Royal College of Physicians | Coleg Brenhinol y Meddygon (Cymru)

RCP visit to the Grange University Hospital

Follow-up review

April 2022

On Monday 21 June 2021, consultants and trainees working at Aneurin Bevan University Health Board (ABUHB) hosted a virtual visit by Dr Andrew Goddard, Royal College of Physicians (RCP) president, Dr Cathryn Edwards, RCP registrar, and Dr Olwen Williams, RCP vice president for Wales. The follow-up report, published on 17 August, was intended to provide an overview of discussions and some constructive recommendations to the health board and clinicians in south-east Wales.

This report was a snapshot of the experiences of consultant physicians and trainee doctors, written after numerous colleagues offered direct feedback to us. The RCP is a membership organisation: its aims are to educate, improve and influence to ensure the highest quality patient care. We have no regulatory or hospital inspection function: our intention is to highlight the views of clinicians of all grades and offer solutions based on our experience of fellow professionals across the country.

On 1 October, we received an action plan and covering letter from the ABUHB executive medical director, Dr James Calvert. The health board has developed a matrix of actions in response to the RCP report, and it is positive to learn that regular engagement with local clinicians has begun.

Dr Calvert has acknowledged the key areas of concern in the RCP report and has given assurance that the health board will prioritise staff wellbeing. It is also positive that the health board has committed to the rapid development of robust pathways of care for unwell patients presenting to minor injuries units at Nevill Hall, the Royal Gwent and Ysbyty Ystrad Fawr. Funding is now in place for a front-door frailty service which will commence for a trial period later in 2022.

It is important to remember that our original feedback stated that local consultants were positive about the potential opportunities for medical education, and junior doctors and physician associates (PAs) felt supported by their consultant colleagues. We also reported that both consultants and trainees had commended the wellbeing and mental health support services provided during the pandemic.

Issues of retention, morale, patient demand, staff capacity, workload and burnout still exist and have been amplified by the events of the previous 2 years. Many of the challenges facing ABUHB are mirrored in hospitals across Wales, and indeed, across the UK. The RCP is always keen to support open and transparent clinical engagement, and where we can collaborate with health boards, we will do our very best to help.

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with

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Progress to date

In this follow-up review, we outline the encouraging progress made so far (as outlined in the health board's action plan, with agreed funding and recruitment strategies). We are pleased to report that the health board has:

- approved £1.5 million investment in recruiting new frontline staff
- reviewed the current medical staffing model against RCP standards
- developed a recruitment strategy to meet the staffing gap
- committed to a review of engagement and consultation processes with senior clinical staff
- developed a programme of support for international medical graduates
- brought together the results of various staff wellbeing surveys to inform a 12-month engagement programme with executive involvement
- appointed a clinical fellow for junior doctor leadership and wellbeing
- opened a 'wobble room' at the Grange and approved £1 million for staff wellbeing initiatives
- developed plans for same day emergency care provision at the Grange
- undertaken a staffing review at the flow centre
- committed to revisiting the general internal medicine model of care at the Grange
- developed plans for a front-door frailty service to begin a trial period in spring 2022
- committed to reviewing the clinical model for escalation at Nevill Hall Hospital (NHH)
- committed to addressing the issue of walk-in paediatric patients at NHH and the Gwent
- clarified that patients should not be 'stepped-down' to enhanced local general hospital (eLGH) sites outside of core hours, only in exceptional circumstances and after a risk assessment
- re-emphasised a commitment to patient involvement in reviewing care pathway performance through partnership working with the Community Health Council
- sought the appointment of a simulation training clinical fellow
- introduced new teaching programmes and local specialty induction packs
- redesigned the corporate induction for junior medical staff
- co-opted trainee doctors onto several hospital-level, divisional and governance committees
- committed to regular meetings between the executive medical director and the local RCP college and associate college tutor team.

Further recommendations

- The health board should prioritise recruiting appropriate clinicians and extra junior staff to support medical registrars on the acute take at Nevill Hall.
- Pathways and protocols for non-medical walk-in patients should be clarified with the MAU and MIU teams at the eLGH and followed up with regular audit.
- The health board should collect the data on how many walk-in patients are presenting inappropriately outside of the Grange University Hospital. If this is already happening, this data should be published regularly in an accessible way alongside any data collected by the flow centre on the transfer of inappropriate walk-in patients.
- Health Education and Improvement Wales (HEIW) should work with the health board to reassure trainees on portfolio requirements and address issues around acute care assessment tool (ACAT) sign-off.
- The health board should work with healthcare staff to gather data on the extra hours worked and act on the findings. This should be communicated clearly with all staff.
- The health board should be aware of the risk to education opportunities for IMT3 doctors and do what they can to proactively mitigate this.

Many of the recommendations we made in August 2021 remain relevant and we would encourage the health board to continue to work towards meeting these recommendations, including as a priority:

- No medical doctor should ever be involved in the treatment of a paediatric patient at any time, under any circumstance. This includes Child and Adolescent Mental Health Services (CAMHS) patients, who should not be managed in an adult medical assessment unit.
- The health board must urgently review its provision of general medicine and care of the elderly/frailty medicine at the Grange, as part of a wider review of the Clinical Futures model of care, with emphasis placed on improving patient outcomes for frail, older people, and expanding the medical training opportunities available to junior doctors at the Grange.

Original findings and recommendations

Below we have set out the recommendations made to the health board in the RCP president's visit report which was published in August 2021.

Headline findings

- Consultants were positive about the potential opportunities for medical education.
- Junior doctors and PAs felt supported by their consultant colleagues.
- The hub-and-spoke model works well for patients with a single specialty condition.
- Both consultants and trainees told us that wellbeing and mental health support services during the pandemic have been very well received at the health board.
- There was a strong working relationship, and mutual support, between junior doctors and PAs, which was very encouraging.
- Excessive workload and chronic understaffing were key themes running through the visit, leading to very serious patient safety concerns at the Grange.
- Trainees feel overworked, unsafe and unsupported by hospital and health board managers.
- The lack of general medicine and care of the elderly medicine at the Grange is likely to have a negative effect on the quality of patient care for frail, older people in the future.
- At the time of our visit, protocols still listed the medical registrar as ultimately responsible for non-medical walk-in patients. This is unacceptable.
- There was a strong sense of anger, frustration and unhappiness at a perceived lack of genuine clinical engagement and action from the health board.
- Trainees in particular felt ignored, despite telling us that they had attended repeated meetings where patient safety concerns were raised, with action promised by senior managers.
- Some consultants felt demoralised and let down, and were considering leaving the health board.

Recommendations

Patient safety, care and flow

- Patient representative groups, including the local community health council, should be encouraged and supported to carry out a patient-led review of the ABUHB clinical model.
- Robust, clinically led pathways to manage sick, eLGH walk-in patients must be co-produced with trainees and consultants. Appropriate stabilisation areas should be established in each eLGH with access to non-invasive ventilation and clear guidance on staffing responsibilities. Cardiac telemetry should be provided in eLGHs.
- Same-day emergency care should be developed and expanded across ABUHB.
- Patients should not be 'stepped-down' from the Grange in the middle of the night (after 9pm). The health board should audit and report patient moves between wards and sites. A clinical lead should be nominated on every shift, to provide oversight of the step-down, patient transfer and handover process.
- Medical staffing numbers should be reviewed using the RCP guidance on safe medical staffing and using realistic data for bed numbers and patient flow.
- The flow centre model should be kept under constant review, with clinical leads presenting to trainees, seeking feedback and ideas, and engaging in pathway redesign. The health board should consider the mix, seniority and experience of staff in the flow centre, including out-of-hours and overnight shifts, and encourage flow centre staff and paramedics to seek advice from eLGH medical registrars on appropriate referrals.

Leadership, management and accountability

- Trainees should have representation at a senior management level. Health board executives must meet with trainees, listen to their concerns, and take genuine action to find solutions. The health board must involve all clinicians in future service change in a genuine, constructive and open way, and communicate more openly and more often with clinicians.
- Where concerns are raised, there should be transparent communication. Comprehensive feedback should be shared with the doctor on the outcome of escalation.

Workforce wellbeing and mental health

- The health board should appoint a named senior lead for workforce wellbeing, who is proactive in working with trainees and PAs to advocate for wellbeing at a senior management level.
- The health board should consider installing 'wobble rooms' in all of its hospitals. First seen at Nevill Hall Hospital in ABUHB, these provide a safe space for health professionals to find solace, peace and quiet during a busy, stressful or traumatic situation.
- Transport access to the Grange must be improved for both patients and trainees. Doctors who are required to work between two ABUHB sites on the same day should have their travel costs paid by the health board.
- The health board must work with its clinicians to create a sense of belonging and identity at the Grange. Change has happened in a difficult and busy context, and this has contributed to a sense of unease and isolation among clinicians.

Medical education and training

- The health board must place a renewed focus on education, training and research through ensuring that trainees have protected time to attend outpatient clinics and weekly 'bleep free' protected teaching, and to carry out audit, research and quality improvement projects.
- There should be a strong emphasis on in-situ simulation training across all sites, with particular emphasis on simulation of eLGH protocols. A clinical fellow should lead on this.
- The health board research and development department should improve communication and engagement with consultants, trainees and physician associates, and encourage clinician involvement in research and innovation.

The Royal College of Physicians (RCP) aims to drive improvements in health and healthcare through advocacy, education, and research. As an independent, patient-centred and clinically led organisation, our 40,000 members worldwide, including 1,450 in Wales, work in hospitals and the community across 30 different specialties. In Wales, we organise high-quality conferences and teaching, and we campaign for improvements to healthcare, medical education and public health.

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