

## **HOSC Briefings (August 2016)**

### **Chemotherapy Services in East Kent**

#### **Introduction**

In September and October 2015, East Kent Hospitals University NHS Foundation Trust provided HOSC with an update about the Celia Blakey chemotherapy unit at the William Harvey Hospital in Ashford. The Trust reported to the HOSC that the chemotherapy unit was expected to reopen in July 2016.

The Vice-Chairman-in-the-Chair, Mr Mike Angell, had been made aware of an article by the Kentish Express which stated that work to refurbish the unit will not start until autumn 2016 and not reopen to spring 2017.

The short report outlines the work that the Trust has been doing to improve staffing levels for the chemotherapy service over the past twelve months and provides HOSC with assurance that the service will return to the William Harvey Hospital by the end of 2016.

#### **Staffing pressures**

In June 2015, the Celia Blakey Centre at the William Harvey Hospital, Ashford reported an emerging staffing risk which would see the unit down to 50% of its permanent workforce. This was as a result of a mixture of staff leaving the service, maternity leave and long-term sickness. Consequently, the Trust was presented with a patient safety issue and required the service to consider how it would safely continue to deliver care to patients.

A number of options were considered and discussed with the Divisional Leadership Team and Executives. There were two clear options. One involved using agency staff and the other involved extending the opening hours at Canterbury Cathedral Day Unit and using the Chemotherapy Mobile unit on the Ashford site for appropriate chemotherapy regimens for a temporary period.

Running a service using high levels of agency staffing is not recommended for a variety of reasons therefore, the alternative option was considered to be the better solution. Consequently, patients' appointments were moved to Canterbury and the Cathedral Day Unit extended its opening hours to 9pm Monday to Friday and it opened to patients on Saturdays. Alongside this, the Mobile Chemotherapy Unit was made available at Ashford three days per week. These arrangements were expected to remain in place for between nine and twelve months, when the service would move back to the Celia Blakey Centre.

Over the last year the Trust has been recruiting and training nurses so we have a new team to move back to the new chemotherapy unit at Ashford. As well as attracting and recruiting new staff, the nurses we have employed have been undergoing intense training to ensure they have the specialist skills involved in administering chemotherapy which can take up to 1 year. We have also been working closely with our Human Resources Team to offer a

retention scheme to reward these nurses once they are trained which matches Kent, Surrey, Sussex and London. We now have a full senior team in place, with 4 trained nurses, and a further 1.4 nurses who are continuing with the training. The 2 vacancies that we have are due to be filled in September. We have also recruited chemotherapy trained nurses from India (part of our overseas recruitment scheme) and are expecting them to start in December/January.

### **Timescales for returning to WHH**

During the last year there have been a number of changes at the William Harvey Hospital. One of those changes has been the development of Hot and Cold Ambulatory Care services to support patients requiring emergency care. The Ambulatory Care service has been temporarily accommodated in the Celia Blakey Centre until suitable accommodation can be created elsewhere on site. This service needs to be located close to the emergency department. As a result, the Chemotherapy Unit has been offered new accommodation within the Arundel Unit which will provide the service with more space and addresses a number of issues the service was facing in its previous accommodation. Rather than move twice it has been agreed that the chemotherapy service would move to the Arundel unit towards the end of the year.

Plans are now in place to refurbish part of the Arundel Unit at the William Harvey Hospital to accommodate the chemotherapy service. Works are due to commence in October 2016 and are expected to take between 4 and 6 weeks. The chemotherapy service is planned to move back into the WHH in December 2016.

### **Cervical Screening Quality Assurance Visit 2016**

In April 2016 a Quality Assurance review was undertaken in East Kent. QA visits are undertaken by Public Health England Assurance Service and the aim of the visit is to maintain standards and promote continuous improvement in cervical screening.

The East Kent cervical screening programme serves approximately 362,500 women and is provided by East Kent Hospitals University NHS Foundation Trust. The cervical cytology component is provided at the William Harvey hospital site along with the cervical histology service. The Cytology laboratory had a UKAS accreditation visit in 2013

The programme incorporated HPV testing (Triage and Test of Cure) into the cervical screening service in 2012 and this is provided by Maidstone & Tunbridge Wells NHS Trust at Maidstone Hospital. The programme offers further assessment and treatment at four colposcopy clinics at William Harvey Hospital (WHH), Buckland Hospital Dover (BHD), Kent & Canterbury Hospital (KCH) and Queen Elizabeth the Queen Mother Hospital Margate (QEQM).

The QA visits found one immediate concern and reported 6 high priority concerns.

The immediate concern related to business continuity; here it found the service relied on a single member of admin staff. The Colposcopy Co-ordinator provides essential colposcopy referral, clinic management and failsafe functions, but it was noted had inadequate trained

absence cover. This has been immediately addressed introducing a deputy colposcopy administrator and cover for maternity leave of a junior administrator.

The high priority issues are:

- 1) Fully implement national test of cure protocol, including discharge after treatment. Written protocols and practice should be updated.  
The Clinical Colposcopy lead has actioned this and revised Trust protocols and practices to ensure compliance with national guidelines. These will be reinforced at our next Trust wide meeting in September
- 2) Kent and Canterbury Hospital accommodation should be reviewed and reconfigured to improve facilities and provide a recovery facility in accordance with NHSCSP 20. A full review of facilities at Canterbury has been undertaken with the estates department. Other options are being explored; these will be submitted for discussion at the Colposcopy Operational Group in September.
- 3) There should be a Trust wide lead Colposcopist to enhance a single approach to colposcopy across the Trust. The Trust lead will require a job description showing lines of accountability and sufficient allocated time within their job plan.  
We have appointed a Trust wide Colposcopy Lead with clear lines of responsibility and the job plan will be due to be signed off by the Divisional Medical Director.
- 4) Implement changes in laboratory process and working practices to facilitate achievement of two week turnaround of cytology results  
Cytology screening in pathology has improved from the 21 days to 11/12 days.
- 5) Formalise the East Kent Hospitals (EKHUFT) agreement with Maidstone and Tunbridge Wells Hospital for provision of HPV testing for triage and test of cure. A contract agreement with MTW and EKHUFT is due to be signed within the next couple of weeks
- 6) All histopathologists should use either a standard proforma or minimum dataset list for the reporting of cervical treatment specimens to ensure that all national required elements are included and an associated SOP detailing this should be devised.
- 7) A template has been introduced for reporting cervical biopsies and LLETZ procedure in line with QA findings.

An action plan had been developed and is on track to deliver against the immediate and high priority issues within the 6 month timeframe assigned in the QA report. A Colposcopy Operational Group has been agreed and is meeting to oversee the implementation of the action plan and the on-going monitoring of colposcopy against the national standards.

A Colposcopy Operational Group has been agreed and will meet monthly from September to oversee the implementation of the action plan and the on-going monitoring of colposcopy service against the national standards.