THE LEEDS TEACHING HOSPITALS NHS TRUST

HAEMATOLOGICAL MALIGNANCY DIAGNOSTIC SERVICE
LEEDS CANCER CENTRE

JOB DESCRIPTION

CONSULTANT HAEMATOPATHOLOGIST

1. BACKGROUND

Leeds Teaching Hospitals is one of the largest teaching hospital trusts in Europe, with access to leading clinical expertise and medical technology. We care for people from all over the country as well as the 780,000 residents of Leeds itself. The Trust has a budget of £1 billion. Our 15,000 staff ensure that every year we see and treat 1,500,000 people in our 2,000 beds or out-patient settings, comprising 100,000 day cases, 125,000 in-patients, 200,000 A&E visits and 1,050,000 out-patient appointments. We operate from 7 hospitals on 5 sites – all linked by the same vision, philosophy and culture to be the best for specialist and integrated care.

Our vision is based on The Leeds Way, which is a clear statement of who we are and what we believe, founded on values of working that were put forward by our own staff. Our values are to be:

- Patient-centred
- Fair
- Collaborative
- Accountable
- Empowered

We believe that by being true to these values, we will consistently achieve and continuously improve our results in relation to our goals, which are to be:

1. The best for patient safety, quality and experience
2. The best place to work
3. A centre of excellence for specialist services, education, research and innovation
4. Hospitals that offer seamless, integrated care
5. Financially sustainable

The Haematological Malignancy Diagnostic Service (HMDS) provides a comprehensive haematopathology service to patients across the North of England, a population of 6 million people, and is one of the largest services of its kind in Europe. The department provides a fully integrated service compliant with the current improving outcome guidance. The department has excellent facilities for flow cytometry, the full range of molecular diagnostics including array based expression profiling and SNP analysis and next generation sequencing, immunohistology and informatics and the appointed person would have full access to all these specialised services. The current workload is 30000 specimens per year and the service is delivered by 40 staff including six consultants and 8 principal and consultant grade clinical scientists. Diagnostic work will be performed in the general reporting room where there is access to a microscope and computer. Office space will be provided in the department. HMDS is a fully accredited CPA laboratory and underwent UKAS inspection in 2016 with recommendation for accreditation pending. HMDS partakes in a large number of EQA schemes across all disciplines.

Research and development is a very important component of the work of the department and there is an active programme of research which is focussed on diagnostic development, precision and stratified medicine in clinical trials, minimal residual disease detection and prognostic assessment. There are active collaborative projects with academic departments, both local and national.
2. **OBJECTIVES OF THE POST**

There is one post available within the department due to a consultant leaving for family reasons. The post is available to any applicant who is unable for personal reasons, to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with consultant colleagues.

- To support the growth of the haematopathology diagnostic service in line with the business strategy of the department
- To provide additional leadership and input into the research and development goals of the department to ensure that the service current standing as a leading provider is maintained

3. **REQUIREMENTS OF THE POST**

3.1 **Service Delivery**

**General**

The Trust expects consultants to deliver clinical service as agreed with commissioners and other stakeholders. This will include:

- meeting the objectives of the post (see above)
- continuously improving the quality and efficiency of personal and team practice
- working with other staff and teams to ensure that the various criteria for service delivery are met, such as
  - achieving the best clinical outcomes within the resources available
  - waiting times
  - infection control standards

Consultants in LTHT are line managed by their specialty Lead Clinician working in conjunction with a Business Manager. This specialty team is then managed alongside a number of other specialties in a Clinical Service (or Support) Unit (CSU) led by a Clinical Director as the responsible person, and supported by a full time General Manager and a full time Head of Nursing.

The Clinical Director and their team report operationally to the Deputy Chief Executive / Chief Nurse (Deputy CEO / CN). The Clinical Director will work closely with the Deputy CEO / CN team which includes the Medical Director for Operations, Nurse Director for Operations, four Assistant Directors of Operations (ADOs) and a Performance Team, with each ADO aligned to specific CSUs.

Professionally, consultants report to Dr Yvette Oade, Chief Medical Officer and Mr David Berridge, Deputy Chief Medical Officer / Medical Director (Operations).

**Service specific**

The role of consultant haematopathologist will be expected:

- To collaborate with colleagues in providing the haematopathology diagnostics services to Leeds Teaching Hospital and external users. This will involve reporting on specimens submitted to the laboratory and preparing integrated diagnostic reports.
- To participate as a core member in local and external multi-disciplinary teams
- To provide clinical advice to users of the service
- To participate in the out of hours on call rota
- To work with colleagues to ensure that accreditation and other regulatory standards are maintained.
- To participate actively in the development of the service. This will involve participation and leadership of research and development programmes within the department and with external collaborators, where appropriate.
• To develop areas of sub-speciality expertise complementary to existing colleagues
• To participate, where possible, in national groups relevant to the specialty eg clinical trials organisations.

Management arrangements are consistent with paragraphs 4.22 to 4.26 of the Strategic Review of Pathology Services.

3.2 Quality
The Trust has a programme of activities that are designed to help consultants improve the quality of the service they offer. This includes a range of activities shown below as examples – not all activities can be undertaken every year! Consultants are expected to routinely engage in relevant activities in their specialty that are focussed on quality improvement. This participation should be reflected at annual appraisal and job planning and will be discussed in specialties as part of clinical governance programmes and meetings.

Clinical Audit and standard setting
• Clinical audit projects
• Development and application of agreed clinical guidelines
• Ensuring compliance against relevant national specifications, e.g. NICE guidelines
• External Peer review and relevant national audits.

Clinical outcome review
• Mortality and morbidity review
• Monitoring of outcomes reflected in routinely collected data
• Participation in clinical coding review and improvement

Improving patient safety
• Participation in Trust-wide programmes
• Implementation of local improvements as defined in e.g. mortality review

Improving service effectiveness and efficiency
• Service or system improvement projects, including small scale change, lean or other recognised improvement methods
• Conducting or considering reviews of the evidence to plan better service delivery
• Where agreed, working with commissioners to match service delivery with requirements of relevant populations

Improving the patient experience
• Implementing service improvements on the basis of individual or service feedback from patients or carers
• Raising the profile and impact of patient participation in decisions about their own care
• Involvement in understanding and improving the ethical basis of care provided

3.3 Research
The Trust’s Research Strategy encourages all clinicians to participate in high quality, nationally-recognised clinical research trials and other well-designed studies, with a particular emphasis on work supported by the National Institute for Health Research. The Trust has a number of major programmes in experimental medicine and applied health research, developed in partnership with the University of Leeds, which reflect particular strengths described in the Strategy and clinicians are encouraged to participate in these programmes.

The Trust also supports bespoke academic development and participation programmes linked to the Research Strategy, including academic mentoring and embedding of clinicians within the major research programmes.

Sessional time required for any participation in research activity will be agreed on commencement and kept under review, but not all consultants will require such sessional time.
3.4 **Teaching**

The Trust is a Teaching Hospital and therefore considers the active participation of consultant and other medical staff in teaching and training to be part of our core activities. Not all consultants will have regular and substantial teaching commitments but all will be involved in related activities from time to time, if only through informal opportunities, for example as part of service quality improvement (see above). It is therefore expected that all consultants will be familiar with the principles of effective teaching and will enable the service and colleagues to fulfil their obligations to learn and teach about effective care.

The remainder of this section concentrates on teaching and training for medical colleagues, but the Trust actively supports and encourages consultant medical staff to participate in and deliver teaching and training to any colleagues, within and outside of the Trust, where this is agreed as an appropriate time commitment.

**Undergraduate medical teaching**

The Trust actively promotes links with the University of Leeds, School of Medicine for teaching medical undergraduates and all consultant medical staff are required to participate to the level agreed within their service.

Where it is agreed by the Clinical Director that the postholder will be significantly involved in delivering undergraduate medical teaching, the following requirements have been agreed with School of Medicine, University of Leeds.

The University of Leeds will award the honorary title of Honorary Senior Lecturer to the person appointed to the role in recognition of their willingness to participate in undergraduate teaching in support of these arrangements. The honorary title will be awarded for a probationary period of 5 years and renewal of the Title will be on evidence of meeting the full criteria (i.e. during this year period, it is expected that a peer review and relevant training courses will have been undertaken as well as continuing to significantly contribute to learning and teaching) and will be renewed for a further period of 5 years.

This honorary title will entitle the consultant to privileges such as being a member of staff of the University, including the use of the Senior Common Room, the library (University and Medical and Dental) and inclusion on the circulation list for ceremonies, public lectures, concerts, etc.

In accepting the role, the appointee will undertake to satisfy the criteria for the award of an honorary University title, which will include:

a) Contribution to at least 2 or more of the following ‘teaching activities’ for a minimum period of 50 hours per annum:

- Lectures
- Ward Based teaching
- Administration / organisation / management of teaching
- Examinations / marking and assessing
- Student mentoring
- Small group teaching
- Personal tutor scheme
- Offering special study modules
- Admissions interviews

b) Show a commitment to learning and teaching by having attended at least 2 relevant courses over the last 5 years (as identified on an individual basis and as relevant in that particular field). This may include, for example, training in lecturing, student
assessment or, peer reviewing.*

c) Participate in peer reviews, at least once in every 2 years.

*In accepting the responsibility to contribute significantly to undergraduate teaching, the appointee will undertake to attend courses in the following unless written certification of attendance at previous similar courses can be provided. Thereafter the appointee will be expected to attend at least 2 approved courses in some aspect of learning and teaching in every 5-year period. It is not envisaged that they would need to repeat the same course(s) every 5 years, but to diversify their interest and breadth of experience on a continual basis:

i. small group teaching
ii. appraisal techniques
iii. CPR refresher course

Postgraduate medical teaching

As with undergraduate teaching, consultants are expected to contribute to overall programmes of postgraduate teaching in their service. Where there is a lead or significant role agreed as part of the consultant’s job plan, the following expectations apply:

Consultants will be expected to act as a clinical supervisor for any or specified junior doctors working with them. All consultants must undergo clinical/educational supervisor training from July 2016. Training is envisaged as needing renewal every 5 years.

Consultants may take up specific educational roles in the speciality which includes educational supervisor, college tutor, speciality educational lead and CSU educational lead. Where the current allocation for educational supervisors in 0.25 SPA per trainee (subject to change in further iterations of job planning guidance), the SPA allocation for the other roles are for negotiation with the CD.

If consultants have a role in either under- or post-graduate medical education, the GMC expects that evidence of the quality of this education is presented at annual appraisals and for revalidation.

3.5 Continuing Professional Development (CPD)

In the discharge of their responsibilities, the consultant will be expected to maintain and update their skills and knowledge through appropriate continuing professional development.

The Trust fully supports the requirement for CPD by the relevant Royal College and the GMC. This essential component of a consultant’s professional activities will be reviewed during the appraisal process. Time and financial support for these activities will be allowed in accordance with the Trust policy.

3.6 Leadership

All consultants are senior members of the Trust’s staff and are therefore seen by colleagues as leaders. Consultants are expected to make allowance for this, given that the most powerful leadership influence they exert is the example they set.

In addition, the Trust places great emphasis on the role of doctors in leading service improvement and change, both in their normal daily role of delivering care and in relation to specific issues. It is expected that a consultant will lead on specific areas of priority for their service from time to time, as part of their consultant duties. Such departmental or specialty leadership roles would be agreed, for example, in respect of leading or co-ordinating:

- clinical governance
- quality improvement
- appraisal
- research
- teaching
The Trust supports these activities as part of the normal job plan commitments of any consultant.

On appointment, all consultants will be encouraged to participate in the activities established by the Trust to support doctors in their new role, such as the New Consultants’ Network and a formal mentoring programme (see below).

4. STANDARDS OF CONDUCT AND BEHAVIOUR

All consultants are required to work to the standards set out by the General Medical Council in Good Medical Practice. This includes protecting patients when you believe that a doctor’s or other colleague’s conduct, performance or health is a threat to them. If, after establishing the facts, it is necessary, you must follow the Trust’s procedures in this matter and inform your Clinical Director in the first instance.

5. JOB PLAN AND WORKING ARRANGEMENTS

The job plan review will take place annually, normally with the Lead Clinician / Clinical Director. Any job plan review may result in a revised prospective job plan where duties, responsibilities, accountability arrangements or objectives have changed or need to change significantly within the area.
### Proposed Job Plan

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Location</th>
<th>Work</th>
<th>Categorisation</th>
<th>No. of PA’s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>08.30-12.30 13.00-17.00</td>
<td>HMDS</td>
<td>Haematopathology reporting and MDT cover</td>
<td>DCC</td>
<td>2</td>
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<td></td>
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<td></td>
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<tr>
<td>Tuesday</td>
<td>08.30-12.30 13.00-17.00</td>
<td>HMDS</td>
<td>Haematopathology reporting and MDT cover</td>
<td>DCC</td>
<td>2</td>
</tr>
<tr>
<td>Wednesday</td>
<td>08.30-15.00 (incl lunch break) 15.00-17.00</td>
<td>HMDS</td>
<td>Audit, research and administration Haematopathology reporting and MDT cover</td>
<td>SPA</td>
<td>1.5</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DCC</td>
<td>0.5</td>
</tr>
<tr>
<td>Thursday</td>
<td>08.30-12.30 13.00-17.00</td>
<td>HMDS</td>
<td>08.30-12.30 13.00-16.00</td>
<td>DCC</td>
<td>2</td>
</tr>
<tr>
<td>Friday</td>
<td>08.30-12.30 13.00-17.00</td>
<td>HMDS</td>
<td>Haematopathology reporting and MDT cover</td>
<td>DCC</td>
<td>1.75</td>
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<tr>
<td>Saturday</td>
<td></td>
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<tr>
<td>Sunday</td>
<td></td>
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<tr>
<td></td>
<td>Additional agreed activity to be worked flexibly</td>
<td></td>
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<tr>
<td>Predictable emergency on-call work</td>
<td>When on call: Saturday 8.00-12.00 and emergency work outwith these hours</td>
<td>HMDS</td>
<td>Haematopathology reporting</td>
<td>DCC</td>
<td>0.25</td>
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<tr>
<td>Unpredictable emergency on-call work</td>
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**TOTAL PA’S**

<table>
<thead>
<tr>
<th>Programmed Activity</th>
<th>Number</th>
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<tbody>
<tr>
<td>Direct clinical care (including unpredictable on-call)</td>
<td>8.5</td>
</tr>
<tr>
<td>Supporting professional activities</td>
<td>1.5 (max)</td>
</tr>
<tr>
<td>Other NHS responsibilities</td>
<td></td>
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<tr>
<td>External Duties</td>
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<tr>
<td><strong>TOTAL PROGRAMMED ACTIVITIES</strong></td>
<td>10</td>
</tr>
</tbody>
</table>

**On-call availability supplement**

Agreed on-call rota e.g. 1 in 5: 1:5
5.2 **Accountability**
See section 3, above. The postholder is managerially accountable for the use of resources to their Clinical Director and professionally accountable to the Chief Medical Officer through Clinical Directors. This may be amended in the light of the Trust’s management arrangements.

5.3 **Mentoring**
The Trust’s new consultant mentoring programme aims to:

- provide structured support for new consultants joining the Trust
- support the development of a culture of lifelong learning

The mentoring programme feeds in to the Trust’s systems and processes for appraisal. New consultants will be allocated a mentor when they join the organisation.

5.4 **Consultant Appraisal and Medical Revalidation**
All consultants should maintain their specialist registration with the GMC and comply with the standards expected by their Royal College (or equivalent) so that they are professionally ‘in good standing’. Regular appraisal is both the key activity underpinning revalidation and is also a contractual requirement for all consultant staff.

The Trust attaches considerable importance to this approach, which is intended to be of benefit to individual consultants and to support the highest possible standards in the delivery of healthcare and services. All consultants are therefore expected to undertake regular appraisal as decided by the Clinical Director of the service.

5.5 **Leave Arrangements**
All leave should be applied for in accordance with the Trust’s Leave Policy, normally giving eight weeks’ notice of any leave, other than in exceptional circumstances.

5.6 **Training**
During your employment, you agree to undergo whatever training the Trust deems necessary. This may include, but is not limited to, induction training, professional development and safe working practices. Funding of such training will be in accordance with the Trust’s Staff Development Policy, of which mandatory training is an important part.

5.7 **Infection Control**
All consultants must comply at all times with the Leeds Teaching Hospitals NHS Trust Infection Control policies, in particular by practising Universal Infection Control Precautions. Hand hygiene must be performed before and after contact with patients and their environment.

5.8 **Secretarial Support**
As part of the resource commitments to enable the postholder to fulfil their job plan, the appointee will have access to such secretarial assistance as is required.

5.9 **Health & Safety**
The Trust has a responsibility to provide a safe working environment for all staff. As an employee/supervisor/manager you are responsible for your own safety and that of others. This will require you to comply with the Trust arrangements for Health & Safety and Risk Management. As a supervisor/manager, you will be responsible for ensuring your team work in a safe manner and are competent to do so.
5.10 **Equality & Diversity**
The jobholder must comply with all policies and procedures designed to ensure equality of employment and that services are delivered in ways that meet the individual needs of patients and their families. No person whether they are staff, patient or visitor should receive less favourable treatment because of their gender, ethnic origin, age, disability, sexual orientation, religion etc.

The Trust's Equality and Diversity Policy ensures that barriers to employment for disadvantaged groups are identified and removed, and that no person is treated less favourably on the grounds of their race, ethnic group, religion, impairment, age, gender, sexual orientation or mental health status. Reasonable adjustments will be made for disabled applicants and post holders where required.

5.11 **Smoking Policy**
The Leeds Teaching Hospitals NHS Trust recognises the serious hazards to health caused by smoking and has adopted a strict no smoking policy. Under the terms of our policy, staff, visitors and patients will not be permitted to smoke at any time or in any part of Trust property, whether inside or outside the hospital buildings.

5.12 **Rehabilitation of Offenders Act & DBS Check**
This post involves access to patients during the normal course of duties and is therefore subject to the Rehabilitation of Offenders Act (Exceptions Order) 1975. As such you must reveal any information which you may have concerning convictions which would otherwise be considered as ‘spent’.

An offer of appointment to this post would be subject to the express condition that the Leeds Teaching Hospitals Trust receives a Disclosure and Barring Services (DBS) Disclosure which will check the existence and the content of any criminal disclosure received. The Trust has the right to withdraw an offer or employment if not satisfied of a candidate's suitability for this position by reason of criminal record or antecedents, especially in cases where no declaration of criminal proceedings has been made on a candidate’s application form or Criminal Declaration Form. The Trust reserves the right to determine this issue at its sole discretion. If you are successful in being short listed for this position you will be asked to complete a criminal disclosure form to be handed to a representative at interview. Further more, if appointed to this post you will be asked to complete a 'DBS Disclosure Application Form' which will be submitted to the DBS.

Leeds Teaching Hospitals NHS Trust has a Policy Statement on the Recruitment of Ex-offenders which is available on request.

5.13 **Respect for Patient Confidentiality**
As set out in GMC guidance (*Good Medical Practice*, paragraphs 20, 50, 69 and 73) the jobholder should respect patient confidentiality at all times and not divulge patient information unless sanctioned by the requirements of the role.

6. **TERMS AND CONDITIONS OF EMPLOYMENT**

6.1 Conditions of employment are determined by the Leeds Teaching Hospitals Trust in accordance with the Terms & Conditions – Consultants (England) 2003, as amended from time to time in the light of national or local collective agreements.

6.2 The postholder, as a practitioner with continuing responsibility for the care of patients must be able to respond promptly to emergency calls from the Hospital.

6.3 A consultant is required to reside within a distance of 30 minutes or 10 miles by road from their principal place of work unless an employing organisation agrees that they may reside at a greater distance.

6.4 A consultant must be contactable by telephone in their contracted work time.

6.5 The consultant must ensure that there are clear and effective arrangements so that the employing organisation can contact them immediately at any time during a period when they are on call.
6.6 The postholder should note, however, that where the Trust agrees that the postholder may live further than ten miles from the hospital, the Trust will only reimburse travelling expenses up to a maximum of twenty miles return, in accordance with Trust Terms and Conditions of Service.

6.7 Assistance with relocation to the Leeds area may be provided to the successful candidate. A copy of the Trust’s Relocation Policy is available on request.

6.8 The normal NHS requirements for indemnity of medical and dental staff in cases of medical negligence apply.

6.9 Subject to the provisions of the Terms and Conditions of Service, the appointee is expected to observe the Trust’s policies and procedures, drawn up in consultation with the profession on clinical matters, and to follow the standing orders and financial instructions of the Leeds Teaching Hospitals NHS Trust. In particular, where the postholder is responsible for managing employees of the Trust, they will be expected to follow the local and national employment and personnel policies and procedures.

6.10 The Trust is reconfiguring services and your base hospital may change during your employment, if and when your department transfers base, following consultation.

7. **CONTRACT**

The post is available to any applicant who is unable for personal reasons, to work full-time will be eligible to be considered for the post. If such a person is appointed, modification of the job content will be discussed on a personal basis with the Trust in consultation with consultant colleagues.

8. **ENQUIRIES**

Prospective applicants are encouraged to visit the Departments and are invited to contact any of the following persons:

Dr Cathy Burton 0113 2067851
Oncology Services

Medical Oncology is within the Leeds Cancer Centre. The CSU brings together the core services providing non-surgical oncology services within the Trust, together with pan-organisational services, Palliative Care, and Medical Physics, and specialist oncological surgical services Breast surgery, Thoracic surgery & Gynaecological Oncology surgery. Adult oncology services have been focused within a single new £250M specialist Cancer Centre building (the Bexley Wing) on the St James's University Hospital site, aiming to improve the quality of care and provide a robust central resource for the Yorkshire Cancer Network (YNC).

<table>
<thead>
<tr>
<th>General Manager</th>
<th>Lucy Turner</th>
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<tbody>
<tr>
<td>Head of Nursing</td>
<td>Kate Smith</td>
</tr>
<tr>
<td>Service Manager</td>
<td>Gill Lambert</td>
</tr>
<tr>
<td>Matron</td>
<td>Lynne Lodge</td>
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<tr>
<td>Matron</td>
<td>Sue Dodman</td>
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<tr>
<td>Matron</td>
<td>Claire Jones</td>
</tr>
<tr>
<td>Matron</td>
<td>Sally Wild</td>
</tr>
<tr>
<td>Clinical Director</td>
<td>Dr David Jackson</td>
</tr>
<tr>
<td>Clinical Lead (Medical Oncology)</td>
<td>Dr Dan Swinson</td>
</tr>
<tr>
<td>Clinical Lead (Clinical Oncology)</td>
<td>Dr Rachel Cooper</td>
</tr>
<tr>
<td>Clinical Lead (Haematology)</td>
<td>Dr Rod Johnson</td>
</tr>
<tr>
<td>Clinical Lead (Palliative Care)</td>
<td>Dr Suzanne Kite</td>
</tr>
<tr>
<td>Clinical Lead (Breast Surgery)</td>
<td>Mr Raj Achuthan</td>
</tr>
<tr>
<td>Clinical Lead (Gynae Onc Surgery)</td>
<td>Mr D Nugent/Mr T Broadhead</td>
</tr>
<tr>
<td>Clinical Lead (Thoracic Surgery)</td>
<td>Mr M Kefaloyannis</td>
</tr>
<tr>
<td>Head of Radiotherapy</td>
<td>Hazel Rodger</td>
</tr>
</tbody>
</table>

St James’s Institute of Oncology:

Clinical and Medical Oncology services from within the Trust provide comprehensive non-surgical oncology services to the Trust and to the population of West and the majority of North Yorkshire. It is a key component of the Leeds Cancer Centre. There is a hub and spoke arrangement with the surrounding cancer units in Airedale, Bradford, Dewsbury, Halifax, Harrogate, Huddersfield, Pontefract, Wakefield and York. This covers a population of approximately 2.7 million. In addition there are other tertiary referrals from a more extensive catchment area from East Yorkshire, East Lancashire and North Yorkshire.

The Clinical and Medical Oncology service currently works from the new St James’s Institute of Oncology Building on the St James's University Hospital site. These two disciplines run as a single bed base and integrated service with site specialist teams.

In January 2008, oncology services across Leeds were relocated into a new £250M, 63,000m² Oncology Wing (the Bexley Wing) on the St James's University Hospital campus. This incorporates services in non-surgical oncology, haematology, the Academic Unit clinical offices and support areas and substantial services in cancer surgery. The St James's Institute of Oncology also includes a dedicated Cancer Research UK funded facility for patients in complex early-phase clinical trials.

The Bexley Wing, the principal base of the St James’s Institute of Oncology, is one of the largest oncology facilities in the UK, within one of the largest acute general hospitals in Europe. There are 350 beds, day-care and out-patients facilities and a patient hotel.

There are 10 NHS funded linear accelerators and 2 bunkers with dedicated research funded linear accelerators with Elekta IMAT/VMAT capabilities with Synergy platforms to facilitate a programme of IGRT development. There is a dedicated brachytherapy suite and 2 theatres. Imaging support within the building includes 3 spiral CT and 2 MRI scanners and a CT/PET scanner with space for a second. A major isotope imaging department is within the building as are shielded treatment rooms on 2 wards to support unsealed source therapy. The centre was selected as one of 10 national selective intrahepatic radiotherapy centres. There are dedicated clinical cancer research facilities with beds and a nursing research team. The links to
the Academic Unit of Cancer Medicine are strong and there are world-class molecular oncology labs and research programmes on site.

There is a £10M Yorkshire Cancer Centre Appeal, which is raising £6M to support the 2 research linear accelerators (Linac) which will enable the SJIO to develop IGRT generally and Volumetric Intensity Modulated Radiotherapy (VMAT) in collaboration with Elekta and also Stereotactic Body Radiotherapy. The first Linac was officially opened in December 2016, marking the start of a multi-million pound investment and a four year equipment replacement programme. A Chair in radiotherapy was recently appointed.