



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	15 February 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Discovery report: staff retention – our people’s perspective
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Executive Director of Workforce and Organisational Development
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Elin Brock, Head of Research, Innovation and Improvement and Corinna Lloyd-Jones, Head of

<b>Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)</b>
Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

Sefyllfa / Situation

Understanding and responding to our staff’s experiences of working at Hywel Dda University Health Board (HDdUHB) is critical to how our organisation continues to develop and evolve.

This Discovery Report was commissioned as part of the Health Board’s planning objectives for 2023-24. It is in furtherance of the first Discovery Report completed in June 2021 to capture our staff’s experiences of working during the pandemic. Our context is now different; with unprecedented workforce supply challenges, we must understand what will help keep our valuable staff working with us and help us to keep reducing our turnover, wherever possible.

Within the context of workforce supply, retaining our current staff becomes more important. If we can retain our staff, it can benefit us in a variety of ways:

1. We do not have to spend so much of our time managing vacancies;
2. We do not lose valuable skills;
3. The productivity and focus of the team does not suffer;
4. We can potentially reduce the negative impact on the morale of our staff;
5. There is a positive impact on the quality of patient care.

The rich learning provided within this Discovery Report allows us to understand more about our organisational culture and the impact this can have on staff retention. It gives our staff the opportunity to really bring to life what it feels like to work at HDdUHB at a specific point in time. It provides us with much insight into how our workplace culture could evolve, to be part of the contribution to our culture change journey and making HDdUHB a great place to work.

During recent years, we are proud of how our work programmes to proactively support HDdUHB’s values-based culture change journey has enabled HDdUHB to take progressive steps towards creating happy and healthy work environments that support, nurture and retain our workforce, as well as develop our future pipeline. The recommendations made within the Discovery Report will therefore be embedded into the next phase of those existing programmes.

We welcome that the Board is committed to this agenda and that the People, Organisational Development and Culture Committee (PODCC) will be dedicating time to learn more about the culture agenda and gain assurance on behalf of the Board.

## Cefndir / Background

Culture is really important to how an organisation works and has a big influence on how people behave within the workplace. It can drive positive and negative experiences depending on what it looks like. This in turn impacts how we feel about coming to work, how we behave and ultimately the care we give to our patients. As noted in our Workforce and Organisational Development (OD) Strategy:

“Our staff are our greatest asset. Without them we could not deliver our diverse range of services at local, regional and national levels. Without them, we cannot design and deliver future services which will provide excellence in patient care and meet user, carer and public expectations. We value our current workforce, and their recruitment, retention, education and development are key factors to our success. This, coupled with levels of engagement, job satisfaction and motivation in working for the Health Board are crucial.” (Workforce and OD strategy, 2020-30).

From this Discovery Report, we have been able to gather a rich source of evidence in relation to how staff feel about working at HDdUHB. Staff have identified what is good, what is frustrating and what could be done differently. The Executive Team has already listened intently to the feedback which has been presented, and the report will also be presented to the Partnership Forum in April 2024 to inform their workplan going forward.

This plan is now about supporting an evolving organisation to challenge itself and support staff needs in transforming their experience, in particular to take forward our Workforce and Organisational Development Strategy 2020-30 and supports its aim to:

‘Build a connected and people focused organisational culture based on shared understanding, strong links to our organisational values of working together to be the best we can be –Striving to deliver and develop excellent services - and putting people at the heart of everything we do’.

The research we have conducted has given us a broad understanding of what is important to staff in creating a culture where people can thrive. It is important to note that staff were very open and honest about their experiences and there is so much positive feedback that contributes to people feeling pride and passion at work. This has been captured within the Discovery Report alongside recommendations to continue progressing and improving.

The key themes from the staff experiences regarding where they feel we need to improve and think differently are listed below:

1. Accelerate the ownership, pace and impact of our cultural journey.  
Our workplace culture is highly relevant to how we feel at work, and we have to have conversations about it regularly across the organisation. There are some key things we need to consider to progress our journey, both from an infrastructure and from a people perspective:
  - Create an overarching identity.
  - Building impactful connections across the organisation.
  - Building a fit for purpose organisation.
2. Leadership of people is a fundamental of organisational success

A leadership shift needs to happen. We have to embrace a different way of leading that is centred on human connections, creating a sense of belonging, collaborative decision-making and embracing change. This needs to support:

- Calling out dysfunctional practices and unacceptable behaviour
- Continue to invest in our leadership development and succession planning programmes
- Sponsor a new approach to flexible working

### 3. Be bolder and more courageous in our approach to retention

We need to see a fundamental shift in the ownership of and buy-in to how retention within our clinical professions is taken forward. It needs to be owned by the respective professions, with support from workforce and OD colleagues. It is suggested that our approach to retention is focused in the following areas:

- Medical retention
- Nursing retention
- Allied Health Professionals (AHP) retention

### 4. An Ambitious plan for modernisation

If we are serious about retention, we have to get serious about modernising our ways of working. Our huge respect and admiration for our patient facing staff should fuel our ambitions to provide them with the most efficient and effective ways of working possible. If we fail to modernise, we will face further crisis upon crisis and make the jobs of our staff even harder. Our staff have asked for change and we need to co-produce this change with them.

This has to triangulate the following areas:

- Workforce agility and flexibility
- Organisation digitalisation and productivity
- Operational working practices

These high level themes provide a broad framework for the actions that need to be taken forward as part of our culture progression work. Detail of the actions are included within the assessment below.

## Asesiad / Assessment

We want to create a compassionate, collaborative and appreciative culture at HDdUHB – this action plan tackles some of the challenges that will help get us to that place and will work alongside the Workforce and Organisational Development Strategy 2020-30. This action plan will form a part of our culture progression across the organisation.

This Discovery Report offers us an opportunity to learn from what our staff are telling us. Whilst there is so much to be proud of, inevitably there are areas of work that need to be improved and transformed.

The high-level actions listed below have been informed by our staff voices and approved by the Executive Team. The Committee is asked to take assurance that staff retention is taken seriously and work to further this agenda will be addressed accordingly to inform our work programmes for 2024-2026.

The recommendations within the report are:

ACTION	BY WHEN
<b>Accelerate the ownership, pace and impact of our cultural journey.</b>	
<ul style="list-style-type: none"> <li>Elevate the status and ownership of our culture journey across the organisation; making this a priority for our Integrated Medium Term Plan (IMTP) for 2024-2027.</li> </ul>	March 2024
<ul style="list-style-type: none"> <li>Undertake an organisational structure review to ensure that we can flexibly respond to future challenges.</li> </ul>	September 2024
<ul style="list-style-type: none"> <li>Create a framework to enable transparency relating to investments in corporate and clinical services.</li> </ul>	April 2024
<b>Leadership of people is a fundamental of organisational success</b>	
<ul style="list-style-type: none"> <li>Fully embrace and implement the non-pay element of the pay deal in partnership with staff side and at all levels.</li> </ul>	December 2024
<ul style="list-style-type: none"> <li>Review our performance management framework to effectively support managers and teams to be at their best.</li> </ul>	July 2024
<ul style="list-style-type: none"> <li>Introduce a new management and supervisory people leadership programme.</li> </ul>	April 2024
<ul style="list-style-type: none"> <li>Legitimise and promote the well-being offer for managers so they are supported to deal compassionately.</li> </ul>	September 2024
<b>Be bolder and more courageous in our approach to retention</b>	
<u><b>Medical Retention</b></u> <ul style="list-style-type: none"> <li>Medical leadership to be assigned to endorse and progress the recommendations below;</li> </ul>	April 2024
Medical retention group to take forward: <ul style="list-style-type: none"> <li>Building a positive hospital culture which is based on mutual respect, compassion and integrity.</li> <li>Progression and early attraction.</li> <li>The need for modernisation of ways of working and adoption of digital transformation tools.</li> </ul>	March 2025

<ul style="list-style-type: none"> <li>• Provide better support for registrars to avoid burnout.</li> <li>• In a predominantly white male workplace, our medical leadership needs to pay attention to emerging evidence from the royal colleges regarding issues affecting retention for example misogyny and race.</li> </ul>	
<p><b><u>Nursing Retention</u></b></p> <ul style="list-style-type: none"> <li>• Ownership and leadership from the nursing profession needs to be continued and strengthened operationally.</li> </ul>	March 2024
<p>Nurse retention group to take the following recommendations forward:</p> <ul style="list-style-type: none"> <li>• In recognising the pressure on our Band 7 nurses, the organisation must revisit the intentions of the Nurse Staffing Act to free up the capacity of these nurses to lead their teams effectively;</li> <li>• Addressing staff concerns regarding ‘cliques’;</li> <li>• Gaining consistency on how flexible working requests are dealt with;</li> <li>• Identify ways to upskill our Band 5 and 6 nurses as part of our succession planning programme and in accordance with the spirit of the non-pay deal</li> </ul>	March 2025
<p><b><u>AHP Retention</u></b></p> <ul style="list-style-type: none"> <li>• Establish the AHP retention group by Spring 2024;</li> <li>• The AHP retention group will need to develop a set of recommendations to take forward the agenda for retaining AHP staff;</li> </ul>	April 2024  October 2024
<p><b>An Ambitious plan for modernisation</b></p>	
<ul style="list-style-type: none"> <li>• Identify Executive sponsor to own and lead a strategic modernisation programme for 2024/2025.</li> </ul>	July 2024
<ul style="list-style-type: none"> <li>• Identify Executive sponsor to lead a review of all improvement, innovation and transformation resources and offer solutions for a more impactful future.</li> </ul>	July 2024

Progress regarding the actions included above will be incorporated into the Culture Progression report that is presented annually to the Committee.

## Argymhelliad / Recommendation

The Committee is asked to:

- Discuss the content of the report and approve its recommendations.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. Person-Centred 3. Effective
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	2. Culture and valuing people 1. Leadership 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	1. Putting people at the heart of everything we do 2. Working together to be the best we can be 3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	2b Employer of choice 1a Recruitment plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	The Discovery Report provides a ring evidence base to support the Health Board's retention plan.
Rhestr Termiau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:	Partnership Forum

Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	
---	--

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	N/A
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	N/A
<b>Gweithlu: Workforce:</b>	Listening to and acting upon staff experiences and feedback will support retention and contribute to staff well-being at work.
<b>Risg: Risk:</b>	N/A
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	N/A

# Staff retention: Our people's perspective

---

Date: December 2023



## Introduction

This Discovery piece was commissioned as part of the Health Board's planning objectives for 2023-24. It is in furtherance of the first Discovery Report completed in June 2021 to capture our staff's experiences of working during the pandemic. Our context is now different; with unprecedented workforce supply challenges, we must understand what will help keep our valuable staff working with us and help us to keep reducing our turnover, wherever possible.

Within the context of workforce supply, retaining our current staff becomes more important. If we can retain our staff, it can help us in a variety of ways:

1. We don't have to spend so much of our valuable time managing vacancies;
2. We don't lose valuable skills;
3. The productivity and focus of the team does not suffer;
4. We can potentially reduce the negative impact on the morale of our staff;
5. If we can retain our staff then there's a positive impact on the quality of patient care.

Let's rewind to 2021 when the first Discovery Report was commissioned. The rich learning provided informed an action plan to improve our culture at the Health Board and made significant inroads into cementing the value of continuing to talk to our staff regularly to understand their experiences.

This provided the springboard to our cultural progression and resulted in introduction of a new Relationship Manager (RMs) role to our Organisational Development team. A first for the NHS in Wales and a courageous investment in conduits for cultural change, our RMs focus on promoting and providing proactive and responsive support to local teams to enable healthy and happy working cultures. Put simply, looking after our staff and improving our culture will, in turn, look after our patients and create a great place to work.

This work clearly had an impact during the last 18 months where our turnover has reduced from 9.74% (in April 2022) to 7.39% (in October 2023).

So building on this progress made, a further staff Discovery report has been commissioned to understand our staff's experience of working at Hywel Dda within the broader context of the workforce supply agenda and discern what we can do to help keep our valuable staff in our employment where they can live healthy and happy lives.

### So how did we go about it?

- Over 100 interviews conducted across all staff groups
- 10 focus groups held across medical, nursing and admin services
- Whole organisation Staff Retention Survey conducted for a 6 week period
- This was triangulated with some of our existing insights, including:
- Data from our organisational development interventions and surveillance
- Data and quantitative themes from our Culture and Workforce Experience Team, in particular
  - Thinking of Leaving Surveys
  - Exit Interviews
  - Board Outcomes Report
- Workforce data, in particular:
  - Apprentices retention report
  - Recruitment data

## What have we learnt?

*“It’s not where you work, it’s WHO you work with that makes a job worth going to everyday”  
(HCSW)*

Our experiences at work are shaped by the people around us.

This report will provide an honest picture from our people about how they feel about working at Hywel Dda. A big thank you to all the staff that provided honest, passionate and reflective experiences, we hope this report captures your views.

This report enables us to identify and learn from our staff’s experiences of working at Hywel Dda which provides rich insight from a range of staff across our health board.

## Why is this important?

Retention matters because high or constant staff turnover is unsettling and is bound to affect workplace morale negatively.

When we think about retention, it is important to note that not all turnover is bad. Some people need to leave the organisation for career development, progression or greater exposure and turnover can help refresh energy in teams and bring new thinking and ideas into our services. A stagnating organisation that retains all its staff is not the aim here; the aim is to create an inspiring environment that makes people want to work and remain here in an organisation that they are proud to work for. It should be no surprise that happy workers stay in their positions for longer and tend to be more productive.

We have met with some of the busiest people, with crazy workloads and pressures but who are extremely proud to work at Hywel Dda because they are supported by an amazing team and leader. Equally, we have spoken to some whose experiences have been so negative that they have become demotivated and no longer feel valued. Some have felt so traumatised that they no longer have trust in the organisation and are clearly worried and left feeling distressed, unsupported, devalued and stuck. This cannot continue.

## Back to basics

At the core of this report is getting the basics right and strengthening the backbone of the organisation. A strong backbone includes motivated and happy staff, a positive culture with visible and impactful leadership and staff who are empowered to do their job.

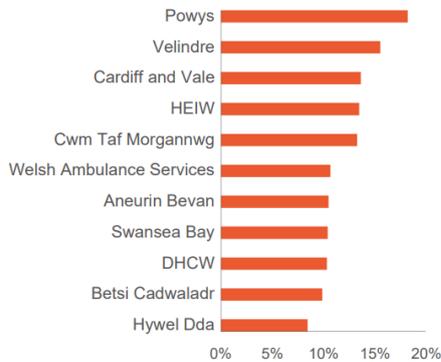
No matter how much we increase salaries or improve staff benefits, if we don’t get the basics right we will continue to lose people.

Our health services rely not only on individuals but on those individuals feeling that they belong here and are part of a great team that pulls together to do the best for our patients. This was a key theme of our learning in our first staff discovery report that we need to hold on to and nurture as we go forward into the future.

## A comparative picture

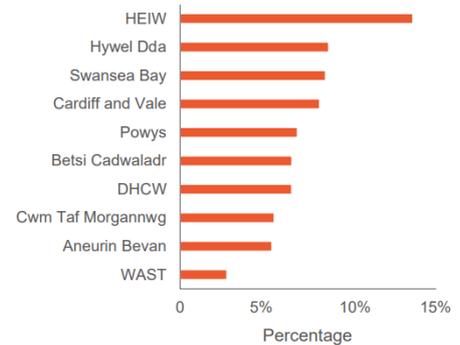
Audit Wales NHS Workforce data briefing (September 2023) shows that some of our interventions that we have worked hard on in the last couple of years are having an effect. In comparison with other Health Boards, our turnover is the lowest in Wales at 7%:

**Exhibit 15:** Staff turnover by organisation, 2022-23



Source: Health Education and Improvement Wales

**Exhibit 19:** Vacancies as a percentage of total establishment, March 2022



Source: Returns from NHS Wales health bodies

At Hywel Dda, our cumulative sickness data for the 12 months up to October 2023 shows a sickness rate of 6.22%. Within this, when we breakdown to specific teams, there are some teams that average around 2% and some that are over 8%.

## Learning from our surveillance

A staff retention survey was circulated on 6<sup>th</sup> July 2023 until 31<sup>st</sup> August 2023. 389 members of staff responded and provided passionate and honest insights about their experiences of working at Hywel Dda. The following questions were asked and provided the following feedback:

### What makes you proud of working at Hywel Dda?

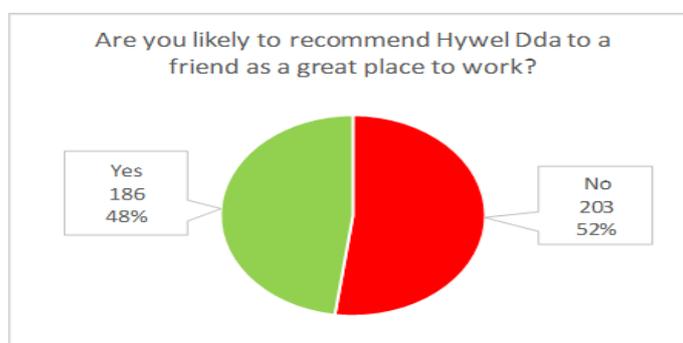


*“I always recommend Hywel Dda as a place to work, I have been involved in events in the past to help recruit new nurses. A lot of people talk about leaving to join an agency as a nurse but I always discourage it. There are so many positives for working for the NHS which you wouldn't get as an agency worker.” (Nurse)*

*“I work within a great team. We are not patient facing but I feel we make a valuable contribution to the patient experience. Whether by improving ward environments or refurbishing/creating staff areas to boost morale which has a knock on effect to patients. Good people to work with and I enjoy the work we do.” (Estates)*

*“I have felt well supported both professionally and personally by Hywel Dda. I have been assisted in obtaining a Masters level qualification (partially funded by the HB) and progressed in my career pathway. I feel valued as a member of staff and my views are heard.” (Admin)*

We asked our staff ‘Are you likely to recommend Hywel Dda to a friend as a great place to work?’ The feedback represented mixed emotions from respondents, with 52% of people responding ‘no’ and 48% responding ‘yes’.

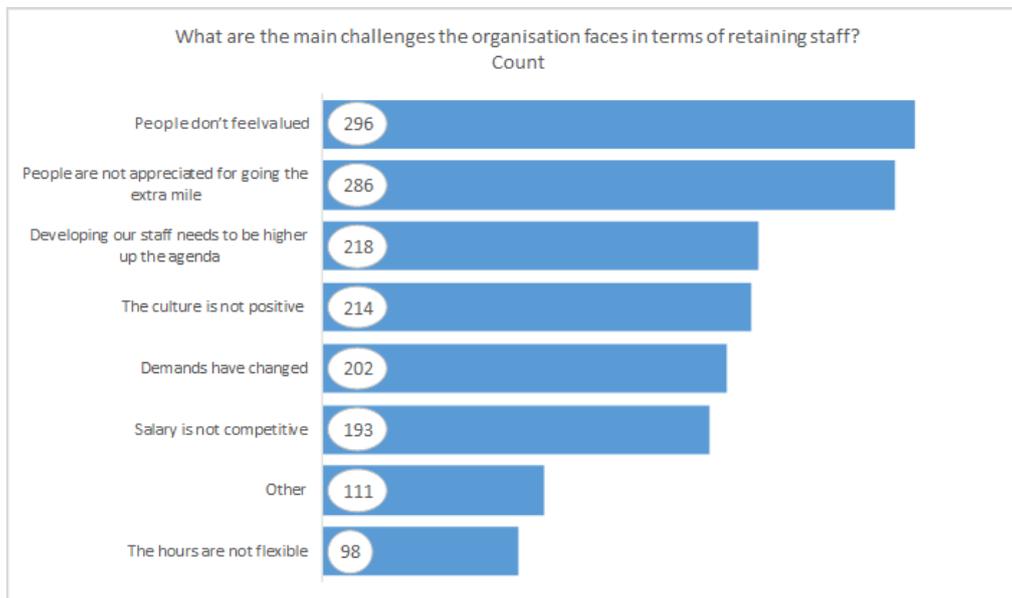


Where people answered ‘no’ to the above question, the following reasons were provided:

Negative impact on well-being    patient safety issues  
 respect    **TOXIC ENVIRONMENT**    Undermining  
**SHORT STAFFED**    **BULLYING**    challenging  
**SILO WORKING**    Disjointed    thankless    Not caring  
**BURNOUT**    **POOR MANAGEMENT**  
 not appreciated for going the extra mile    unrealistic    compassion  
 Not listening    **UNDERVALUED**    **Lack of resources**  
 Improved training    bureaucracy    **LOW MORALE**  
**POOR COMMUNICATION**    work volume  
 no recognition    fire fighting    lack of trust & respect  
 work life balance    **CAREER PROGRESSION**  
 no appreciation    not supported by management  
 too many managers    constant change    culture of blame  
 more concerned with ticking boxes

## Our findings

Respondents were then asked to consider the main challenges the Health Board faces in terms of retaining staff; and were offered multiple choice options. The graph below reflects those responses most often selected by our staff.



Staff were asked another 3 open questions where they could offer as much insight as they desired:

- What could make your experiences better?
- What would tempt you from your job today?
- Do you have any ideas that can help the Health Board's staff retention plan?

On average, a member of staff spent 15 minutes responding to this survey and the responses we received were personal, reflective and emotive. The answers provided to these open-ended questions are included as part of the 'Our findings' section below.

### The manager/employee relationship

#### Poor quality relationship between manager and staff

An employee's relationship with their manager can play a significant role in how people feel about work. A healthy manager – employee relationship can boost morale and productivity, but equally a poor relationship can increase frustration, resentment and stress at work. A 2018 report on the Employee Experience by Udemy found nearly 50% of employees quit their job because of a bad manager.

These themes were certainly reflected within the Discovery phase with the impact of the relationship with the manager highly influencing people's motivation, inspiration and trust within the organisation. Sadly, there were feelings of mistrust and hopelessness amongst some of our staff.

***"I feel that there are many issues in the trust that are not managed well. Communication is an issue and there is a culture of blame, where once a person is blamed for something, nothing is done to investigate or draw the issue to a close" (Nurse)***

We interviewed many nurses who had left substantive posts and accepted fixed term contracts or less paid roles just to escape a poor management culture. Within the nursing cohort, there was also

a strong feeling of disconnection with senior management and a sense of a big gap and barrier between senior management and staff:

***“The lack of consistent and clear leadership has become unbearable. We’ve reached the point where the balance is tipping - it is no longer worth the pain. It affects family life too much - not worth all the sacrifices - hard to bear after all that we’ve been through in the pandemic.” (Nurse)***

***“Directors not visible or communicating with staff on the ground thus they feel remote and not valued. Be interesting to ask how many directors have stepped on a ward or community team they are responsible for to listen and connect with staff” (Nurse)***

***“We are currently run by managers that have no idea of our jobs...There is a feeling that they are becoming more like politicians, making pledges online, on social media platforms, empty words that have no real impact on front line nursing.” (Nurse)***

### **Valuing staff**

***“You are appreciated by your immediate manager but your work has little value to anyone higher.” (Nurse)***

In a stretched system, our managerial capacity to lead effectively is diminished. The way we are configured drives us to focus on the system and the infrastructure rather than the people delivering the service. It is difficult to focus your mind when you are dealing with numerous challenges at work but what is clear from our discussions is that we have to find a way to support our managers to prioritise culture and connection, and make time to build relationships with our people.

***“Staff on front line just see managers behind computers, in a meeting... need them on the floor ‘I’ll go on the run with you’ – used to be like that but not anymore” (Nurse)***

***“I think we have a management culture that is noxious, discriminatory and bullying.” (Therapies)***

The behaviour of the manager has a huge impact on how appreciated someone feels in a team. When work is chaotic and stressful, it can feel really difficult for a manager to exercise judgement and focus especially when it feels difficult to see the wood for the trees. Staff do not have thinking time to reflect, plan, generate or learn so what sometimes happens is that we pay attention to the wrong things... the system, the process, and make decisions in ‘the heat of the moment’. Our system cannot succeed if leaders cannot create this thinking space to make collaborative decisions and implement them effectively.

***“Management on the whole lack compassion at senior level and are often vaguely incompetent at valuing staff as individuals. Poor passing on of information. Poor pastoral care. Poor communication. For example answering e mails promptly. Telephoning staff members at home who are on sick leave - Being thoughtful and kind humans.” (Doctor)***

### **Middle manager pressure**

Equally, the role for middle managers is becoming more high-pressured, with some posts referred to as the ‘jam in a nasty sandwich’. This is particularly true for Band 7 nurses and Registrar doctors – both roles suffering from burnout, high stress and feelings of low morale and devalued.

***“I think some of the reason why we can’t get band 7s to step up into these interim post is because they don’t want to deal with the hassle that they can see... a band 7 is the jam in a very nasty management sandwich which can’t be spread.” (Nurse)***

These roles feel a lot of pressure from staff above and below them and feel like they get very little support from management and are spread very thinly trying to juggle the requirements of the role. Both nurses and registrar doctors are raising issues of concern which they feel are not being acknowledged, heard or listened to. This lack of support and time is contributing to higher stress levels and burnout amongst our nursing cohort.

***There is staff apathy due to lack of respect in their roles. This goes hand in hand with issues going unresolved and worsening, with staff festering in the melee, especially when some issues are easily resolved...but are not.” (Doctor)***

***“Defensive practice is turning nursing into nothing more than paperwork exercises rather than prioritising patient time.” (Nurse)***

## **Organisational identity and modernisation**

### **Organisation identity**

When people feel a connection to a purpose and a bigger picture, they tend to feel better about their work as well. Our staff feel a deep sense of loyalty to the cause and purpose of the NHS and feel extremely proud that they provide care and a public service to the people of West Wales.

What was positive was that people also felt a huge sense of loyalty to their ‘work family’ and immediate team. The area that people least resonated with was to the identity of Hywel Dda, and people’s feelings towards the organisation depended greatly on what team they were part of.

The consequence is a fragmented and disconnected organisation with an over-reliance on individual teams or sites to develop their own micro-cultures within siloes.

***“There is too much internal politics, and the values aren’t real. It’s nice to say they’re our values, but looking around day to day, I see very little of it in reality.” (Manager)***

With a lack of a dominant organisational culture, micro-cultures have developed which rely on the leadership within that specific team to endorse a sense of identity. Some micro cultures are positive but many are negative and work against what we are trying to create at Hywel Dda. This is reflected in the responses gained to the question ‘would you recommend Hywel Dda as a place to work’; the majority of people answered ‘it depends what team they are joining’. It seems that we lack a dominant identity and culture as an organisation and are reliant on teams and micro – cultures to create a sense of belonging.

***“Silo working, no mutual accountability, little or no openness, no appetite for change, poor management and leadership.” (Office worker)***

### **Inter-professional working cultures**

The culture within our hospitals was discussed regularly with high numbers of staff feeling that the environment within our hospitals is causing people to feel undervalued and burned out. Within our hospitals, people felt that a lack of respect from some staff groups, dismissive attitudes and unprofessionalism was creating a negative and often discriminatory working environment.

***“Doctors not learning my name on the ward and referring to me as ‘pharmacy’ is really demoralising” (Pharmacist)***

***“Lack of trust & respect from doctors, trying to micro manage staff therefore making their job harder” (Manager)***

***“Bullying culture within some departments, other departments unhelpful towards yours. People from higher bands look down their noses at those in lower bands.” (Nurse)***

***“The way I was spoken to and other members of staff by supervisors and management was sometimes not humane” (HCSW)***

***“Focus is on overall targets to “look good” not on the actual treatment patients get, corners are cut, problems hidden, you dare talk out and you have a target on your back, patients and staff suffer.” (Doctor)***

There was also an evident disconnect between non patient facing corporate / admin and acute / operational services as well as between different hospital sites which is not conducive for retention:

***“So much resource is pumped into corporate services which have mushroomed since COVID, I am not sure what benefit they bring to acute services, but don't add value to community services.” (Therapies)***

***“I do not feel supported or valued in Aberystwyth. It is like we are the poor relation compared to the south” (Nurse)***

***“The Withybush clinical staff are impeded, bewildered and frustrated by Carmarthen-centric managers” (Service lead)***

There is also a sense of disappointment and irritation at the layers of management that have been created in recent years. This was a particular concern for staff in operational roles who feel that more resources are needed at the coal face rather than in managerial roles. When staff were asked what frustrates them in work that could affect their desire to stay at Hywel Dda, there were many answers which reflected below:

***“Too many managers not enough workers” (Office worker)***

***“Funding is being pumped into the corporate service with no concept of what is occurring on the coal face.” (Doctor)***

Equally, questions were raised regarding the efficacy of the Service Delivery Manager roles and how they support and connect with our clinicians:

***“The number of management and Service Delivery staff than clinical staff is mind boggling” (Doctor)***

***“When I first started working in Hywel Dda over 10 years ago. We had plenty of staff and patient through put was high. It was a really great place to work. In the past couple of years I've seen an increase in the amount of band 6/7 service delivery managers who are not involved in patients whatsoever and I've seen no improvement in my place of work. In fact it's got worse, less staff who work with patients being asked to do more for longer with no thanks.” (Nurse)***

This is creating a sense of frustration and is causing our front line and clinical staff to feel undervalued. It makes staff feel pessimistic and hopeless about the future, especially at a time when there is already a sense of dissatisfaction and fatigue.

### **The need for modernisation**

***“The whole health board is in need of modernisation cosmetically, culturally and operationally.” (Doctor)***

The contribution of poor equipment and a lack of digital and service transformation is frustrating our people. The processes, such as scanning documents, duplicating paper and electronic work, audit requirements, particularly on our doctors, is overwhelming and pulls them away from patients; many of whom have worked in other health boards and have experienced more modern ways of working.

Many of our staff feel like the organisation is colluding against them to make work as hard as possible. Staff feel like they are raising these inefficiencies, workarounds and long, drawn out, sometimes unnecessary procedures but they are not listened to. This makes their experience in work make them feel like 'my voice does not matter'.

***“The system is less focused on grass roots performance, there is a terrific amount of waste and frequently an attitude of “that’s not my job” We’re all in this together, the system is frustrating and broken.” (Office worker)***

Our system is outdated and in turn, a lot of our ways of working have been described as ***‘siloed’***, ***‘difficult to use’*** that ***‘complicate processes’*** and ***‘obstruct operations’***. We continuously manage the vicious cycle of trying to manage a broken, tired system which further eats into our capacity to deliver our services in the best way possible.

***“I can see where the waste is which makes watching the NHS crisis even more difficult.” (Operational Manager)***

We have doctors who have rotated and worked in other Health Boards across the UK and feel that Hywel Dda is ***‘backwards’***, ***‘old fashioned’*** and ***‘lacks IT modernisation’***. Some of our trainee doctors spoke of ***‘archaic ways of working’*** which in turn meant they did not see a long-term future at the health board.

***“Bureaucracy slows us down! E.g. get rid of paper copies of blood results ASAP so doctors don’t have to continue to sign them when they have already seen them on the computer: time to remove this layer of tedious, expensive, irrelevant bureaucracy. Please just let’s do it, lead this for Wales.” (Doctor)***

***“A non-encouraging environment. Ideas are quashed, glass ceiling run by dictators” (Service lead)***

***“I moved here 11 months ago. Hywel Dda is very behind with technology, equipment and has a lack of staff maybe all due to the westerly rural location.” (Nurse)***

## **Challenges and opportunities for managers**

### **Vacancy management**

Vacancies have a big impact on retention – when people are stretched and covering other duties it creates a lot of pressure on teams and managers, who in turn have very little time or capacity to organise and plan recruitment as they are so busy covering vacancies. People feel very little hope for the future and are constantly just dealing with what is in front of them, rather than being able to plan for a brighter future.

The capacity and time our operational colleagues have to undertake a time consuming recruitment process contributes to our difficulties in dealing with current vacancies.

High turnover in certain teams is undoubtedly having a detrimental effect on the well-being of our staff:

***“Daily battle to not work through unpaid breaks. Insufficient staff, already too overloaded by trainees - the prospect of increasing numbers to improve the workforce is totally disheartening” (Nurse)***

What is also having a detrimental effect on our nurses is our over-reliance on agency staff. Although it was acknowledged that agency staff have a pivotal role in helping us with our workforce supply challenges, our over-reliance on agency staff is affecting our nurses' experiences and morale at work as well as contributing to their worries relating to risk and safety.

***“Need to offer better bank rates to core staff so there is less reliance on agency staff. Core staff demoralised as having to work around the duty preferences of agency staff.” (Nurse)***

***“Management don't support the people on the shop floor. Many agency have now left as the trust have decided to stop paying accommodation so now we are shorter staffed and more pressure.” (Nurse)***

## **Flexible working**

What is clear from discussions with our staff is that flexible working is ***not consistently*** applied across the organisation. The problem isn't that we don't provide it, the issue is how managers are given autonomy to apply it in the way they want. There were stories of secondments being refused, interviews cancelled and even nurses on maternity leave being refused flexible working arrangements when returning to the organisation. Unfortunately, there were some nurses that did not return to the health board after maternity leave due to the manager's decision to turn down the flexible working request.

Research shows that flexible workers have a higher level of job satisfaction, commitment and are more likely to increase discretionary effort compared to those who do not work flexible (CIPD, July 2023). Flexible working can also reduce absence rates and supports staff well-being at work.

***“There is limited flexibility around working - it appears that people with children are prioritised in terms of condensing working hours which is unfair on those of us who chose not to have children.” (Nurse)***

There was a marked difference between talking to staff from corporate / admin services and talking to nurses and medical staff where office based staff seem to enjoy greater flexibility in work. Thought needs to be given to how we provide a 24/7 service with flexibility and how we promote this to create more attractive positions than what agencies can offer. We will never be able to match the agency salaries but can offer flexibility, learning and development and other benefits that are valued by our staff.

***“People leaving to go to agency as they don't get promoted – sometimes support from management is poor and staff don't get family friendly shifts” (Nurse)***

***“When you have excellent candidates applying, don't make it impossible because “computer says no” or they may be asking for ways of working that have not been done before. Why risk losing an excellent candidate than stepping into the unknown and being a flexible employer?” (Nurse)***

***“Lack of flexibility especially in this day and age when working practices have changed over the last few years.” (Office worker)***

## **Early experiences**

There are clear links between poor recruitment experiences and staff retention. A positive recruitment experience can create a fantastic early impression for a member of staff which in turn

can support our retention efforts. However, the aftertaste from a poor start in a new job can leave a long-lasting adverse and often harmful legacy.

The first 3 months in a new job is crucial and there are 2 fundamental things that need to be water tight to enable a positive experience:

Firstly, the application process (an inspiring and exciting JD, a smooth and clear application process, communication, an engaging and meaningful interview)

***“We focus on the wrong skill sets during recruitment which makes long term retention unlikely as the behaviours needed to succeed in the role are absent.” (Manager)***

Secondly, a positive and well communicated induction process which includes a warm welcome, a settling in period, understanding the role and standards of behaviours expected.

***“I feel that staff are just left to get on with their job, with very little training for new staff.” (Nurse)***

Experiences have been shared which reflect a chaotic, lengthy recruitment pathway that lacks communication and clarity. Feedback included job descriptions that still make reference to London Olympics 2012, out of date qualifications being sought and interviews held which only asked 1 question to the interviewee.

Once people are recruited, experiences have been shared where new staff have started and no one knows who they are, no IT equipment was available for them and people generally ‘chucked in the deep end’ with no introduction. The majority of our apprentices described being ‘dumped’ on wards with no introductions where people thought they were the doctor!

The culture and behaviour around recruitment needs to change to help our retention efforts, with managers taking the lead in creating a positive early experience for new starters.

## **Working cultures in practice**

### **Agency staff impact**

The impact of our high agency spend on core nursing staff can be demoralising; knowing the person sitting next to you is being paid significantly more. Equally, there is a feeling of panic amongst many of our nurses that agency spend will be reduced without any other solutions being offered to fill vacancies.

***“Having bank staff on double the salary but doing the same job is detrimental to the workforce morale. As a full time staff member I am doing more work as agency tend not to have systems access. Less accountability for agency staff which then impacts on patient care” (Nurse)***

***“if they're only going to get paid basic Bank rate for it and they can, you know, leave and join an agency and get paid triple the amount for doing 2 days...” (Nurse)***

Thought needs to be given to how we can better support our managers to give time to longer-term planning whilst they are trying to firefight what is in front of them. How do we ‘free up’ our managers to lead their teams who in turn will manage the services effectively?

## Cliques

What was concerning from a number of conversations with nursing colleagues, was a perception of a 'gang' or 'clique' in senior nursing that was making others feel devalued and was having a wide negative impact on the morale and worth of our staff:

***“Managers too cliquy, managers talk about their staff inappropriately and talk about confidential matters when they shouldn't. Who can you trust? Not nice feeling” (Nurse)***

***“Uncomfortable working environment but definitely potential to improve. A lot of gossip and bitchiness. I don't think the culture is suitable for 2023 around people's attitudes and behaviours.” (Nurse)***

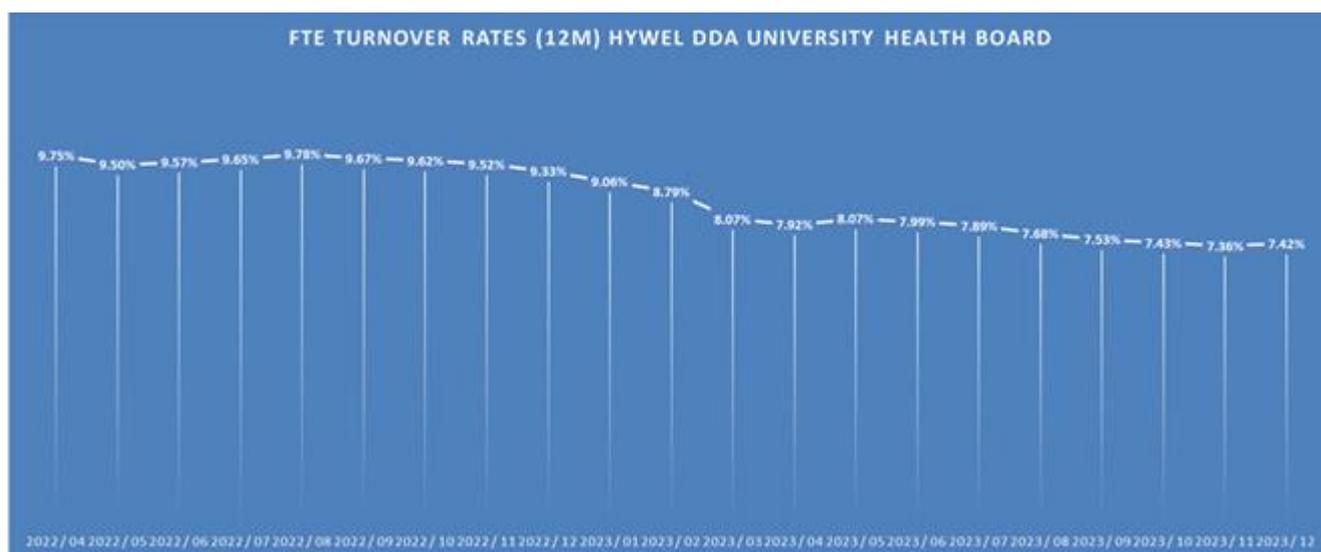
***“Some managers are not good, they are in post because they've been around a longer time than others but know relatively little about management...they tend to favour specific staff groups and can be cliquy.” (Nurse)***

As a consequence, there is a feeling that some people are not offered promotion or learning and development opportunities as there is favouritism within certain teams. A structured approach to development and progression where there is an equitable and transparent process in place will reinstate trust and boost morale.

## Where are we getting it right?

Our staff's feedback and views provide many lessons and considerations for the Health Board. But let's not forget that there are many examples of where we are getting it right. We have so many brilliant people leading brilliant teams that deliver fantastic services.

The organisation has invested in a number of different interventions to support a reduction in staff turnover. The graph below illustrates this reduction over a twelve-month period with turnover reducing from 9.75% in April 2022 to 7.42% in December 2023.



More acutely, there has been a positive effect across our nursing workforce. Turnover data for registered nurses in particular has reduced from 8.51% in October 2022 to 5.04% by October 2023. There has also been improvement in turnover for unregistered nurses from 8.72% in October 2022 to 7.17% in October 2023.

*“Great place to live and work. Great people – patients and staff. Excellent opportunities if you want to work hard and achieve” (Estates)*

*“I feel fully supported, a very worthwhile profession. Well-being is at the forefront of the Health Board” (Therapies)*

*“I have felt undervalued for some time, but being given the opportunity to develop has stopped me looking for alternative employment in our neighbouring Health Board.” (Nursing)*

*“the development I have been offered has not only provided me more knowledge and confidence, but also have allowed me to step into a progress into a new role. This was a big step up for me, but the continuous opportunities I am being given makes working in Hywel Dda a Career and not just a job!” (Allied Health Professional)*

*“As a leader, I want to create a culture within my Dept where staff can challenge ideas without fear and where difficult situations give us an opportunity to reflect and improve. I want the staff to be able to listen to patients, and share learning in our teams to improve. I want to be honest about the challenges we face and be supportive to staff on the front line to improve retention and attract staff to our hospital.” (Allied Health Professional)*

*“There are excellent Ward Sisters that are true leaders and they are the glue in keeping these fragile teams of nurses together”. (Nursing and Midwifery)*

Our cultural progression is still work in progress and although some of the experiences included in this report may make for uncomfortable reading, we also have a lot to feel proud of. We have to take pride in the fact that our people have felt comfortable and psychologically safe enough to tell us their honest views during this Discovery phase. We must now listen to these concerns and where possible, address these in a bold and courageous way.

It is also important as an organisation that we acknowledge that staff retention is not just a workforce and organisational development problem; it is a system wide issue for managers and infrastructure builders to consider how we tackle.

There is indeed much for us to work on to help us to retain our staff. We do however have windows of hope and opportunity to learn from and a foundation to build on. There are micro cultures where we are getting our staff experiences right, which we can role model, spread and scale up.

## So, how do we inspire hope

There are 4 key themes that form the high-level recommendations that need to be taken forward by the Health Board:

### 1. Accelerate the ownership, pace and impact of our cultural journey

Our workplace culture is highly relevant to how we feel at work and we have to have conversations about it regularly across the organisation. There are some key things we need to consider to progress our journey, both from an infrastructure and from a people perspective:

#### **Create an overarching identity**

Staff have identified that as an organisation, we host a number of subcultures. This happens in most organisations and isn't a problem in itself, but when we lack a predominant culture for the

subcultures to feed into and align to, this causes a fragmented and silo organisation. The absence of a predominant culture also contributes to the feeling of disconnect between services and sites, lack of alignment and a lack of a shared purpose and goal.

Thought needs to be given to how we foster a dominant culture that is led from the top; actively engaging our people in conversations on change and our journey.

### **Building impactful connections across the organisation**

One of the most important strategies for retention is to build up our staff engagement; especially in a fragmented and disconnected organisation. Someone who feels disengaged may have lower morale and will be less productive therefore thought needs to be given to how we can build trusting relationships between:

- Senior management and staff
- Hospital sites
- Corporate / admin services and clinical services

Connection between leaders and teams need to strengthen to help eradicate the negative subcultures that have been formed across the organisation. By using the ODRM resource strategically to inform and understand microcultures and build a dominant culture across the organisation, we can move towards a 'one Hywel Dda' culture.

### **Building a fit for purpose organisation**

To accelerate our culture journey requires our people to move away from managing the **system** to managing **people**. In order to do this, we have to question whether our organisational structure is right for what we are trying to achieve. Does our current structure equip our people to deliver?

Staff have questioned the efficacy of our current organisational structure, especially regarding the balance between admin / corporate and clinical investment, the layers of management roles that have been created and also the efficacy of our service delivery structure.

To move towards organisational agility, a review of our organisational structure is timely. From an infrastructure perspective, being an agile organisation that is flexible and can respond and adapt to change is fundamental. Agile organisations adopt fast learning and decision cycles and build a network of empowered teams and individuals; driven by a shared purpose. Staff saw this agility during our Covid response and loved the pace of decision-making and how they were empowered to make things happen. Staff want to resurrect this culture and free up our people to do their jobs as effectively as possible.

#### **ACTION:**

- Elevate the status and ownership of our culture journey across the organisation; making this a priority for our IMTP for 2024-2027;
- Undertake an organisational structure review to ensure that we can flexibly respond to future challenges;
- Create a framework to enable transparency relating to investments in corporate and clinical services

## 2. Leadership of people is a fundamental of organisational success

A leadership shift needs to happen. We have to embrace a different way of leading that is centred on human connections, creating a sense of belonging, collaborative decision-making and embracing change.

*People who work in supportive teams with clear goals and good team leadership, have dramatically lower levels of stress ([West et al 2015](#)).*

### Calling out dysfunctional practices and unacceptable behaviour

Leaders must call out dysfunctional practices and unacceptable behaviours and attitudes – bullying, disrespect, misogyny, racism can no longer be tolerated. More courage is needed in how we tackle poor management and ‘cliques’ and thought needs to be given to what support we are offering and consider how we will improve our performance management approach. The value of human connection in supervision cannot be underestimated and leaders need to enrich connections, rather than relying on e.g. emails to lead.

### Continue to invest in our leadership development and succession planning programmes

We need to continue to invest in our leadership development and succession planning programmes. We are embroiled in managing services to patients – we need to take a step back and remember, if we manage our people well, they will manage the service well for us. We must also call upon our leaders to prioritise and find the time to listen and respond to staff concerns and thank staff for their efforts and contributions. This goes a long way to helping build a strong team culture with great leadership because improving a sense of worth and value at work starts within the team. Staff are not asking for formal recognition and big gestures, they want to be appreciated at work, listened to and provided with feedback so they feel motivated, respected and valued within the workplace.

### Sponsor a new approach to flexible working

From a people perspective, in today’s dynamic and diverse work environment, an agile workforce is also needed to work within an agile organisation. Now is a great opportunity for us to challenge the traditional ideology of how work has previously been delivered and support our people and managers to explore flexible working options. This goes much further than just looking at working from home options but considering flexibility in how we work, when we work and where we work from. This gives everyone an opportunity to achieve a work-life balance that suits them and the organisation, and in turn supports workforce retention. Understanding the type of flexible working our staff require is key to developing our approach to supporting them. A mindset shift is also required in how our leaders approve or reject flexible working request; focusing on the reasons to support the request rather than the reasons to reject this request.

#### **ACTION:**

- Fully embrace and implement the non-pay element of the pay deal in partnership with staff side and at all levels;
- Review our performance management framework to effectively support managers and teams to be at their best;
- Introduce a new management and supervisory people leadership programme;
- Legitimise and promote the well-being offer for managers so they are supported to deal compassionately;

### 3. Be bolder and more courageous in our approach to retention

We need to see a fundamental shift in the ownership of and buy-in to how retention within our clinical professions is taken forward. It needs to be owned by the respective professions, with support from workforce and OD colleagues.

#### Medical retention

Recent figures suggest that medical turnover has increased from 10.9% to 12.2% between September 2022-23. Understanding and prioritising this as a key piece of work will help build intelligence and a plan for the organisation's future retention strategy.

Some key themes that will need to be considered are:

- Building a positive hospital culture which is based on mutual respect, compassion and integrity;
- Progression and early attraction;
- The need for modernisation of ways of working and adoption of digital transformation tools;
- Provide better support for registrars to avoid burnout;
- In a predominantly white male workplace, our medical leadership needs to pay attention to emerging evidence from the royal colleges regarding issues affecting retention e.g. misogyny and race.

These themes need to be explored further via the Medical Retention Group and will need to align to leadership roles within the operational restructure that is currently taking place.

#### ACTION

- Medical leadership to be assigned to endorse and progress the recommendations above;
- Medical retention group to take forward the recommendations above

#### Nursing retention

The nurse retention group has been in place for 18 months and needs to continue to be owned by the senior nursing leadership team. Positively, turnover for registered nursing staff has decreased from 8.9% in September 2022 to 5.2% during September 2023. This is a great achievement and shows that our interventions are having a positive effect. However, there are still some key themes that need to be considered by the nurse retention group, which are outlined below:

- In recognising the pressure on our Band 7 nurses, the organisation must revisit the intentions of the Nurse Staffing Act to free up the capacity of these nurses to lead their teams effectively;
- Addressing staff concerns regarding 'cliques';
- Gaining consistency on how flexible working requests are dealt with;
- Identify ways to upskill our Band 5 and 6 nurses as part of our succession planning programme and in accordance with the spirit of the non-pay deal

#### ACTION

- Ownership and leadership from the nursing profession needs to be continued and strengthened operationally;
- Nurse retention group to take above recommendations forward

## AHP retention

Following the appointment of the new Director of Therapies and Healthcare scientists, a specific retention group to consider the needs of these staff groups will be established in Spring 2024.

### **ACTION:**

- Establish the AHP retention group by Spring 2024.

## 4. An Ambitious plan for modernisation

If we are serious about retention, we have to get serious about modernising our ways of working.

Our huge respect and admiration for our patient facing staff should fuel our ambitions to provide them with the most efficient and effective ways of working possible. If we fail to modernise, we will face further crisis upon crisis and make the jobs of our staff even harder. Our staff have asked for change and we need to co-produce this change with them.

This has to triangulate the following areas:

- Workforce agility and flexibility
- Organisation digitalisation and productivity
- Operational working practices

An integrated modernisation programme is needed for 2024-27 that is owned and led by an Executive sponsor to replace the range of multiple projects and pilots that we currently have.

To develop an impactful programme, we must draw etc Health Board and build a coalition force for positive change and modernisation. The Health Board is well resourced with transformation, innovation, quality improvement, research and development teams that currently work within their silos and are not aligned to one strategic goal. Aligning these resources into a strategic modernisation programme which is informed and co-produced by our service leads and operational priorities will maximise our existing resources and provide a far bigger impact.

Many solutions to modernising our ways of working are often cost neutral and focus on reducing burdens on staff. Our staff are asking us to become more agile - move with the times, identify and remove duplication and workarounds so they can work in a leaner, smarter and more efficient way and focus on delivering the service, rather than managing the system. The waste we create by not modernising is huge and is causing an unprecedented and frustrating burden for our people.

### **ACTION:**

- Identify Executive sponsor to own and lead a strategic modernisation programme for 2024/2025;
- Identify Executive sponsor to lead a review of all improvement, innovation and transformation resources and offer solutions for a more impactful future