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

RCP visit to Ysbyty Wrexham Maelor

Follow-up review

April 2022

‘There is clear consensus that significant investment in staff and capacity is the only way forward. We have an opportunity to make our voices heard on the back of the RCP report.’
– consultant physician, Ysbyty Wrexham Maelor

On Wednesday 19 May 2021, the RCP college tutor at Ysbyty Wrexham Maelor, Dr Anthony Dixon, hosted a virtual visit by RCP president Dr Andrew Goddard, RCP vice president for Wales Dr Olwen Williams, and regional adviser for north Wales Dr Mick Kumwenda. The visit report, published on 22 July, was intended to provide an overview of discussions and recommendations to the health board and clinicians in north Wales.

The report was a snapshot of the experiences of consultant physicians and trainee doctors. 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 working with fellow professionals across the country.

The RCP president’s visit report was welcomed by clinicians at Wrexham. Our intention with these visits is to provide a voice for thousands of members and fellows working in hospitals and the community across Wales. In this instance, it was the RCP’s role to speak out on behalf of members and trainees at Wrexham. The RCP’s role as a membership body is to listen to our members and report on their experiences.

On 8 September, we received a draft action plan and a covering letter from the Betsi Cadwaladr University Health Board (BCUHB) executive medical director Dr Nick Lyons, outlining the actions taken by the health board in response to the RCP president’s visit report.

We conducted evidence gathering of our own with clinicians locally, and on 29 November we met with members of the health board executive team, including Jo Whitehead, Gill Harris and Dr Nick Lyons. On 31 January 2022 we met virtually with consultant physicians at Wrexham to learn how things had progressed since our visit in May 2021.

The health board has developed a 12-point action plan in response to the RCP report. We recognise that Dr Lyons has only been in post since August 2021, and we would like to thank him for his willingness to engage closely with us since our visit.

Dr Lyons has acknowledged that the challenges facing the physician consultant body in Wrexham are immense and he told us that the health board was disappointed and concerned to hear of the distress reported by consultant colleagues. It is positive that the health board has committed to meeting more regularly with the consultant body, strengthening medical leadership on site, recruiting a specific medical bed manager and reviewing the management structures for doctors working across unscheduled care.

It is important to remember that our original report found that trainees would recommend working in Wrexham and feel supported by their consultants; non-training grade doctors are encouraged to take part in education and teaching sessions; the medical education team has successfully pioneered the use of a 3-month clinic block with protected time; and the doctors' mess has been renovated recently and this was very much appreciated.

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 BCUHB 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.

Dr Olwen Williams OBE
Vice president for Wales, Royal College of Physicians
Consultant in sexual health and HIV medicine

with

Dr Mick Kumwenda
RCP regional adviser – north Wales

Dr Vivek Goel
RCP regional adviser – south-east Wales

Dr Hilary Williams
RCP regional adviser – south-east Wales

Dr Sam Rice
RCP regional adviser – south-west Wales

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 that the health board has:

- appointed a deputy site medical director for Wrexham and a new college tutor
- engaged with the junior doctors' forum, site educational leads, and the local negotiating committee
- shared resources to support staff wellbeing.

The health board has also committed to:

- establish regular communication between executives and clinical staff
- review the role and functions of the hospital clinical site management team (bed managers) and introduce robust risk assessment processes for bed moves
- review the management structure of doctors working in the acute/area directorates
- support hospital and departmental action plans in response to HEIW recommendations
- support recommendations from the Kendall Bluck review
- implement *Attend Anywhere* across the medical directorate
- clarify business plans for the Wrexham Maelor estate and ensure clinical engagement
- clarify longer term redevelopment plans, including IT infrastructure at Wrexham
- share good practice regarding three-month clinics blocks for medical education
- develop online training modules for all medical trainees in BCUHB.

Further recommendations

During our meeting with the consultant body on 31 January, we heard that there was still a great deal of confusion about management structures. Clinicians understood there to have been a change in how they were managed between the area/acute directorates but weren't sure how the changes affected them in practice.

Communication between directorates – especially around staff changes, the loss of locums and how that affected other services – was still considered to be poor. We heard that several locums had left in one go (this was the third time this had happened), which left one service in difficulties, understaffed and very overstretched. There was real concern that the remaining doctors on the rota were covering their patient lists even while on sick leave or annual leave, and that this was unsustainable.

Consultant physicians still did not feel engaged with the *Stronger Together* programme of change. They were not aware of regular communications with the executive having been established and we heard that they didn't understand the proposed organisational change and the Stronger Together process. We heard that while some doctors acknowledged there had been an opportunity to feed into the process, it wasn't clear or easy to understand.

We heard that recruitment of bed managers had taken place, but risk assessment processes had not yet changed. (It is important to note that this meeting was held at the height of winter pressures, with consequent high numbers of medical outliers across the whole site.) One doctor told us 'trying to get the right patients into the right place at the right time is our biggest issue … if we could sort that, it would make everyone's lives easier.'

The lack of office and clinic space was cited as a serious barrier to bringing down waiting lists, although we heard that there was ongoing work to acquire space off site to provide office space to those staff who didn't need to be on the hospital estate.

Regional treatment centres were briefly discussed, and it was clear that there was a lack of clear information available, which was fuelling rumours and anxieties. We also heard that staff shortages could be exacerbated by establishing new treatment centres. Given that BCUHB already struggles with recruitment and retention, the risk is that a finite resource will become spread even more thinly across even more sites.

The vice president congratulated Dr Charlie Finlow and her trainee colleagues for their work in developing 3-month clinic blocks, which allow protected time for specialty training, calling the project an 'example of excellence which has been adopted by other health boards and showcased outside Wales'.

The health board should:

- continue to improve its engagement with clinicians on the ground, especially around the *Stronger Together* programme of change
- ensure that there are robust risk assessment processes in place for bed moves with an accountable decision maker in post as soon as possible
- clarify how and when management structures will be reviewed for those doctors working in unscheduled care, but who are managed by the area team
- develop a contingency plan for the sudden loss of locum doctors from the rota
- urgently clarify plans to develop office space and outpatient clinic infrastructure
- ensure that an increase in staffing takes place before any new sites are opened
- recruit to the empty occupational health consultant post in BCUHB and/or work with other health boards to deliver an all-Wales occupational health service.

Many of the recommendations we made in July 2021 remain relevant and we would encourage the health board to continue to work towards meeting these recommendations.

Original findings and recommendations

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

Headline findings

- Trainees would recommend working in Wrexham and feel supported by their consultants.
- Non-training grade doctors are encouraged to take part in education and teaching sessions.
- The medical education team has pioneered the use of a 3-month clinic block with protected time to attend patient clinics alongside acute on-calls, and this has been a great success.
- The doctors' mess has been renovated recently and this was very much appreciated.
- Consultant physicians are split between two different medical directorates (acute and area). This has been described as a 'disaster'. Many cross-cutting issues cannot be resolved as there appears to be no effective communication between the two directorates.
- There is a serious lack of clinical engagement by senior managers across the health board.
- Patients are often moved around the hospital, often to an inappropriate ward, and there is no robust handover system for patients under the care of a medical team moving from the emergency department into surgical wards.
- The structure of the organisation is unwieldy. Communication and collaboration across the health board and between hospital sites is difficult.

As an immediate priority, the health board executive should:

- meet with the consultant body at Wrexham and listen to their concerns
- recruit a bed manager and take a more strategic approach to patient flow and surges
- bring together the unscheduled care medical specialties in one directorate.

The health board executive should:

- communicate more openly and more often with clinicians
- support the implementation of hospital and departmental action plans[1]
- support the recommendations from the review of the learning environment in medicine[2]
- ensure that all clinicians are trained in delivering remote consultations and virtual clinics
- invest in the estate, facilities and IT infrastructure at Wrexham
- recruit other health professionals to relieve the workload on trainee doctors
- share information about the mental health support available to doctors in crisis
- roll out the concept of a protected block of clinic time to other sites in north Wales
- develop a portfolio of online teaching so that all trainees across north Wales can take part
- communicate more effectively about the Wrexham Maelor redevelopment project.

[1] Created in response to the HEIW report of education and training in medicine
[2] Commissioned by Betsi Cadwaladr University Health Board medical education and conducted by Kendall Bluck

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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