

Final Project Report

Project Summary

The Leicester Collaborative Working Project (CWP) was successfully implemented between February 2025 and January 2026 to enhance post-transplant lung function monitoring and improve patient outcomes following allogeneic transplant at University Hospitals of Leicester NHS Trust.

The original objective to recruit a Healthcare Assistant (HCA) for spirometry testing was impacted by a Trust-wide recruitment freeze, however the project achieved significant outcomes through mapping the post-transplant pathway, which led to the standardisation of assessments, and establishment of formal clinical links. The service evolution during the project led to a more sustainable solution with two new Band 6 nursing positions being recruited who will undertake spirometry testing, ensuring long-term delivery of improved patient care.

Key achievements include the development of standardised Chronic Graft versus Host Disease (cGvHD) assessment protocols, creation of visual pathway representations, implementation of National Institute of Health (NIH) scoring criteria, and establishment of formal specialist contacts across disciplines. Stakeholder feedback confirms the project's success in accelerating the development of comprehensive GVHD services and standardised practices.

1.0 Project Aims

The aim of the project was to implement regular post-transplant lung function monitoring to improve patient outcomes and experiences post allogeneic transplant at University Hospitals of Leicester NHS Trust.

2.0 Project Objectives

The project aimed to deliver the following objectives:

- To utilise findings and outcomes from the project to assess the need for the development of a business case to secure ongoing funding for the HCA post by the Trust.
- To improve the co-ordination of lung function monitoring with other members of the MDT team and the patients existing care plan.
- Map the current cGvHD patient pathway identifying 'gaps and issues' which if modified would improve patient flow through the system and overall patient experience.

The project was managed by Laura Meredith and Samantha Bennett from Sanofi, who worked collaboratively with the Project Steering Group to deliver the project objectives.

The Project Steering Group consisted of the following representatives from University Hospitals of Leicester NHS Trust:

- Dr Sarah Wharin - Consultant
- Dr Paul Player – Consultant Haematologist – Morbidity and Mortality Lead
- Dr Anna Tsoukani - Consultant
- Nadia Morawski – Ward Sister
- Hannah Tiltman - Lead Haematology Ambulatory Nurse

3.0 Implementation timeline

3.1 Project Initiation (February - March 2025)

- Developed project plan to monitor delivery of aims and objectives
- Established Project Steering Group to oversee project delivery and approve project plan

3.2 Mid-Project Phase (April - October 2025)

- **Challenge Period:** Trust-wide recruitment freeze implemented, preventing commencement of new roles and increasing scrutiny on post creation
- **Adaptive Response:** Steering group worked to understand feasibility of recruiting the HCA while developing training plans
- **Pathway Development:** Completed pathway mapping exercise and created treatment pathway visuals and nursing assessment charts identifying gaps and issues and areas for improvement

3.3 Resolution Phase (October - December 2025)

- Uploaded NIH assessment criteria to quality management system
- Explored template letter implementation, determining that changes should be made to patient summaries while following Trust guidelines for correspondence

3.4 Project Conclusion (January 2026)

- **Service Evolution:** Two new Band 6 nursing positions approved for recruitment, providing sustainable solution for spirometry testing
- **Final Deliverables:** Completed pathway mapping updates including named specialists and new cGVHD clinic integration

- **Project Closure:** Formal agreement to close project with objectives achieved through alternative delivery method

4.0 Progress against Project Objectives

A summary of the key outcomes in relation to the objectives of the project are shown in the table below:

<p>To utilise findings and outcomes from the project to assess the need for the development of a business case to secure ongoing funding for the HCA post by the Trust.</p>	<p>Challenge and Adaptation Shortly after project initiation, the Trust implemented a recruitment freeze that prevented all new role commencements and increased scrutiny on post creation. The planned recruitment of an HCA to undertake spirometry testing was paused.</p> <p>Positive Outcome During the pause period, the consultant team utilised the time effectively to agree on training requirements and delivery methods. When the recruitment freeze was lifted, the service had evolved and expanded, with plans to recruit two additional Band 6 nurses. These nurses could be trained to undertake spirometry tests for post-transplant patients, representing a more sustainable and clinically appropriate solution than the originally planned time-limited HCA position. As a result, this aspect of the project was not delivered as planned however the aim of the project, to implement regular post-transplant lung function monitoring to improve patient outcomes and experiences post allogeneic transplant at University Hospitals of Leicester NHS Trust will be delivered but outside of the project.</p> <p>Result While this aspect was not delivered as originally planned, the project's core aim of implementing regular post-transplant lung function monitoring will be achieved through the enhanced nursing structure, providing a more robust long-term solution without the need for a business case.</p>
<p>To improve the coordination of lung function monitoring with other members of the Multi Disciplinary Team (MDT) and the patients existing care plan.</p>	<p>Achievement The recruitment of two Band 6 nurses provides enhanced capacity for coordinated lung function monitoring integrated with MDT care plans and existing patient pathways.</p>
<p>Map the current GvHD patient pathway identifying 'gaps and issues' which if modified would improve patient flow</p>	<p>Comprehensive Pathway Analysis The post-transplant pathway was thoroughly mapped,</p>

through the system and overall patient experience.

identifying key gaps and issues. Two primary areas were targeted for improvement:

Area 1: Consistency of Assessments

- **Challenge:** Inconsistent application of GVHD Standard Operating Procedures (SOP)
- **Solution Implemented:**
 - Developed poster detailing nursing assessments required by month
 - Created visual representation of treatment pathway
 - Loaded NIH scoring criteria into quality management system
 - Implemented Lee Symptom Scale in cGVHD clinic
- **Outcome:** More structured and consistent patient reviews including appropriate organ assessment and regular pulmonary function tests (PFTs)

Area 2: Formal Links with Specialist Clinicians

- **Challenge:** Informal and inconsistent specialist referral processes
- **Solution Implemented:**
 - Created visual representation of post-transplant pathway with named clinicians for relevant specialties
 - Formalised contact persons across clinical specialties
- **Outcome:** Ensured consistency across clinical team and identified potential gaps in specialist coverage

5.0 Project outcomes and benefits achieved

The expected outcomes and benefits of the projects were as follows. Progress against these objectives is outlined in bold font below:

Patients

- Identification of any deterioration in lung function early, before it is symptomatic, providing the opportunity for earlier treatment and therefore potentially improved outcomes.

- **3 monthly lung function check will be undertaken by the two new band 6 nursing roles. A spirometer is being procured. The training plan that was agreed for the HCA role can now be utilised by the Band 6 nurses.**
- Improvement in co-ordination of care and patient experience, earlier diagnosis of GVHD and treatment of cGvHD
- **The addition of the band 6 nurses will enable this**
- Streamlined care ensuring most efficient experience whilst being cared for by the BMT service, everything assessed at the one hospital site.
- **The addition of the band 6 nurses will enable this**

NHS

- Earlier identification of deteriorating lung function, enabling earlier intervention which should result in improved patient outcomes, more efficient treatment means less long-term strain to the system.
- **The addition of the band 6 nurses will enable this**
- Robust internal protocols and communication process set up within the department to ensure any deterioration is escalated to the appropriate clinician. This will also allow them to further assess the input required from the respiratory team.
- **The addition of the band 6 nurses will enable this**
- If improvements in patient outcomes are achieved this project could be shared with other Trusts which may benefit other Trusts and their patients
- **The experience of the Band 6 nurses undertaking these assessments could be written up and shared more widely**

Sanofi

- Through supporting University Hospitals of Leicester NHS Trust to improve the quality of care for patients Sanofi's corporate reputation may be improved.
- **The pathway mapping, and items produced as a result should enable the clinical team to ensure more consistent assessments of patients are undertaken, potentially leading to improved outcomes for patients.**
- Sanofi produce a medicine for chronic graft versus host disease (cGvHD). If overall patient care is optimised there may be an increase in the usage of these products in line with National and local guidelines.
- **As this project was focussed on service review, no assessment has been made of any potential impact on prescribing of Sanofi products.**

The planned pooling of resources for this project was approximately £39,189 (Sanofi 44%, NHS 56%). However, the direct funding for the HCA role was not required resulting in £14,625 reduction in Sanofi contribution (no direct contribution was made). Indirect contributions for both the NHS and Sanofi were lower than planned (pulmonary function specialist time was not required as training of the HCA did not go ahead as planned) and fewer Consultants were available to take part in the project than anticipated.

6.0 Stakeholder Feedback

The collaborative working project received positive feedback from key clinical stakeholders, highlighting the value and impact of the partnership approach.

Consultant Haematologist

Thanks again for your input over the last year. Whilst the funding side of things didn't work out, it has really helped us get kick-started with our GVHD service and dedicated clinic. We have been able to order our thoughts and set up standardised practices.

Consultant Haematologist

The whole process of working through this with you has been so helpful to us as a department and for our patients. The pathway mapping and discussions around this have put us on the front foot with regards to setting up our complex GvHD service/ clinics. It has enabled us to set this up earlier than it would have been otherwise and helped us to focus on what we need to bring into place to deliver comprehensive care to our cGvHD patients.

Thanks again and hopefully we can work together in the future.

Key Themes from Stakeholder Feedback

- **Accelerated Service Development:** The project enabled earlier establishment of comprehensive GVHD services than would have been achieved independently
- **Standardisation Success:** Significant progress in developing standardised practices and protocols
- **Strategic Focus:** Enhanced clarity on requirements for comprehensive cGvHD patient care
- **Future Collaboration:** Positive experience creating foundation for potential future partnerships

Conclusions and Recommendations

7.1 Project Success Assessment

The Leicester CWP demonstrates successful adaptive project management, achieving core objectives despite external challenges. While the original HCA recruitment plan was impacted by organisational constraints, the project's flexibility enabled identification of a more sustainable and clinically appropriate solution through Band 6 nursing enhancement.

7.2 Key Achievements

1. **Sustainable Service Enhancement:** Transition from temporary HCA funding to permanent Band 6 nursing positions ensures long-term service sustainability
2. **Standardised Clinical Practices:** Implementation of consistent assessment protocols and visual pathway tools
3. **Enhanced Specialist Integration:** Formalised specialist contacts and referral pathways
4. **Accelerated Service Development:** Earlier establishment of comprehensive GVHD services than originally planned

7.3 Recommendations for Future Initiatives

1. **Replication Potential:** Document and share the pathway mapping methodology and assessment standardisation approach with other transplant centres
2. **Outcome Measurement:** Implement systematic outcome measurement for the enhanced Band 6 nursing model to demonstrate clinical and operational benefits
3. **Continuous Improvement:** Establish regular review cycles for pathway effectiveness and specialist integration
4. **Partnership Development:** Build on positive stakeholder feedback to explore future collaborative opportunities

7.4 Final Recommendation

The project successfully demonstrates that collaborative working partnerships can achieve significant service improvements even when facing unexpected challenges. The adaptive approach and strong stakeholder engagement resulted in outcomes that exceed the original project scope, providing a sustainable foundation for enhanced patient care in post-transplant monitoring and GVHD management.