

Question: Do you feel that the health board is meeting the needs of minority ethnic communities/ individuals? ie. cultural/ religious needs. If yes, then in what ways are they being met?

Answer: The Health Board continues to improve our understanding of how we can meet the needs of minority ethnic communities/individuals.

Set out below is a snapshot of the work we are undertaking to ensure that the cultural and religious needs of ethnic minority communities are better understood and met in how we deliver our services.

- Providing opportunities for engagement with under-served communities, e.g. with our staff, who are part of our communities, by establishing a range of staff networks such as Voices@ABUHB.
- We have developed an integrated Equality Impact Assessment process, that focuses on engagement, involvement, and collaboration as key components.
- We are working with partnership organisations such as Diverse Cymru by undertaking their Cultural Competence Accreditation process in 5 areas of the Health Board. This includes the provision of cultural competence training.
- Our fortnightly EDI newsletter includes information and awareness around key equality calendar events.
- Our chaplaincy services include lay chaplains from many religious denominations to meet the spiritual needs of our communities.
- Recently we looked at our catering services and identified how to improve the cultural diversity of the meals, snacks, and drinks we offer. Including reviewing our suppliers to include smaller diverse providers.
- The Health Board is developing its response to the Welsh Governments Anti-Racist Action Plan – linking it to existing key documents such as the Strategic Equality Objectives, Workforce Race Action Plan and our People Plan. Ensuring intersectionality of needs is a core feature of the new action plan.
- In partnership with other public bodies in Gwent, the Health Board is developing a Gwent Public Services Board Well-being Plan for the next five years. The plan will be based on addressing eight 'Marmot Principles', of which tackling racism and discrimination is a key principle. This will be an opportunity for all public bodies, including ABUHB, to reflect on how they are meeting the needs of minority ethnic communities, and to agree steps to go further collectively over the next five years. As part of the scrutiny process, the plan will also be subject to an assessment of the degree to which it furthers the protected characteristics of the population in Gwent, of which race, including colour, nationality ethnic or national origin is one category. By leading this work within Gwent Public Services Board, ABUHB is working hard to develop a partnership approach to meeting the needs of minority ethnic communities in Gwent.





Question: Flexible Working query (MSc HR) Dissertation Research 2022 - Across ABUHB Overall, do you feel Flexible Working is fairly available to all departments & Job Roles.

Answer: The Health Board's Flexible Working Policy & Guidance enables us to develop a culture which positively supports flexible working and recognises the many benefits to the Health Board and to staff members. The scope of the policy applies to all staff members and applications are open to all departments and job roles. Each request is considered on a case-by-case basis.

Of the 15,978 people we currently employ, 50% of these work on a part time basis demonstrating that staff are supported by the flexible working options we offer. These options include:

- Part time working
- Job sharing
- Term-time working
- Flexitime
- Compressed Hours
- Annualised Hours
- Self/term Rostering - staff are able to agree with their manager a personal preference which will allow them to work flexibly.
- Purchase of additional annual leave
- Homeworking
- Employment breaks
- Study leave
- Flexible retirement
- Special leave

In addition, the Health Board have introduced an Agile/Hybrid Working Framework to promote flexibility for where work can be undertaken recognising that this can offer an element of flexible working. Supporting information is currently being developed to demonstrate how agile/hybrid working practices can be applied to a range of job roles.

We continue to promote the flexible working opportunities across the whole breadth of our workforce.





Question: With regards to Major Trauma Patients who have suffered Traumatic Brain injury, either those repatriated from MTC or Treated at GUH Trauma Unit. Are the plans to develop and improve services with Acute Rehab? And potential Repatriation 'Landing pad'

Answer: The Community Neuro Rehab Service has a small team [OT/PT/SLT/Psychology/3rd Sector] which supports people after discharge from hospital with rehabilitation and adjustment. Where possible the Community Acute Brain Injury (ABI) team supports people to go directly home from C&V avoiding repatriation to a bed.

The in patient Occupational Therapy service has recently undertaken a review of the resource required to support people with brain injury who are admitted to GUH - their results may give some useful information regarding where people with Brain injury are admitted to, length of stay and needs.

There are no changes currently to the Health Board's position on developing a repatriation 'landing pad'. ABUHB major trauma patients are either discharged directly home from the Major Trauma Centre or repatriated according to the South Wales Major Trauma Network Protocol to the ward which best suits their needs - a process managed by the Health Board's major trauma coordinators. However, we are working through plans of a 'Landing Pad' could be accommodated at GUH. The specialist and currently commissioned services that we have at GUH to support TBI repatriations, are best aligned to our stroke services, whilst I acknowledge that this is not a defined trauma 'landing pad' and, for the majority of time, our stroke bed footprint is maximised for its primary purpose.





Question: What is the Health Board doing to ensuring safe staffing across all clinical teams especially those without coverage within section 25b of the Wales staffing levels act

Answer: Nurse Staffing Levels (Wales) Act 2016:

In order to support safe staffing levels the following is in place regardless as to whether they fall under section 25B:

Processes to manage and escalate nurse staffing deficits is now well established to ensure all reasonable steps have been followed to maintain nurse staffing levels, which includes:

- A ratified Nurse Staffing Operational Framework and Escalation Policy, the purpose of which is to standardise and inform staff groups of their responsibilities and of processes and procedures for ensuring appropriate and carefully considered nurse staffing in all areas. Specifically the overarching duty, s25A, is referenced within the Policy.
- A weekly reporting and escalation process via the Executive Safety Huddle by which staffing deficits across the Health Board are reported to include:
 - Filled and unfilled Registered Nurse (RN) shifts against planned rosters
 - Filled and unfilled Health Care Support Worker (HCSW) shifts against planned rosters
 - Percentage of substantive staff versus agency staff populating rosters to gauge quality, safety and continuity of care.
 - Serious incidents considered to have been attributed to a deviation from the planned ward nursing roster.
- RN and HCSW pools have been established to support deployment of staff – taking all reasonable steps to ensure planned rosters are maintained on a backdrop of significant absenteeism and fluctuation in capacity.
- A workforce tracker detailing progress on recruitment, bank and agency usage, turnover and absenteeism has been developed.
- Formal reviews have been undertaken to consider and re-align nursing establishments in specialist areas which do not fall under the reporting requirement of the NSLWA
- A monthly Strategic Workforce (NSLWA) meeting is held with representation from all clinical Divisions, with the purpose of overseeing the implementation of the Act and monitoring key workforce and staffing metrics.





- Daily review of nurse staffing levels – to manage and mitigate risk.
- Unfilled shifts escalated to bank/agency at the earliest opportunity to give best opportunity of securing staff.
- Clear Divisional escalation procedures to ensure and manage timely escalation of unfilled shifts
- Introduction of incentives to support rosters and encourage substantive and bank staff to undertake additional shifts.
- On occasion there has been a requirement to reduce capacity to maintain appropriate staffing levels.
- The development of new and innovative roles has been crucial in maintaining nurse staffing levels across the Health Board





Question: What contingencies are there to reprioritise services should another COVID wave occur and what plans are there to deliver Autumn 2022 vaccination programme?

Answer: The Health Board do have the ability to reprioritise services. This was helpfully reinforced by Welsh Government during COVID, in a letter to Health Boards, regarding local decision making to reprioritise services – this is called the Local Options Framework.

Any decision to reprioritise services should be based on good evidence, risk and impact assessments and involve appropriate engagement locally. For example, when required to undertake a significant vaccination programme, during the Omicron wave of COVID, there was a need to quickly redeploy staff and an assessment was undertaken to determine which staff could be redeployed safely.

In terms of vaccination, prevention is the best approach. This winter, it is anticipated that there will potentially be another wave of COVID, with further vaccine trials underway. Also, a significant influenza season is anticipated, based on the epidemiological evidence from Australia. There are effective vaccinations for both, and the eligible population will be the same for both – 50 years plus and clinically “at risk” groups.

The Health Board has well developed plans in place which, over time, will become an integrated programme.

Flu vaccinations will be delivered by GP practices in the normal way. COVID vaccinations will be delivered by GP practices for over 65’s and via Mass Vaccination Centres for under 65s.

There is a known eligible group for the COVID vaccine of 291,000 people.

Contingency plans are being developed, should they be needed.





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Question: How is staff welfare and wellbeing being supported as staff continue to see exceptional demand on services whilst supporting the recovery plan?

Answer: There are a number of ways in which the Health Board supports staff wellbeing, welfare and health. This is a central pillar of the Health Board's People Plan. Some examples are:

- Occupational Health.
- Networks in place, sign posts to internal/external services.
- Continuously looking at new ways in which to support staff, for example menopause clinic.
- Specific support for managers regarding staff absence – providing the skills, tools and expertise to support staff.
- Established Employee Well Being Service – for individuals and teams.
- Wellbeing Centre of Excellence being developed.
- Surveys specifically relating to wellbeing undertaken throughout the pandemic to support specific response and evaluate the success and value of our response.
- Programme of work to connect with staff across as many teams and sites as possible through our Reconnect Campaign to listen to staff experience.



