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Swansea Bay University
Health Board



Ein Sgwrs Fawr 2022-23

Our Big Conversation 2022-23

Phase 1 & 2 Findings

Initial Report V1

Contents Page

1. <u>Background & Context</u>	3
1.1 The Vision	
1.2 A Quality Driven SBUHB – Defining Quality	
1.2.1 Principles of Quality Management	
2. <u>Methodology</u>	7-12
2.1 The Pulse Survey – a closer look	6
2.1.1 Response Rate	8
2.2 Focus Groups & Walk-in Galleries	9
3. <u>Key Findings</u>	9-19
3.1 The Pulse Survey	9-17
3.2 Focus Groups, Walk-in Galleries & Emails	17-19
3.2.1 Our 4 Priorities for Action and Improvement	20-22
4. <u>Actions & Next Steps</u>	22

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 partnership agreement 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.

1.2 A Quality Driven SBUHB – Defining Quality

During March 2023, SBUHB launched its 5-year Quality Strategy and vision of quality; “to reignite our intrinsic commitment to delivery of excellent high quality care that exceeds patient and carer expectations.” The strategy; developed in partnership with staff and stakeholders, defines what quality means to us and outlines the four elements of our High Quality Management System (HQMS), supporting the governance and effective and efficient delivery of our strategy:

- Quality Assurance
- Quality Control
- Quality Planning
- Quality Improvement



It also sets out **4 quality ambitions** for delivery:

1. Delivering Safe and Reliable Care
2. An organisation our patients and communities are proud of
3. Empowered Staff
4. High quality accessible services now and in the future

A copy of the Health Board's 5-year Quality Strategy can be accessed via the following link: [SBUHB 5-year Quality Strategy](#)

The findings and outcomes of *Our Big Conversation* will be intrinsically linked to and support delivery of our Quality Strategy and in particular, **Ambition 3 – Empowered Staff and Improving Staff Experience**, which we know in turn leads to an improved patient / service user experience.

1.2.1 Principles of Quality Management



There are several principles of quality management that the *International Standard for Quality Management* adopts (ISO 900, 2015).

These principles are used by top management to guide an organization's processes towards improved performance and should be considered in the context of the findings and outcomes from *Our Big Conversation*. They include:

1. Patient / Service User Focus

The primary focus of our organisation should be to meet and exceed the patient/service users' expectations and needs. When an organisation can understand the patient / service users' current and future needs and cater to them, that results in a positive patient experience. When organisational processes are more efficient, quality is higher and more patients / service users can be satisfied.

2. Leadership

Visible, compassionate and collective leadership results in an organisation's success. Great leadership establishes unity and purpose among our workforce and stakeholders. Creating a thriving culture provides an internal environment that allows everyone to fully realize their potential and get actively involved in achieving our vision and objectives.

Leaders should involve employees and stakeholders in setting clear goals and objectives for the Health Board, service and department.

3. Engagement of People

Staff and stakeholder involvement is another fundamental principle. The Health Board should encourage staff to constantly improve their skills and maintain consistency of standards.

It is also about empowering people, involving them in decision making, and recognising their achievements and high performance. When people are valued, they work to their best potential because it boosts their confidence and motivation. When people are wholly involved, it makes them feel empowered and accountable for their actions.

4. Process Approach

The performance of an organisation is crucial according to the process approach principle. It emphasizes achieving efficiency and effectiveness in the organisational processes we have in place to support the right outcomes and results. The approach entails an understanding that good processes result in improved consistency, quicker activities, reduced costs, waste removal, and continuous improvement.

An organisation is enhanced when leaders can manage and control the inputs and the outputs of a service, as well as the processes used to produce the outputs.

5. Continuous Improvement

Every Health Board department and service should identify standards / hallmarks of quality as an objective to be actively involved in continuous improvement. Organisations that learn and improve continually, experience improved performance, flexibility, and an increased ability to embrace new opportunities.

6. Evidence-based Decision Making

The Health Board should consistently adopt a factual approach to decision-making. Organisations that make decisions based on verified and analysed data are able to perform tasks that produce desired results and justify their past decisions. Factual decision-making is vital to help understand the cause-and-effect relationships of different things and explain potential unintended results and consequences.

7. Relationship Management

Relationship management is about creating mutually beneficial relations with both internal and external stakeholders. When an organization manages its relationship with stakeholders well, it is more likely to achieve sustained collaboration for the benefit of a seamless patient / service user journey.

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 phases 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. Phase 2 then ran from 31st January to 6th March 2023 with an additional **243** staff, students and volunteers taking part.

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 & 2 – Our Big Conversation

How?	Deliverables
Comprehensive communications and promotional plan	Commenced 31 st October 2022 Over 13,000 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.
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 and 6 th February 2023 to 6 th March 2023 (9 weeks total). 587 Pulse Surveys have been completed
Face to face and virtual Focus Groups	Phase 1 - w/c 28 th November to w/c 19 th December 2022 Phase 2 – w/c 30 th January to w/c 27 th February 2023 687 attended across a total of 32 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	Overall approx. 42 hours' worth of Focus Groups data, e-mails and pulse survey open comments - 126 pages and a word count of 68,184 to analyse

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, 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 **587** completed the pulse survey during phases 1 and 2 of the programme and **162** 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 run through Civica, and as at the 30th January 2023, **94** respondents had completed.

2.1.1 Response Rates

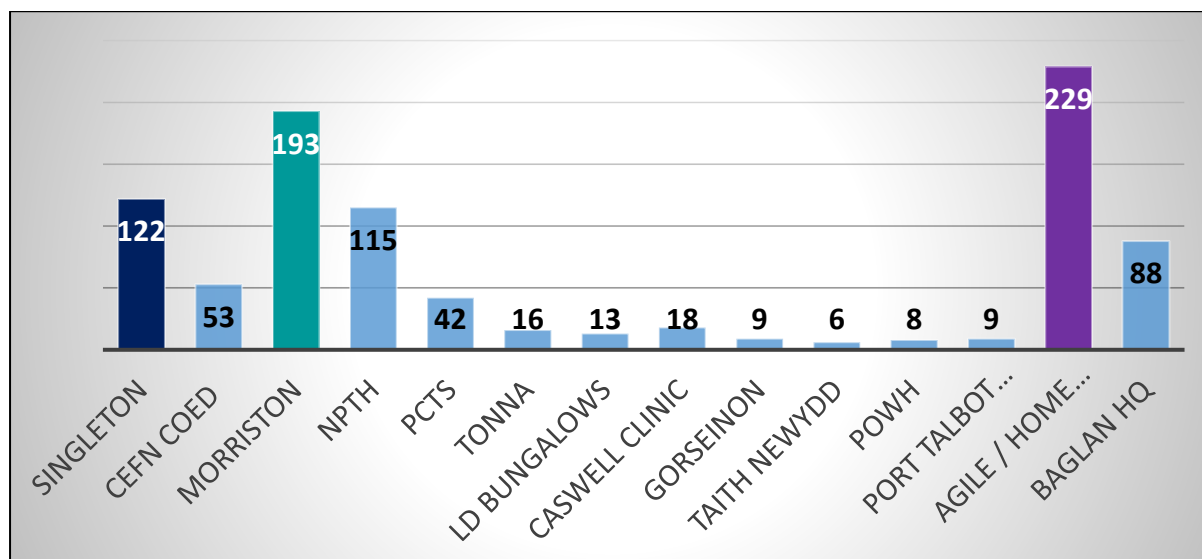
The following chart (chart 1) provides a breakdown of the number of responses from across sites, as well as those working from home. As per the aim of the pulse survey; to reach a wider and more diverse audience and particularly those working agilely and from home, it was positive to see this grouping giving the highest number of responses (***229**). It should be noted that those working from home included; clinical / ward based staff and estates, facilities and support staff in addition to admin and corporate staff.

However, overall Admin/Corporate based (***331 responses**) and Clinical/Ward based (***311 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 (***193 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.**

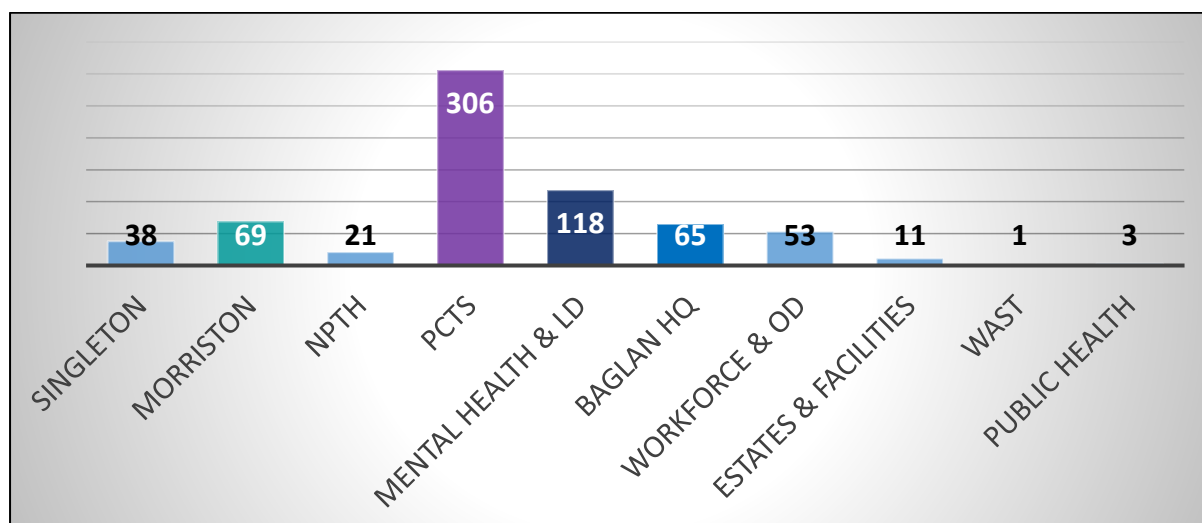
Chart 1 – Break down of Response Rates across Sites



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

A total of **31** 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 6 open Walk-in Galleries in Morriston, Singleton and Neath Port Talbots as our main sites. We also received views and feedback via e-mail. A total of **687** staff attended across these sessions. The following chart provides a breakdown of contribution from across Service Groups and Corporate areas:

Chart 2 – Break down of contribution across Service Groups & Corporate areas



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.

Phase 1 focus group 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?

Phase 2 of the programme aimed to:

- feedback what people told us and what we heard from across the organisation
- share a proposed vision for a quality-driven organisation
- engage on how we take this vision forward together

Both the virtual and face to face focus groups discussions for phase 2, covered the following questions in line with these aims:

Part 1 – Results from Our Big Conversation Phase 1 - Tell us your views?

Do these points reflect what you told us? Anything missing?

Part 2 – Recommendations - where do we want to be?

What's the vision of where you want us to be, as a quality-focused organisation?

Part 3 – Sustaining the vision

What are the things you would put into place to make it happen?

The Focus Groups, walk-in galleries and e-mails resulted in the capturing of **126 pages (68,184 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.

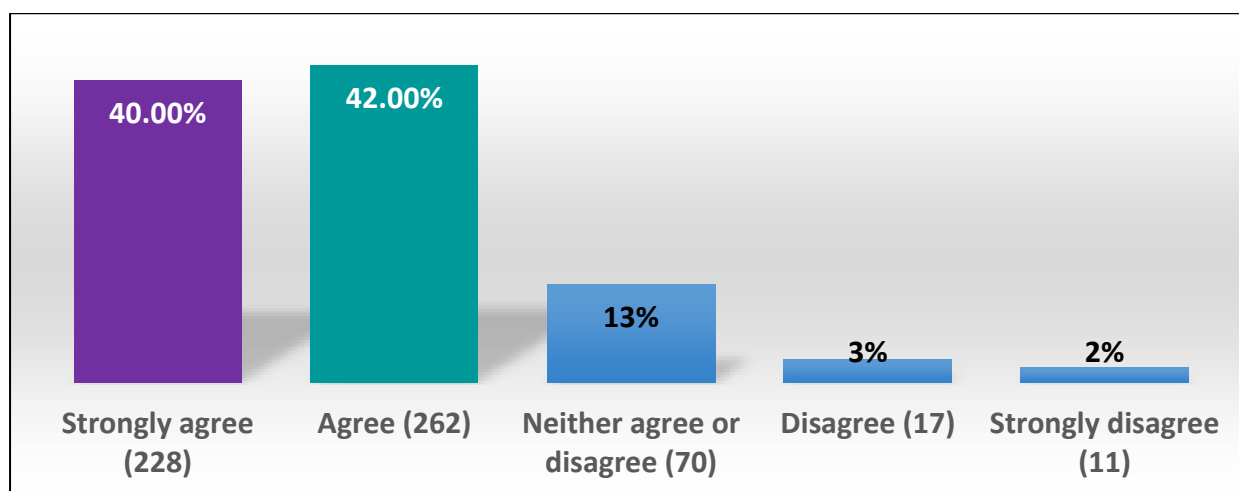
3. Key Findings

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 3 - 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 4). 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 5.

Chart 4 - Managers and Leaders are responsive towards staff when they face problems in my area of work

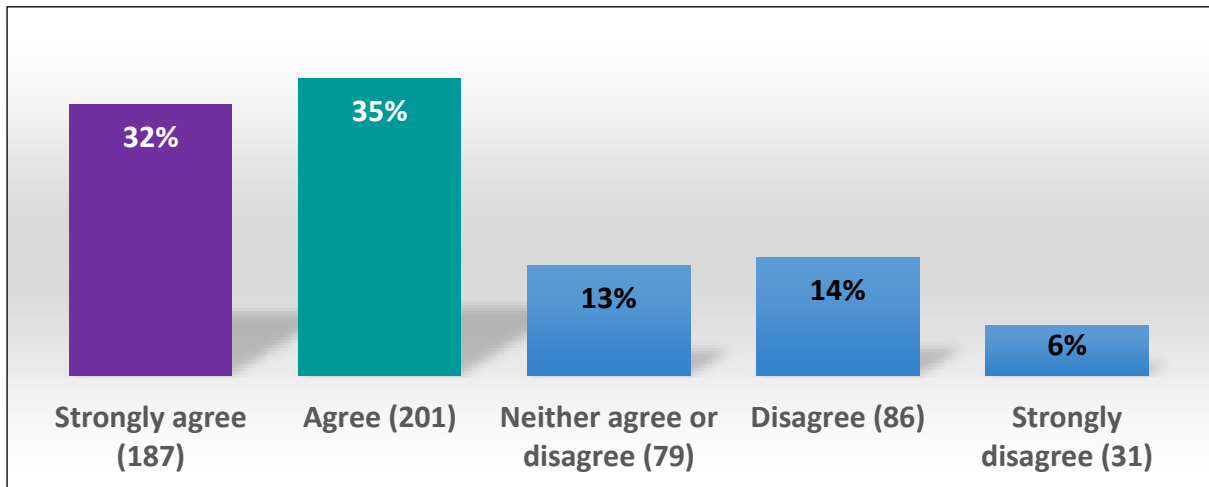


Chart 5 - My attempts to improve quality are supported rather than blocked in my area of work

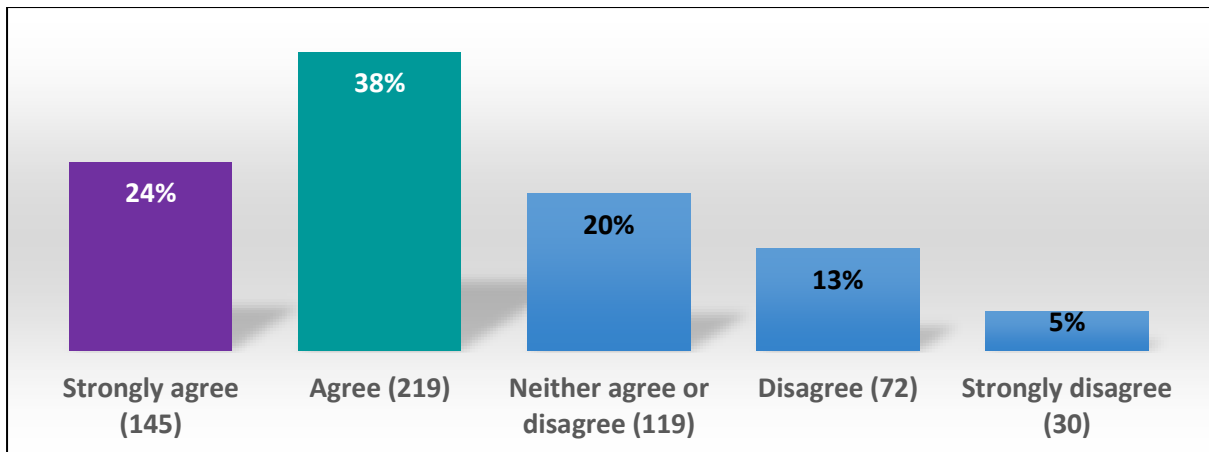


Chart 6 - My service is focused on improving quality for patients and service users

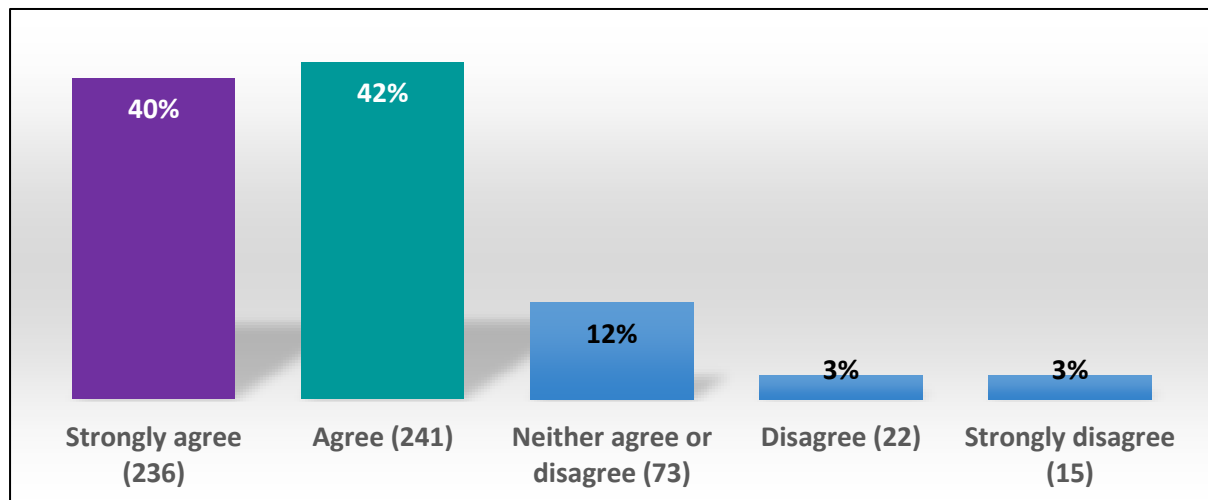
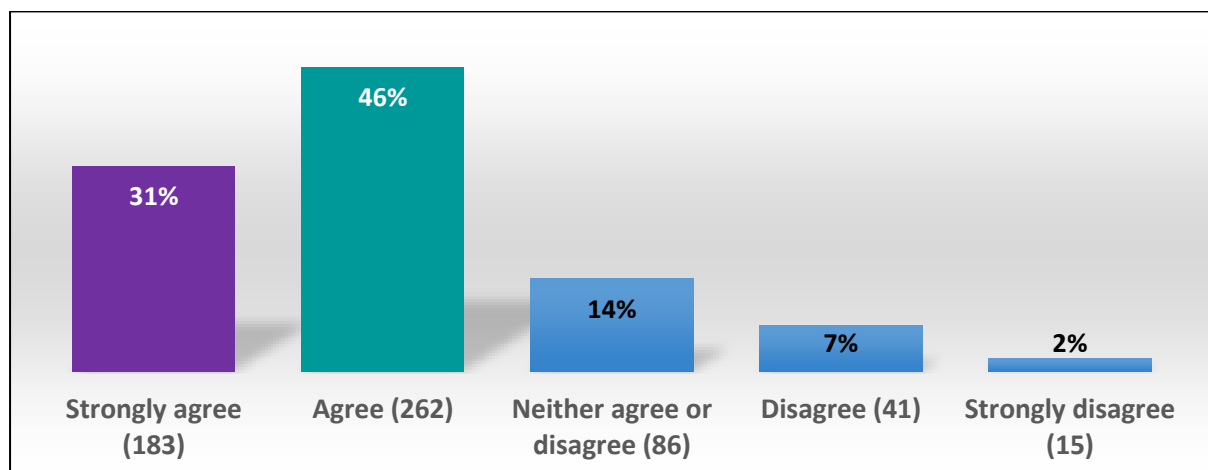


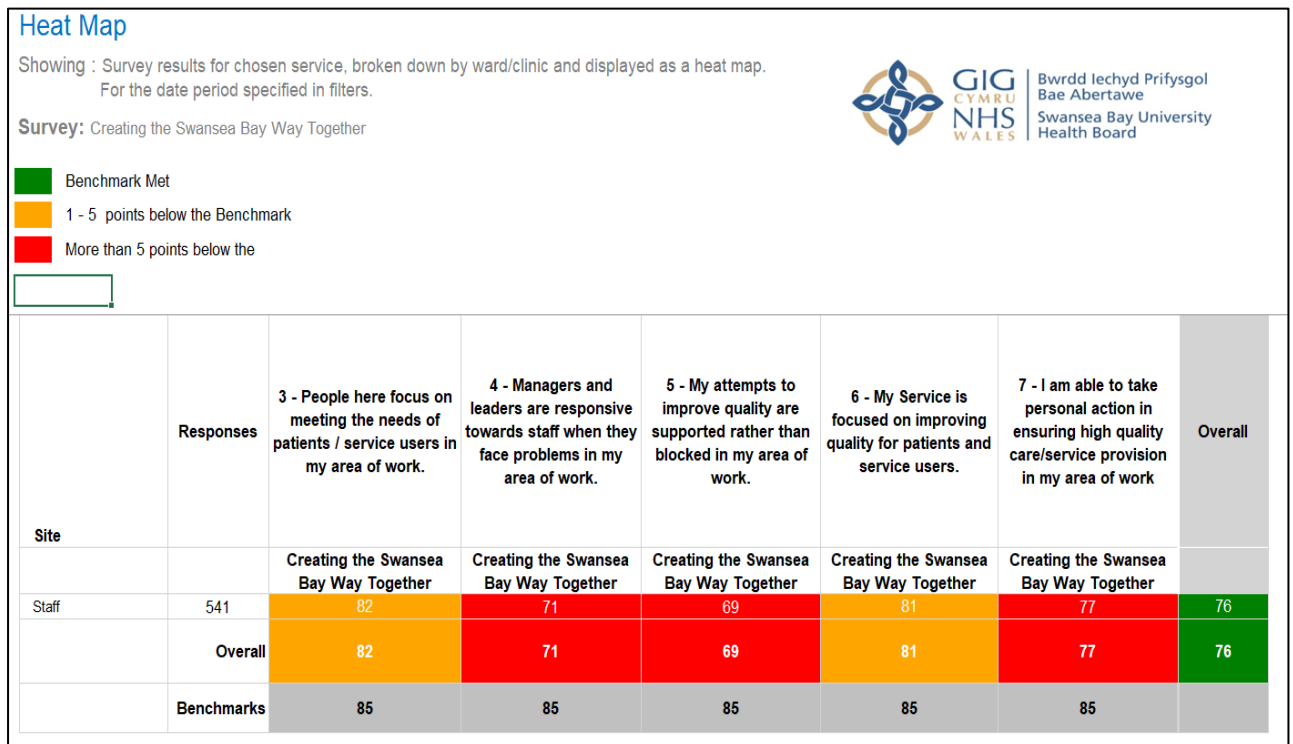
Chart 7 - I am able to take personal action in ensuring high quality care/service provision in my area of work



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 162 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.**



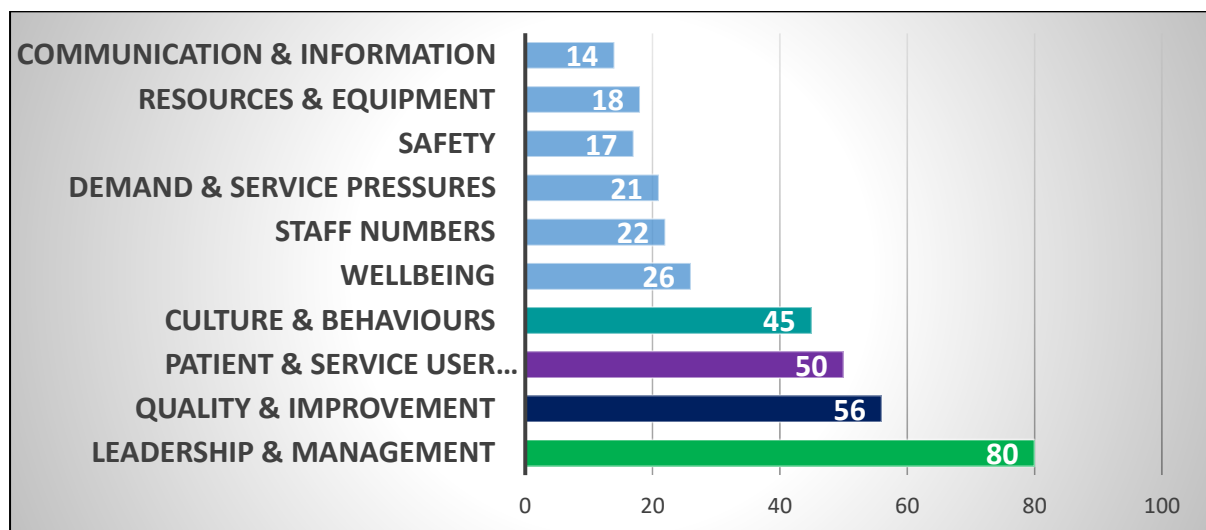
The Civica heat map report and benchmark figure will be helpful if repeating the survey in the future, following taking forward actions and being able to measure improvements.

3.1.1 – Thematic Analysis of Pulse Survey Open Comments

A full analysis was undertaken of the 162 open responses given, to identify themes and add context and meaning to the other responses.

A total of 27 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 8 – Top 10 Themes and Frequency Raised – Pulse Survey



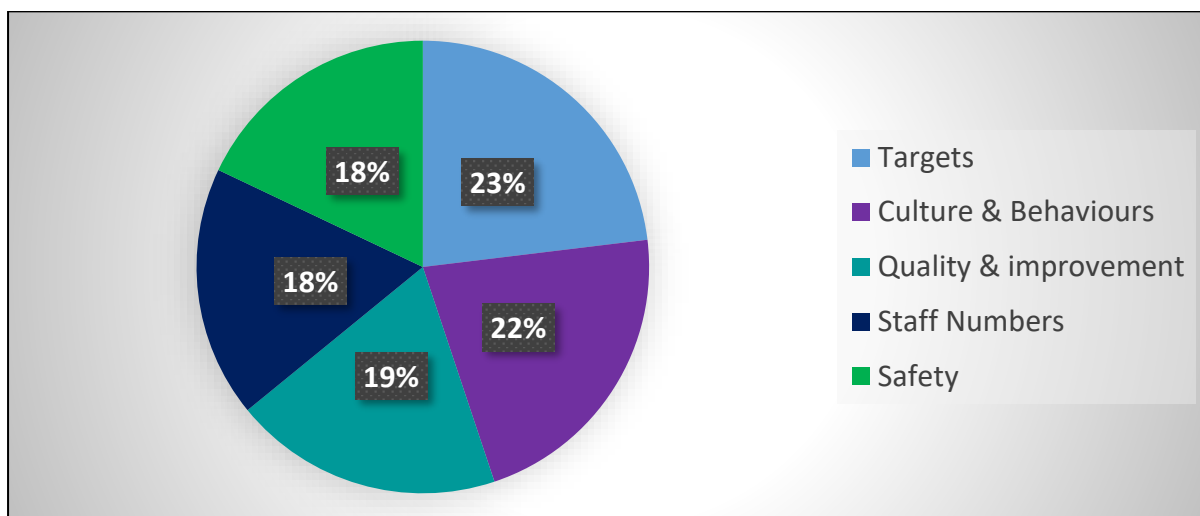
3.1.2 – Leadership & Management

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 80 relating to leadership and management:

- 62 of those were negative
- 8 were positive
- 12 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 9 below).

Chart 9 – Main Themes within Leadership and Management



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

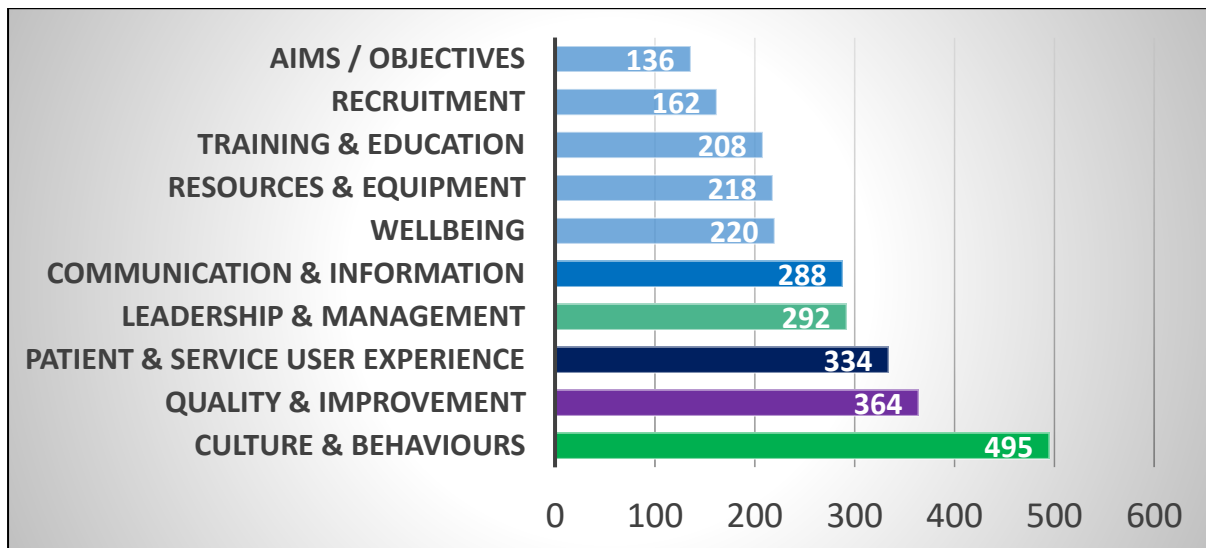
- Senior management are more concerned about targets than they are about patients or staff.
- There is little or no engagement from leadership in some areas of the Health Board and suggestions for improvement are not listened to or taken forward.
- There were examples described of senior managers not 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 27 themes were identified and of those, the 10 top themes are outlined in Chart 10 below:

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



The data confirmed that a majority of those contributing to phase 2 agreed with the findings of phase 1. It also confirmed the alignment between what respondents told us in the pulse survey, and the focus groups, open sessions and e-mails with the top themes being the same. Base on the data, the following strengths were identified as well as 4 key areas for improvement.

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 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.

3.2.2 Our 4 Priorities for Action and Improvement:

The following 4 priorities for action and improvement have been taken from the top themes of the data captured from those contributing to phase 1 and 2 of Our Big Conversation, which will form the basis of the new partnership agreement with our staff:

1. Culture & Behaviours

- Successes and achievements to be celebrated more; organisationally, locally and publicly.
- Directly and effectively address cases of incivility and ‘bullying’.

- Further promotion and embedding of our Health Board Values & Behaviours, Respect & Resolution Policy, Just Culture and Mediation Network
- Less MS Teams Meetings - reduction in the perception / experience that it is being used as a punitive tool to monitor staff
- More trust and autonomy to be given back to staff and managers
- Equality issues to be tackled across the board
- Reduce silo working - both internal and externally

2. Quality & Improvement

- Delivery of the SBUHB Quality Strategy and its goals
- Clarity on quality standards, goals, purpose and roles; organisationally, locally and multi-professionally
- 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.
- Improved focus and investment in care in the community to reduce pressure and focus on acute and hospital care.
- Streamline key processes and systems that do not add value, create waste, delay and cause potential harm.

3. Patient & Service User Experience

- 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.
- Improve navigation of the patient and service user journey – seamless experience
- Stakeholder feedback –change the way we talk about what we do with patients / service users.

4. Leadership & Management

- Be clear on the difference between leadership and management, these roles and what is required of them within the Health Board.
- 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.

- Change management, communication and staff involvement in decision making
- Staff burnout to be acknowledged and an increased focus on wellbeing to address sickness absence and retention issues.
- Visible improvement in partnership working between staff representatives and management.

4. Actions & Next Steps

Following presenting to Health Board Partnership Forum during February 2023, it was agreed that a collective of key staff representatives, wellbeing champions and management colleagues led by CEO, Mark Hackett, would convene to work in partnership to develop the practical vision, based on the 4 areas for improvement from *Our Big Conversation*. The meeting was held on 10th March 2023 and an initial draft of the document will be made available for consultation by the end of March 2023. It is proposed there is then an 8-week Health Board wide consultation ahead of final sign off and delivery of actions to ensure we have heard the voices of our staff, students, volunteers and stakeholders and to gain collective ownership.

Key concerns and improvements identified during phase 1 and 2 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 are also planned to be extracted for reporting to Service Groups and Corporate Directorates, in order to inform local actions for improvement.