



Be Collectively Brilliant

Findings from Our Big Conversation – Nursing in Wales second online engagement – draft report

Education and Improvement Wales
August 2023

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The report-in-a-page

OUR MANDATE

In August 2023 HEIW launched the second online engagement as part of *Our Big Conversation: Nursing in Wales*, to validate the takeaways and conclusions from the May-June engagement, which heard the nursing workforce's ideas on how to attract and retain people and address the current and future challenges of providing nursing care in Wales. The findings of this and previous report seek to aid HEIW and inform the development of the first strategic nursing workforce plan for Wales, which will be subject to public consultation in 2024. As well as listening to the nursing workforce, HEIW has committed to engaging the wider workforce and patients and the public.

THE CONVERSATION

The second online engagement with *Our Big Conversation* captured nearly 1,650 ideas, comments, and votes from just under 220 people from the nursing workforce and a small group of people from the wider workforce. Of these, 120 participants took part in the first conversation. Communications efforts proved successful in engaging a representative group across fields of nursing, but once more somewhat less successful for some bands, roles and Health Boards. We saw just under half the number of participants in this shorter-running conversation compared to the May-June engagement, but this is both typical of this type of validation approach and those that took part showed higher levels of activity.

What we heard from the nursing workforce in the second *Our Big Conversation* was:

KEY FINDINGS

- **WHAT WE HEARD WAS STRONG** - we asked participants what was strong, wrong, or missing from the strategic statements we drafted from the first online conversation. Across the board, these enjoyed almost unanimous support (96-100%), with participants voting in agreement with what was shared.
- **DETAILS AND IMPLEMENTATION** – the devil is still in the details, and comments under these statements generally focused on (1) perceived challenges and obstacles to their successful implementation; (2) criticism and frustration with current structures, systems, processes, or infrastructure; (3) things participants perceived as missing or needing to be called into attention. We expect that the nursing staff we have heard from through those two conversations will look to the strategic nursing workforce plan to provide a high level of detail, clarity, and clear direction in tackling the most common issues these two engagements have highlighted.
- **THE 'APPRECIATE US' THEME RECEIVED THE MOST ATTENTION** – the questions of pay and banding, roles and responsibilities, and, to an extent, value and recognition, were once again among the most prominent topics, with the *Appreciate us* theme capturing over a third (42%) of all contributions.

KEY RECOMMENDATIONS

The strong support received the summary statements suggests that the nursing workforce has responded well to the descriptions of what they need to provide care to the people of Wales in the future. We recommend that these summary statements continue to be used to communicate progress to the nursing workforce on the setting and achievement of the strategic nursing workforce plan. This will help the nursing workforce engage with the strategic nursing workforce plan on an ongoing basis as it moves toward implementation.

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Executive summary

Overview of the engagement and main findings

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What we are doing and why

What we are doing and why

Overarching aim

HEIW is developing a strategic nursing workforce plan, with the aim of addressing the current and anticipated challenges within the nursing workforce in Wales. **HEIW has committed to developing the strategic nursing workforce plan through input and engagement with the nursing and wider workforce.** For the strategic nursing workforce plan to deliver positive change, it must resonate with those it is designed to help.

The Clever Together methodology will ensure the nursing workforce feels listened to and empowered to influence and co-create their future. It will enable us to:

- Open a conversation with the entire nursing workforce in Wales which will be hosted on a purposefully designed website where everyone can share, read, rate and comment upon the ideas, experiences, and stories of others,
- Provide a psychologically safe environment for the nursing workforce to share what they really think – the conversation platform is anonymous, facilitated, and independently analysed.

This report summarises what we heard through the second online engagement of the *Our Big Conversation* with the nursing workforce, seeking to validate the findings and conclusions of the first conversation and establish what is strong, wrong, or missing.

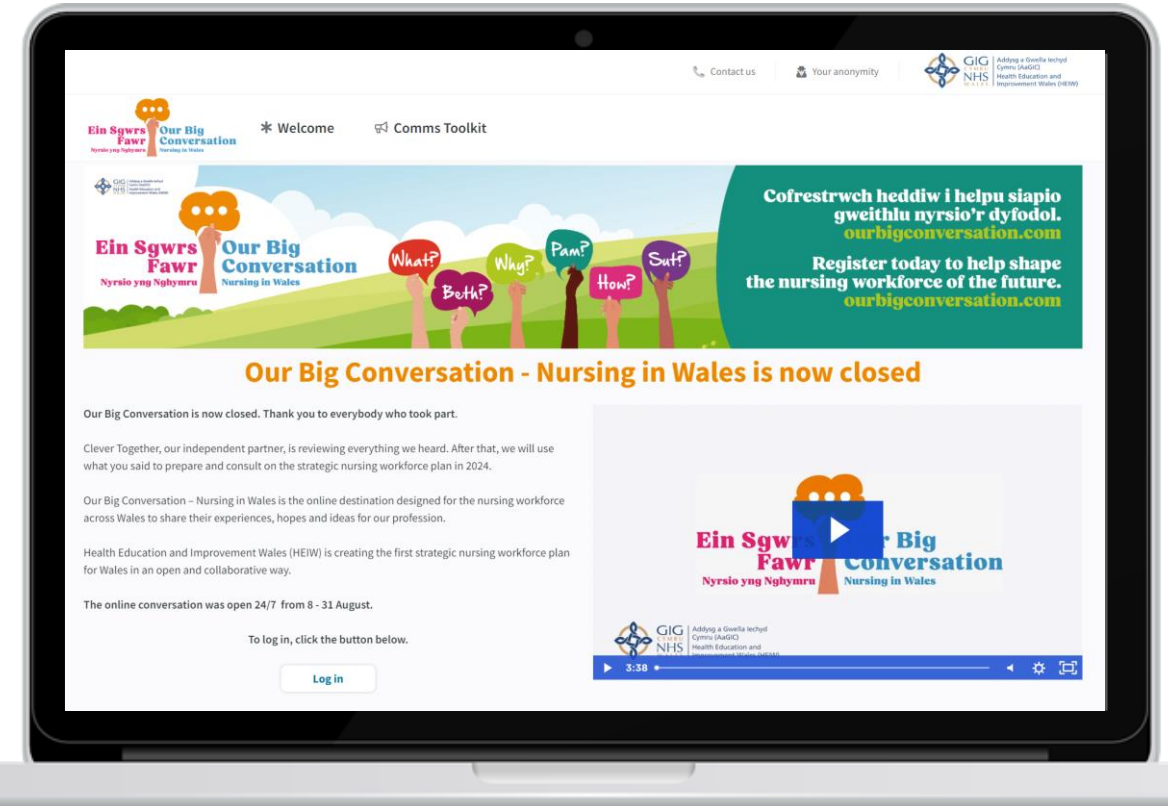
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Engagement and participation

How we engaged

An anonymous, safe, and inclusive online conversation to validate our emerging strategic themes

- 220 people from the nursing workforce from across Wales joined the second online engagement for **Our Big Conversation – Nursing in Wales**, accessible at <https://ourbigconversation.com/nursinginwales>. Most were Registered Nurses, but as with the first conversation, we also heard from Health Care Support Workers, and Assistant Practitioners;
- **Pre-registration to the bilingual digital platform was open over the Summer of 2023 to permit anyone to join after the first conversation had closed.** Email, social media posts, and communications assets cascaded to Health Boards and other employers were used to engage with the nursing workforce throughout Wales. HEIW's social media engagement achieved 81,575 impressions and 2,552 engagements across all platforms.
- **We saw participants from all pay bands, fields of nursing, and major Health Boards**, as well as health organisations such as Welsh Ambulance Services, Public Health Wales, and others (see participation details [here](#));
- The conversation ran for 3 weeks, from 8th until 31st August, and was **accessible from any computer or mobile device, 24 hours a day**, so everyone could participate, regardless of work patterns;
- Throughout the course of the engagement, participants contributed **over 1,650 ideas, comments, and votes (~240 written contributions and ~1,420 votes)**, which are the basis for the findings of this report.



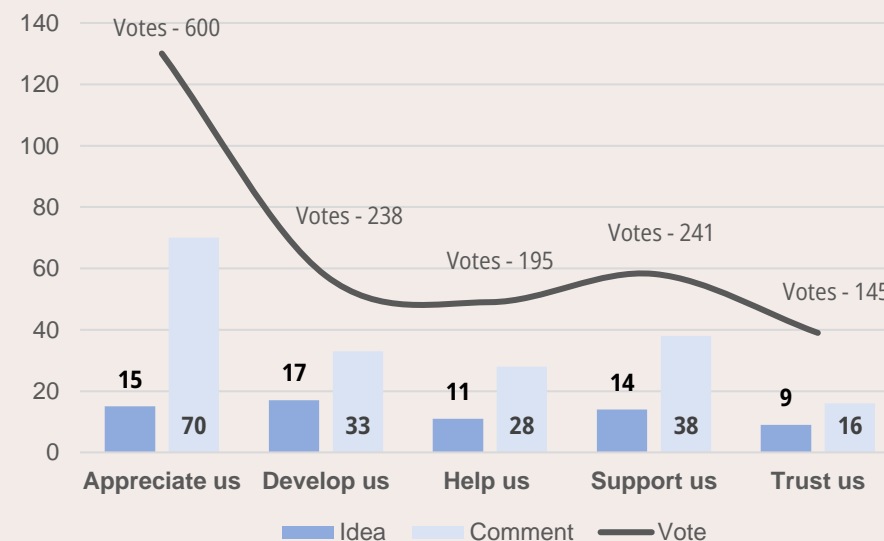
What we asked

We posed five challenge questions to nurses, with the same questions being repeated for non-nursing participants in a separate section. These asked them to validate the findings and conclusions of *Our Big Conversation* engagement, summarised across five themes – *Appreciate*, *Develop*, *Trust*, *Support*, and *Help deliver effective patient care* – and in the form of 12 ‘seed ideas’, or strategic statements outlining the main requests that came through previous engagement.

What we asked:

- **Appreciate us** - The nursing workforce suggested these ideas to make them feel appreciated. What is strong, wrong or missing?
- **Develop us** - The nursing workforce suggested these ideas for their development. What is strong, wrong or missing?
- **Trust us** - The nursing workforce suggested these ideas for them to feel trusted to deliver patient care. What is strong, wrong or missing?
- **Support us** - The nursing workforce suggested these ideas to support them in delivering patient care. What is strong, wrong or missing?
- **Help us deliver effective patient care** - The nursing workforce suggested these ideas for resources, equipment and physical spaces to help them deliver effective patient care. What is strong, wrong or missing?

Challenge questions by number of ideas*, comments and votes



* Includes seed ideas added to the conversation prior to its launch

Overview and summary of findings

Appreciate us

Reward fairly, celebrate publicly, value contributions of nurses, and promote their professional image...

- Support for the *seed ideas* was very strong (96-100%), with comments seeking to clarify, expand, and provide detail, but generally offering implicit or explicit support of the strategic statement;
- Discussion in the comments focused on the need for an Agenda for Change review, fair pay, and advanced practice roles, all of which we had heard in the first online conversation;
- Issues of banding and pay and support for older nurses came through in ideas contributed by the crowd.

Develop us

Provide funding for study and development, develop new roles and pathways, and offer more career progression opportunities...

- Support for the *seed ideas* was unanimous (100%), with written feedback generally zeroing in on separate details of the statements and seeking to clarify these or bringing up challenges to their implementation;
- Discussion was around protected time, regional disparities, or career pathways suggestions, among others;
- The crowd offered several specific suggestions (some of which had come through the first conversation), such as support for developing Welsh language skills, assistant practitioner progression and nurse associate role, better retire and return support, and others.

Trust us

Empower the nursing workforce, consult them in decision making, allow them to find fair solutions to flexible working...

- Support for the *seed ideas* was unanimous (100%), with written feedback in comments criticising the way the system currently operates, or highlighting difficulties with implementing these ideas;
- Limited discussion nevertheless brought up the issues with lack of (adequate) response to whistleblowing, Datix report, or other concerns staff has raised, including lack of feedback; and criticised the lack of empowerment for staff, with non-clinical managers making poor decisions they are not held accountable for.

Support us

Provide functional facilities, access to wellbeing services, better work-life balance, debriefings, and visible, compassionate, and engaged managers...

- Support for the *seed ideas* was unanimous (100%), with comments criticising current practices;
- We heard calls for increased accountability, effectiveness, role-modelling, and presence from leaders; addressing shortage of break-spaces and practices; and a suggestion to reword reference to patient aggression;
- One of the more supported new ideas from the crowd asked for additional support in protecting nurses from stress, burnout, harassment, violence, and during formal processes – risks associated with the nursing career.

Help us deliver effective patient care

Provide us with resources, equipment, infrastructure, and efficient digital systems, and remove obstacles...

- Support for the *seed ideas* was again unanimous (100%), with comments largely restating the urgent need to address the issues that are targeted by these strategic statements.
- A focus of discussion was on the need for integrated, interconnected, efficient, mobile, and user-friendly information systems and easily accessible patient records, as well as infrastructure and buildings offering ample space and in good repair.
- New ideas suggested developing integrated community teams and support for clinical supervision.

Detailed summary of findings

Breakdown and summary of topics and themes in the engagement

How we analysed the data

Ground-up thematic analysis

As part of this engagement, we qualitatively analysed the over **230 written contributions** (ideas and comments) provided as feedback on the seed ideas making up the five major themes identified through The Big Conversation. Participants cast **nearly 1,250 votes** in support or criticism of the statements to be validated and the suggestions and comments others put forth.

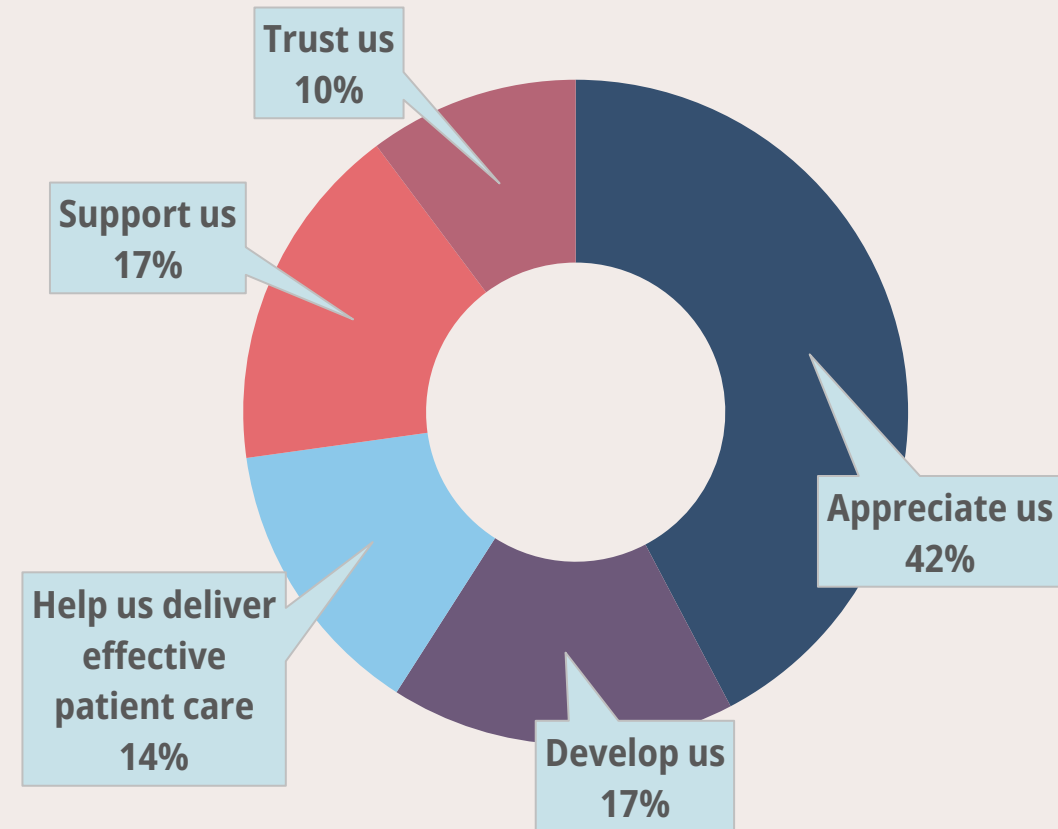
Our approach for this type of validation engagement comprised several steps:

- We categorised each written contribution according to how **supportive or critical** it was of the strategic statement(s) that were being validated, or whether the author felt something was **missing or wrong**.
- We also thematically coded each idea and comment according to the specific topic or issue area it raised.
- Some written contributions did not engage with the strategic statements directly, but presented **new ideas or raised new issues** – we have summarised these points at the end of each section.

The chart on the right shows which major theme (which broadly describe the seed ideas we asked the crowd to validate) drew the highest share of engagement, based on the amount of written contributions and votes.

Overview of themes

by share of total contributions*



* Total contributions stand for the sum total of written contributions (ideas, comments) and votes

1. Appreciate us

Summary of feedback under the theme

Appreciate us | Seed idea I

Reward us fairly

A fair and consistent reward structure that makes it worthwhile to take on more responsibility, encourages people to join, stay in or return to the NHS, and recognises the extra time we give.

This seed idea saw the highest level of engagement (votes and comments) in this conversation, being nearly unanimously supported by participants. While the comments generally agreed with the premise, they raised several new points. These were:

- **Agenda for Change (AfC) criticism and update** – multiple participants criticised AfC, noting that it is outdated, not reflective of how the nursing role has evolved in the last two decades, and failing to reward staff for the additional skills and responsibilities they take on. There was consensus that AfC should be reviewed and updated.
- **Faster Band progression** - some participants believe that those who excel in their roles and gain experience should be able to move up the pay bands more quickly. They argue that waiting for the allotted time isn't fair, especially when they see colleagues with less workload and responsibility earning the same. At the same time, there is minimal financial incentive for promotion to senior nurse with the current measures in place.
- **Roles and responsibilities** – some of the comments noted that over the years some roles and bands have expanded to take on a lot more responsibilities without this being reflected in their pay, job description, or, indeed, considered in appropriate risk management measures. The expansion of roles and responsibilities should be accompanied by better progression and development opportunities and higher pay.



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Engagement details

Support for
the seed idea*

103 / 99%
in support

Total activity

1 / 1%
against

15
comments

164
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce*

Appreciate us | Seed idea II

Celebrate and value our contributions to healthcare, education and research

Recognise us all for our work delivering care at the front line, education and research. Tell our success stories so patients and communities hear how we are helping them.

The idea was unanimously supported by participants who engaged with it, with several comments that offered implicit agreement, but raised additional points. Those were:

- **Distinct ways to celebrate** – participants cited both national - CNO Excellence Awards, RCN Nurse of the Year Award – and distinctly local ways to celebrate nurses (e.g. staff stories being told at Board meetings and other forums). Among the latter, an example was given of a ward wall space that collected comments left in appreciation by families, which, as it grew, fostered rapport with service users. Some suggested for more celebratory events for all staff to be encouraged across Wales, with children's nursing in CTMUHB being cited as needing this intervention.
- **Nurse of the Year award expansion** - a few participants suggested that Learning Disability nursing should be recognised as a stand-alone branch of nursing outside of Mental health, with its own award category.
- **Appreciation and feeling valued** – some noted that they feel a general lack of appreciation for nurses consistently 'going above and beyond' in their role, rather than a lack of awards and celebrations.



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Engagement details

Support for
the seed idea*

75 / 100%
in support

0 / 0%
against

Total activity

8
comments

92
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce*

Appreciate us | Seed idea III

Innovate and promote nursing roles and nursing careers to fill gaps in the workforce

Use our skills across all nursing roles, create new nursing roles, and promote nursing careers to fill the workforce's gaps.

The idea was almost unanimously supported by participants who engaged with it, with comments seeking to offer direction on some of the next steps under this idea. The discussion was mainly around two topics:

- **Advanced practice roles** – several agreed that nurses should evolve with the time and develop advanced practice roles alongside the ward nurse and community nurse roles, starting from Band 5. There was general agreement that the nursing role continues to be misunderstood, undervalued, and underappreciated, rather than seen as the highly skilled and crucial role it is.
- **Protecting nursing roles** – a large portion of the discussion in the comments came back to the need for nursing to define and protect its core function, which appears to be a little unclear at the moment. Many agreed with a suggestion that, following this, nurses should move to eliminate the inefficient and duplicative parts of their roles and not take on altered responsibilities until clear that these fit with their core purpose.



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Engagement details

Support for
the seed idea*

66 / 96%
in support

Total activity

3 / 4%
against

13
comments

116
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce*

Appreciate us: Other ideas from the crowd

We heard several new ideas from the crowd, expanding on those offered for validation here, or highlighting issues that were missing.

- **Fair pay** – a very popular idea, supported by over 40 other participants, proposed that the Band 5 role should be for newly registered nurses (RNs) or those returning to practice for 1-2 years. With the current lack of needed career pathways, those that do not want to progress to Band 6 managerial roles but have great knowledge and skills should still be recognised at that Band and pay level. In turn, ward sisters could both work as a Band 7 or more, one clinically and one managerially.
- **Emotionally validating staff** – another equally popular idea, which overlaps with a seed idea under the 'Support us' theme, stressed that managers should prioritise connecting with staff through regular, informal 'check-ins' or by using supervision to find out how they want to progress and enabling them.
- **Working through the medium of Welsh and Bilingually** – one popular suggestion called for celebrating and encouraging staff who can provide bilingual oral health care.
- **Support for older nurses** – one suggestion asked for more support to be provided for older nurses with IT and learning. It was suggested there are many older nurses that only for study days to update their practice or having short courses and not assignments and these can benefit from a supportive pathway.
- **Protect Time - to drive improvements and learning** – in part overlapping with a seed idea under the 'Develop us' theme, many participants agreed that nurses and wider multi professional teams need to have protected time to come together to review the quality data and information for their team and patients, prioritise improvements, and share learnings, in line with Legislation for the Quality & Engagement Act - duty of Quality.
- **Recruitment and retention** - participants agreed with a very popular idea that there needs to be a special focus on recruitment, retention, and finding solutions to the current staffing crisis. We note that this discussion did not develop further and findings from the first online conversation suggested that these issues will be improved through the implementation of all the other solutions offered here.



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Engagement details

Ideas	9 newideas
Total activity	39 comments
	224 votes (ind. in comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

2. Develop us

Summary of feedback under the theme

Develop us | Seed idea I

Give us the time to maintain and develop our knowledge and skills

For our whole careers, and especially when we transition to a new stage in a career, give us the time and support to maintain and develop our knowledge and skills. And assist us in developing our Welsh language skills.

The idea was unanimously supported by participants who engaged with it, including in the comments, which offered some further detail:

- **Protected Time** – participants pointed out that professions other than nursing have job plans that include protected development and administrative time, which is an unfavourable comparison that also came through in the first online conversation. They agreed that nursing should adopt a similar approach to protect time for skills and knowledge development, mandatory training, Continuous Professional Development (CPD), group activities with peers (e.g. advisory boards), or for engaging in informal and experiential learning.
- **Core Training integrated into work schedules** – core training in particular was brought up, with a request for employers to allocate a set number of hours to complete mandatory trainings or Professional Appraisal and Development Reviews (PADR), with poor compliance managed accordingly.



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Engagement details

Support for
the seed idea*

43 / 100%
in support

0 / 0%
against

Total activity

5
comments

48
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Develop us | Seed idea II

Remove the barriers to our learning and development

Help us with funding and resources for our learning and increase opportunities for secondment or rotation.

The idea was unanimously supported by participants who engaged with it, including conditional support given in the comments. There, participants touched on a range of issues related to learning and development, including the need for voluntary rotations, addressing regional disparities, reducing education costs, expanding nursing skills, and providing more specialised clinical qualifications.

- **Challenges in the Welsh NHS System** – the most popular comment expressed concerns with the complexity and burdensome nature of the recruitment process in the Welsh NHS, suggesting a move to an All Wales NHS could make it easier for staff to switch roles within Wales for professional and personal development.
- **Voluntary Rotations** - a few stressed that rotations should be a voluntary, not forced, opportunity.
- **Regional Disparities** – a few commented on the regional disparities in opportunities, with limited choices in North Wales compared to the South, suggesting tailored actions to address the differences.
- **Higher Education Provider costs** - high costs associated with higher education providers, which are businesses who hold a monopoly on much of the education, were pointed as one of the barriers to learning and development.
- **Study Leave Freeze** - some health boards are freezing study leave due to financial pressures, making it challenging for employees to pursue educational opportunities.
- **Expanding Nursing Skills and academic progression** – we heard calls for expanding nursing skills, practical skilled courses (similar to the old ENB/WNB), or clinical qualifications in various specialties, that could all offer an alternative to MSc offerings. Lack of academic progression support for nurses' post-qualification – such as MSc education support – was also mentioned.



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Engagement details

Support for
the seed idea*

49 / 100%
in support

0 / 0%
against

Total activity

12
comments

61
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Develop us | Seed idea III

Career pathways that work for everyone

Provide flexible (not just academic or managerial) routes for career progression. Fill the gaps in career pathways for some fields of nursing or nursing roles.

The idea was unanimously supported by participants who engaged with it, though we saw very few comments. The following points were raised:

- **Non-Academic Career Routes** – a few participants noted that some individuals may not want to pursue academic routes but could still make valuable contributions, such as in fields like teaching through the delivery of clinical education and training.
- **Preserving Clinical Roles** – one person agreed that the current structure and progression often divert staff away from clinical areas and frontline work and role models for specialist nursing roles are prioritised over those of ward sisters, with the latter being undervalued.
- **Maintaining Clinical Skills** – several participants advocated for career development options that allowed healthcare professionals to maintain their clinical skills, indicating a desire for flexibility in career progression without losing their clinical expertise.



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Engagement details

Support for
the seed idea*

44 / 100%
in support

0 / 0%
against

Total activity

3
comments

49
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Develop us: Other ideas from the crowd

We heard several new ideas from the crowd, expanding on those offered for validation here, or highlighting issues that were missing. These revolved around improving career progression, developing staff, creating supportive environments for nurses in Wales, addressing issues such as language skills, retired nurses, new roles like Nursing Associates, and staff development structures.

- **Band 4 Assistant Practitioners** – one of the more popular ideas called for the facilitation of the progression of Band 4 Assistant Practitioners to Band 5 (in apprentice-style roles), while continuing to support and develop those who wish to remain at Band 4. Ensure career progression within Band 4 to prevent workforce gaps. Adopting an approach similar to England's Nurse Associates role, which provide a non-degree route to Band 5, was also suggested, in both comments and other ideas.
- **Retire and return** – another popular idea, which we also heard through the first online engagement, was offering more support for retired nurses, allowing them to return to the workplace and their share knowledge without being downgraded. The creation of a legacy nurse role, similar to England's legacy midwife, was suggested. Comments noted that Retire and return programs should not hinder the career progression of others.
- **Support for developing Welsh language skills** – a focus on developing Welsh language skills in staff would emphasise the importance of bilingual care, participants suggested, with employers needing to encourage staff to use Welsh in a natural setting and understand its significance in identity and high-quality care.
- **Development away from academia** – another popular idea suggested providing opportunities for nurses of all bands to sit on national groups, allowing them to harness their expertise and develop through networking.
- **Ward Manager development programme** – create a development programme for Band 6 to Band 7, aiming to prepare, develop, and encourage the ward managers and leaders of the future.



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Engagement details

Ideas

11
new ideas

Total activity

12
comments

80
votes (incl. in
comments)

3. Trust us

Summary of feedback under the theme

Trust us | Seed idea I

Involve us in decision-making and shaping services

Value our expertise as part of the multi-disciplinary team and as leaders in designing the service of the future.

The idea was unanimously supported by participants who engaged with it, with only a few comments that offered implicit agreement, but raised additional points. Those were:

- **Frontline Staff Expertise** – one participant stressed that frontline staff possess valuable knowledge about the real needs of patients and services. They noted that giving staff autonomy to plan and make changes can have a significant positive impact on patient outcomes and staff morale.
- **Challenges with Non-Clinical Managers** – one participant criticised the current system that sees non-clinical managers designing and implementing changes without fully understanding the clinical implications. They gave an example of a Health Board making the decision to close beds without considering the impact on patient flow and showing a lack of accountability for these decisions when patient flow worsened.



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Engagement details

Support for
the seed idea*

39 / 100%
in support

0 / 0%
against

Total activity

3
comments

40
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

Trust us | Seed idea II

Make us feel safe to speak up and listen to us when we do

Our expertise and experience should be trusted, so when we speak up, we should feel safe and know we will be heard.

The idea was unanimously supported by participants who engaged with it, with several comments that raised a few concerns and offered conditional support. Participants made several comments expanding on the idea, such as:

- **Appropriate responses to concerns and whistleblowing** – several participants called for a more supportive and responsive culture within healthcare settings, where concerns are addressed professionally and appropriately. They noted that process of whistleblowing is often ineffective, leading to unsafe practices and repeated disciplinary actions for the same issues. There is a perception that no one hears or responds effectively to concerns, even after efforts to escalate and report through various available channels.
- **Utilising a 'No Blame Culture'** - a 'no blame culture' should be better utilized to encourage more people to speak up about concerns.
- **Trusting Nurses' Voices** - nurses' voices need to be trusted and given equal weight to those of other healthcare professionals and managers within NHS Wales.



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Engagement details

Support for
the seed idea*

42 / 100%
in support

0 / 0%
against

Total activity

6
comments

50
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

Trust us | Seed idea III

Fair solutions to flexible working that trust us to prioritise service needs

Trust us to work in flexible ways that prioritise the needs of our patients and colleagues. We want to try things like self-rostering or different shift patterns.

The idea was unanimously supported by participants who engaged with it, with only one comment. It called attention to the difficulty in implementing this idea, given the legal needs for ratio and safe staffing, though the author conceded that it might work well for careers in nursing with working patterns or 9-5 style roles.



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Engagement details

Support for
the seed idea*

29 / 100%
in support

0 / 0%
against

Total activity

1
comments

29
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Trust us: Other ideas from the crowd

We heard several new ideas from the crowd, expanding on those offered for validation here, or highlighting issues that were missing.

- **Feedback** – a short, but very supported idea that overlapped in parts with one of the statements under the theme offered that feedback should always be provided to the concerns, ideas, and issues that staff has raised. Another participant noted the systematic lack of response from Datix reports, describing the process as ‘disheartening’ and a ‘waste of time’.
- **Advancements in patient experience to guide service provision** – another idea called for a focus on engaging patients in their experience using (Hywel Dda) NHS Services across all areas of nursing, inpatient, and community settings, identifying gaps, driving change, testing what changes are implemented, etc. Dedicated nurses working through action research have an opportunity to link with patients, their carers, and services across their whole NHS journey.



Engagement details

Ideas

3

new ideas

Total activity

1

comments

23

votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

4. Support us

Summary of feedback under the theme

Support us | Seed idea I

The time to debrief and access to wellbeing services

Prioritise our wellbeing by listening to us and giving us the chance to debrief at the start and end of a shift. Help us access wellbeing support when we need it. We need help to manage patient aggression or violence.

The idea was unanimously supported by participants who engaged with it, with a few comments that suggested revisions to the language, or raised additional points. The latter emphasised the need for better recognition of the emotional burden faced by healthcare professionals, the importance of streamlining and improving support systems, and the creation of a work environment where wellbeing is prioritised and staff feel supported in managing difficult situations.

- **Mention of patient aggression** – several participants disagreed with the mention of patient aggression and violence and suggested **a more positive wording**, such as *"There needs to be better systemic support, as well as psychological care, for nurses who are confronted with clinical aggression, violence, or behaviours that challenge"*. Other comments highlighted clinical supervision with trained professionals as invaluable for staff, leading to more effective care and better-equipped teams to handle aggression and frustration. Others offered that support systems such as Datix should be streamlined to provide more effective assistance to staff facing hostility. This could involve learning from departments where staff are satisfied with the support and feedback received.
- **Increased Complexity of Clinical and Social Situations** – one participant suggested extreme conditions, very unwell patients, and chaotic social situations have become more intense, making it emotionally challenging for clinical staff. There is a sense that the healthcare system does not recognise or adequately address this burden.
- **Ineffectiveness of Wellbeing Services** – another expressed frustration with the ineffectiveness of posters and surveys about available wellbeing services, suggesting that they do not translate into action.

Engagement details

Support for the seed idea*

35 / 100%
in support

0 / 0%
against

Total activity

7
comments

38
votes (incl. in comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Support us | Seed idea II

Facilities and break rooms

Ensure that we have the basics to take effective breaks during our shifts, including water and break rooms.

The idea was unanimously supported by participants who engaged with it, with several comments that offered implicit agreement, but raised additional points. These were:

- **Positive Break Practices** – several comments highlighted the role positive break practices (encouraging screen-time and regular breaks, providing breakout and changing rooms, access to amenities, or the option to take a walk during breaktime) play in the feeling of being valued and supported.
- **Challenges** – some raised the point that in certain settings (e.g. hospitals) staff have limited options for breaks and deal with issues like overcrowded canteens, feeling like they are 'on duty' during breaks, or insufficient break spaces.
- **Consideration for Community Workers** – another point participants raised was the importance of considering healthcare professionals working in the community or visiting patients in their homes. Break management and access to facilities should be addressed for those outside traditional hospital settings.



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Engagement details

Support for
the seed idea*

42 / 100%
in support

0 / 0%
against

Total activity

12
comments

56
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

Support us | Seed idea III

Leaders and managers who are visible, kind, and compassionate

We want to see our leaders and managers working alongside us. We want feedback to go both ways. We want to be treated with kindness and compassion when we ask for help, flexibility, and development.

The idea was unanimously supported by participants who engaged with it, with several comments expressing frustration with how they viewed the current situation or raising additional points.

- **Investment in Leadership** – while some called for investment in leaders and developing their skills in compassionate leadership and culture change, others vented their frustrations and spoke against investing more resources into a leadership structure that is top-heavy, rife with nepotism, unaccountable, and which puts people that are not properly prepared into a decision-making position.
- **Managers Leading by Example** – a few participants highlighted that effective managers, according to some commenters, are those who actively engage in the work and are willing to do what they expect from their workforce. Visible and compassionate leadership was agreed as key for staff morale and addressing real issues, setting high workplace standards, fostering teamwork, and improving the work environment.
- **Call for Accountability and Competence** - there is a call for greater accountability among leaders and managers, with some suggesting that incompetent leaders often get promoted or moved laterally without proper performance reviews. Non-nursing leaders are also called upon to be more accountable and have a better understanding of the challenges faced by nursing staff.
- **Desire for Effective Change** - commenters express the desire for leaders and managers to actively make positive changes and have a meaningful impact on the work environment. They question the effectiveness of current leadership in addressing frontline issues.

A separate, highly supported idea highlighted the importance of compassionate leadership, building supportive relationships, having open and honest conversations, being flexible, and offering feedback.

Engagement details

Support for the seed idea*

44 / 100%
in support

0 / 0%
against

Total activity

8
comments

54
votes (incl. in comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Support us: Other ideas from the crowd

We heard several new ideas from the crowd, expanding on those offered for validation here, or highlighting issues that were missing.

- **“Protect us”** – the most supported new idea under this theme called special consideration to be given as part of the strategic planning on what employers should be doing to protect nurses from some of the potential consequences of the nursing career - stress, burnout, harassment (both in person and online, from service users or family members), violence, and during formal processes. With the latter, the idea called for progressing implementation of 'Just' culture and restorative approaches, ring-fenced provision of staff support during inquests, removal of the automatic suspension from clinical duties following patient safety incidents/safeguarding incidents, ensuring sufficient support to anyone subject to HR investigations, and protection from persistent complaints.
- **HR support** – we heard calls for adequately staffed and trained HR teams to support managers in following processes correctly and in a compassionate way when dealing with staffing issues.
- **Resilience training**– one idea suggested that some Health Boards offer resilience training to nurses as an excuse to then treat them poorly or passively blame the individual.
- **Support for nursing students** – another asked that support be extended to nursing students who are dealing with unkindness, bullying, and harassment during clinical placements.
- **Transportation Links** – one idea that came late into the conversation offered that local transport links to the health boards should be improved across the country, citing the lack of parking spaces, and late start (7-8am) for local lines. Providing shuttles busses between the different sites of Health Boards was also suggested. While this would benefit everyone, it would be particularly helpful to attracting nurses from outside of Wales.



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Engagement details

Ideas

7
new ideas

Total activity

11
comments

88
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

5. Help us deliver effective patient care

Summary of feedback under the theme

Help us... | Seed idea I

Increase our efficiency and safety through information systems that speak to each other

We want single sign-on and systems that speak to each other so that we can do less administration, give more time to caring, and avoid some patient safety risks caused by gaps in information.

The idea was unanimously supported by participants who engaged with it, while still generating the second highest number of comments. These offered implicit and explicit support, while also raising a few additional points.

- **Overall**, the comments restated the importance of having integrated, interconnected, efficient, mobile, and user-friendly information systems toward improving patient care, reducing administrative burdens on nurses, and enhancing communication across different healthcare sectors.
- **Patient records** - multiple participants mentioned the need for a single, comprehensive patient record that spans across different healthcare sectors, including primary and secondary care. Furthermore, comments suggested patients should be given access to their own health records, empowering them to take control of their health and improving satisfaction.



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Engagement details

Support for
the seed idea*

45 / 100%
in support

Total activity

0 / 0%
against

13
comments

80
votes (incl. in
comments)

**based on votes cast on the idea itself; includes engagement from the wider (non-nursing) workforce;*

Help us... | Seed idea II

Reduce daily challenges by giving us enough space and up-to-date equipment

We need more modern devices connected to the internet and effective wifi to learn, collaborate, research, and provide services online. We need enough space for everyone to sit and have confidential meetings when we work at desks.

The idea was unanimously supported by participants who engaged with it, attracting only a couple of comments.

One comment noted existing supply shortages and malfunctioning IT and medical equipment, expressing their frustration that this is allowed to happen in a busy emergency department.



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Engagement details

Support for
the seed idea*

36 / 100%
in support

0 / 0%
against

Total activity

2
comments

37
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

Help us... | Seed idea III

Invest in buildings and spaces for better care experiences

We need buildings and spaces that are more modern, welcoming, and safe for our patients.

The idea was unanimously supported by participants who engaged with it, attracting several comments that largely agreed with it, while offering some suggestions of their own.

Overall, these emphasised the importance of investing in modern, safe, and welcoming healthcare buildings and spaces to enhance patient care experiences and provide suitable environments for healthcare professionals.

One idea advocated for a new hospital building programme - similar to England's - with the argument that the current infrastructure is not suitable for modern healthcare. Multiple participants mentioned the current lack of spaces that offer single rooms for privacy, dignity, infection prevention, as we all insufficient storage and linen rooms, spaces for point-of-care testing and analysis, or rooms where on-site training and multidisciplinary team collaboration can take place. Adding to this problem is that current facilities suffer from a variety of issues (e.g. faulty plumbing, mould, poor conditions, general disrepair, etc.), that need urgent refurbishment and are currently negatively impacting staff well-being and patient perception of the quality of care that is delivered there.



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Engagement details

Support for
the seed idea*

36 / 100%
in support

0 / 0%
against

Total activity

5
comments

36
votes (ind. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

Help us: Other ideas from the crowd

- We heard a couple of new ideas from the crowd, expanding on those offered for validation here, or highlighting issues that were missing.
- **Co-production of new buildings design with service users and staff** – a popular idea suggested that co-production becomes a part of new building design, utilising staff and service users/patients in projects, seeking their perspective and potentially avoiding costly mistakes.
- **Develop more integrated community teams** - one suggestion was developing further integrated teams of social workers, therapists, and nurses, led by strong team leaders who can make sure everyone collaborates effectively. In addition, hiring Health Care Support Workers (HCSWs) to work alongside local authority carers will address a perceived shortfall in formal care in the community to support patients out of hospital and prevent admissions. HCSWs could assist with personal care, medication, and other tasks, freeing health and social care staff to work together more efficiently, overseen by District Nurses.
- **Promote clinical supervision** – a few participants offered that time should be provided as part of the rota to debrief staff and allow them to share thoughts and concerns and reflect on the good and the bad aspects of their roles. A choice of peer supervisors should be available to create trusting and valued relationships and training supervisors who can use coaching skills to enable and facilitate self-learning.



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Engagement details

Ideas

4
new ideas

Total activity

12
comments

49
votes (incl. in
comments)

**based on votes cast on the idea itself; includes
engagement from the wider (non-nursing) workforce;*

The background of the slide is a solid magenta color with a repeating pattern of various geometric shapes in a lighter shade of magenta. These shapes include circles, semi-circles, diamonds, and rectangles, some of which are further divided into smaller geometric forms, creating a complex, tessellated effect.

Appendix

Participation statistics

Participation statistics

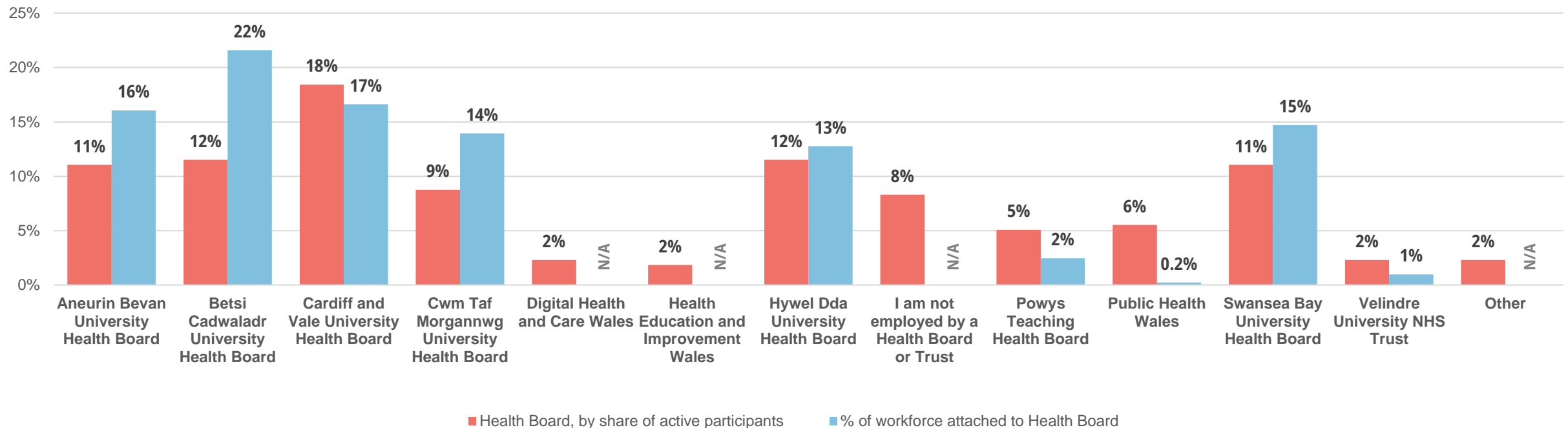
Detailed breakdown of Our Big Conversation participation data for the second online engagement

Participation statistics

By Health board

The chart below shows the current makeup, by Health Board, of the ~220 participants that have actively taken part (**orange**) in *Our Big Conversation* (by completing the survey, posting ideas and comments, or voting), and the breakdown of nursing practitioners attached to each organisation as per population data (**blue**).

Participants and registrations, by Health Board



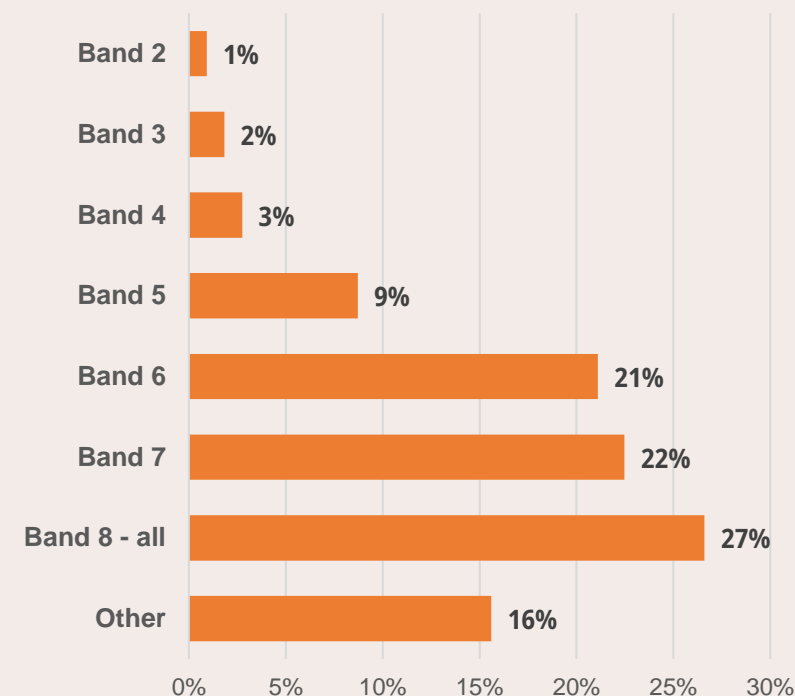
Participation statistics

By Staff band

The chart to the right shows the current makeup, by staff band, of the ~220 nurses and other healthcare professionals in Wales that joined the conversation (**orange**)

As in the first engagement, Bands 2, 3, and 5 participation is lacking relative to their size in the nursing workforce. That said, Band 5 representation has improved slightly over the course of the engagement.

Breakdown of conversation participants (220), by share of staff band



* Figures are up to date **as of conversation close, Friday, 31st August**

Participation statistics

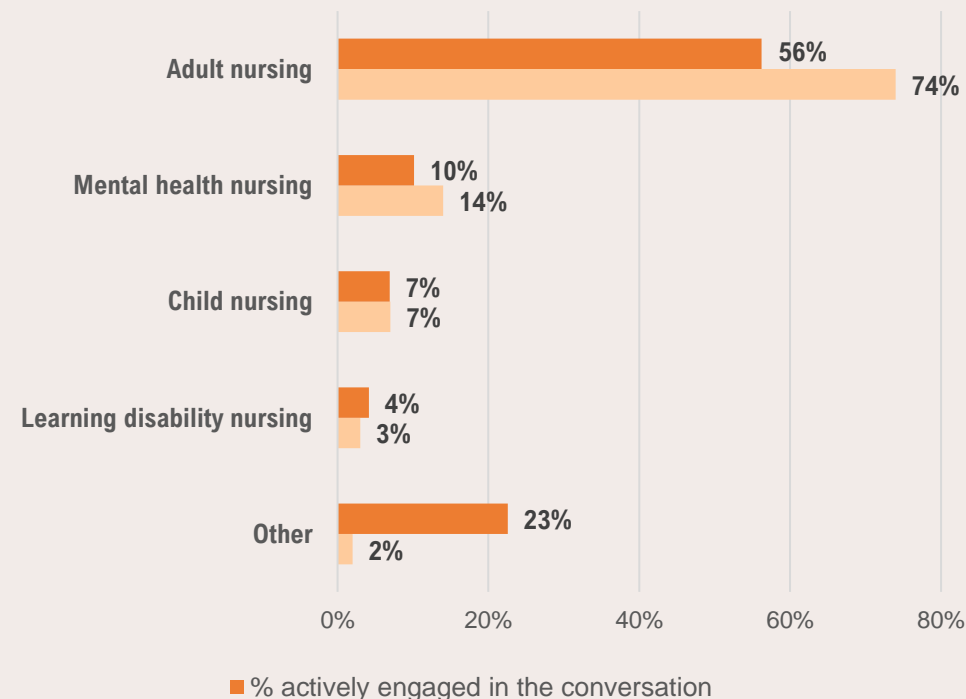
By Field of practice

The chart to the right shows the makeup, by Field of practice, of the nearly ~220 participants that joined the conversation (**orange**), compared to the share of fields of practice by population data (**light orange**). Ideally, we'd like the share of all fields in the conversation to be as close as possible to the actual distribution of Nursing fields in NHS Wales – or for these numbers to be close to each other.

The breakdown by field of practice in this conversation is very similar to what we saw in the first engagement, with both being within only a couple of % points of each other.

Taking into account that the participants making up the *Other* category consists of people working outside of the NHS as well as nurses with multiple specialities, **we are confident that all fields of practice are sufficiently represented in the conversation.**

Breakdown of conversation participants, by Field of practice



* Figures are up to date **as of conversation close, Friday, 31st August**

Gateway survey questions

We asked participants who joined *Our Big Conversation* to evaluate the pride they feel about their profession, whether they would recommend nursing to others, and, finally, to rate their current level of job satisfactions.

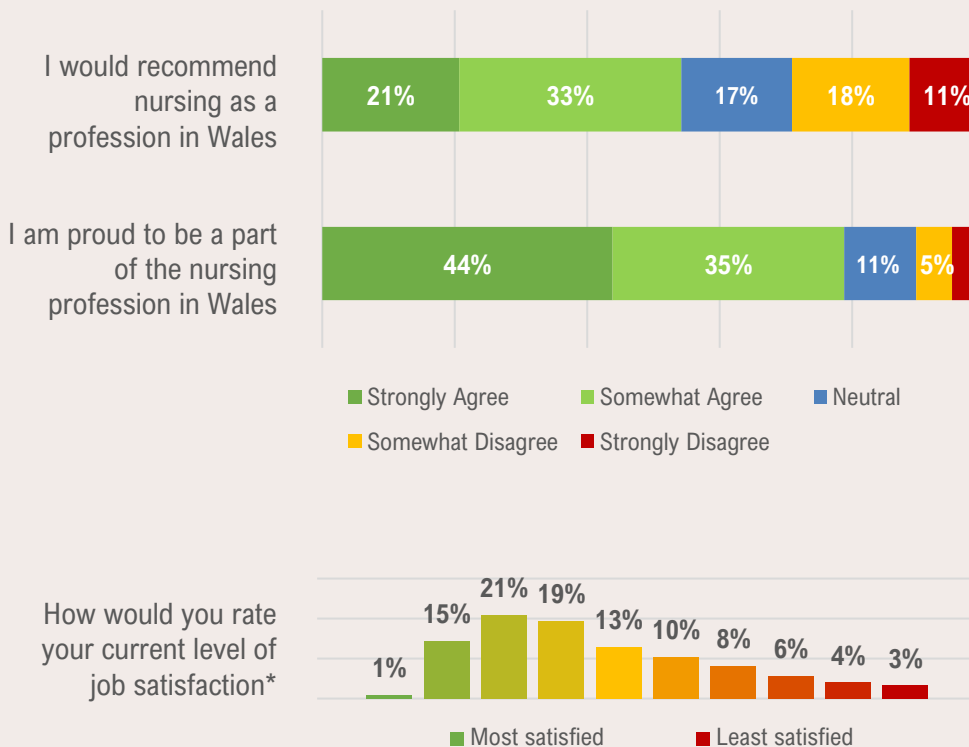
Where we saw the highest level of dissatisfaction is with the statement “I would recommend nursing as a profession in Wales”, with over a quarter (29%) of participants responding negatively.

On the other hand, nearly 80% of the 220 participants that joined this second engagement answered favourably to the question on whether they are proud to be part of the nursing profession in Wales.

In rating their job satisfaction, over a third of respondents ranked it positively, while one in eight (13%) expressed dissatisfaction, with the rest falling somewhere in the middle.

There is very little deviation in these figures compared to the first conversation or when looking at participants who only joined the second and not the first engagement.

How participants responded when asked...



* Figures below 4% have been hidden to improve readability

Gateway survey questions II

Command of the Welsh language

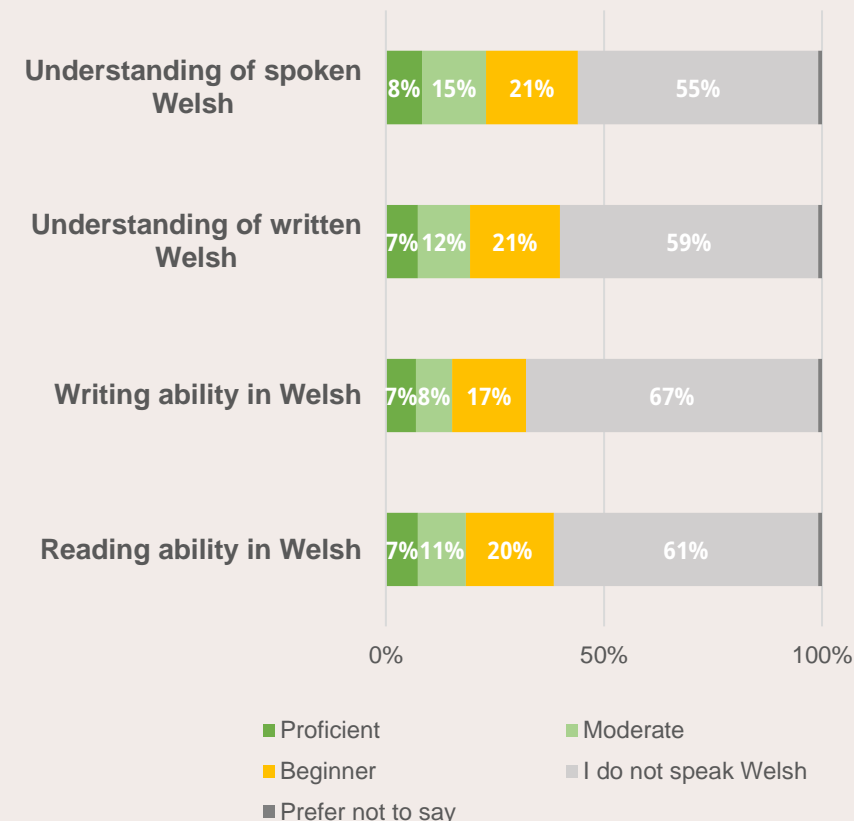
We asked participants in Our Big Conversation to rate their proficiency in the Welsh language.

Less than a fifth of all participants felt they have above moderate command of Welsh, while over half (60% on average) replied that they do not read, write or understand the language.

While the responses might be disappointing, particularly with regards to the Cymraeg 2050: A million Welsh strategy, these numbers are in line with the broader population, in which proficient and moderate Welsh language users make up between 18% and 29%* of the population.

These results of this survey are comparable to the ones from the May-June engagement, which saw a slightly higher share of moderate skill level speakers at the expense of those that are proficient or have a beginner command of the language.

How participants responded when about their proficiency in the Welsh language...



* 2021 census puts the figure at 18%, and the government's 2022 Annual Population Survey at 29%"

Participation statistics

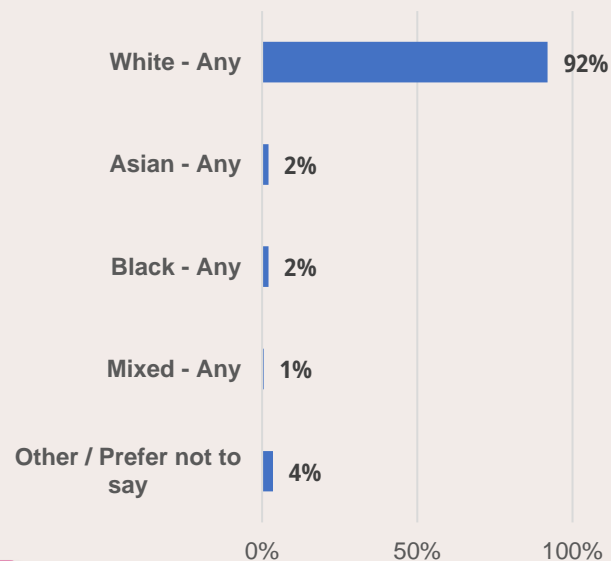
By protected characteristic

The charts below shows the current makeup of the ~220 participants that have actively taken part in *Our Big Conversation* so far by protected characteristic – ethnicity, sexual orientation, gender, or whether they have a long-term physical or hidden disability.

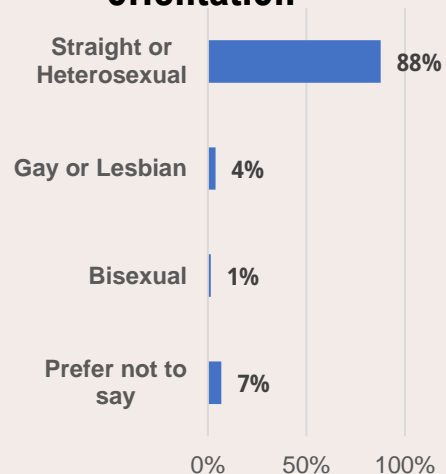
Based on 2021 data* from the Welsh government, we know that the nursing practitioners in Wales are predominantly from a white ethnic background (97%+) and female (96%+), so we are happy to see a somewhat strong representation by ethnic minority members, male nurses, as well as get the perspective of LGBTQ+ staff and of those living and working with a disability.

The make-up of participants by protected characteristic has remained consistent with the first online conversation, with very minor differences.

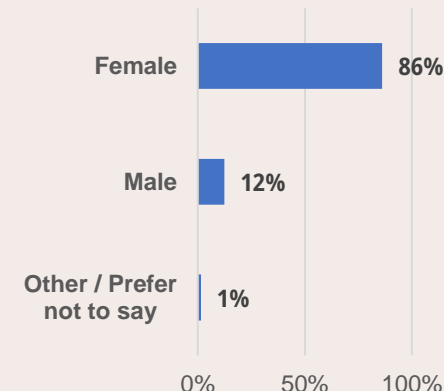
Participants by ethnicity



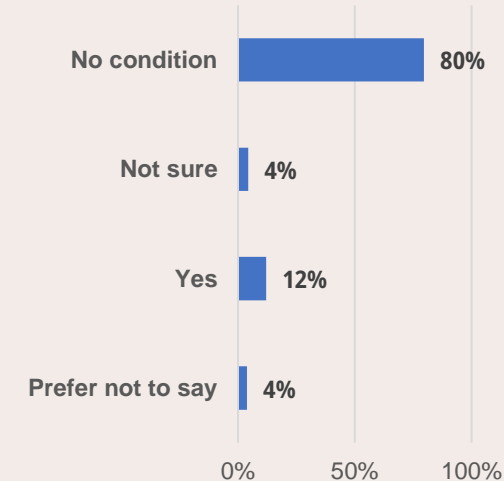
Participants by sexual orientation



Participants by gender



Participants by hidden or physical disability



* Source: [General practice workforce – gov.wales](https://gov.wales/general-practice-workforce)