



RHONDDA CYNON TAF

RHONDDA CYNON TAF COUNCIL

Minutes of the hybrid meeting of the Council held on Wednesday, 29 March 2023 at 4.00 pm
This meeting was live streamed, details of which can be accessed [here](#)

County Borough Councillors – The following Councillors were present in the Council Chamber:-

Councillor G Hughes (Chair)

Councillor S Evans	Councillor B Stephens
Councillor L Addiscott	Councillor M Ashford
Councillor R Bevan	Councillor S Bradwick
Councillor J Brencher	Councillor G Caple
Councillor J Cook	Councillor A Crimmings
Councillor R Davis	Councillor V Dunn
Councillor E L Dunning	Councillor J Edwards
Councillor J Elliott	Councillor L Ellis
Councillor S Emanuel	Councillor D Grehan
Councillor B Harris	Councillor G Holmes
Councillor K Johnson	Councillor G Jones
Councillor G O Jones	Councillor W Jones
Councillor R Lewis	Councillor W Lewis
Councillor C Leyshon	Councillor C Lises
Councillor C Middle	Councillor A Morgan
Councillor N H Morgan	Councillor S Morgans
Councillor W Owen	Councillor M Powell
Councillor S Rees	Councillor J Smith
Councillor G Stacey	Councillor L A Tomkinson
Councillor S Trask	Councillor W Treeby
Councillor G L Warren	Councillor K Webb
Councillor M Webber	Councillor R Yeo

The following Councillors were present online:-

Councillor J Bonetto	Councillor S J Davies
Councillor A J Ellis	Councillor D Evans
Councillor R Evans	Councillor P Evans
Councillor H Gronow	Councillor A Fox
Councillor W Hughes	Councillor G Hopkins
Councillor K Morgan	Councillor M Maohoub
Councillor M Norris	Councillor D Owen-Jones
Councillor A Roberts	Councillor D Parkin
Councillor J Turner	Councillor A O Rogers
Councillor R Williams	Councillor G E Williams
	Councillor D Wood

Officers in attendance

Mr P Mee, Chief Executive
Mr B Davies, Group Director Finance, Digital Services & Frontline Services
Mr R Evans, Director of Human Resources

Mr C Hanagan, Service Director of Democratic Services & Communication
Mr A Wilkins, Director of Legal Services and Democratic Services

Apologies for absence

Councillor J Barton Councillor P Binning
Councillor A Dennis Councillor S Evans
Councillor S Hickman Councillor S Powderhill
Councillor C Preedy Councillor D Williams
Councillor T Williams

93 Declaration of Interest

In accordance with the Council's Code of Conduct, the following declarations were made pertaining to the agenda:

County Borough Councillor S A Bradwick – "I am Chair of the South Wales Fire & Rescue Service and I have opened stations where the Welsh Ambulance Service NHS Trust have been based."

County Borough Councillor C Middle – "As a reservist, I will potentially be working with WAST"

County Borough Councillor G Hopkins – "I am a member of the Cwm Taf Morgannwg Health Board"

Note: A declaration of interest was made later in the meeting as follows:

County Borough Councillor K Morgan – "I work for Cwm Taf Morgannwg Health Board"

94 Welsh Ambulance Service NHS Trust

The Presiding Officer introduced the Welsh Ambulance Service NHS Trust representatives and advised Members that they will be covering items as indicated on the agenda.

The Chief Executive of the Welsh Ambulance Service NHS Trust, Mr Jason Killens introduced himself and his colleague Ms Estelle Hitchon, Director of Partnerships and Engagement. Through the aid of PowerPoint slides the Chief Executive presented an overview of key matters under the following headings:

- EMS Roster Review

-Senior Stakeholder Briefing

-Cwm Taf Morgannwg (including RCT)

- Executive Summary
- Demand Data & Forecasting
- Extensive Staff Engagement
- Impact on Staff
- Patient Safety

- Clinical Outcomes
- Clinical Benefits of CHARU
- Quality & Data Performance
- Emergency Medical Services
- Patient Safety Incidents
- Background
- Emergency Medical Services – Demand & Capacity Review
- Review Findings
- Re-Rostering
- CTM
- Looking to the Future

The Leader of the Council thanked the representatives of the Welsh Ambulance Service NHS Trust for their presentation and virtual attendance at the council meeting and he paid thanks to the service and its staff for their dedication during the pandemic.

The Leader raised a query relating to ringfencing and he referenced a period of time when RCT had the worst ambulance response times in the whole of Wales and when statistics proved that ambulances called to other areas outside the county borough to attend a call, would not return to RCT which meant that the county had a poor response. The Leader asked when did the ringfencing cease?

The Leader also commented on his recent conversations with ambulance staff during his visit to the picket lines, when concerns were raised by them in respect of swapping from the rapid response vehicles to the Charu vehicles and the types of calls they were handling. Staff welfare had also been discussed in respect of changes to the rotas and cases when ambulance staff are unable to leave their shifts on time, often having to wait many hours to be relieved from their duties. Despite staff commitment to patient safety, this was a concern for many.

The Leader sought clarification on the inability to meet the target for red calls and queried if the county borough is likely to have a safe and reliable ambulance service.

The Chief Executive of the Welsh Ambulance Service NHS Trust responded to issues raised and commented on the frustration at losing a third of the fleet to delays at the emergency department when patients, who are medically fit for discharge, are unable to leave hospital due to the lack of social care or other reasons within the control of the Health Board. He also acknowledged the consequences of staff not finishing shifts and taking breaks on time.

The Chief Executive of the Welsh Ambulance Service NHS Trust advised that there has been investment and the ambulance crews have increased by 400 over the last three to four years, however, 253 of those have 'rightsized' the structural gap with 100 staff who have been funded non-recurrently by Government in the last calendar year. He added that the red category of activity has doubled, and the loss of the fleet is the single biggest reason for the inability to respond to calls in the community and for staff not finishing shifts on time and taking breaks. He added that the levers of control rest elsewhere.

The Chief Executive commented that having a national ambulance service that hits the targets regularly for red calls and has reasonable response times for

other categories is some way off. He added that there are ambitious plans to change the service delivery model but there is also a need to dramatically change the way the service responds to activity, to provide more advice to senior clinicians and to be able to send a specialist clinician to patients in the community, quickly and on every occasion. In response to ringfencing the Chief Executive advised that there are challenges which prevent an ambulance driving past a patient who needs a response. He assured Members that ringfencing does not now happen.

The Leader of the Opposition, Councillor K Morgan commented that the increase in the number of 'red categories' is of concern, and she asked if a definitive timescale can be provided as to when the Charu service will be fully resourced. The Leader of the Opposition raised a query in respect of the local authority role and whether it can assist with hospital pressures that are impacting the Ambulance Trust and whether WAST can be more involved with the discharge plan at local authority level.

The Chief Executive advised that half of the Charu service is operating with the remaining half requiring funding, and approximately 100 posts yet to be funded. He added that as a result of the roster changes, there are now between 30-40 more ambulances on duty every day at peak times, which equates to 170 ambulances being available which increases capacity. He advised that over the next 20 years, there will be an increase in red category activity in part due to the higher rate of elderly patients who will need more intervention from the emergency care profession. In view of this, he added that changes to the service delivery model are required, with the less serious and acute cases being dealt with in the community to release the pressure on the emergency departments. He also advised that there exist examples of good work in acute settings such as in Cardiff where there has been a focus to reduce the emergency department handover delays has delivered significant improvement which could be replicated across other sites.

In response to the earlier query in respect of working better with the local authorities, Ms Estelle Hitchon, Director of Partnership & Engagement advised that the Welsh Ambulance Service NHS Trust is not currently a member of the Regional Partnership Board in Cwm Taf and not covered by the Social Services & Wellbeing Act which is the main vehicle for driving the integrated partnership approach. She added that Welsh Government is looking to amend this through a consultation which will consider additional organisations of which the Welsh Ambulance Service NHS Trust is one. She considered this would offer an additional opportunity to work collaboratively with local authorities, and other Cwm Taf partners to break down some of the current organisational boundaries.

The Leader of the RCT Independent Group, Councillor M Powell commented on improved engagement should Members have had sight of the power point presentation in advance of the meeting. He queried the survivability and discharge figures for the County Borough and also asked if the model referenced in Cardiff has been shared with other Health Boards such as the Cwm Taf Morgannwg Health Board?

The Leader of the Conservative Group, Councillor S Trask asked whether the Charu Paramedics will create a further structural gap within the Service and what plans are in place for staff retention in view of frontline staff leaving the service altogether.

The Chief Executive responded that there has been some increase in staff

leaving the front-line service, principally to join other areas within the Health Service or to the Private sector which is due to the increased remuneration or due to the current workplace experience. In respect of the best practice, he confirmed that it has been identified and shared directly but is a matter for the Health Board to adopt. He concluded that current models are being considered to ascertain whether, in the absence of further funding, is it better to reduce the number of emergency ambulances for the additional charu cars or whether to maintain the current levels. He added that the latter could potentially create a gap elsewhere.

The Leader welcomed further engagement with the Welsh Ambulance Service NHS Trust to discuss local authority collaboration and support. He added that RCT figures for delayed discharge are the best in Wales although the Leader identified some areas of concern such as ringfencing ambulances and the increase in red calls which warranted further discussion.

The Presiding Member thanked the representatives from the Welsh Ambulance Service NHS Trust for their attendance and advised that any further questions can be passed on to them via the Council Business Unit.

This meeting closed at 5.00 pm

**Councillor G Hughes
Chair.**

Mae'r ddogfen hon ar gael yn Gymraeg / This document is also available in Welsh