

Royal Brompton and Harefield Hospitals

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

Elective activity

The volume of elective activity undertaken over the last 3 months has been adversely affected by the Synnovis ransomware cyber-attack which occurred on 3rd June 2024. This attack affected pathology services within community and hospital sites across all of Guy's and St. Thomas' NHS Foundation Trust and Kings' College Hospital NHS Trust.

Following the attack, the process for cross matching blood for a patient having surgery had to be undertaken manually which was very time consuming and required additional manual checks for safety purposes. Surgical and complex cardiology cases were all reviewed daily to ensure there were sufficient stocks of blood before they could proceed.

The Synnovis digital interfaces connecting the laboratories with hospital and community services had to all be rebuilt. The restoration of Blood Transfusion Services has been the final part of the recovery action plan and this was reconnected on 22nd September and full testing commenced.

There are currently 570 patients waiting for cardiac surgery at the Royal Brompton and Harefield Hospital which is less than the 600 reported in January 2024. Progress in reducing the volume of patients waiting has been affected by the Synnovis cyber attack as described above. The Trust continues to use the Ortis platform to closely monitor patients waiting for surgery and this detects any clinical deterioration of patients that indicates a further Consultant review.

With regards to Referral to Treatment (RTT) and long waiting patients, the Heart, Lung and Critical Care Clinical Group predict that there will be 8 vascular 78-week waiting patients at the end of September 2024 and 70 vascular/cardiology patients waiting 65 weeks at the end of September 2024.

Diagnostics

Hospitals are measured against a DM01 standard which covers 15 diagnostic tests and 95% of all patients should receive their diagnostic test within 6 weeks of referral.

A lot of work has been undertaken to reduce waiting times for diagnostics in modalities such as imaging (CT, MRI and Ultrasound) which are broadly compliant with the standard. Meeting the standard for Echo at Harefield has been challenging, primarily due to capacity restraints within the Echo department. The department space has recently been restructured and an additional clinical Echo room created. We are also introducing a bed side discharge echo service on the wards which will create additional capacity for outpatient echos, as well as improving the discharge process for patients.

The DM01 performance for sleep studies is currently the biggest concern for Brompton and Harefield Hospitals with neither meeting the 95% standard. Harefield performance is currently 81% and Brompton is at 45% but with considerable work being undertaken on the validation of the latter's waiting list.

Heart, Lung and Critical Care Clinical Group

The purchase of additional sleep equipment has helped reduce the sleep waiting time but there remains some way to go. There are several GSTT hospital sites providing sleep studies so there is also work is being undertaken to review waiting lists and explore how the capacity issues can be best resolved.

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.

Regarding cancer performance, the 62-day lung cancer pathway remains one of the most challenging. However, performance has improved with the number of breaches in late July being approximately 70 and by early September this had reduced to 43.

Recruitment

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 specialised 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. The last of these new recruits has commenced employment and is currently in their supernumerary period.

Electronic Patient Record (EPR)

Following the GSTT and King's EPIC rollout in October 2023, the Trust is now moving into a period of optimisation and benefit realisation.

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 years due to deterioration of the current prefabricated building.

Work is continuing to develop the Harefield Clinical Strategy which will inform what the Harefield Hospital estate is going to need to look like in the future.