

P-05-946 Save Royal Glamorgan A&E

Y Pwyllgor Deisebau | 12 Mai 2020
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Reference: RS20/11947

Introduction

Petition number: P-05-946

Petition title: Save Royal Glamorgan A&E

Text of petition: There are serious concerns that a closure or partial closure of A&E services at Royal Glamorgan Hospital could be taking place very soon. This will have a significant impact on access to A&E for patients in Rhondda Cynon Taff and will also put additional pressure on A&E departments in Merthyr Tydfil, Cardiff and Bridgend. The Welsh Government should intervene and do all it can to prevent any reduction of service in the provision of A&E Services at Royal Glamorgan Hospital and do all it can to facilitate the recruitment and appointment of badly needed A&E consultants to the health board.



Background

In 2014, an agreement was made to centralise accident and emergency care (A&E) in fewer hospitals across South Wales. Health Boards agreed that the current configuration of A&E services was fragile in terms of their ability to deliver safe and sustainable models of care and the medical recruitment difficulties affecting these services. The primary recommendation of the NHS South Wales Programme was that consultant-led services within the scope of the programme should in future, be strengthened and delivered from five hospitals within the region:

- University Hospital of Wales, Cardiff;
- Morriston Hospital, Swansea;
- Grange University Hospital, Cwmbran;
- Prince Charles Hospital, Merthyr Tydfil; and
- Prince of Wales Hospital, Bridgend.

A key consequence of this was a reduction in consultant-led services to be delivered in future from the Royal Glamorgan Hospital. The recommendation to deliver consultant-led 24 hour A&E services across fewer hospital sites meant replacing the 24 hour consultant-led A&E service at the Royal Glamorgan Hospital with a nurse-led minor injuries unit.

However, the recommendation remains unimplemented. It has now been six years since the recommendation was agreed, and so the context in which the specific South Wales Programme recommendation was made has changed. Changes include the new footprint of Cwm Taf Morgannwg University Health Board.

Following recommendations made in a number of recent reports (including a November 2019 Targeted Visit Report by Health Education and Improvement Wales and the Wales Audit Office/Healthcare Inspectorate Wales Review of quality governance arrangements at Cwm Taf Morgannwg University Health Board), the Health Board decided in October 2019 that it needed to revisit and progress the recommendations of the South Wales Programme.

In November 2019, Cwm Taf Morgannwg University Health Board established a project to look at how it could take forward the recommendations made by the South Wales Programme - with the aim to develop and agree service models by Spring 2020, and implementation commencing in September 2020. The initial work on

the project has been informed by a Health Board-wide clinical leaders workshop held on 29 November 2019.

Current Situation

Currently, A&E services continue to be delivered from three sites in Cwm Taf Morgannwg Health Board:

- Princess of Wales Hospital, Bridgend;
- Royal Glamorgan Hospital, Llantrisant; and
- Prince Charles Hospital, Merthyr Tydfil.

However, recent service and staffing pressures have highlighted the challenges facing A&E services at the Royal Glamorgan Hospital. In a Board paper for its meeting on 30 January 2020, Cwm Taf Morgannwg University Health Board state that “the situation is becoming increasingly unsustainable and safe services cannot be sustained beyond the immediate short term without unacceptable risks to patient safety” (p.104).

The Board paper explains that in December 2019, ambulances had to be diverted from the Royal Glamorgan Hospital to Prince Charles Hospital in Merthyr Tydfil due to a shortage of middle-grade doctors. It also states that staffing levels at all three of Cwm Taf Morgannwg’s A&E units are well below UK standards. It makes the point that the Royal Glamorgan Hospital has been dependent on locum emergency department doctors. Further, it states that the upcoming retirement of the only full time A&E consultant at the hospital will mean that from April 2020 the current staffing model at the Royal Glamorgan Hospital, already heavily reliant on agency staff, becomes further challenged (see page 104). At the moment, consultant-led 24 hour A&E services are being delivered at the Royal Glamorgan Hospital, with consultants from Princess of Wales Hospital providing some cover.

Options for the future of A&E services at the Royal Glamorgan Hospital

The Health Board states that recent pressures highlight that the rationale for the changes recommended by the South Wales Programme “remain valid” (p.99) and have only become more pressing. It also states that it is considering and assessing alternative options, in addition to the original specific South Wales Programme recommendations.

The Health Board's January Board paper sets out two favoured options for the future of A&E at the Royal Glamorgan Hospital (see page 112). The first option would close the consultant-led A&E service at Royal Glamorgan Hospital, replacing it with a 24 hour nurse-led minor injuries unit. The second option would be to close the hospital's A&E department overnight, but keep a minor injuries unit open. Both options would involve looking at alternative ways of working to increase access to primary care and community services (both in and out of hours), and ways in which patients could be admitted directly onto wards at the hospital in the absence of A&E.

Cwm Taf University Health Board's response to the Petition

On 11 February 2020, the Health Board made a Statement on the Royal Glamorgan Hospital explaining that "no decisions about the best solution and actions have been made". It went on to say that "conversations are taking place with staff and communities, listening to people's concerns".

On 27 February 2020, the Chair of Cwm Taf Morgannwg University Health Board, Professor Marcus Longley reiterated in a meeting with Assembly Members of the Health, Social Care and Sport Committee that 'no stone will be left unturned' in attempts to make the current system safe and sustainable. This would mean recruiting sufficient specialist emergency doctors to maintain a 24 hour consultant-led service, though Professor Longley explained that "we can't simply recruit our way out of this easily" (para 9). At the same meeting, the Health Board admitted that "the focus at the Royal Glamorgan has been to appoint locum doctors, rather than substantive consultants" (para.71).

In his letter to the Chair of Petitions Committee on 4 March 2020, the Chief Executive of Cwm Taf University Health Board again stresses that **no decision has been made** by the Health Board on the future provision of A&E services at the Royal Glamorgan hospital. The Health Board explains that "we are not simply accepting that the original South Wales Programme recommendation in relation to the Royal Glamorgan Hospital emergency department remains valid".

The Health Board's February 2020 Board paper provides details of the work of the project so far.

In its letter, the Chief Executive states:

We are following an appropriate and open process, subject to public and political scrutiny, that will result in defined options being brought to the Board for further consideration and, ultimately a formal Board decision on future service delivery. I do not think it would be appropriate for the Welsh Government to intervene in this process.

Welsh Government response

In response to a question from Leanne Wood AM in Plenary on 11 February 2020, the First Minister, Mark Drakeford AM, stated his view that "it is for doctors, not politicians, to decide the future of the Royal Glamorgan Hospital's A&E department" (para.55). The First Minister said that the South Wales Programme was led by doctors and clinicians in the health service, and that a decision on the future of A&E services should be made by them.

In Plenary on 12 February 2020, Leanne Wood AM asked the Minister for Health and Social Services, Vaughan Gething AM, whether he agreed with the First Minister - that the decision about the future of the A&E department at the Royal Glamorgan Hospital should be made by doctors. The Minister responded saying that the decision was a matter for the Health Board but that he expected the Health Board to listen to and engage with the medical workforce and the public. The Minister explained in his response that "emergency medicine is a shortage area of practice" (para 122), highlighting the difficulties there are recruiting the right number of permanent consultants to deliver a safe service - not just in Cwm Taf Morgannwg University Health Board, but across Wales and the UK.

During the Welsh Conservatives debate that followed, several Assembly Members, including some Labour backbenchers, called on the Welsh Government to intervene 'to prevent the downgrading or closure of A&E services at the Royal Glamorgan Hospital'. Members questioned whether the staffing shortages at the A&E department in the Royal Glamorgan Hospital were due to the uncertainty around its future. They questioned whether it has been difficult to attract doctors to work in the department because it's future has been unclear.

On 27 February 2020, the Medical Director of Cwm Taf Morgannwg University Health Board, Dr Nick Lyons accepted in a meeting with Assembly Members of the Health, Social Care and Sport Committee that the South Wales Programme, when agreed in 2014, made recruitment more difficult (para 66).

On 10 March 2020, in response to a question from Adam Price AM, the First Minister stated it would not intervene in the Health Board's decision on A&E Services, explaining that:

There is a very well set out and legally necessary process by which a decision arrives on the desk of a Welsh Minister. That is a process in which those organisations that have a legal right to refer a matter to the Minister's desk are the people who have to do that, if they choose to do it. We're not at that point. The health board will have to make its determination, and then an organisation, such as a community health council, who can refer that matter to a Minister for determination, would have to decide to do that. That's how the process works. That's how the process has to work to be legally watertight. And, we're not at that point. We may not get to that point, because the decision has to be referred for a Minister to take a decision. But, if it does happen, Ministers have legal responsibilities. And that's why it has been so important, in all of that, that Ministers don't pre-judge a situation in which any decision they then made would be vulnerable to challenge.

In his letter to the Chair of the Petitions Committee, the Minister for Health and Social Services states "At this stage, the proposals remain a matter for the health board to determine. However, it is possible that, in line with the guidance, the final decisions may be referred to me for consideration". The Minister goes on to say:

I am currently unable to comment on any of the proposals, as it may compromise my future role in the process. I do, however, encourage you to engage with the health board and have your say in helping to shape future services. Further information on how you can get involved can be found here: <https://cwmtafmorgannwg.wales/proposed-service-changes-at-royal-glamorgan-hospital/>

