

## **Royal Brompton and Harefield Hospitals**

### **Briefing Report for the Health and Social Care Select Committee July 2024**

#### **Elective activity**

The various periods of industrial action have continued to adversely affect the volume of elective activity at all hospital sites to allow focus on delivering emergency work and providing safe care to inpatients already in hospital.

The junior doctors have recently voted to extend the period over which they can take industrial action, but with no further strike dates yet announced.

In January 2024 we reported that 555 patients were awaiting an elective cardiac surgery procedure at the Royal Brompton and Harefield Hospitals. Unfortunately, this volume has increased to 600. The two main reasons for this are an increase in the number of referrals received and an increase in the number of complex cardiac surgery cases requiring a full day theatre session rather than the normal half day slot.

The number of waiting patients remains higher than pre-pandemic volumes which would have been approximately 400. All patients on the waiting lists are categorized according to clinical priority and we continue to monitor patients 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.

In March 2024 all GSTT hospital sites participated in a Multi-Agency Discharge event (MADE) which focused on the timely discharge of patients from hospital and focused attention on both identifying and resolving issues that arose on the day relating to patient discharge. This has allowed us to identify further work we can do to improve patient flow further and these will feed into our transformation / improvement programmes.

#### **Cancer**

Both Royal Brompton and Harefield Hospital sites are involved in the targeted Lung Health Check programme that aims to find lung cancer early, sometimes before symptoms are even experienced. Harefield Hospital are leading the West London scan review meetings where all patient scans are triaged and signposted for onward investigation and treatment where appropriate. This group reviews more than 100 patient scans a month.

An exciting new trial is taking place at Royal Brompton Hospital using microwave energy to destroy lung cancers in hard-to-reach locations in the lungs. A new device, Microblate Flex, is fed through a tube through the patient's mouth directly to the site in their lungs where a suspected cancer is identified from a CT scan. Microwave energy is administered to the cancerous tissue in the lungs which precisely kills the cells in the treatment area, ablating the tumour. In the first

patient treated as part of the study, the medical team was able to ablate the tumour measuring 11mm within three minutes.

Patients on this study are not eligible for cancer surgery, which is regarded as the gold standard for lung cancer treatment. For them, their current treatment option would be radiotherapy, something which can lead to several side effects including developing inflammation of the lung which leads to breathlessness.

This new method of treating lung cancers with microwave energy has the potential to offer benefits over radiotherapy by reducing the number of side effects.

## 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.

The below graphs show two performance standards that are measured for Heart Attack Centres. The top graph shows the ‘Door-to-Balloon’ time that Harefield Hospital (identified by the dark blue column) is achieving. Harefield Hospital is well above the national standard for the percentage of patients with a high-risk STEMI heart attack undergoing Primary Percutaneous Intervention (PPCI) within 90 minutes of arrival at hospital.

The bottom graph shows that Harefield Hospital is the 2<sup>nd</sup> highest performing hospital nationally when looking at the percentage of patients having their PPCI within 60 minutes of arrival at hospital.

### The new 60-minute Door-To-Balloon targets challenges hospitals to improve their systems and processes so as to shorten time to treatment



While the long-standing Door-To-Balloon (DTB) target time to treat higher-risk STEMI heart attack patients requiring primary percutaneous coronary intervention (PCI) is 90 minutes, the current ambition is to achieve this in 60 minutes from arrival at hospital.

Accepting that some patients will by necessity require care prior to a PCI procedure (e.g. related to initial diagnostic uncertainty or the potential safety of treatment), the aim is for 70% of patients to be treated within the target times.

**Thirteen hospitals failed to meet the 90-minute target and 45 hospitals the 60-minute target.**

Selecting a country or Cardiac Network below shows the hospitals in that area which reported data.

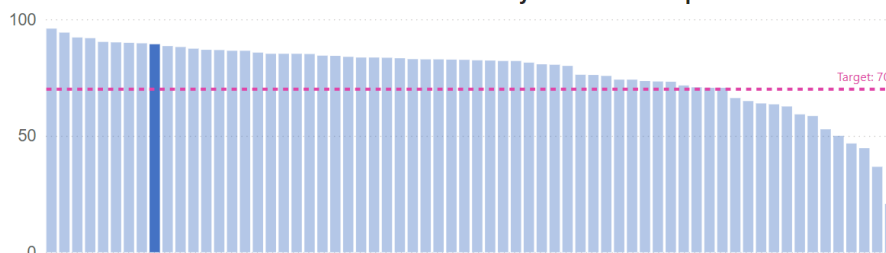
Select country or Cardiac Network

All

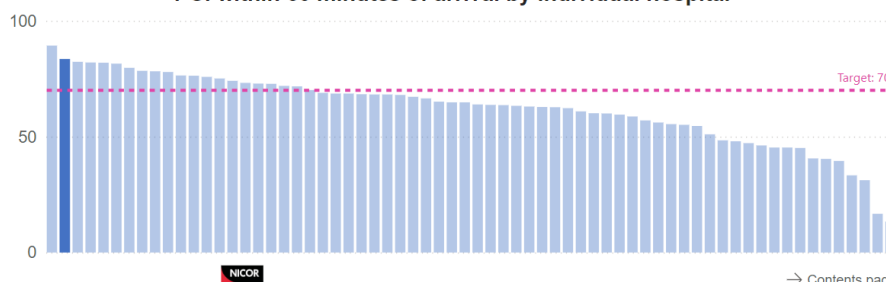
Select hospital

All

Percentage of patients with higher-risk STEMI heart attacks who undergo primary PCI within 90 minutes of arrival by individual hospital



Percentage of patients with higher-risk STEMI heart attacks who undergo primary PCI within 60 minutes of arrival by individual hospital



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## Transplant Service

The Harefield Hospital Transplant Service carried out significantly more heart and lung transplants in 2023/24 than in the previous year. The breakdown of activity across the two years is illustrated below:

	Volume undertaken in 2022/23	Volume undertaken in 2023/24
Heart transplants	38	44
Lung transplants	16	28
Heart & Lung transplants	0	1
<b>Total</b>	<b>54</b>	<b>73</b>

In 2023/24, Harefield carried out the highest volume of heart transplants of all the cardiothoracic transplant centres in the UK and the second highest number of lung transplants.

We have recently also seen a new world record met with the longest surviving heart transplant patient in the world celebrating over 39 years of a new heart. Bert Janssen, a 57 year old father of two living in the Netherlands, has been recognized by the Guinness World Records and is still living with his transplanted heart having been transplanted in Harefield Hospital by Professor Magdi Yacoub in June 1984.

## Recruitment

Back in April, it was reported that there was concern around the number of critical care nurse vacancies at that time, given so much of the specialized activity undertaken relies on critical care capacity. A very successful critical care nursing open day was held in February which resulted in 29 WTE nurses being recruited. This model of recruitment is now planned for other areas with high vacancy rates with a cardiology open day currently being planned.

Better links are also being forged with our local universities especially with regards to apprenticeships.

## Electronic Patient Record (EPR)

Following the GSTT and King's EPIC rollout in October 2023, we are currently in a period of stabilization and validation. The following phase will be optimization and in time, this new EPR system will facilitate much higher quality and sophisticated reports.

## 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.