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Bae Abertawe
Swansea Bay University
Health Board



Creating the Swansea Bay Way Together Phase 1 & 2 Findings



Recap - Our Goal

To create a **dynamic, patient/service user-centred organisation**, learning from patients and people in and outside the organisation to **improve services** to our patients and maintain or improve their health and well-being whilst providing **outstanding** health services to patients **when they need them**.

A place where our **patients/service users have a central voice** in what we do and we aim to **excel** around **clinical outcomes, patient experience, safety and access** for them. At the same time, we must be a place where **staff have a voice** are **engaged, listened to** and **supported** to deliver this **vision for patients** in a **culture with attitudes and behaviours** centred on **responsibility, accountability and delivery**.



A total of **1,274** of our valued staff, student and volunteers took part



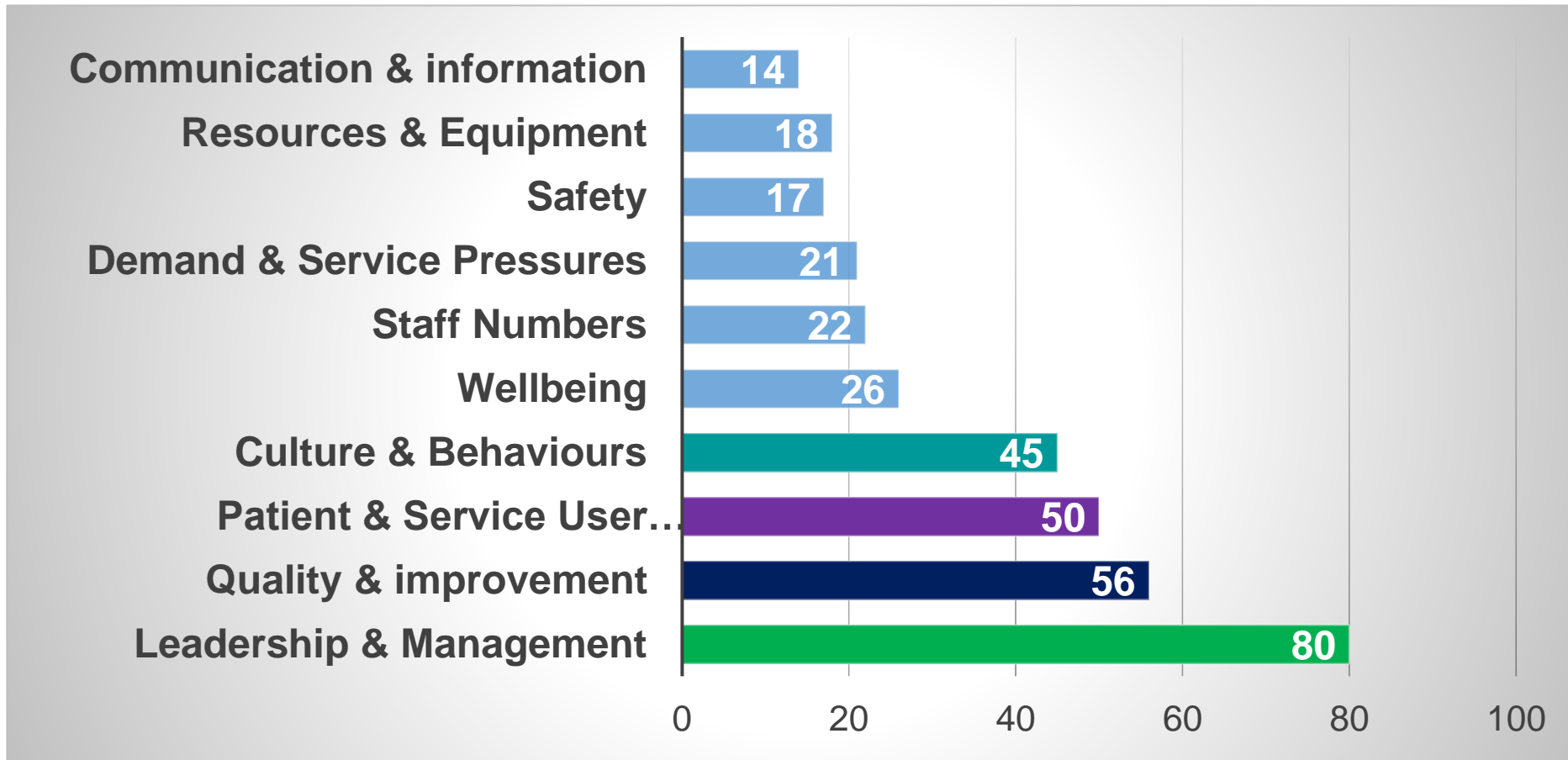
587 Pulse Surveys completed
94 Stakeholder returns

687 attended across **32** face to face and virtual focus group sessions,

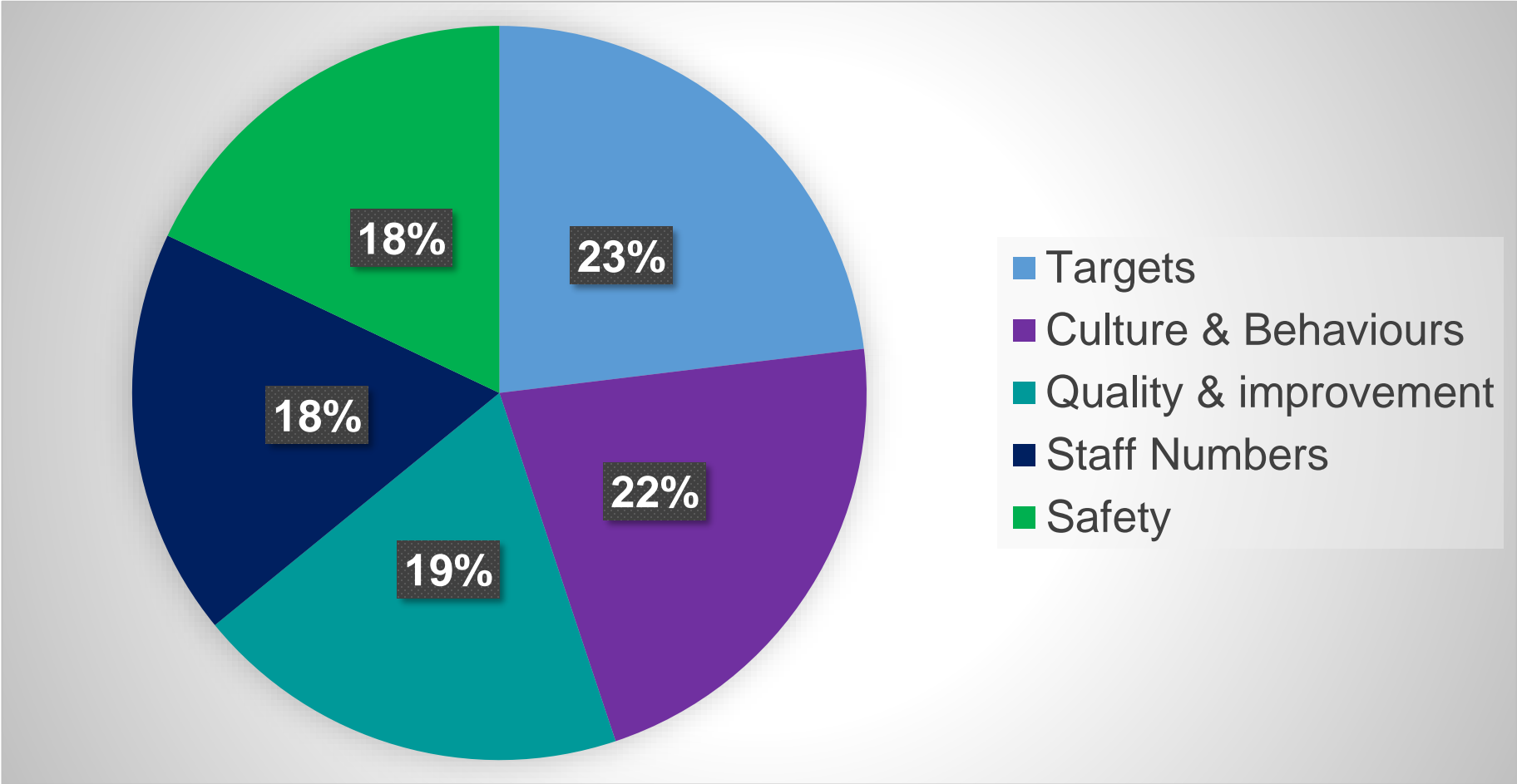
42 hours' worth of Focus Groups data, e-mails and pulse survey open comments - **126 pages** and a word count of **68,184** to analyse



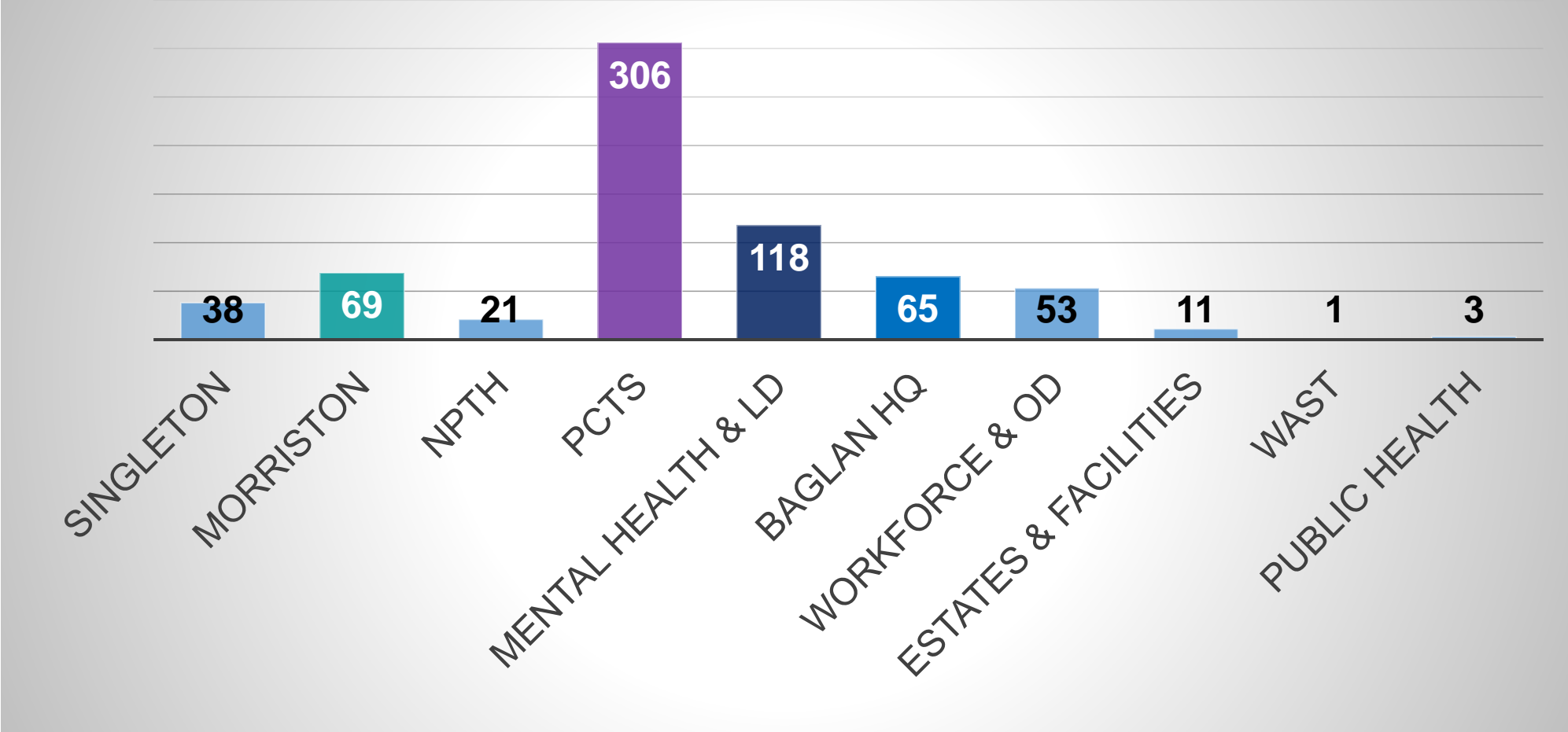
Thematic Analysis – Pulse Survey Open Comments



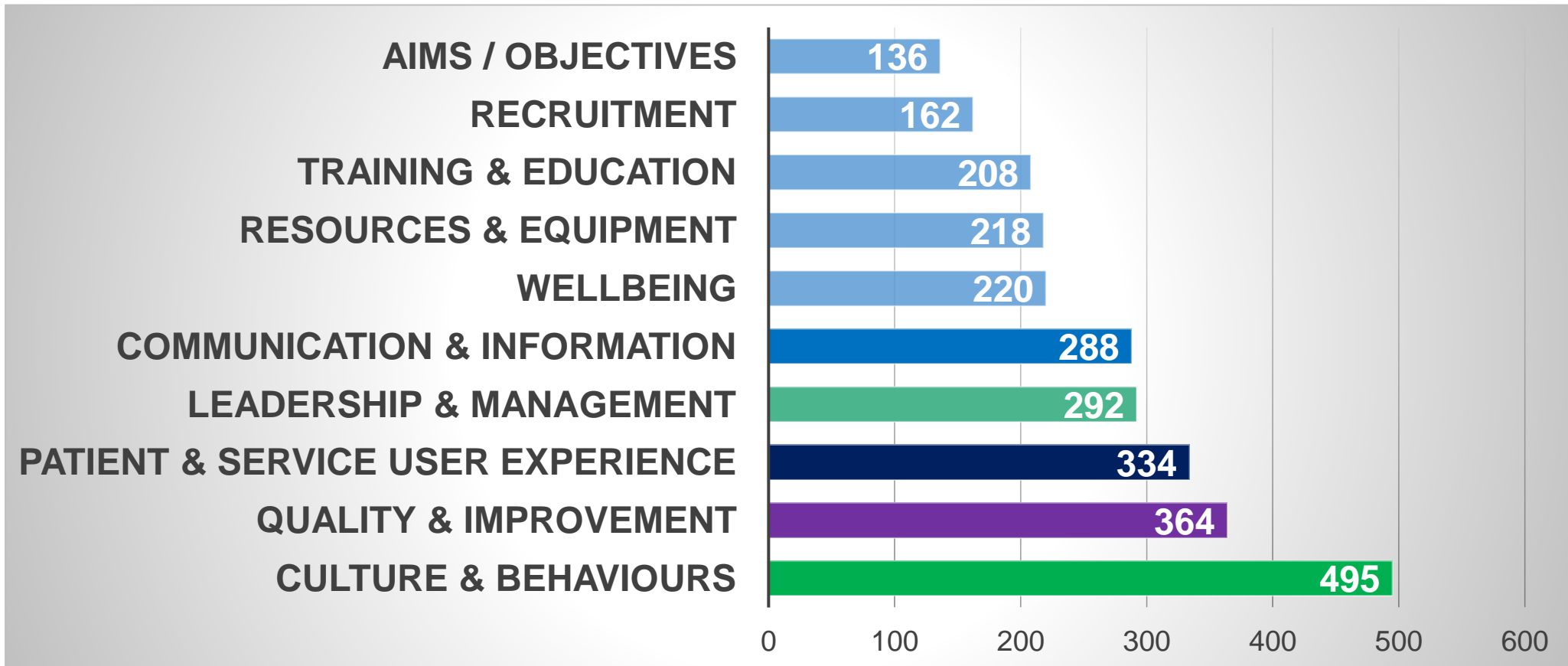
A Closer Look at Leadership & Management



Contribution across Focus Group, Walk-in Galleries and e-mails – Phase 1 & 2



Key Findings – Focus Groups, Walk-in Galleries, e-mails



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

- 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.





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Our Big Conversation

Taking our vision into reality

Mark Hackett



Context

- The mandate from our staff and patients is clear. They want to see a high quality organisation with the characteristics and achievements they would expect from one.
- “The patient is not an inconvenience to be dealt with, but a privilege to deal with as active and engaged individual who needs to experience the very best standards of care, at the right time, every time and treated as in individual with fears, needs, views and emotions at their time of greatest need”.



Our vision into reality has 6 key benefits

- Leadership culture behaviour
- A focus on the patient or customer
- Activated and engaged staff
- Reliable, designed systems and processes
- A focus on evidence, measurement and outcome to continually improve our services, commissioning and populations health.
- Alliances and Partnerships



Leadership, Culture and Behaviour

- A re-instatement of the behaviours, responsibilities linked to our values.
- Developing a focus on services and pathways, centred around patient and building great teams to support them.
- Increasing patient and service users voices, insights and their roles in our service governance
- Improving responsibilities and accountabilities by doing the basics well, releasing autonomy, building commitment and simplification.
- Greater management by objectives
- A more clinically lead organisation with greater involvement of clinicians in management leadership
- Building an improvement culture based on the understanding of the outcomes that should be delivered, based on clinical standards



A focus on patient or outcomes

A new compact with patients and service users centred on:-

- Greater ownership of their health and management of it.
- Simpler, easier ways to access support.
- NHS becoming not only a provider, but an enabler, coach, guider to improve health well-being.
- Designing services around the patient and use them to do so we commission better services
- Improvement, engagement and governance
- A holy trinity of customer focus driven by staff, patient experience and outcomes at every level.
- Expecting patient safety, experience and outcome plans from everyone
- Performance considered against intended results
- Greater transparency on services/levels of service in services to each other.



Activated and Engaged Staff who can act

- Responsibilities framework set
- Bureaucracy busting
- Redesign care principles to release management time to support front line
- A focus on staff experience plans
- Providing great multidisciplinary focus with shared leadership, vision and objectives around patients and service users
- Delegate, Delegate, Delegate, support and encourage
- Different minded on mechanisms for control and accountability
- Develop a more risk based culture



Articulated and Engaged Staff

Who can act continued

- Focus on just ventures in all services around patient safety and quality and signed symbiotic changes
- A different “compact” with staff, staffing organisations and ourselves - Develop the peoples promise:-
 - Compassionate/inclusive
 - Recognised/rewarded
 - Having a meaningful voice that cares
 - Always learning
 - Being part of a great team
 - Staffing health and well being
 - Always learning and improving
- Reduce layers of reporting with further structures
- Points of control and greater decision delegation



Reliable, Designed System and Processes

- Build on our commissioning and population health strategic work
- Develop multi-service group, care/symptom pathways and build teams around patient needs
- Build our vision, plans and each service based on multidisciplinary teams
- Establish clear service standards and agreements
- Examine operational systems and get business right, e.g. alignment of workforce plans with financial plans and capacity
- Set clear objectives at all levels
- Continue our programme of culture development and responsive staff engagement



Focus on evidence, measurement and outcomes

We have made a great start with our quality management system and quality strategy, we'll now need to:-

- Improve our data measurement and availability and support teams to improve quality
- Accelerate digital, capture and system
- Build explicit quality standards, goals and roles
- Build improvement capability and improvement service capability
- Encourage change with clinical teams





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Thank you for listening!

