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Swansea Bay University
Health Board



Ein Sgwrs Fawr 2022-23

Our Big Conversation 2022-23

Phase 1

Initial Draft Report V1

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1. Background & Context

Demand and public expectations placed on our services have continued to grow over recent years and will continue to grow for future years to come. Financial austerity and the Covid-19 pandemic have also added to these growing pressures. In order to continue to provide high quality care to our population, meet the growing demand on our services and make Swansea Bay a great place to work and to receive care, we need to make some fundamental changes. In order to inform these changes, Swansea Bay UHB's 'Our Big Conversation' engagement programme was developed to undertake a culture audit, which determined staff and stakeholder perception of the Health Board and how it was living up to its values.

Our Big Conversation staff engagement programme has been developed as a vehicle to inform and shape the 'Swansea Bay Way' culture – a values driven, quality focused organisation. This is central to the Board commitment to improve quality. The approach enables the engagement programme to act as a cultural audit tool as a by-product.

This is a continuation of the work undertaken to transform the Health Board's culture, with a drive to move the organisation's values from words on a page to something that is a lived experience for all regardless of position within the organisation. It is designed to set out what we "stand for" as an organisation.

1.1 The vision

We want to create an organisation where the best people want to come to learn, work and research. This will be an organisation whose central purpose is to focus on the continuous improvement of our quality and which aims to meet; consistently, reliably and dynamically patients, staff and public expectations.

The organisation will be a place where patients and service users have a central voice in what we do and we will focus on how we can excel around patient experience, safety, access and the clinical outcomes our patients value.

We will be an organisation, which values multi-disciplinary teamwork, based on great leadership, culture and behaviours, which have at its heart; the central purpose to improve services, wellbeing and the wider health of our patients and public.

To ensure they are, we will truly need to be a place where our staff are active equals who have the intrinsic pride, ambition and power to improve services to patients. This will mean we will change fundamentally, our partnerships with our staff and ensure they are listened to, consulted with and actively contribute to changes which are truly

necessary to deliver our goal to be a high quality organisation. There will be a “new deal” with our staff to enable them to flourish. There will be a fundamental shift in our organisation to being a more clinically led organisation, which is managerially supported. This will require a new approach to how we link individual and team accountability and responsibility for the delivery of services, and at the same time a delegation of power, trust and support, to enable them to achieve this.

In creating these conditions we believe that we will truly meet the needs and expectations of patients, staff, taxpayers and the public for our NHS.

2. Methodology

Our Big Conversation launched on 31st October 2022 and was rolled out the length and breadth of the health board. It involved all staff groups, students, bank staff and volunteers, and included people working in a wide and diverse range of roles.

It should be noted that the initial phase of this engagement programme were delivered during the period of October 2022 to January 2023. The climate across the organisation was particularly challenging due to winter pressures, on-going COVID and other infections prevalent on sites and in the community, industrial strike action and a large-scale organisational change programme (AMSR) impacting those key hospital sites and the staff involved. In spite of these challenges, a total of **984** staff, students and volunteers took part in phase 1 of the programme through a variety of digital and face to face engagement opportunities.

Our Big Conversation was led and overseen by the Health Board’s, Chief Executive, Mark Hackett and supported through a specially convened Task Force, which included members of the Executive Team, a dedicated programme manager, the Director of Communications and the senior lead for stakeholder engagement. The role of the Task Force was ensure timely delivery, a coordinated and consistent approach to engagement and to evaluate the ‘Our Big Conversation’ process and methodology. The Task Force met on a monthly basis to monitor progress; consider key decisions; and to recommend any adjustments to the programme which were necessary.

Progress was reported monthly into Workforce and OD Delivery Group and to all staff via Team Brief, bi-monthly to Workforce & OD Committee and quarterly to Management Board and finally to Health Board. In addition to this, weekly updates

were provided to the Chief Executive and Director of Workforce and OD from the programme manager.

The programme involves 3 overarching phases:

1. Identifying the current perception of staff and stakeholders of where we are, what we want the future to look like, how we want to work around here and what we stand for
2. Engagement on the potential and broad vision and how we get there
3. Setting the vision and ensuring longevity

Phase 1 – Our Big Conversation

How?	Deliverables
Comprehensive communications and promotional plan	Commenced 31 st October 2022 Over 4,000 on-line/digital promotions via e-mail, local networks, bulletins, the intranet and weekly staff briefings. Over 400 face to face promotions across main hospital site took place.
Pulse Survey designed and developed in partnership with the Patient Feedback Team, using the Civica platform as a pilot. The survey aimed to support widen engagement and accessibility to all staff, students and volunteers.	7 th November to 12 th December 2022 (open 5 weeks) 540 Pulse Surveys were completed from across the Health Board 90 surveys completed by stakeholders (as at 30 th January 2023).
Face to face and virtual Focus Groups	From w/c 28 th November to w/c 19 th December 2022 444 attended across a total of 22 face to face and virtual focus group sessions, including random sample focus groups, targeted Focus Groups, open focus groups and walk-in galleries

Thematic data analysis and reporting	<p>Commenced w/c 9th January 2023 to w/c 23rd January 2023.</p> <p>Approximately 25 hours' worth of focus group data, e-mails and 142 pulse survey open comments - 96 pages and a word count of 47,066 to analyse.</p>
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2.1 The Pulse Survey – a closer look

Following an Equality Impact Assessment, a decision was made to ensure as many opportunities and methods of engagement were used throughout the programme. Whilst listening to and conversing with our staff, students and volunteers, was the primary focus of the programme, digital means were also developed to help reach a wider and more diverse audience. It was felt this was particularly important with an increased number of our workforce now working agilely and from home.

The programme manager for *Our Big Conversation* worked in partnership with the Health Board's Patient Feedback Team to pilot using the Civica platform (used for friends and family surveying) to run the bespoke pulse survey.

The pulse survey was predominantly quantitatively based for ease and timeliness of completion and data analysis. There were a total of 5 questions with a 6th question that allowed open comments to be shared for qualitative data analysis. The open comments also provided some helpful context to the responses of the other questions.

Questions were aligned to the vision of the programme outlined earlier in the report and demographic questions were included (see appendix 2 for a copy of the demographics report from Civica), aligned with the National Service User Experience Framework to support equality monitoring, however all aspects of the programme have been anonymised.

The following were the questions used in the pulse survey:

1. People here are very compassionate in the way they behave towards patients / service users in my area of work.
2. Managers and leaders are very compassionate towards staff when they face problems in my area of work.

3. My attempts to improve quality are supported rather than blocked in my area of work.
4. Resources and time are made available to help me improve quality.
5. I take personal action in ensuring high quality care/service provision in my area of work.

A consistent rating scale was applied to all 5 questions for respondents to select from:

Strongly agree

Agree

Neither agree nor disagree

Disagree

Strongly disagree

Reports on these questions were produced by Civica and a thematic analysis was undertaken of the open comments from respondents. A total of **540** completed the pulse survey and **142** of those provided open comments.

The Assistant Director of Insight, Engagement & Fundraising has overseen stakeholder engagement as part of the programme. A stakeholder survey was also been run through Civica, however the closing date is after this report has been produced, on 31st January 2023. As at the 30th January 2023, **90** respondents had completed.

2.1.1 Response Rates

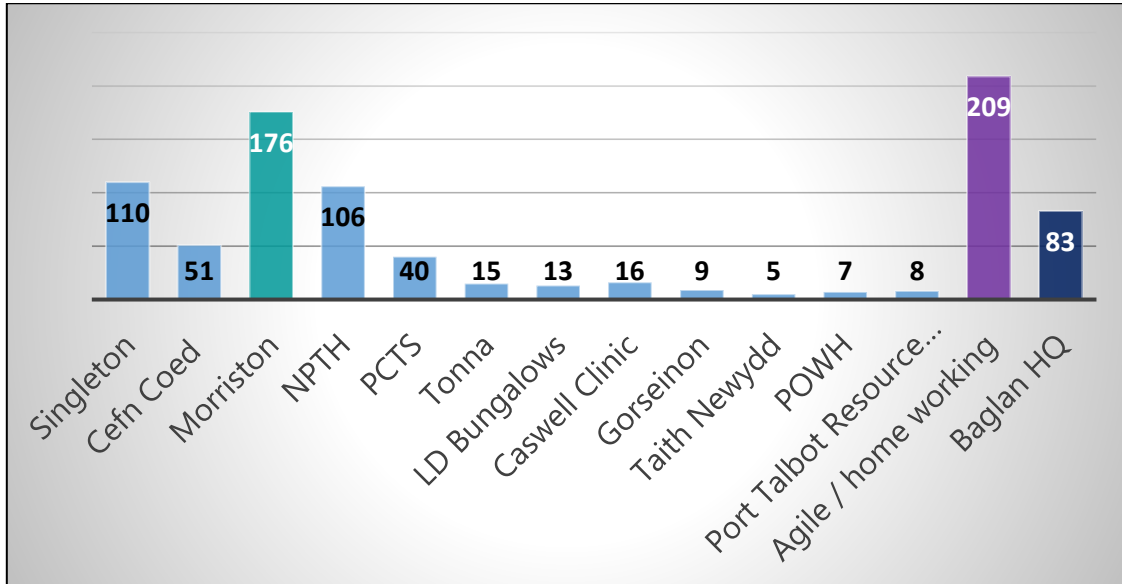
The following chart (chart 1) provides a breakdown of the number of responses from across sites, as well as those working from home. As per the aim of the pulse survey; to reach a wider and more diverse audience and particularly those working agilely and from home, it was positive to see this group of staff giving the highest number of responses (***209**).

Aligned to this, overall Admin/Corporate based (***315 responses**) and Clinical/Ward based (***272 responses**) staff from across sites gave the most responses to questions.

Of all of the hospital sites, Morriston Hospital respondents gave the highest number of responses (***176 responses**).

***It should be noted that there were a higher number of responses to questions than respondents, meaning that questions in the pulse survey were answered more than once.**

Chart 1 – Break down of Response Rates across Sites



2.2 Focus Groups & Walk-in Galleries

A total of **22** face to face and virtual focus group sessions were held from the week commencing the 28th November to the week commencing the 19th December 2022. These included 8 Focus Groups targeting specific Service Groups, 4 Focus Groups with staff, students and volunteers selected at random from ESR and 5 Focus groups open to all staff across sites as well as 5 open Walk-in Galleries in Morriston, Singleton and Neath Port Talbots as our main sites. A total of **444** staff attended across these sessions.

All sessions were led and facilitated by CEO, Mark Hackett and members of the Executive Team with Workforce, OD and other colleagues supporting and taking comprehensive anonymous notes. There were also e-mails received outside of the focus groups from those that had more to say or that were unable to attend.

The focus groups questions and discussions were again aligned to the overarching vision of the programme and the pulse survey and included:

Part 1 - Where we are now?

Tell us what you think is **great** about Swansea Bay UHB - for patients/service users? and for staff?

Part 2 - Where do we want to be?

What do we need to improve, to get our services to be sustainably excellent?

What one thing do we need to do to make this a great place to work?

The Focus Groups, walk-in galleries and e-mails resulted in the capturing of **96 pages (47,066 words)** of invaluable views from across the organisation for quantitative and qualitative data analysis. The analysis of both the pulse survey, focus groups, walk-in galleries and e-mails have been used to inform the recommendations in the report.

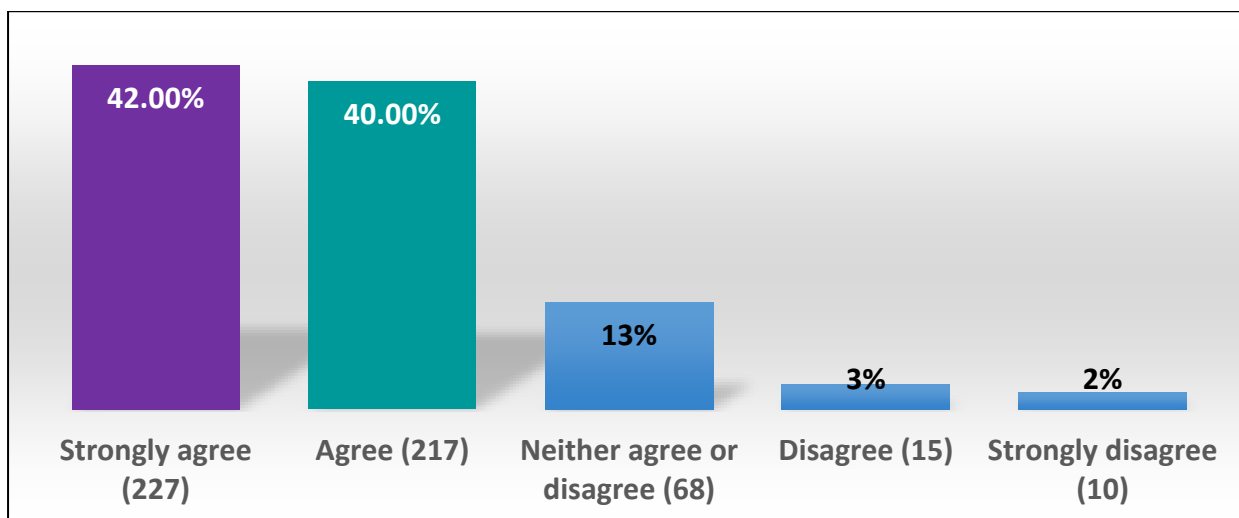
3. Key Findings

3.1 The Pulse Survey

The following are charts reported through Civica, outlining the responses to the 5 questions in the pulse survey. Overall, respondents are shown to have responded positively across all questions.

- **Over 80% agreed / strongly agreed** that people here focus on meeting the needs of patients / service users (see chart 2 below)
- **Over 80% agreed / strongly agreed** that my service is focused on improving quality for patients and service users (see chart 5 below)
- **77% overall agreed / strongly agreed** that they were able to take positive action to ensure high quality (see chart 6 below)

Chart 2 - People here focus on meeting the needs of patient / service users



The report did however highlight a drop in terms of respondents agreeing / strongly agreeing (**67%** collectively) that leaders and managers are responsive towards staff problems (chart 3). This was similarly the case in relation to the question; my attempts to improve quality are supported rather than blocked in my area of work (**62%** collectively), as detailed below in chart 4.

Chart 3 - Managers and Leaders are responsive towards staff when they face problems in my area of work

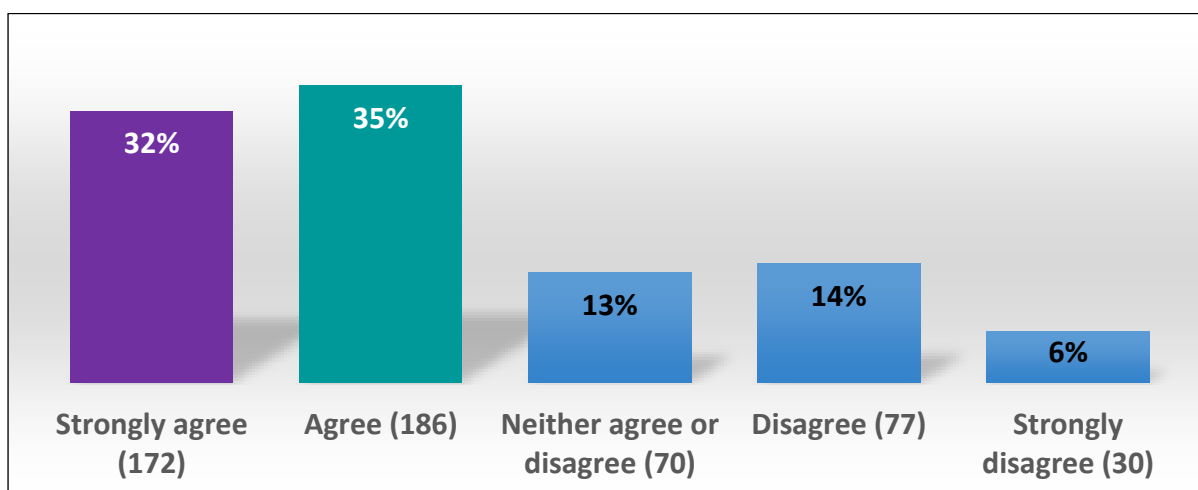


Chart 4 - My attempts to improve quality are supported rather than blocked in my area of work

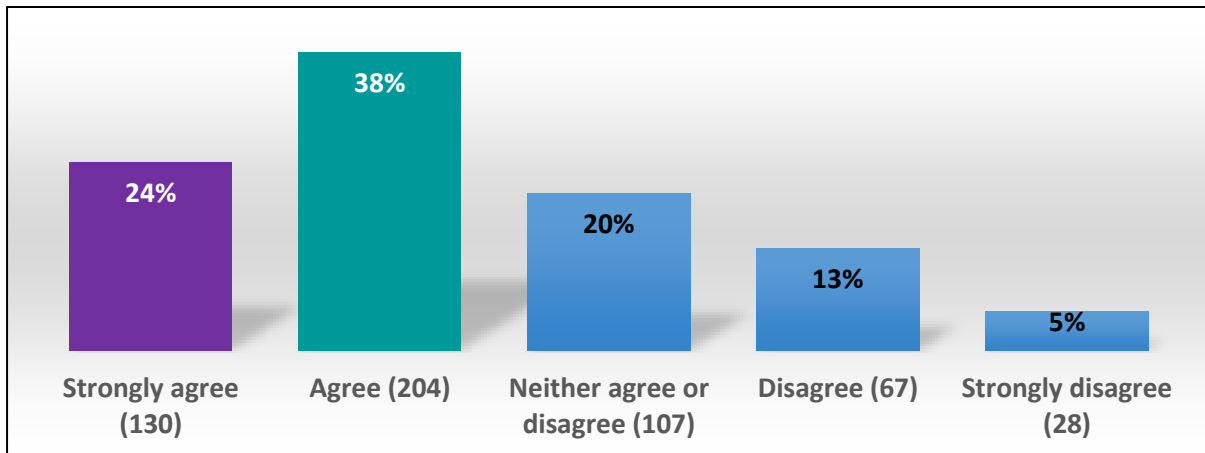


Chart 5 - My service is focused on improving quality for patients and service users

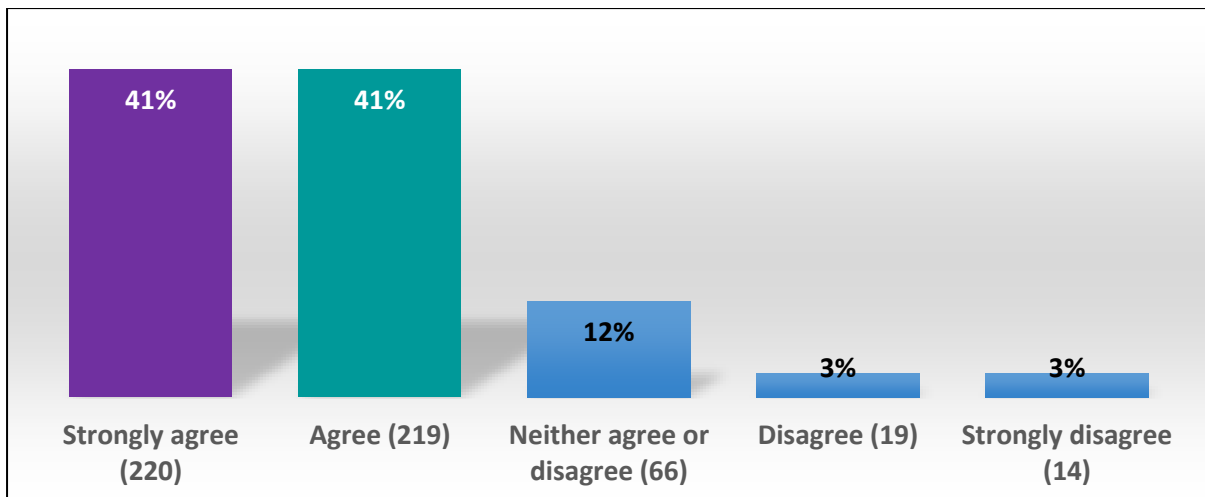
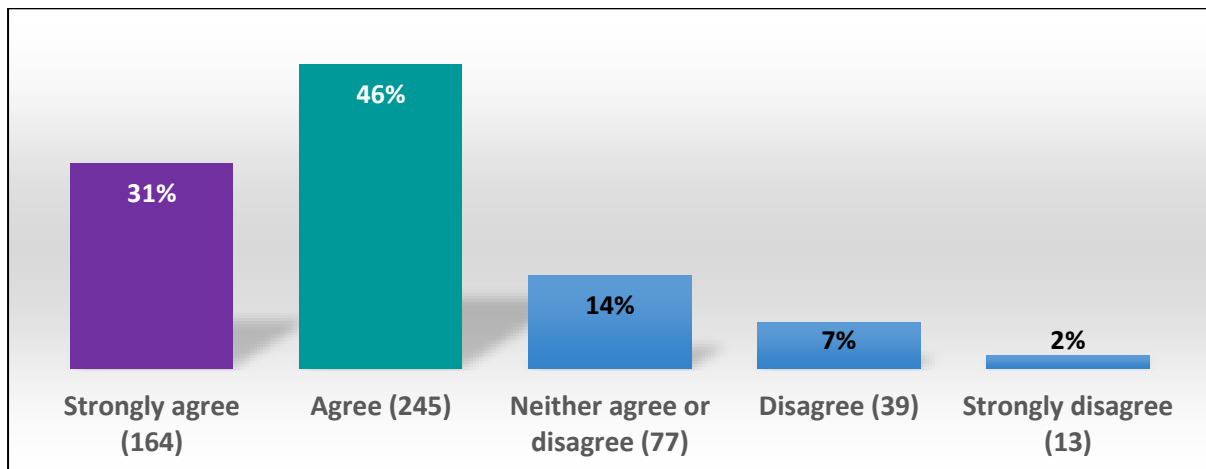


Chart 6 - I am able to take personal action in ensuring high quality care/service provision in my area of work



The Civica platform has nationally set benchmark figure, which enables a heat map report to be produced. In spite of the initial report showing more positive responses overall against all 5 pulse survey questions, this highlights areas for improvement across the board and in particular against questions **4, 5 and 7** (see heat map report below), which was also reflected in the 142 open comments made by respondents.

Early indications from the stakeholder survey feedback, also highlight that whilst over 80% of staff, students or volunteers responding, either agree or strongly agree that people here focus on the needs of patients and service users, only 60% of our patients / service users felt the same.

Heat Map

Showing : Survey results for chosen service, broken down by ward/clinic and displayed as a heat map.
For the date period specified in filters.



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Survey: Creating the Swansea Bay Way Together

- Benchmark Met
- 1 - 5 points below the Benchmark
- More than 5 points below the

Site	Responses	3 - People here focus on meeting the needs of patients / service users in my area of work.	4 - Managers and leaders are responsive towards staff when they face problems in my area of work.	5 - My attempts to improve quality are supported rather than blocked in my area of work.	6 - My Service is focused on improving quality for patients and service users.	7 - I am able to take personal action in ensuring high quality care/service provision in my area of work	Overall
		Creating the Swansea Bay Way Together	Creating the Swansea Bay Way Together	Creating the Swansea Bay Way Together	Creating the Swansea Bay Way Together	Creating the Swansea Bay Way Together	
Staff	541	82	71	69	81	77	76
	Overall	82	71	69	81	77	76
	Benchmarks	85	85	85	85	85	

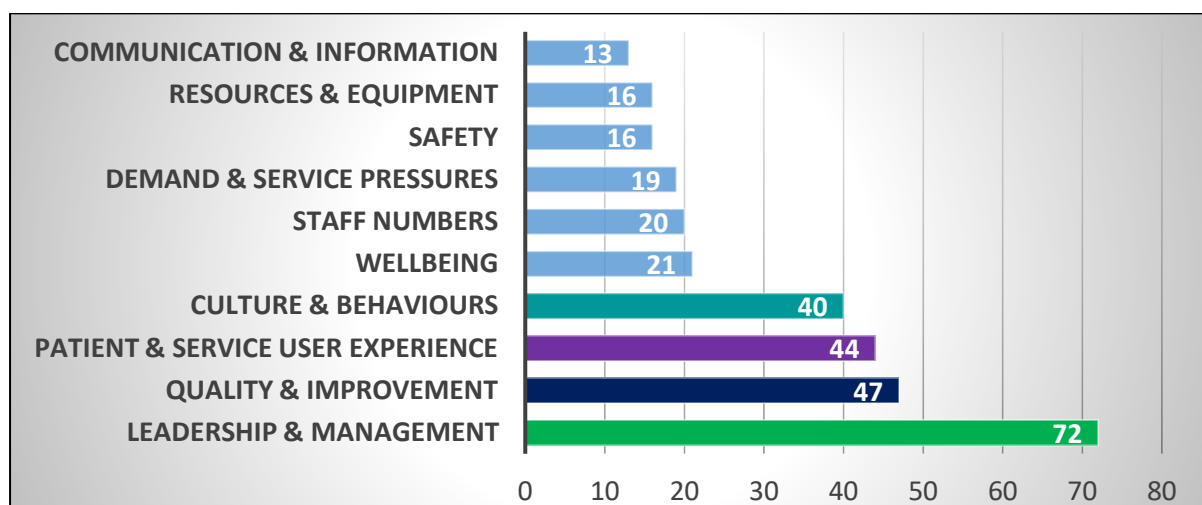
The Civica heat map report and benchmark figure will be helpful if repeating the survey in the future, following taking forward actions and being able to measure improvements.

3.1.1 – Thematic Analysis of Pulse Survey Open Comments

A full analysis was undertaken of the 142 open responses given, to identify themes and add context and meaning to the other responses.

A total of 20 themes were identified as part of the analysis, which were then broken down into a top 10 of themes in line with the frequency they were raised, identified as follows:

Chart 7 – Top 10 Themes and Frequency Raised – Pulse Survey



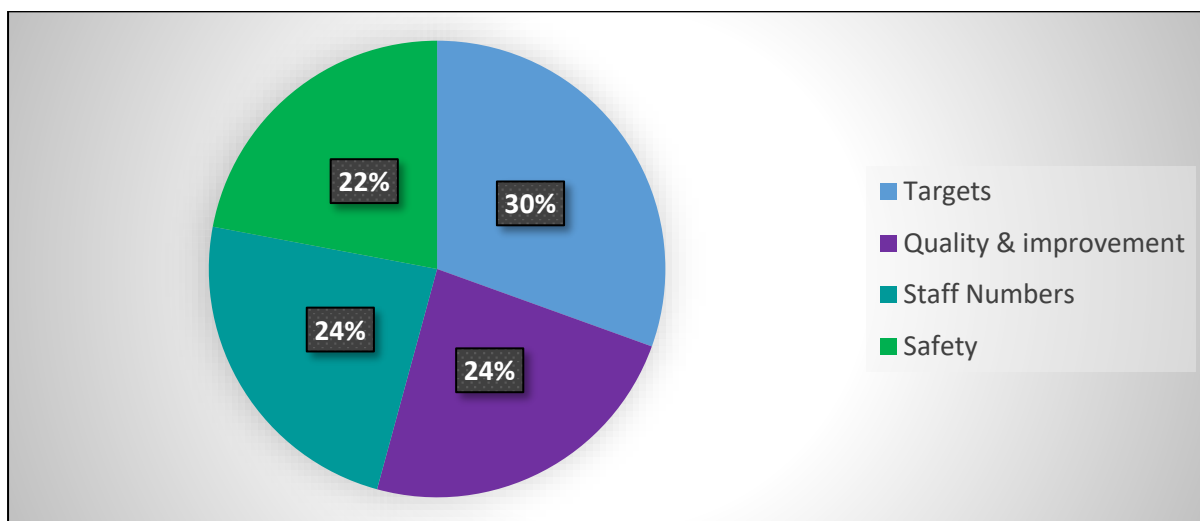
3.1.2 – Leadership & Management

Taking a closer look at the most frequently raised theme; leadership and management, most responses were described in a negative context and were interconnected to the other 3 top themes. Of the 72 relating to leadership and management:

- 55 of those were negative
- 7 were positive
- 10 were a mixture of both – this mix described inconsistency of leadership/management across the organisation e.g. 1 respondent described having 2 roles within the organisation with a completely different experience of leadership and whilst some described positive experiences of leadership, they acknowledged this was not the case for everyone.
- A majority of comments were referring to senior management, rather than their direct line.

The top themes within leadership were; targets, quality and improvement, staff numbers and safety (see chart 8 below).

Chart 8 – Main Themes within Leadership and Management



The following provide more detailed findings from across the data, outlining respondent's perceptions:

- Senior management are more concerned about targets than they are about patients or staff.
- There is little or no engagement from leadership in some areas of the Health Board and suggestions for improvement are not listened to or taken forward.
- There were examples described of senior managers not listening or responding to staff safety and risk issues and the perception of this causing staffing issues, such as stress and impacting on staff numbers.
- Staff shortages were described as impacting on the ability to take forward improvements, in spite of some managers supporting staff to take forward positive change and improvement.
- There is a perception of a lack of management support or concern to improve staffing numbers.
- A number of respondents described feeling disempowered with one stating "...I don't feel empowered to raise clearly visible issues about patient safety (previously I did feel able to do so) and this is directly related to the current leadership culture within the Health Board, which is very top down and directing."
- There are different / competing agendas between leaders and manager where there are different professional lines and some staff may be managed by someone overseeing a different professional line than the one they work in. This impacts on quality and cohesiveness of multidisciplinary teams.

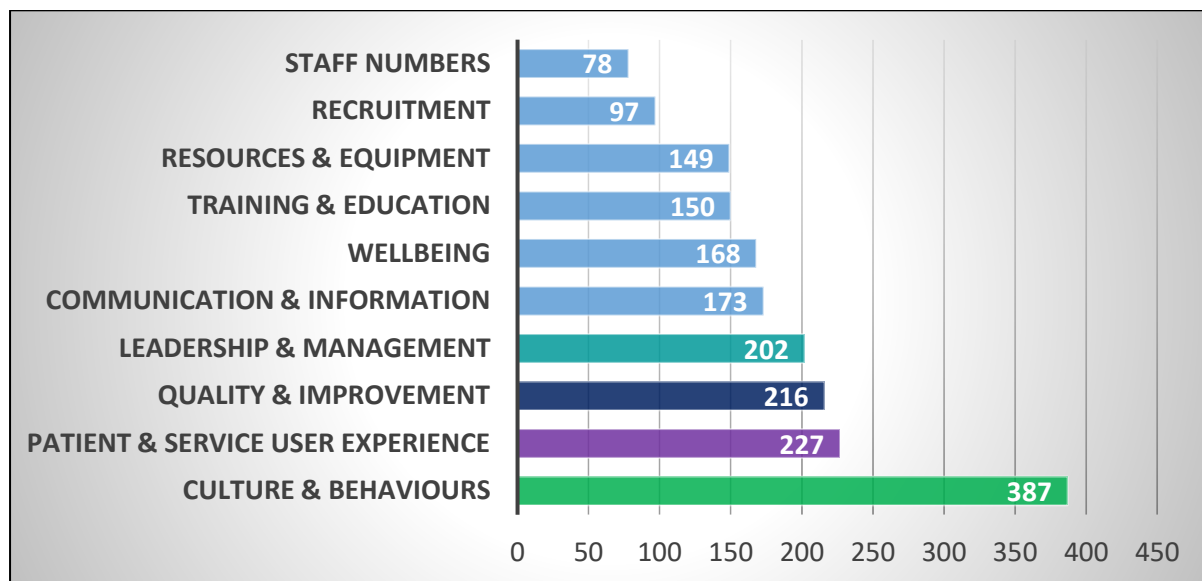
- Those that had a positive perception of leadership and management, spoke of autonomy and freedom to make changes and improvement, as well as the flexibility to manage their work/life balance and the ability to work from home when appropriate.

3.2 Focus Groups, Walk-in Galleries and e-mails

In undertaking a thematic analysis of the wider data gathered from all focus groups, open walk-in galleries and e-mails, a total of 23 themes were identified which are visually represented in the following wordle and of those, the 10 top themes are outlined in Chart 9 below:



Chart 9 – Top 10 Themes and Frequency Raised – Focus Groups, Walk-in Galleries and E-mails



3.2.1 Success Factors - what you think is great about Swansea Bay UHB - for patients/service users and staff?

The data highlighted that those contributing to phase 1 of Our Big Conversation, perceived the following as great about Swansea Bay UHB for patients/service users and staff:

- We serve a big and wide population, yet there is still a sense of community and ownership as a result of this – “we are the population we serve”.
- Swansea Bay has a good reputation overall as a care provider, with many of those contributing sharing their own positive experiences of care received.
- The localised nature of our services makes it easier to network and build relationships for the benefit of our services and patients.
- A majority of those contributing feel their area is patient/service user-centred and that a majority of staff go the extra mile in providing services – “our common purpose is caring for patients.”
- We have an organisation that wants to listen to their staff.
- There are some really good leaders, good people and teams – “staff make the organisation great.”
- Staff’s response to the pandemic was acknowledged and celebrated.
- The range of wellbeing support and services are valued and highly rated.

- The new All Wales Respect & Resolution policy is welcomed and seen as beneficial in supporting healthier working relationships.
- There has been a positive investment in research and development across a number of areas of the Health Board.
- Many staff feel supported in their career, education and development, which needs to be more consistent across all levels of staff and staff groups.
- We have access to good IT equipment and software and have progressed digitally, at a fast pace.
- Working for the Health Board and Health Service as a whole was felt to have provided financial security in spite of the backdrop of the wider financial climate.

4. Discussion Points for Phase 2

The following key points have been taken from the top themes of the data captured from those contributing to phase 1 of Our Big Conversation and the views they shared in relation to the following questions:

**What do we need to improve, to get our services to be sustainably excellent?
What one thing do we need to do to make this a great place to work?**

It is planned that they form the basis of the discussions in phase 2 of *Our Big Conversation*.

- Initial stakeholder feedback – we need to change the way we talk about what we do, with patients / service users.
- Address safety and risk to patients and staff through having adequately staffed wards and services, as well as well-maintained, appropriate environments to provide care in.
- Increase early engagement and communication with patients/services users and families in order to clarify expectations and increase ownership of their health and care provision.
- Improved focus and investment in care in the community to reduce pressure and focus on acute and hospital care.
- We need different leadership approaches that aren't disempowering staff, including; Visible, compassionate leaders that actively listen and respond to staff raising concerns and/or suggestions for improvement.
- Leaders and managers supporting more flexibility in the workplace where the service allows, in order to attract and retain staff.

- Increased focus and improvement in the recruitment and retention of staff overall.
- Directly and effectively address cases of incivility and 'bullying' when this is identified and formally raised.
- Successes and achievements to be celebrated more; organisationally, locally and publicly. Leaders and managers need to acknowledge the contributions of staff so that they feel valued.
- Equality issues to be tackled across the board, including; racism, career progression – particularly for women and BAME Staff, and between different staff groups i.e. introducing multi-professional break rooms and having consistency in the treatment of staff, regardless of role and banding.
- Clarity on our goals, purpose and roles, both organisationally and locally in each service and department.
- More trust and autonomy to be given back to staff (particularly those closest to the patient/service user) in order to increase ownership and responsibility across the Health Board and enhance quality and improvement. This is to be facilitated through a review of our current organisational structures – enabling delivery closer to the patient.
- Change management, communication and staff involvement in decision making to be improved.
- Staff burnout needs to be acknowledged and an increased focus on wellbeing is needed to address sickness absence and retention issues.
- Mediation network to be promoted and utilised more as part of enhancing the Respect & Resolution Policy and Healthy Working Relationships. The 'Just Culture' work to be embedded into all staff processes and leadership development programmes.
- Our Health Board Values & Behaviours need further promotion and embedding to ensure consistency of experience across the organisation.
- Visible improvement in partnership working between staff representatives and management.
- Enhance multi-disciplinary and collaborative working to reduce silos, which negatively impact on the patient journey.
- Longer term investment in pilots, temporary services and posts in order to make quality and improvement sustainable.
- Increased use of 'staff stories' as a way of hearing staff voices, increasing learning and improving both staff and patient experience.

5. Actions & Next Steps

Key concerns and improvements that were specific to local areas and departments were noted during the Focus Groups by the CEO for direct action to be taken. Hotspot areas identified from the anonymous data were also extracted for reporting to Service Groups and Corporate Directorates, in order to inform local actions for improvement.

This report and its discussion points are to be shared as part of phase 2 of Our Big Conversation, which will run from **31st January to 24th February 2023** and will include **7** targeted Focus Groups and **4** open Focus Groups, which will be a mixture of virtual and face to face. There will also be a digital method of engaging and contributing for those unable to attend.

Phase 2 of Our Big Conversation will aim to:

- feedback what staff told us and what we have heard from across the organisation
- develop a proposed vision for the organisation
- engage on how we take this vision forward together

As with phase 1 of the programme, we will be providing the opportunity for all staff, students and volunteers to get involved through virtual, face to face and digital means. Mark and the executive team will again, play key roles in facilitating these conversations and listening to your views, supported by Workforce & OD.

A final report is to be compiled for Health Board, Executive Team and Management Board to be reported during March's forums as appropriate, and then shared with the wider organisation for sustainable action and embedding.