where possible, diagnostic tests (imaging and pathology) are performed within NLaG. There are exceptions to this:

- If the tests are specialist or complex, i.e. where HUTH are the sole provider.
- If the tests are needed for treatment in HUTH i.e. pre-complex chemotherapy delivery etc.

5. Current Pressures

Whilst some progress has been made in recruitment of medical staff, substantive levels remain sub-optimal and further expansion will be required to ensure that the service is robust for the future as patient numbers and treatment options continue to expand.

There are, however, other areas of the service which are now extremely fragile across the Humber region due to a combination of staffing and workload. In particular:

Radiotherapy Treatment delivery and planning (HUTH)

A severe shortage of Therapeutic Radiographers and Radiotherapy Physicists in HUTH has forced the team to actively prioritise and manage referrals according to clinical need. As a direct result of this, there are now considerable delays in treatment initiation and HUTH is unable to meet current national targets. Despite active recruitment efforts, it is anticipated that this situation will not improve during 2023.

Chemotherapy Day Treatment Units (NLaG & HUTH)

The chemotherapy units in both organisations are under extreme pressure due to a combination of increased demand and staffing. In order to protect the stability of the units, it may become necessary to manage the rate at which new treatments are initiated.

Pharmacy Aseptic Units (NLaG & HUTH)

Chemotherapy delivery and Pharmacy Aseptic Units are intrinsically linked. The Aseptic Units provides the chemotherapy in a form ready for clinical use (which is either made in-house or bought in as readymade product). Alongside the growth in treatments, there has been a marked reduction in the capacity of external commercial companies to produce 'off the shelf' ready to administer chemotherapy. As a result, the need for the Aseptic Units to make more chemotherapy in-house has increased, exacerbated by the national shortage of trained pharmacists and pharmacy technicians.

6. Future State Service Delivery Model

The move towards a single provider across the Humber for Haematology Services is being developed, under the auspices of the ICP Programme, with HUTH being the lead provider.

The principle of care closer to home is at the centre of the service delivery model. However, increasing levels of demand, difficulties in recruitment and progressive increases in the complexity of treatments, with their associated supportive care requirements, continue to be seen. These will continue to challenge service delivery and impact on the choice of geographical location where treatments can be safely delivered using the resources available.

With this in mind, where possible, providing it is safe and effective to do so in a sustainable way, care closer to home will be made available. For the foreseeable future, however, further consolidation of services will be required.

The service model for a Humber wide Haematology service is expected to be as follows:

6.1. Outpatient Care

- Consultant-led face to face consultations will solely take place in the Queen's Centre at CHH.
- If possible and where clinically appropriate, remote reviews (via telephone etc.) will continue, to prevent patients travelling unduly.
- Nurse-led face to face consultations will take place in DPoW if clinically appropriate.
- No outpatient consultations will take place in SGH.

6.2. Inpatient Care

All the inpatient care for patients with complications of their haematological condition or its treatment, will be provided in the Queen's Centre at CHH. Care for unrelated

medical and surgical problems will remain unchanged and will be delivered in DPoW or SGH.

6.3. Acute Assessment and Triage

All Haematology patients, regardless of geography, will have access to the HUTH nurse-led telephone line for an acute assessment and triage. If the patient requires to be seen face to face by a clinician acutely then they will be admitted into the Queen's Centre Acute Assessment Unit (QCAAU) for assessment and care. If they can be managed as an outpatient then this will be done between the QCAAU and, if possible, in DPoW by the Haematology Clinical Nurse Specialists. If they require admission then they will be admitted into the Queen's Centre inpatient bed base.

The HUTH acute assessment triage telephone line is open 24 hours per day and the QCAAU is currently open Monday to Friday 8am to 8pm, with an expectation that Saturday opening hours will occur in the near future. Outside of these hours, admittance into the Queen's Centre inpatient bed base for triage and assessment occurs.

If a patient living on the South Bank attends an NLaG ED with an acute haematological condition, the patient would be under the "treat & transfer" protocol and be transferred directly to the QCAAU or the Queen's Centre bed base.

6.4. Chemotherapy Delivery and Treatment

The aim is for non-complex chemotherapy delivery and treatment for Haematology patients to continue to be provided in DPoW by a nurse-led service. Any provision using the Lloyds infusion unit for Haematology patients is uncertain at this time.

Any complex chemotherapy delivery will still be performed in HUTH in the Queen's Centre Day Treatment Unit or, if necessary as an inpatient in the Queen's Centre.

6.5. Diagnostic tests

Where possible, diagnostic tests (imaging and pathology) will continue to be performed within NLaG, with the exceptions as per the current situation:

- If the tests are specialist or complex, i.e. where HUTH are the sole provider.
- If the tests are needed for treatment in HUTH i.e. pre complex chemotherapy delivery etc.

7. Equity of Care

Equity of care for all patients across the Humber region is key to the service delivery model. It is acknowledged that the increasing cost of living is a concern for patients and a potential barrier for treatment, with concern over inequity. As noted above, the service model is committed to deliver care closer to home wherever possible, safe and effective to do so.

Patients residing within the geographical area of North Lincolnshire have access to a service to support travel to CHH and all Haematology patients from the South Bank of the Humber are able to access funds for Humber Bridge toll fee re-imburement.

8. Key Challenges

Prior to the two services becoming unified, a number of challenges need to be addressed. If left unresolved, transfer of care will be delayed or conversely, inherent risks and inequity

will be placed within the patient pathways. In some instances, care closer to home would not be viable, resulting in the need for patients to travel and consequential demand would be diverted to HUTH, causing capacity issues, particularly in diagnostics. This would lead to longer waiting times for diagnosis and treatment.

These challenges include:

- Recruitment and retention of Consultant Haematologists.
- Streamlining digital process to ensure the clinician has access to the right information at the right time on one IT system.
- Ensuring the clinical workflow is not detrimented, which could result in patient delays.
- Ensuring support services across both Trusts deliver equity of service delivery i.e. home care for pharmacy.

9. Time Scales and Change Management

It is expected that a 2023/24 in-year delivery will be achievable for the remaining follow-up Haematology patients to be transferred to HUTH, making the service fully unified.

As noted above, to enable this, the two operational teams, together with relevant stakeholders in both HUTH and NLaG have been working closely together since 2017 and meeting regularly in multiple forums to ensure progress, address and overcome potential issues and also learn from the experience of the other ICP specialties.

Once complete, SLAs will be in place for care to be delivered in NLaG.

As per the terms of the ICP Programme, all substantive Haematology staff currently employed in NLaG will remain under the current management and establishment of NLaG. All staff may be expected to work across sites. The staff will work under the agreed Memorandum of Understanding (MOU) and have access to relevant IT systems to enable the full package of care. As posts become vacant, the budget and establishment for these posts will transfer to HUTH, under the management of HUTH.

SLA's will be in place for NLaG to deliver care on behalf of HUTH and all Haematology activity and financial reporting will be the responsibility of HUTH.

10. Governance Arrangements

Clinical and operational governance for the Haematology service will be the responsibility of HUTH under existing HUTH arrangements.

Dr James Bailey
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Clinical Support Health Group
January 2023

Hull University Teaching Hospitals NHS Trust & Northern Lincolnshire and Goole NHS Foundation Trust

Executive Summary: Interim Clinical Plan Programme, Oncology

January 2023

1. Introduction

The purpose of this Executive Summary is to provide information to the North and North East Lincolnshire Overview and Scrutiny Committees (OSC) regarding Oncology Services, now and in the future, for patients residing in North and North East Lincolnshire.

2. Background

Hull University Teaching Hospitals NHS Trust (HUTH) deliver Oncology services to patients living within the geographical area of Hull and East Riding of Yorkshire. In addition, under Service Level Agreements (SLA), HUTH also provides Oncology services for patients referred to Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and York and Scarborough Teaching Hospitals NHS Trust (YSTH) for patients residing in and around the Scarborough area.

3. Temporary Service Changes

In January 2020, due to significant workforce challenges, HUTH saw the need to implement immediate temporary service changes in Oncology. These were instigated on the grounds of clinical safety and were accepted by all commissioners and relevant local OSCs. Without immediate change, patient care would have been adversely affected, with the potential of severe compromise to Oncology services in HUTH, NLaG and YSTH (for the Scarborough patients being treated by HUTH).

To ensure continued high quality care for all patients, efficiency of the available consultant workforce needed maximising. A new service model of 'Consultant led -Team delivered' was therefore established, acknowledging and addressing the primary problem of national and international shortages of Medical and Clinical Oncologists.

Although the delivery model of care changed, the management and responsibility of the patients, the Patient Tracking List (PTL) etc. remained within the originating centre i.e. NLaG and YSTH. The implemented changes for NLaG were as follows:

- Outpatient Oncology care ceased at Scunthorpe General Hospital (SGH) and all new Oncology appointments in the major tumour sites of Breast, Lung, Upper GI (UGI), Colorectal and Urology were consolidated to Diana Princess of Wales Hospital, Grimsby (DPoW) and the Queen's Centre at Castle Hill Hospital (CHH) in HUTH.
- For lower prevalence tumour sites, such as Gynaecological and Renal malignancies, a change to deliver new appointments solely from the Queen's Centre was enacted.
- Patient pathways preserving treatment delivery closer to home were maintained wherever possible, with nurse-led chemotherapy continuing at both DPoW and SGH.

Following review of the aforementioned temporary changes, in December 2021, an Options Appraisal paper was submitted to the Committees in Common for a future state model of oncological care for patients across Humber, which described the background to the change and detailed each option appraised. This Options Appraisal paper sought approval to

continue with the temporary changes and progress towards a unified Humber wide Oncology service.

4. Current Position

The temporary changes have now been in place for over two years and have enabled Oncology services across the Humber to be maintained, whilst continuing to deliver high quality care for all patients, regardless of where they live.

Care is still being delivered using the 'Consultant led – Team delivered' model, along with the consolidation of care at DPoW and the Queen's Centre at CHH, both of which have been deemed effective in maintaining service delivery.

Any patient with a cancer in the five main tumour sites (Breast, Lung, UGI, Colorectal and Urology) are referred from the MDT into the NLaG service, with the care and management of the patient remaining under the NLaG managed service.

For those patients out with of the five main tumour sites that reside on the South Bank, referral is made from the MDT to the HUTH Oncology service. In this instance, the care and patient management is the responsibility of HUTH and is delivered from the Queen's Centre at CHH.

The following is the current state position of care for NLaG Oncology patients (within the five main tumour sites):

4.1 Outpatient Care

Outpatient consultations are undertaken in DPoW provided via an SLA, by the relevant tumour specific HUTH Oncologist(s). The clinics run Monday to Friday, with each tumour site having a specific clinic day. At this time, there is no provision for outpatient care in SGH.

4.2 Inpatient Care

Acute inpatient oncological care is largely delivered within Amethyst Ward in DPoW. Whilst the HUTH Oncologists are on-site in DPoW, specialist acute oncological oversight is provided by them to assist the local NLaG medical team. On site care outside the Monday to Friday hours is solely provided by NLaG medical team but with access to 24/7 support from the HUTH on call oncology team.

Patients admitted with medical problems that are not a direct consequence of their malignancy or its treatment, are cared for by the relevant specialist medical or surgical team. To support this approach to management a nurse-led oncology telephone triage line is used in NLaG. If the patient requires treatment for their oncological condition, they are then admitted onto Amethyst ward in DPoW.

There is no provision for oncology inpatient care within SGH.

4.3 Chemotherapy Delivery

Non-complex chemotherapy delivery is provided in DPoW and SGH by a nurse-led service. NLaG also procure an outsourced infusion service, located in a bespoke unit in Scunthorpe, run by Lloyds Pharmacy. When having treatment in this unit, the patient is still under the care of NLaG.

Any required complex chemotherapy delivery is performed in HUTH in the Queen's Centre. For this treatment, an inter-patient transfer (IPT) is completed, where the patient's care is transferred over from NLaG to HUTH. The IPT occurs in reverse, once treatment is complete.

4.4 Radiotherapy

All radiotherapy treatment for patients across the Humber region is provided by HUTH. In this instance, the patient has an IPT from NLaG to HUTH for the time they are receiving treatment and back again once radiotherapy treatment has ended.

4.5 Diagnostic tests

Where possible, all diagnostic tests (imaging and pathology) are performed within NLaG. There are exceptions to this:

- If the tests are specialist or complex, i.e. where HUTH are the sole provider.
- If the tests are needed for treatment in HUTH i.e. pre-complex chemotherapy delivery etc.

5. Current Pressures

Significant pressures exist in all aspects of Oncology service delivery at present. Whilst considerable progress has been made in medical staffing cover, levels remain sub-optimal and further expansion and investment will be required to ensure that the service is robust for the future as patient numbers and treatment options continue to expand.

There are, however, other areas of the service which are now extremely fragile across the Humber region due to the same combination of staffing and workload. In particular:

Radiotherapy Treatment delivery and planning (HUTH)

A severe shortage of Therapeutic Radiographers and Radiotherapy Physicists in HUTH has forced the team to actively prioritise and manage referrals according to clinical need. As a direct result of this, there are now considerable delays in treatment initiation and HUTH is unable to meet current national targets. Despite active recruitment efforts, it is anticipated that this situation will not improve during 2023.

Chemotherapy Day Treatment Units (NLaG & HUTH)

Due to a combination of increased demand and workforce issues, the chemotherapy units in both organisations are under extreme pressure. In order to protect the stability of the units and maintain safe care, it may become necessary to limit the rate at which new treatments are initiated.

Pharmacy Aseptic Units (NLaG & HUTH)

Chemotherapy delivery and Pharmacy Aseptic Units are intrinsically linked. The Aseptic Units provides the chemotherapy in a form ready for clinical use (which is either made in-house or bought in as readymade product). Alongside the growth in treatments, there has been a marked reduction in the capacity of external commercial companies to produce 'off the shelf' ready to administer chemotherapy. As a result, the need for the Aseptic Units to make more chemotherapy in-house has increased, exacerbated by the national shortage of trained pharmacists and pharmacy technicians.

6. Future State Service Delivery Model

The move towards a single provider across the Humber for Oncology Services is being developed, under the auspices of the ICP Programme, with HUTH being the lead provider.

The principle of care closer to home is at the centre of the service delivery model. However, increasing levels of demand and progressive increases in the complexity of treatments, with their associated supportive care requirements, will continue to challenge service delivery. This will impact on the choice of geographical location where treatments can be safely delivered using the resources available. Horizon scanning of new treatments in development suggests that this trend will continue for the foreseeable future and will require significant investment.

With this in mind, where possible, care closer to home will continue to be made available, providing it is safe and effective to do so in a sustainable way. The service will need the ability to adapt and respond in a very flexible manner to meet the delivery challenges of new treatments in the future.

The service model for a Humber wide Oncology service is expected to be as follows:

6.1 Outpatient Care

Face to face outpatient consultations will continue in DPoW as they do currently for the patients with cancer under the five main tumour groups (as per the temporary model). Management ownership and responsibility for the service will, however, move from NLaG to HUTH. The clinics will continue to run in DPoW Monday to Friday, with each tumour site having a specific clinic day. As at present no provision for outpatient care in SGH is envisaged.

6.2 Inpatient Care

Inpatient oncological care will no longer be delivered in NLaG.

All the inpatient care for patients with complications of their cancer or its treatment will be provided in the Queen's Centre at CHH. Care for unrelated medical and surgical problems will remain unchanged and will be delivered in DPoW or SGH.

6.3 Acute Assessment and Triage

All Oncology patients, regardless of where they live, will have access to the HUTH nurse-led telephone line for an acute assessment and triage. If the patient requires to be seen face to face by a clinician acutely then they will be admitted into the Queen's Centre Acute Assessment Unit (QCAAU) for assessment and care. If they can be managed as an outpatient then this will be done between the QCAAU and, if possible, the local NLaG unit. If they require admission then they will be admitted into the Queen's Centre inpatient bed base.

The HUTH acute assessment triage telephone line is open 24 hours per day and the QCAAU is currently open Monday to Friday 8am to 8pm, with an expectation that Saturday opening hours will occur in the near future. Outside of these hours, admittance into the Queen's Centre inpatient bed base for triage and assessment occurs.

If a patient living on the South Bank attends an NLaG ED with an acute oncological condition, the patient would be under the "treat & transfer" protocol and be transferred directly to the QCAAU or the Queen's Centre bed base.

6.4 Chemotherapy Delivery

The aim is for non-complex chemotherapy delivery to continue to be provided in DPoW and SGH by a nurse-led service.

Any required complex chemotherapy delivery will still be performed in HUTH in the Queen's Centre Day Treatment Unit or, if necessary as an inpatient.

6.5 Radiotherapy

All Radiotherapy for patients across the Humber region will continue to be provided by HUTH.

6.6 Diagnostic tests

Where possible, all diagnostic tests (imaging and pathology) will continue to be performed within NLaG, with the exceptions as per the current situation:

- If the tests are specialist or complex, i.e. where HUTH are the sole provider.
- If the tests are needed for treatment in HUTH i.e. pre-complex chemotherapy delivery etc.

7. Equity of Care

Equity of care for all patients across the Humber region is key to the service delivery model. It is acknowledged that the increasing cost of living is a concern for patients and a potential barrier for treatment, with concern over inequity. As noted above, the service model is committed to deliver care closer to home wherever possible, safe and effective to do so.

Patients residing within the geographical area of North Lincolnshire have access to a service to support travel to CHH and all Oncology patients from the South Bank of the Humber are able to access funds for Humber Bridge toll fee re-imbusement.

8. Key Challenges

Prior to the two services becoming conjoined, a number of challenges need to be addressed. If left unresolved, transfer of care will be delayed or conversely, inherent risks and inequity will be placed within the patient pathways. In some instances, care closer to home would not be viable, resulting in the need for patients to travel and consequential demand would be diverted to HUTH, causing capacity issues, particularly in diagnostics. This would lead to longer waiting times for diagnosis and treatment.

These challenges include:

- Streamlining digital process to ensure the clinician has access to the right information at the right time on one IT system.
- Ensuring the clinical workflow is not detrimented, which could result in patient delays.
- Ensuring support services across both Trusts deliver equity of service delivery i.e. home care for pharmacy.

9. Time Scales and Change Management

The Covid-19 pandemic, together with significant essential building work within the Queen's Centre inpatient accommodation has delayed the transition date for Oncological services to be under HUTH as a single provider. However, it is expected that a 2023/24 in-year delivery will be achievable.

It will be delivered in a phased approach, with inpatient care, telephone triage and acute assessment being the first to transfer. Transfer of management responsibility for outpatient care and chemotherapy delivery will transfer to HUTH as a second phase when necessary IT solutions and management structures are in place.

To enable this, the two Oncology operational teams, together with relevant stakeholders in both HUTH and NLaG are working closely together and meeting regularly in multiple forums to ensure progress, address and overcome potential issues and also learn from the experience of the other ICP specialties.

Once complete, SLAs will be in place for care to be delivered in NLaG.

As per the terms of the ICP Programme, all Oncology staff currently employed in NLaG will remain under the current management and establishment of NLaG. All staff however, may be expected to work across sites. The staff will work under the agreed Memorandum of Understanding (MOU) and have access to relevant IT systems to enable the full package of care. As posts become vacant, the budget and establishment for these posts may transfer to HUTH under the management of HUTH.

SLA's will be in place for NLaG to deliver care on behalf of HUTH and all Oncology activity and financial reporting will be the responsibility of HUTH.

10. Governance Arrangements

Clinical and operational governance for the Oncology service will be the responsibility of HUTH under existing HUTH arrangements.

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