

**SERVICE LEVEL AGREEMENT**

**BETWEEN**

**ALDER HEY CHILDREN'S NHS FOUNDATION TRUST**

**AND**

**Manchester University NHS Foundation Trust**

**FOR PROVISION OF A PAEDIATRIC ALLOGENEIC  
STEM CELL TRANSPLANT SERVICE**

**DATE: November 2020**

**Amended August 2023**

# **1 PARTIES TO THE AGREEMENT**

1.1 This Service Level Agreement is between:

- a) Manchester University NHS Foundation Trust (“Provider”)
- b) Alder Hey Children’s NHS Foundation Trust (“Recipient”)

# **2 PURPOSE AND SCOPE OF AGREEMENT**

2.1 The purpose of this Agreement is to:

- a) Define the services to be provided by the Provider to the Recipient.
- b) Define the responsibilities of the Provider.
- c) Define the responsibilities of the Recipient in relation to referral of patients to the Provider.
- d) Set out how the services will be delivered.
- e) State how problems arising from the Agreement shall be resolved.

2.2 This Agreement is not a contract and does not create any legal relationship between the parties.

- a) The overall responsibility for the SLA lies with the Chief Executive of Alder Hey Children’s NHS Foundation Trust (AHCH) and the Chief Executive of Manchester University NHS Foundation Trust (MFT).
- b) Operational responsibility for the SLA lies with the Associate Chief operating Officer of the Division of Medicine at Alder Hey and the Divisional Director of Complex Medicine at Manchester University NHS Foundation Trust.
- c) Alder Hey Children’s NHS Foundation Trust and Manchester University NHS Foundation Trust have joint responsibility for ensuring good communication between organisations and between the relevant personnel described in this document.

### **3 DEFINITIONS**

In this Service Level Agreement:

#### **3.1 The Responsibilities of the Provider (MFT)**

Patients under the care of Alder Hey who require an allogeneic Stem Cell Transplant (SCT) will undergo these procedures as an inpatient at MFT SCT unit and are reviewed, managed and admitted for this in an equitable fashion to MFT patients and other referring centres, based on clinical priority and standard procedure planning processes.

Patients will be included at the weekly MDT discussion and monthly SCT planning meeting held at MFT. At these meetings, discussions will be had with the AHCH team about treatment and/or requests for further investigations. These can also be communicated via email to [AHCHBMT@alderhey.nhs.uk](mailto:AHCHBMT@alderhey.nhs.uk).

Patients and family will be reviewed at the MFT SCT clinic pre-admission for assessment and consent.

At time of admission to the SCT unit, MFT will assume responsibility for patient care and patient pathway at AHCH will be closed.

Patients will be admitted to the MFT SCT unit at the time of conditioning, undergo stem cell reinfusion and remain an inpatient at the SCT unit until engraftment and clinically stable for discharge home.

In exceptional circumstances patients may be transferred from MFT to AHCH for ongoing inpatient care with shared care arrangements in place. This would be agreed by consultant to consultant, individual patient basis.

Patient care remains the responsibility of the MFT SCT team as an outpatient for ongoing follow-up. All correspondence should be copied to the BMT lead Alder Hey consultant haematologist (Dr Kat Lindsay, AHCH). This includes initial Discharge Letter and any outpatient correspondence. An electronic version of this communication should also be sent to [AHCHBMT@alderhey.nhs.uk](mailto:AHCHBMT@alderhey.nhs.uk)

When formal referral back to AHCH is considered appropriate for long term follow-up, letters should be addressed and sent via email to [AHCHBMT@alderhey.nhs.uk](mailto:AHCHBMT@alderhey.nhs.uk) and copied to haematology PCO team (Ashley Done), Dr Kat Lindsay and BMT Nurse Specialist Helen Heartfield; for review in the Alder Hey post BMT clinic

The EBMT data registry returns will be completed by MFT SCT team.

### **3.2 The responsibilities of the Recipient (AHCH).**

Patients under the care of Alder Hey who require or are likely to require an allogeneic Stem Cell Transplant (SCT) will be identified and formally referred to MFT SCT at the earliest possible opportunity.

Patients who may need a stem cell transplant in the future and have therefore been tissue-typed will be discussed at the monthly planning MDT but do not need a formal referral.

AHCH staff (Haematology consultant and/or BMT CNS) will regularly attend the weekly MDT discussion and monthly SCT planning meeting via MS teams. Clinical updates on patients will be shared as appropriate at these meetings.

Samples for tissue typing of patient and appropriate family members will be taken at AHCH, and sent to the Tissue Typing Laboratory at MFT, with a form complete with patient details and diagnosis.

Pre SCT work up will be predominantly carried out at AHCH as per standard investigations and any additional workup agreed in BMT MDT/planning meetings.

Any diagnostic and reassessment material (blood films, bone marrow aspirate samples and CSF cytology) requested by the MFT team must be transferred pre SCT as per JACIE guidelines. An MTA agreement is in place to manage this process.

At the time of admission to the SCT unit, the patient pathway at AHCH will be closed as MFT will assume responsibility for patient care.

In exceptional circumstances patients may be transferred from the MFT to AHCH for ongoing inpatient care with shared care arrangements in place. This would be agreed by consultant to consultant, individual patient basis.

In some circumstances patients may have specific outpatient treatments that can be delivered at the haematology/oncology unit at AHCH. This would be agreed by consultant to consultant, individual patient basis.

When formal referral back to AHCH is received via email (as detailed in 3.1) an appointment will be made in the AHCH post BMT clinic and late effects monitoring continued according to national (CCLG) guidance.

AHCH will provide information needed for MFT to complete the EBMT Data registry.

## **4 COMMENCEMENT OF THIS AGREEMENT**

- 4.1 Subject to the provisions of this Agreement the Provider will provide the Services to the Recipient from June 2023.

## **5 REVIEW**

- 5.1 This Agreement will be subject to a formal review in June 2025.
- 5.2 The Provider and Recipient agree to attend an informal review no later than 6 months after the commencement of the Agreement, with a view to resolving any unforeseen problems arising from the Agreement.
- 5.3 Both Provider and Recipient reserve the right to call for a review at any time to discuss urgent issues arising from the Agreement.

## **6 VARIATION TO THIS AGREEMENT**

- 6.1 If either the Recipient or the Provider wishes to add to, modify, or withdraw a part of the service, that party shall notify the other party of their wishes in writing. Such changes will be made only by agreement of both parties and will only be valid once in writing.
- 6.2 Such variations shall be affected by issuing a new service level agreement.
- 6.3 Circumstances in which variation may occur during the period of this agreement will include:
- Non-compliance by either party.
  - Significant changes in anticipated workload or in capacity
  - Changes in technology/drugs which may affect the patient management.

## **7 PAYMENTS**

SCT has a national tariff and as such no monies will be transferred between the two trusts.

## **8 ALIENATION**

- 8.1 Should the legal status of the Recipient or Provider change during the course of this Agreement then all the rights and obligations in this Agreement belonging to them, shall pass to the successor body.

## 9 RESOLUTION OF DISPUTES

In the event of any dispute or difference arising out of this Agreement, the matter will be dealt with initially by the Agreement Managers set out in Schedule C. Every effort shall be made by both parties to resolve differences as quickly as practicable. If the Agreement Managers cannot resolve the matter, using appropriate support from their organizations, then the matter will be referred to the Partnership Board Meeting that takes place on a quarterly basis.

## 10 GOVERNANCE ARRANGEMENTS

- 10.1 All Provider staff will operate according to their contract with Manchester University NHS Foundation Trust.
- 10.2 All Recipient staff will operate according to their contract with Alder Hey Children's NHS Foundation Trust.
- 10.3 Governance arrangements will be as defined in their contract.



**Signature**

For and on behalf of the Recipient

Date ...31/08/2023.....

**Name:** Asia Bibi  
**Position:** Associate Chief Operating Officer



**Signature**

For and on behalf of the Provider

Date 10/10/23

**Name:** Laura Armitstead  
**Position:** Divisional Director of  
Complex Medicine

# **SCHEDULE A: THE SERVICES**

## **SERVICE DESCRIPTION**

Manchester University NHS Foundation Trust will provide allogeneic stem cell transplantation for Alder Hey Children's hospital.

## **Patient pathway:**

Pathway for Alder Hey Children's Hospital (AHCH) patients referred to Manchester University NHS Foundation Trust (MFT) for an Allogeneic Haematopoietic stem cell transplant (AlloHSCT).

- 1) Indications for Allogeneic BMT**
- 2) Tissue typing**
- 3) Patient referral**
- 4) Correspondence**
- 5) MDTs**
- 6) Haematopathology review**
- 7) Pre BMT work up**
- 8) Admission to the BMT unit.**
- 9) Discharge from the BMT unit**
- 10) Outpatient care.**
- 11) Unplanned attendances**
- 12) Long term follow up.**

## **1) Indications for Allogeneic SCT\***

Many patients will have a standard indication for an allogeneic SCT and unless they do not have a suitable donor option, will be accepted by MFT for SCT.

Some patients may have a condition or clinical picture that falls under the clinical option for an allogeneic SCT or in rare cases developmental. These patients will be discussed at the weekly and or monthly MDT. The decision to accept for admission to MFT SCT unit will be after discussion and with agreement from both teams.

In the rare circumstance that the MFT and AHCH team either do not agree or feel that further discussion and advice sought, discussion at the monthly national SCT MDT may be helpful.

## **2) Tissue typing:**

Patients under the care of AHCH who require or are likely to require an allogeneic SCT will be counselled and offered tissue typing along with their siblings and parents as appropriate.

Tissue typing samples will be obtained for patient and siblings at AHCH by buccal swab or blood test as appropriate. Samples will be sent to the HSCT transplantation laboratory at MFT with the MFT request card completed with diagnosis and patient details.

Results will be reported initially to the MFT team who will communicate results to AHCH for discussion with families.

If a sibling donor is identified then further confirmatory HLA tissue typing will be carried out via a blood sample taken at AHCH with the sample to be sent to HSCT transplantation laboratory at MFT with the MFT request card completed.

If a sibling donor is not identified and an allogeneic SCT is clearly indicated, then a MUD search (matched unrelated donor) will be requested by the MFT team. MUD searches for other patients will be initiated as appropriate after discussion at the monthly planning MDTs.

## **3) Patient Referral to MFT:**

Patients under the care of AHCH who require an allogeneic SCT (Standard Indication S\*) will be identified by the Paediatric Haematology Consultants at AHCH. A referral letter will be sent via secure email to the MFT SCT team.



Families will receive an appointment letter from MFT via the post.

New referrals will be discussed via videoconference at the weekly MFT SCT meeting on a Monday and monthly MFT planning meeting held on the second Monday in every month.

Patients who may need an allogeneic SCT in the future or for a less well defined clinical indication (Clinical option CO\*, Developmental\*) will be identified by Paediatric Haematology Consultants at AHCH. These patients will have undergone tissue typing as above and will be discussed at the monthly planning meeting.

A formal referral will only be made if required.

#### **4) Correspondence;**

##### **AHCH to MFT**

An initial referral letter via email (as described above) must be sent at the earliest opportunity.

Subsequent clinical update letters from AHCH should be sent to MFT team for patients in whom a SCT is planned if significant developments have occurred.

An update of AHCH patients pre SCT will be provided by AHCH staff at the Monday meeting as required.

##### **MFT to AHCH**

A letter summarising the first appointment and all subsequent letters including discharge summary to be copied to AHCH SCT team as per section 3.1.

AHCH staff to be included in email distribution list for: MDT agenda and minutes, MDT planning minutes, bed planning summary table, Quality meeting minutes.

Formal referral back to AHCH as per section 3.1.

*\*Indications for HSCT in children-UK paediatric BMT group, 15 October 2022*

#### **5) Multidisciplinary meetings;**

##### Monday 14:00-15:00

Weekly attendance via MS Teams

BMT lead Haematology consultant or deputy

BMT Nurse

##### Monthly Planning 15:00-16:00(Second Monday of each Month)

Attendance via MS Teams

BMT lead Haematology Consultant or deputy

BMT Nurse

Quality meeting (6 monthly attendances)

Attendance via MS teams

BMT Nurse

Quality Manager

### **6) Haematopathology review;**

As per JACIE requirement any requested diagnostic/reassessment material to be sent to the transplant team at MFT as per section 3.2.

### **7) Pre transplant workup for patients awaiting allogeneic SCT;**

Pre transplant investigations will predominantly be carried out at AHCH (eg ECG, echo, pulmonary function, respiratory PCR as appropriate).

Results of such tests will be sent to MFT SCT team via secure email.

Placement of a Double Lumen tunnelled central lines will be arranged by the AHCH SCT team 1-2 weeks pre-admission date if not already in situ.

Fertility preservation (post-pubertal boys) will be arranged by the AHCH SCT team. Fertility preservation (pre-pubertal boys and girls) will be arranged by the MFT SCT team.

Change in the planned SCT admission date (delay or advancement) must be communicated to the AHCH team as soon as delay known so that the line insertion date can be rearranged as necessary.

### **8) Admission for allogeneic HSCT;**

MFT will allocate provisional admission date for transplant.

This will be discussed at the weekly MDT meeting.

Once date confirmed, patients' families will be contacted by MFT team and admission plans communicated directly to them in addition to an email to the AHCH team.

Change in admission date must be communicated with the patient and family at the earliest point by the MFT SCT team with communication to AHCH at the same time.

Patients will be admitted to the MFT SCT unit for initial assessment to ensure fit to proceed and then commence conditioning.

Care will be provided solely by the MFT SCT team until point of discharge home.

There may be exceptional circumstances where prolonged admission is necessary, and discussion should be undertaken to consider transfer to AHCH for ongoing care as indicated in section 3.2.

### **9) Discharge from the SCT unit;**

Upon discharge from the SCT unit, patients will attend MFT SCT outpatients until at least day 100 (3 months post BMT), and in most cases will continue being followed up at MFT SCT for 6-18months. All correspondence from MFT should be copied to AHCH team during follow up.

At this time point the majority of patients will be referred back to the AHCH post BMT clinic. Patients can be considered for earlier referral back to AHCH if clinically stable.

A referral letter will be emailed to the AHCH team to include current medication, current issues and proposed plan for withdrawal of immunosuppression if not already stopped and any plans to check blood chimerism and/or bone marrow reassessment.

### **10) Outpatient care post BMT;**

Patients accepted back under the care of the Haematology team at AHCH will be seen in a designated clinic led by an AHCH haematology consultant..

Any new post-SCT related concerns can be discussed at the Monday MFT SCT MDT.

### **11) Unplanned visits post BMT;**

Patients who are under follow up at MFT should call if unwell and present to MFT SCT unit unless clinical urgency requires direct admission to AHCH or local hospital. If admission necessary urgently then this should be at AHCH/local hospital until patient is stable and then transferred if required. Discussion with MFT transplant team should take place as soon as possible and further management decisions made in close collaboration with MFT.

Patients who are under follow up at AHCH should call if unwell and present to AHCH or local hospital. Initial assessment of patients will be carried out at AHCH/local hospital and discussed with the on call AHCH Haematologist/Oncologist if needed.

## **12) Long term Follow up;**

Long term follow-up is carried out and the AHCH post BMT clinic and referral to appropriate adult services happens at age 18.

## **HEALTH & SAFETY**

The responsibility for all who work on the premises, including the use of equipment, lies with the organization that has control of the premises. The responsible organization will comply with its Health and Safety Policy, including Lone Working and Out of Hours Working Policies where relevant, and will ensure there are mechanisms in place to prevent and address any health and safety issues as defined under the Health and Safety at Work Act (1974).

It is the responsibility of both Trusts' employees attending remote premises to ensure they personally comply with the Health and Safety Policy of the remote organisation.

## **COMPLAINTS**

Any complaints received from service users in respect of either AHCH or MFT would be dealt with via that organisation's Complaints Policy.

## **CONFIDENTIALITY**

All staff must be aware of, understand and comply with the requirements for confidentiality. This is particularly important in relation to emails and correspondence between the two trusts. Emails must be via secure email or encrypted.

## **ROLES AND RESPONSIBILITIES**

All staff will be bound by their organisation's policies and procedures and GMC guidance. They will undertake appropriate annual appraisal to include this scope of work.

## **EQUALITY AND DIVERSITY**

AHCH and MFT are both committed to developing an environment that embraces diversity and promotes equality of opportunity. Everyone who works for both Trusts must be treated fairly and valued equally. Both trusts also believes that everyone has the right to receive a high-quality standard of service and aims to

ensure that everyone is treated in a manner that will meet their individual needs, taking into consideration their gender, race, colour, ethnicity, marital status, age, religious belief, sexuality and lifestyle. The organization's aim is to ensure that these commitments are underpinned by core values and are reflected in the quality of care provided to service users.

## INDEMNITY AND INSURANCE

Both Trusts shall indemnify their employees against injury to or death of any persons, or loss of, or damage to any property, which may arise out of the act, default or negligence on the part of AHC or MFT, its employees or agents in the performance of this Agreement.

## **SCHEDULE C: AGREEMENT MANAGERS**

The Agreement Manager for the Recipient is:

Name: Laura Armitstead  
Position: Divisional Director Complex Medicine  
Address: Manchester University NHS Foundation Trust  
Email: [Laura.armitstead@mft.nhs.uk](mailto:Laura.armitstead@mft.nhs.uk)  
Telephone: 0161 701 5772

The Agreement Manager for the Provider is:

Name: Asia Bibi  
Position: Interim Associate Chief Operating Officer – Division of Medicine  
Address: Alder Hey Children's NHS Foundation Trust  
Eaton Road  
LIVERPOOL  
L12 2AP  
Email: [asia.bibi@alderhey.nhs.uk](mailto:asia.bibi@alderhey.nhs.uk)  
Telephone: 0151 252 5182 (PCO Number)