

Royal Brompton and Harefield Hospitals

Briefing Report for the Health and Social Care Select Committee January 2024

Elective recovery

Good progress has been made with elective recovery but unfortunately the industrial action over the last 12 months has resulted in reduced elective activity during these periods. This allowed continued focus on emergency work (including urgent inter hospital transfers) whilst ensuring sufficient medical cover to ensure the safety of the patients in our hospitals.

In April 2023 we reported that 590 patients were awaiting an elective cardiac surgery procedure at our hospitals and this figure has reduced to 555. The number of patients waiting remains higher than the pre-pandemic volume which would have been approximately 400. We also reported in April that 811 patients were awaiting a cardiology procedure and this number has reduced to 744 (compared to pre pandemic levels of approximately 700). Whilst patients continue to wait longer for treatment than usual, we continue to monitor them for risk of harm whilst they await treatment and escalate patients should any deterioration in condition be noted.

We continue to run additional weekend theatre and cath lab lists to and are also running additional weekend lists for cancer patients awaiting specialist diagnostic tests or surgical treatment. Work continues with partner organizations to ensure cancer patients requiring diagnostic and treatment interventions reach us as soon in their pathway as possible.

Both Royal Brompton and Harefield Hospital sites are also involved in the targeted Lung Health Check programme that aims to find lung cancer early, sometimes before symptoms are even experienced.

Heart Attack Centre

The Heart Attack Centre at Harefield Hospital remains one of the busiest centres in London and our performance against BCIS (British Cardiovascular Intervention Society) standards continue to be excellent.

An ST-elevation myocardial infarction (STEMI) is a type of heart attack that is more serious and has a greater risk of serious complications and death. During this type of heart attack, there is a total blockage of a coronary artery limiting the blood supply to the heart muscle and this can cause extensive damage. The treatment is to unblock the artery as soon as possible by primary percutaneous coronary intervention (i.e. a stent).

The current standard is that at least 90% of STEMI patients should have a door to balloon time of <60 minutes. The national average during the period April – June 2023 against this standard was 74% and Harefield achieved this standard in 89% of cases.

Transplant Service

In 2023/24 to date (11/01/24) Harefield Hospital has carried out 34 heart transplants and 25 lung transplants. This is a considerably higher number of lung transplants than in 2022/23 year where 16 were carried out. We are also forecasting an increased number of heart transplants by the end

Heart, Lung and Critical Care Clinical Group

of the this with 38 hearts transplants carried out in 2022/23.

Recruitment

We continue to struggle recruiting some staff groups. There remains a national shortage of cardiac physiologists, so it is challenging to fill vacancies when they arise.

It is also still difficult to recruit anaesthetic and critical care junior doctors with less overseas candidates applying for jobs than before the pandemic and Brexit.

Another area with recruitment challenges is critical care nursing and Harefield is holding a band 5 and 6 critical care nursing open day on 14th February 2024 to support this recruitment drive.

Electronic Patient Record (EPR)

In October 2023, Guy's and St Thomas' NHS Foundation Trust (of which Royal Brompton and Harefield Hospitals are a part) and Kings Hospital launched a new EPR system called EPIC cross all of its hospital and community sites. It is the largest EPIC roll out in the world to date and was several years in the planning.

As with any new EPR launch, there is a period of time post go live where the system is becoming embedded as staff become more familiar with the system and how to maximize the advantages it brings. There are also inevitable data migration issues to resolve and data quality issues to address. This work is continuing and there is no doubt that having this new EPR will bring great benefit to patient care.

Capital investment

The concern regarding the constraint on NHS capital expenditure continues, particularly given the cardiology unit (ACCU) delivering level 1 (ward) and level 2 (high dependency) care will require replacements in the next 4/5 years due to deterioration of the current prefabricated building.