Notes from the Royal Brompton staff forum

Wednesday 27th May 2020

Bob, Bell, chief executive:

As you can appreciate, these are extraordinary times to be able to be communicating with each other this way, but I'm pretty confident and hope that the technology works.

We have allocated about an hour for this process, so we have quite a few things to cover. First of all let me begin by expressing to you a personal reflection and it is certainly one of hope, one of definite gratitude and of thanks and appreciation for all the things that all of you have been doing in the past 10 weeks or three months. To describe this as being sort of unusual would be an understatement, but I can tell you that I, for one, as your Chief Executive, and I know that the full Board and equally our governing council, are immensely proud of what you have all achieved and what you continue to do on a day-to-day basis. You have done an amazing job, it goes without saying, and the gratitude of patients has also resonated in our ears and in the letters and in their notes, and I think there is a recognition that we have risen to the opportunity and the challenge in a very surprising way. But at the same time the last 3 months has brought a lot of changes, changes that are disruptive, create uncertainty, create a kind of misinformation and sometimes misconceptions which I hope to address and resolve with you if I can today. I'm going to share with you a lot of data, so those of you who don't want to take notes, I will be slow in my data release so you can in effect take the time to make notes for yourself so that you may be able to share them with your colleagues, or with whoever else you wish, and I'm going to stick to facts, I'm not going to delve into a lot of rumours.

First of all, let be begin by saying that the experience of the last 3 months, and I'm using the period March, April and May, taking as a cut off the beginning of March to the day that we have got to now in May, is that the Trust has been busy. Here are some of the facts to illustrate the point:

As of last week we have admitted at the Trust 3,410 inpatients, I repeat that, 3,410 inpatients and that is split roughly speaking 50/50 between the Brompton with about 1,800 and Harefield about 1,600 inpatients. Now contrary to an impression I have heard repeatedly over the last few months that we have become a Covid hospital, the reality and the truth is the following: that of the 3,410 inpatients we have received, to date we have treated 198 Covid patients, that is less than 6% of the total patients that we have treated over the intervening period. That still is a large number but is certainly hard to extrapolate this to describe that the Trust has become a Covid hospital, when 6% of the patients that it has treated are patients that have been diagnosed either Covid positive or suspect. Fortunately, of those 198 Covid patients, 84 have been discharged back to their homes, 34 have been transferred back to hospitals that they were transferred from at the beginning, and sadly 49 passed away. As of today, for instance, we currently have in the Trust 31 Covid patients, 25 of them are at the Brompton and 6 are at Harefield, yet the total number of patients we currently have today at the Trust is something like 180 patients.

So, I hope you have a picture of what we are all about, because in many respects we have continued to deliver what we are known for, which is to treat patients with cardiac and respiratory conditions. Here's an additional point of evidence: over an intervening period of the last 3 months we have performed 225 cardiac surgery procedures, we have also undertaken 474 cath lab cases. We've done approximately 6 transplants and other transplant-related procedures and we have also either met with or consulted with 24,000 outpatients. Now those numbers I grant you are slightly lower than what we are normally used to delivering, but nevertheless they are still substantial.

Overall, we have not been dominated by Covid. I grant you that in the first few weeks we did receive a huge amount of Covid referrals at both sites and it took us a while before we were able to recalibrate the distribution of these patients between both of our sites and you will soon learn why it took a while. Whilst this was all going on, NHS England decided to also leverage this opportunity to begin a kind of restructuring of the delivery landscape of London. I will come back to that point in a few minutes but I need you to have that in the background.

On March 3rd NHS England declared what is known as a Level 4 incident, now I know many of you at the time probably did not register or understand what this really meant. The bottom line is that when a Level 4 incident is declared NHS England assumes all power and authority over every NHS organisation, decision making shifts away from the individual organisation to central command and control. We are placed as part of the command and control vision of NW London and NW London integrated care system and I will come back to explain to you what integrated care systems really mean. But it is important to understand that therefore many of the changes that we have had to do were largely driven by the directives that we received with respect to these instructions, and as of today we still exist under a Level 4 declaration and we have no indication whatsoever as to when and if this declaration will be rescinded in London. But that is not necessarily the same as everywhere else in the country in that not everyone across the country is going through structural transformation.

So let me very quickly go to a question that has risen from you and many others. Obviously when there is such a change, people can be concerned about what this means to futures or what it means for the current. Job security is a case in point, and equally one of the transformations that was occurring when we got into this, was the fact that we were embarked on a merger with Guys and St Thomas', a merger that was scheduled to, in effect, from a corporate point of view, be enacted in the first quarter of 2021 and I'm going to come back to that point again. I can tell you with assurance that to date we have not entertained nor considered any staff redundancies whether as a result of the changes that were imposed upon us by the Level 4 incident restructuring, or any redundancies as a result of our plans for a merger with Guys and St Thomas'. On the contrary, and this may surprise you, we have to date in the last 3 months alone appointed 301 new staff members, I repeat 301 new staff members, and have not acted on any either forced or requested redundancies of any of our staff. Some have left for personal reasons but certainly none have left because we have asked them to go.

So, in this change reconfiguration, what happened back in early March was that all hospitals were asked to essentially freeze or put on hold elective admissions. We were impacted just like everyone else. There were two exceptions and the two exceptions were Harefield and Barts, which were designated by NHS central command as being organisations that should continue to deliver cardiac services on an emergency basis in the areas of heart attacks, cardiac surgery as well as aortic dissections. Now some will say, why is it that Harefield was chosen and not say the Brompton, and I've had all kinds of weird interpretations of this decision. The simple facts are the following: Harefield is the only transplant centre in southern England for heart and lungs. It certainly is the only such transplant centre in London and equally Harefield is only one of the very few 24/7 365 days a year primary angioplasty heart attack centres, so when central command was looking at the London landscape it made a lot of sense to make sure that Harefield is kept focused on delivering the cardiac activities that were warranted, and Barts was able to do the same thing. But when we were asked to, in effect, shut down all other elective admissions, that had a consequential effect on both of our sites but more acutely at the Brompton site.

Question about the Imaging Centre: what you think will happen with the new imaging centre, perhaps particularly whether our recent experiences with Covid and so on, will make any difference to how the imaging centre is used when it's completed.

Throughout this whole period the construction of the imaging centre continues and we expect it to continue. We are told by the contractor that they will be completing and delivering the site to us for operational commissioning around November 2021. As you can appreciate, I spoke about the site reconfiguration changes on the Brompton estate, so clearly the location of this imaging centre which is going to be a central hub that has all the imaging modalities in one place, interconnected to the physical structure called Sydney Street, becomes more mission critical and more important going forward. I mean that under whatever scenario, we are remaining on the Brompton estate for the better part of the next decade, so putting into operation the imaging centre with all the integrated imaging modalities will be mission critical for us to be able to deliver safe, sustainable and resilient services.

Question about a second Covid wave.

The question is not if, it would be when, and so part of our preparations in terms of how we structure and reactivate is taking into account our preparation for when the next wave is coming. I'm like the rest of you, I listen to the forecasters and we are fortunate to have some of our clinicians who have access to the knowledge of what is being forecast ahead. Just yesterday I had assurance that they expect a second wave to come, so therefore we are this time around not only preparing ourselves for how do we so called 'recover', when in fact it's not a recovery it's more a repositioning. How do we reposition ourselves knowing very well that this disease hasn't gone away, it is likely to be back.

Question about services for children

Throughout this whole period, we continued to provide services for children, we had children under care at the Sydney Street site throughout the months of March, April, May and today. I think today we even have something like 12 children being cared for. I think the real question is what are we doing about cardiac surgery, cardiac intervention and PICU. PICU is there to support primarily children that we do procedures on, and until we start to be able to do procedures on the Brompton estate, both for adults and for children, we are not likely to be having children in critical care. We are not positioned today to receive patients transferred to us from elsewhere for a variety of reasons, and in the meantime we have tested and used regularly the connectiveness between ourselves and the Evelina, to make sure that any child who required surgery was attended to, and they were. We will continue to operate along that model until we have been able to reconstitute the interventional and in the surgical procedures for both adult and child, meaning that we have to re-open our cath labs and our surgical theatres because we can't operate on these kids anywhere else. Once we have done that then PICU can come back into activities, but in the meantime children that don't require interventions whether surgical or cardiological, they're still being cared for on Level 4. We should not be dismissing them by saying we are not caring for children, we are.

Question on merger or acquisition - we still have some autonomy if the merger goes ahead?

Look, no speculation, here are the facts. The facts are we become a divisional entity of a newly restructured Guys and St Thomas' Hospital. That's a merger, it's not an acquisition because nothing is being acquired, but we become an operating entity under a newly restructured Foundation Trust.

We will have seats on the Board, we will have positions in senior management at all levels, clinical and operational, but we will not continue to exist as an independent autonomous Foundation Trust. I hope I'm being very clear.

I thank you all for joining and, by the way, I provide and offer to any of you, I'm accessible, you can reach out to speak to me either by phone or send me an email and I will get back to you. Physically, I come to the Brompton every now and then, but we are not required and I don't want any of you to be in the hospital building if you are not involved in providing direct patient care, it is not the right thing to do, and that is why those of us who are not involved in direct patient care are not always physically present in the hospital buildings. If you see me when I'm around at the Brompton and I will be around for a couple of hours or so on Tuesday, and you want to stop me from a distance and have a chat, whether in Joe's café or in the parking lot, I would be more than pleased to speak to you at a distance, otherwise give me a call and reach me directly via an email or Eve Mainoo, she will find me and will put me in touch with you so we can speak. So, thank you again.

But I can tell you at this stage we are not preoccupied or thinking about any layoffs or any redundancies because both of our organisations, Brompton and Harefield and Guys and St Thomas', are running a similar level of vacancies and we both know that we need virtually all the staff that we have got. What's important is that we both remain focused on achieving this important mission that we both have in the London landscape, in particular since we as two organisations would then have a set of specific services that are unique, absolutely unique. We are the only two centres that will be providing ECMO services on a continuous basis with over 40 designated ECMO beds. We are the only organisation that would be able to deliver on a continuous basis a transplant heart and lung service in southern England. So, I urge you not to listen to naysayers who present dire pictures about what mergers really mean. In our case it is pulling the two together to become a new stronger entity that still needs to expand and grow. There will be disruptions to job roles but not necessarily in terms of job opportunity. I am hopeful that we will be able to finalise the plans for the corporate merger, I emphasise the corporate merger, some time between now and the end of this calendar year, which will then go to our Board and will also go to the Board of NHS England for their support and endorsement since they have from the beginning requested and endorsed this merger to take place.

So, my final comment to you today before I take questions is, you can see from the landscape I've just described, we deliver a mission critical service during this Covid fight. We are an essential organisation to the lives and the survival of many people, essential. You and your colleagues should be proud of what you do. We certainly are proud of you and I can assure you that the Board is fully supportive of everything we have achieved and will continue to be so because we've made sure that they are fully in the picture.

Questions

Jinny Moran – you had a question about antibody tests. We only received yesterday evening the new central command directions with respect to antibody testing for NHS staff and patients. They are to be made available and we are still finding our way in what does this really mean and how can we begin to provide those tests inside our organisation.

A question about the cardiac hub at Harefield, its longer-term future and whether the merger might make any changes in that respect. Do you expect the cross-site working we've seen between Brompton and Harefield through that hub to continue?

It will definitely continue, one of the great achievements/innovations that has come as a silver lining of this experience, lets call it the Covid-19 experience, has been the ability to bring together the medical staff at the Brompton and at Harefield closer together than ever before. In particular, this has been evident with the evolution of the cardiac hub which has become a sort of central coordinating centre for managing the flow through of patients and the urgency of the care that they need to be provided. We don't make any distinction as to where that care is provided as long as it is provided on a timely basis to all our patients, whether it is on the Harefield estate or whether it is on the Brompton estate. It's important also to understand that we have extended this concept to not just the two sites that we've got, but to other organisations that have an alignment with us, in particular Guys and St Thomas'. Indeed there are people who do not know that within those 225 cardiac procedures that we have completed, they were done by surgeons from Harefield, surgeons from Brompton, but equally surgeons from St Thomas'. So, I expect this type of 'model' of delivery to continue and to grow.

It is headed up managerially by the chief executive of Chelsea and Westminster and medically by the medical director of Imperial the Trust, these are the people we work with on a weekly basis in aligning our services in accordance with the plans that they see are necessary for NW London as part of the London reconfiguration. There are services, as I explained, that fall out of this grouping, certainly cardiac services is one of them, children's services is another, cancer services is another, and to those ends we receive direction from central command that is pan-London and not just necessarily NW London. That is not something we used to do before. I'm emphasising the words we receive command instructions, and they are command instructions, because when a Level 4 incident was declared the law says NHS England becomes the accountable and responsible authority that manages all NHS services directly. Yes, we do have a Board and we have a Council of Governors and they are there to oversee and to be consulted with, but we get our directions from central command and control.

One of the most endearing things from my standpoint has been the absolute commitment and the resolute determination of our staff to continue to deliver, to continue to work. Just to share with you again another set of data: our absenteeism rate is currently hovering around 7%. Throughout that whole period of the last 3 months we never exceeded 12-13% in absenteeism, in fact we average more like 8-9%. We've had something as low as 4 people absent because of illness on a weekly basis up to 223 during the height of the crises in the 3rd and 4th week of March. So, it's telling me something about the fact that we have a resolute organisation made up of people who are committed to what is the mission. I'll share with you one anecdote that was given to me by the HR department the other day: many people were asked to do different jobs during this period and had to shift from what they were normally assigned, to do new roles. I was pleasantly surprised to learn about 150 staff members who normally would be doing other things in the Trust, particularly in management and administrational support, volunteered to come forward and become part of the clinical service delivery models that we are providing. You know, that's not a surprise knowing very well who we are made of, but it certainly is a very endearing fact to illustrate what kind of an organisation we are. We have demonstrated that we are not only delivering mission critical services that save lives, and we truly save lives because at the end of the day for many of the patients that are sent to us, and particularly at the Brompton site, we were either the last station for them. That is something to be very proud of, we have made a massive contribution in this fight called Covid, which hasn't ended by the way, and will continue for probably many weeks to come and may even come back at a future date.

So let me speak about going forward and the issue of the merger. As I said, we signed a Letter of Intent with Guys and St Thomas' Hospital that we will effect in the first quarter of 2021 what is known as a corporate merger, and the corporate merger means that the governance structures of the two organisations will come together. Brompton and Harefield will cease to exist as an independent Foundation Trust, it becomes an operating division and entity under a newly restructured Guys and St Thomas' Foundation Trust. Once we have become a singular organisation then the process for integrating the service delivery models between the two organisations will take place over a much longer period of time, probably years. So, there won't be any service integration between now and let's say the first quarter of 2021. Under the corporate merger designation, staff will be transferred from what is our existing Foundation Trust to the new Foundation Trust. That will be subject to staff consultations which we are expecting to take place later this year. Many of you will have the opportunity at that point, if you wish, to ask questions of clarification and understand better what does this really mean in terms of your job opportunities and job security.

As of today we are still searching for a sustainable model that will enable us to allow this kind of activity to be on an ongoing basis. This is not an issue that we control. I've had some people say 'go out and buy it Bob', well we don't control the purchasing equation anymore. Everything has to be controlled through central command and acquired through central command. Nevertheless, by the middle of June the designation for Harefield will have become saturated, meaning we cannot deliver more at Harefield at that point. The supplies they are getting are because they are a designated emergency centre. We are therefore preparing our plans to enable us to reactivate these types of services on the Brompton site.

I'm optimistic but I can't give you today any definitive dates of assurance that this will happen within that timeline. So, I invite you to remain tuned with these developments and I'm being totally open and transparent with you about it. In the meantime, we have to deliver what we are committed to provide. I'm not going to go today through all the iterations and the kind of models that are being considered for what we can do with the Brompton site, but a lot of options are being considered, from turning Level 5 into a Covid free environment and turning Level 5 into a fully equipped and fully staffed ICU. We are looking at the possibilities of activating the cath labs in the Squire Centre along with our normal cath labs, as well as our surgical suites, and I'm very optimistic that the work that a lot of our people will finally come to resolution on this.

A couple of other changes have occurred on the Brompton site. The second major change is that we also consolidated all inpatient respiratory work away from the Fulham Road onto the Sydney Street site. That will be a permanent change whereby all inpatient respiratory work will take place on the Sydney Street site. We do not believe that we can operate in a safe way considering this environment that we are in, by maintaining the two sites operational in Chelsea. That places another dimensional change onto the nature of the bed configuration and the building known as Sydney Street. One other change that has occurred is that the ward known as Sir Reginald Wilson, a ward with 27 beds traditionally allocated to private patients, has now been fully converted to become a ward for NHS patients and we will not be reactivating Sir Reginal Wilson back to private patients any time in the foreseeable future. So people can consequently ask 'well what happens to these private patients?' I can tell you that we are also looking and working on what other modalities we can provide for those that require surgery and intervention, but we certainly have capabilities on the Harefield estate to provide inpatient facilities for these patients if they require private surgery or intervention, and we will have to work with our consultant body on finding a way forward. But right now to be very frank and honest with you, my priority as an NHS Chief Executive is to find a way, safe, sustainable and deliverable, for NHS patients. Once we have done that, I will shift the focus to looking at the rest. So, in that regard you can appreciate that the changes on the Brompton estate are significant and in some respects they are not temporary. It's not as simple as saying 'well we have an empty bed here, just fill it up'. We have to make sure that we have a sequencing of the flow of patients throughout the organisation that works, that works according to 3 principles: that it is safe, safe to the patient and safe to you as staff, secondly that it is sustainable and we can carry on delivering with a sustainability that assures that safety, and thirdly that it is resilient. Today we don't have answers for all these 3 equations, we have some answers but we don't have full answers. I'm still optimistic that we will get there.

So, let me come back to what does this ICS business really mean? ICS stands for Integrated Care System and because we are part of NW London geography, we therefore are included in the ICS command and control of NW London ICS.

The Brompton site is largely an elective admission site, we do not run any emergency services at the Brompton site, and when we were affected by that decision, we therefore had to stop being able to do any cardiac interventions and surgeries on the Brompton campus. This is at a time when we were also receiving numerous Covid patients to be cared for in critical care environments. We suddenly found that our critical care units both at the Brompton site and at the Harefield site were largely occupied by Covid patients that required critical care attention, which added another layer of difficulty in the environment that we had to cope with.

A second transformation that occurred is that we were asked as a Trust to expand our critical care services whereby, on a permanent basis, not a temporary basis, on a permanent basis a critical care footprint of the Trust both sites (Harefield and Brompton) was required to be able to deliver on a continuous basis, 88 critical care beds staffed and ready. Now that is a major shift from what used to be our previous commissioned position. This is a shift by about 42 beds in permanence. The breakdown was as follows: 54 of these 88 beds were to be at the Brompton and 34 were to be at Harefield. So, at the Brompton that represented a shift from what was historically 18 critical care beds to on a permanent basis 54, of which 36 were to be there all the time, and the ability to scope up within 48 hours to 54. As you can appreciate, these changes are quite fundamental. They are fundamental on the scope of the work that can be done in the environment, whether it is at the Brompton or at Harefield, and the second issue is that they are permanent in nature. Just like I described to you that Harefield was identified for cardiac continuing care, the Brompton was also identified that in permanence, the Brompton would need to staff and operate 20 ECMO beds. Now we are one of two ECMO centres in London for adults, the other one being St Thomas'. This is a shift from what was previously a commissioned activity of 4. Sometimes it grew to 5 but now we find ourselves on a continuous basis being commissioned to deliver 20 ECMO beds, and at a certain stage we were delivering, during the height of this crises 27. Fortunately, at this stage, that is today, we only have 12 ECMO patients. But we still are required to have 20 beds in place and ready.

There is a definite change in the character and the nature of what we are commissioned to deliver. At the Brompton site the main difficulty at this stage is to reactivate our surgical and cath lab suites, and the main difficulty that is apparent in those areas is the fact that they are placed geographically in an alignment with our AICU which is fundamentally a Covid unit. That poses certain infection control challenges that we are now working diligently to figure out how to resolve, so that we can in a period of time enable both our cath labs and our surgical suites to be reopened to provide some of the previous services we were able to provide regularly at the Brompton site. I don't want you today to sit down and say 'well kids are going back to school on 1st June so therefore we're about to reactivate everything on 1st June'. It doesn't work that way.

We are therefore in the process of creating at the Brompton site an alternative ICU to the one that is called historically AICU on Level 3. We don't have all the answers to date but a lot of good work is going on and I'm looking for our teams to hopefully find resolution on this issue around the middle of June. Now it's not an issue of just beds, when we speak about safety of an environment, and yes safety is infection control protection, but safety also has many factors. One of the key factors that people often do not consider or think seriously about, because we take it for granted, is access to goods, access to necessary and essential components that allow us to be able to deliver services. There has been a lot in the media about PPE, and yes PPE are some of those goods one has to consider and we currently are conscious of being comfortably supplied for about 2 weeks with PPE. But a more serious question if we are going to reactivate surgical suites has to do with supplies for anaesthesia, drugs, pharmaceuticals, renal replacement therapy drugs, liquids, fluids for renal dialysis.