

## PWYLLGOR CRONFA ELUSENNOL CHARITABLE FUNDS COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	28 November 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Evaluation Report: Trainee Haematology Clinical Nurse Specialist Proposal (Ceredigion and Pembrokeshire)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Keith Jones Director of Secondary Care
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gina Beard, Lead Cancer Nurse Dylan Jones, Pathology Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

### ADRODDIAD SCAA

#### SBAR REPORT

##### Sefyllfa / Situation

The Charitable Funds Committee, at its September 2020 meeting, approved the use of charitable funds for part time Trainee Haematology Clinical Nurse Specialist posts at Ceredigion and Pembrokeshire.

This report provides the Committee with an evaluation of the proposal, highlighting the need to grow our own experienced nurses in Ceredigion and Pembrokeshire and future proof the Clinical Nurse Specialist (CNS) team, and the positive impact to the Haematology service, its staff and patients.

##### Cefndir / Background

The proposal approved by the CFC in 2020 highlighted the fragility of the Clinical Haematology service across Hywel Dda University Health Board (HDdUHB). This is in part due a failure to recruit to the substantive Haematology Consultant posts. The Haematology CNS team that supports this service consists of a whole time equivalent CNS at each acute hospital site. Three of the four members of the CNS team are approaching retirement age. Recruitment for CNSs, experienced in Haematology as a speciality, is particularly challenging in Ceredigion and Pembrokeshire due to the distance from the M4 corridor.

Haematology is a complex speciality. The current Haematology CNS team has many years of experience in this speciality.

The Macmillan Cancer Workforce in Wales Census (2017)<sup>1</sup> identified the following relevant findings:

- 42% of specialist cancer nurses in Wales are aged 50 and over.
- Haematology specialist nurses in Wales had a vacancy rate of 12.2 vacancies per 100 filled roles at the time of the census, the UK rate being 3.2 vacancies per 100 filled posts. Haematology was the speciality with the highest vacancy rate.

The HDdUHB Haematology CNS team act as key workers for patients with an urgent suspected haematological cancer from the point of suspicion and referral to secondary care diagnostic services. If a cancer diagnosis is confirmed, the key worker will support the patient through breaking bad news, liaising with treatment teams during this phase and support through recovery and survivorship where this is appropriate. A haematological cancer diagnosis will often be an incurable although treatable diagnosis and building a strong therapeutic relationship with the cancer patient is a part of the key worker role that will be maintained through to end of life care.

With the possibility of retirements within the current HDdUHB Haematology CNS workforce over the coming years, this initiative supports utilising the experience that exists within the current team to train future additions to the CNS workforce.

### **The Value of the Haematology CNS Role**

The Macmillan Wales Cancer Patient Experience Survey<sup>2</sup> demonstrates that patients with blood cancers were markedly less likely to understand the explanation of what was wrong with them when the cancer was diagnosed (56% compared to between 69% and 82% in other groups).

Throughout the care pathway, the survey demonstrated that patients with access to a CNS reported a significantly better experience.

The ongoing provision and sustainability of the CNS role for patients with a haematological cancer will maintain and provide the opportunity to improve the patient experience in HDdUHB.

Most haematological conditions are chronic. People with a haematological malignancy often experience a fluctuating illness trajectory, spanning many years. The stability of their clinical condition can be unpredictable. Approximately 7% of people with a haematological malignancy admitted to hospital will become critically ill (Gordon et al 2005<sup>3</sup>). However, it is not uncommon for these patients to recover from close to death deterioration, which can be successfully treated in many instances (Hung Y-S et al<sup>4</sup>). Conversely, in some situations, deterioration can be rapid, leading to swift changes in the goals of care from curative to palliative (Button, E., Chan, R.J., Chambers, S. et al 2017<sup>5</sup>).

Many patients will remain on the CNS case load for several years, and the intensity of the support required will be unpredictable and can vary from minimal to intense.

### **Asesiad / Assessment**

Following approval at the CFC in September 2020, two Trainee CNSs were recruited to the part time posts in April 2022. (N.B the Pembrokeshire Trainee is 50% funded by external local charity Witybush Hospital Cancer Day Unit Appeal)

While they are both working in a supernumerary capacity in principle, they are engaging in haematology clinics, shadowing and working alongside the current CNS team, and have both enrolled on Masters level academic study alongside their clinical placements.

Their trainee period is based upon the [Career Pathway and Education Framework for Cancer Nursing | Publications | Royal College of Nursing \(rcn.org.uk\)](#)

### **Impact of Trainee Roles**

- Ensure the sustainability of the haematology service in our more rural localities (mainly Ceredigion and Pembrokeshire);
- Reducing need in the future for patients to travel further afield for CNS support:
- Will significantly improve the patient experience throughout their care pathway as noted in the Macmillan Wales Cancer Patient Experience Survey;
- Will draw on the existing HDdUHB resources in terms of the experience of current CNS post holders.

### **Evaluation**

The Trainee posts are currently 6 months into the three year programme and much of the initial work has been around orientation and induction. It is anticipated that, through the term of the trainee programme, regular evaluations will be carried out, both in terms of the experiences of the Trainees themselves and the mentors, i.e. the current substantive CNSs.

Clinical Haematology is currently embarking on a Quality Improvement and Service Transformation Project, which will include value based healthcare measures that will evaluate the Trainee programme.

### **Argymhelliad / Recommendation**

This Committee is requested to note the positive impact of charitable funding contribution for part time Trainee Haematology Clinical Nurse Specialist posts at Ceredigion and Pembrokeshire to the service, staff and patients.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 To provide assurance to the Board in its role as corporate trustee of the charitable funds held and administered by the Health Board.  3.3 To receive an assurance on delivery against relevant Planning Objectives aligned to the Committee (see Appendix 1), in accordance with Board approved timescales, as set out in HDdUHB's Annual Plan.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 7. Staff and Resources 3. Effective Care 3.2 Communicating Effectively
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 1. Putting people at the heart of everything we do 5. Safe sustainable, accessible and kind care

Amcanion Cynllunio Planning Objectives	2E Evidencing impact of charitable funds
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 5. Offer a diverse range of employment opportunities which support people to fulfill their potential

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ol style="list-style-type: none"> <li>1. The Macmillan Cancer Workforce Census (2017)<a href="https://www.macmillan.org.uk/images/cancer-workforce-in-wales-census-of-cancer-palliative-and-chemotherapy-speciality-nurses-and-support-workers-2017_tcm9-326409.pdf">https://www.macmillan.org.uk/images/cancer-workforce-in-wales-census-of-cancer-palliative-and-chemotherapy-speciality-nurses-and-support-workers-2017_tcm9-326409.pdf</a></li> <li>2. Macmillan Wales Cancer Patient Experience Survey.<a href="https://gov.wales/sites/default/files/publications/2019-01/wales-cancer-patient-experience-survey-2016.pdf">https://gov.wales/sites/default/files/publications/2019-01/wales-cancer-patient-experience-survey-2016.pdf</a></li> <li>3. Gordon A, et al. 2005 Incidence and outcome of critical illness amongst hospitalised patients with haematological malignancy: a prospective observational study of ward and intensive care unit based care. Anaesthesia. 60(4):340-7.</li> <li>4. Hung Y-S, et al. 2013 Characteristics of patients with hematologic malignancies who received palliative care consultation services in a medical centre. American journal of Hospital Palliative Medicine 30(8):773-80.</li> <li>5. Button,E., Chan, R.J., Chambers, S et al 2017 A systematic review of prognostic factors at the end of life for people with a haematological malignancy. BMC Cancer 17, 213.</li> </ol>
Rhestr Termiau: Glossary of Terms:	Contained within the report
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cronfa Elusennol: Parties / Committees consulted prior to Charitable Funds Committee:	Not applicable

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Funding at the end of the funding period will be the responsibility of the service

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	<p>Patient care will be impacted as the proposal safeguards the role of the key worker and adds to the sustainability of the service. The posts will improve the patient experience. These key workers will support the patient through breaking bad news, liaising with treatment teams during this phase and support through recovery and survivorship where this is appropriate. The posts will significantly improve the patient experience throughout their care pathway as noted in the “Macmillan Wales Cancer Patient Experience Survey”.</p>
<b>Gweithlu: Workforce:</b>	<p>The current CNS Team across HDdUHB will have an increase of 0.6 wte x 2 posts for the 3 years of trainee period, however these posts will have a supernumerary status. These will be substantive posts as the ongoing funding following the trainee period will derive from current CNS retirement. Training requirements have been identified and included in the job description. Training will also be provided to enable these posts to eventually become full Band 7 roles.</p>
<b>Risg: Risk:</b>	<p>Successful trainee may be trained up and then obtain a job in a different health board. Mitigation: An expectation to remain employed within HDdUHB for 2 years following the end of the trainee period will be included in the trainee contract of employment. While this will not be enforceable, it will enable due consideration by the trainee. Any higher level educational courses funded by HDdUHB already carry a fee payback penalty if the learner was to leave employment within a defined period:</p> <p>Before completion of qualification 100% Within 1 year of completion 75% Between 1 and 2 years of completion 50% More than 2 years after completion 0%</p> <p>CNS retirement during training period leaving trainee with compromised support. Mitigation: Other CNS' within HDdUHB would need to be engaged to support ongoing trainee needs.</p>
<b>Cyfreithiol: Legal:</b>	<p>Not applicable</p>
<b>Enw Da: Reputational:</b>	<p>Not Applicable</p>
<b>Gyfrinachedd: Privacy:</b>	<p>Not Applicable</p>

**Cydraddoldeb:  
Equality:**

Funding for Trainee Haematology Clinical Nurse Specialist posts in Bronglais General Hospital and Withybush General Hospital would assist HDdUHB to provide an equitable service for patients in the catchment area. A more locally based service would avoid them having to travel further afield to access services, which would be particularly beneficial to those who experience, or who are at risk of socio-economic deprivation. This would be in line with the general duties of the Equality Act 2010, particularly to advance equality and prevent discrimination in this case, particularly on the grounds of disability) also the new proposed socio-economic duty which is due to come into force in Wales later in 2020.