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Findings from

Our Big Conversation – Nursing in Wales

Health Education and Improvement Wales
June - July 2023

W: clevertogogether.com

E: [@clever_together](https://twitter.com/clever_together)

T: +44(0)208 3695 1251



OUR MANDATE

In May and June 2023 HEIW launched **Our Big Conversation: Nursing in Wales** to listen to 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. HEIW will use this insight to 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. A second Our Big Conversation will be held in August 2023 to validate the key findings from this report.

THE CONVERSATION

Our Big Conversation captured nearly 3,000 ideas, comments, and votes from just under 500 people from the nursing workforce and a small group of people from the wider workforce. Communications targeted to reach across the workforce proved successful in engaging a representative group across fields of nursing, but less successful for some bands, roles and Health Boards. To compensate, Our Big Conversation was supported by focus groups with people from the nursing workforce, selected to be broadly representative of the fields of nursing and bands 2-7.

KEY FINDINGS

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

- **APPRECIATE US** by rewarding us fairly for the job we do and for going beyond the call of duty, by valuing our contributions to healthcare, education, and research; and by celebrating us publicly, promoting the image of nurses as the highly skilled, dedicated, and educated professionals that we are.
- **DEVELOP US** by protecting time for training opportunities, funding bursaries, apprenticeships, and student courses, developing new roles and pathways into nursing, as well as varied opportunities for career progression that allow people remain in clinical roles, or focus on education and research;
- **TRUST US** to do the best for our patients by empowering the nursing workforce, consulting us in decision making, and allowing us to find fair solutions to flexible working such as self-rostering.
- **SUPPORT US** by providing us functional facilities and breakrooms, access to wellbeing services, more flexibility affording us better work-life balance, daily debriefings and frequent constructive feedback, compassionate, visible, and engaged managers
- **HELP US** to deliver effective patient care by supplying us with resources and up-to-date equipment and infrastructure that we need, providing us with efficient, interoperable digital systems that ease up the administrative burdens of patient care, and removing other obstacles that we face in our day-to-day work.

KEY RECOMMENDATIONS

The key findings from the first Our Big Conversation should be shared with decision-makers at HEIW and Health Boards, and considered for their feasibility for inclusion in the draft strategy nursing workforce plan. The key findings should also be tested through a second Our Big Conversation that will be supported by an enhanced communication plan to reach out to healthcare support workers, band five nurses and particular Health Boards.



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Report index

To navigate directly to a summary of or suggestions relating to a specific topic, click on the link(s) next to each a topic.

See how often these topics were brought up in the conversation [\[here\]](#).

01

An Engaged, Motivated and Healthy Workforce

Topic summary
Ideas and suggestions

Pay and banding	Link	Link
Flexible working	Link	Link
Value & recognition	Link	
Supportive culture	Link	Link
Healthy environment	Link	Link
Voice and feedback	Link	
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08 Other topics

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02

Attraction and recruitment

Topic summary
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Student support	Link	Link
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05

Excellent Education and Learning

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03

Seamless Workforce Models

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Ideas and suggestions

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MDT working	Link
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06

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Presence & visibility	Link	Link
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04

Building a Digitally Ready Workforce

Topic summary
Ideas and suggestions

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07

Workforce Supply and Shape

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Staff shortages	Link	
Rotations	Link	Link
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10 Focus groups

Various topics	Link
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Executive summary

Overview of the engagement and main findings



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 in the first conversation with the nursing workforce.

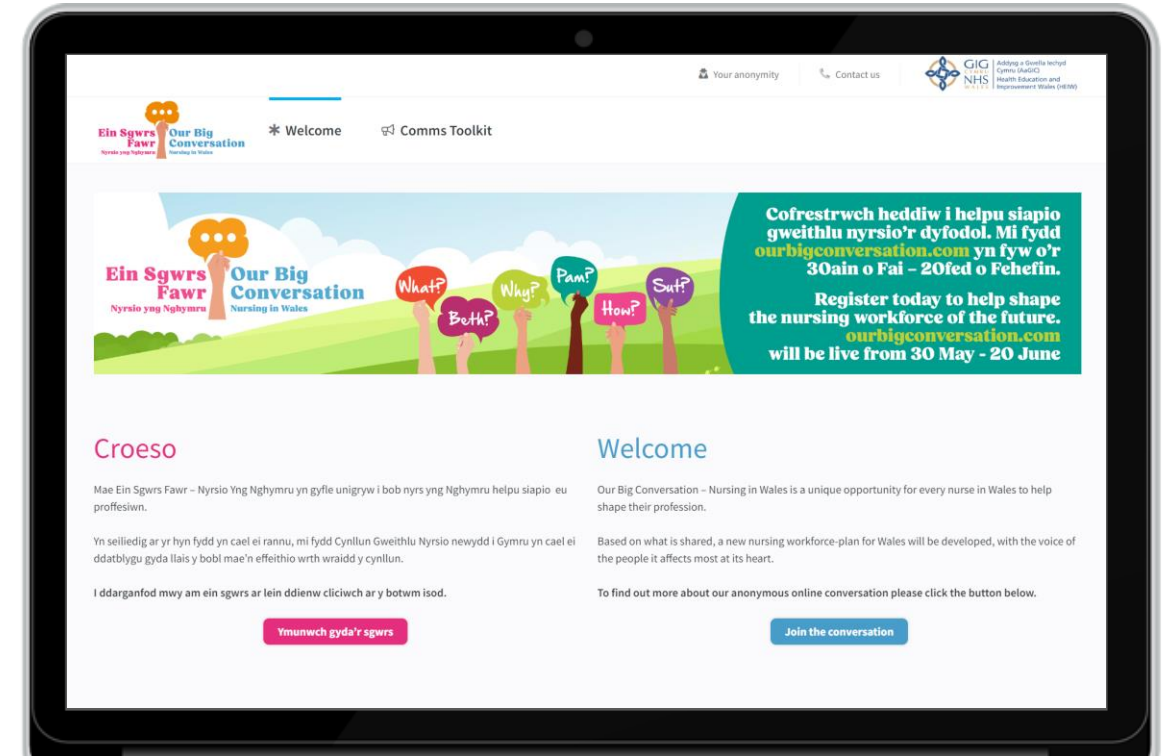


Engagement and participation

How we engaged

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

- In May and June 2023, nearly 500 Registered Nurses from across Wales, alongside some Student Nurses, Health Care Support Workers, and Assistant Practitioners joined *Our Big Conversation – Nursing in Wales* at <https://ourbigconversation.com/nursinginwales>
- Pre-registration to the bilingual digital platform was open on 10 May 2023. Email, social media posts, and communications assets cascaded to Health Boards and other employers were used to engage with the nursing workforce throughout Wales.
- 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 4 weeks, until 3rd July, 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 **nearly 3,000** ideas, comments, and votes (**600 written contributions and 2,360 votes**), which are the basis for the findings of this report.



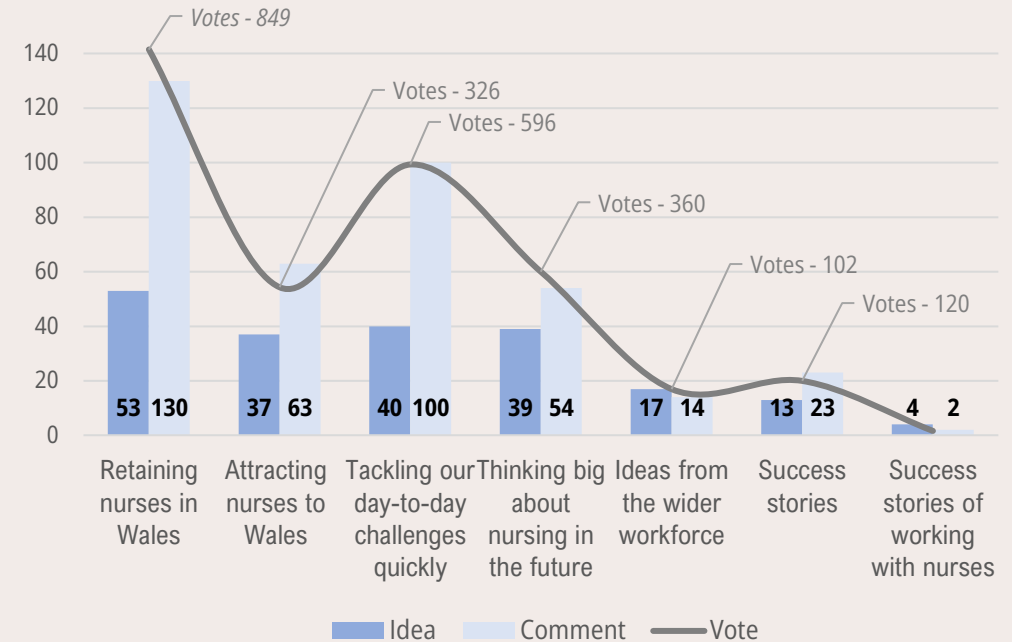
What we asked

We posed five challenge questions to the nursing workforce and two challenge questions to other participants in our online conversation, with the aim to help co-create a strategic nursing workforce plan for Wales. We invited the nursing workforce in Wales and people from other professional groups to share ideas on how to add the most value to our nursing workforce and the people of Wales. Participants were also encouraged to share their day-to-day challenges as well as stories of success.

What we asked:

- **Retaining nurses in Wales:** How do we retain nurses in Wales?
- **Attracting nurses to Wales:** How do we attract new nurses to Wales?
- **Tackling our day-to-day challenges quickly:** What can be done quickly across Wales to address our day-to-day challenges in work?
- **Thinking big about nursing in the future:** What should we be doing now to add the most value to nursing and the people of Wales in the next 5 – 10 years?
- **Success stories:** As we look forward, we also want to build upon a great foundation of success.
- **Ideas from the wider workforce:** Our main conversation is for nurses working in Wales. People who have registered to take part in Our Big Conversation from other professional groups are invited to answer the following question: What should we be doing now to add the most value to our nursing workforce and the people of Wales in the next 5 – 10 years?
- **Success stories of working with nurses:** As we look forward, we also want to build upon a great foundation of success.

Challenge questions by number* of ideas**, comments and votes



* Figures are up to date as of Tuesday, 27th June, 07:00

** Does not include seed ideas added to the conversation prior to its launch

How we analysed the data

Ground-up thematic analysis

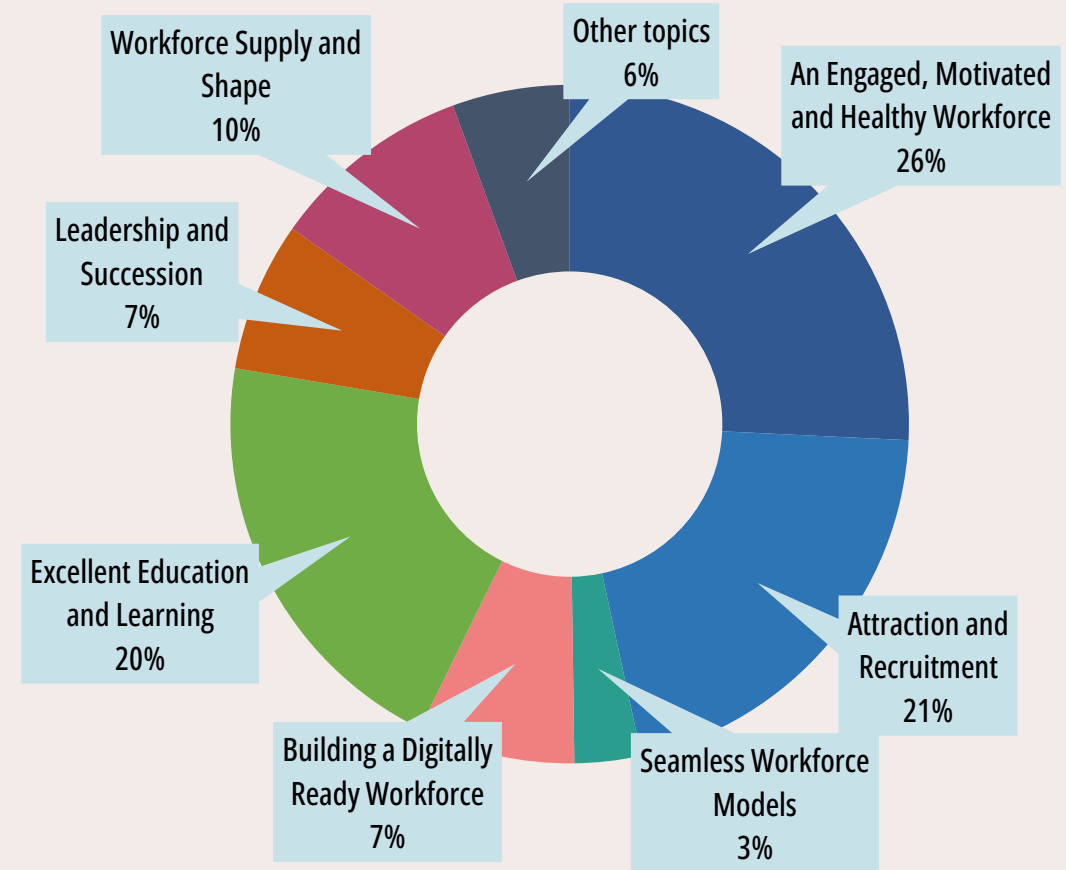
We read and analysed **over 600 written contributions** (ideas and comments), linking each to one or more codes (topics) comprised in our analytical framework, to ensure all nuances were captured. A total of **770 coded segments** emerged. We used the **2,360 + votes** (likes and dislikes) cast by participants to weigh the data and direct our analysis.

We used a ground-up thematic analysis to code all written contributions against **48 initial topics**, ladderred up to one of the **7 themes** from the **A Healthier Wales** workforce strategy.

In addition, we noted specific suggestions made by the crowd and summarised each of these as part of this report, according to the topic or theme. These can be found [here](#).

Overview of themes

by share of total contributions*



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

What we heard

Participants gave broad and varied answers to the challenge questions we posed:

- Analysis of contributions by challenge question and topic revealed that the nursing workforce view the issues of **retention** and **attraction** as something mainly to be solved through action across the other five themes of a Healthier Wales. A partial exception to that is the issue of **attraction**, which, while it will benefit by things such as improved pay, career pathways, or healthy and flexible working conditions, would also require **a focused, comprehensive, and far-reaching campaign to promote, educate about, and challenge misconceptions around the nursing profession.**
- Written contributions under the under the **'Tackling our day-to-day challenges'** question saw authors bring up over 30 topics from across all themes. The ones that received the highest-level of support discussed overlapping and inefficient digital systems, poor physical environment and lack of wellbeing support, staff shortages, and a high degree of administrative burden that eats at time that could otherwise be spent with patients. In short, the majority of contributions under this challenge question detailed what participants saw as their everyday obstacles to the delivery of effective, safe care.
- Ideas under the **'Thinking big about nursing in the future'** question focused around providing more training and development opportunities, better support for students, reevaluating traditional roles and designing new ones, promoting the profession, and addressing the efficacy and interoperability of digital systems and infrastructure.
- Finally, nurses and the wider workforce shared their **success stories** of working in the field or alongside nursing professionals. Although making only 6% of the engagement, these served to strengthen the case for some of the ideas and suggestions others shared, as well show that these approaches or ways of working were successful in the past, or still are (read a summary of the ideas that were shared [here](#)).

Gateway survey questions

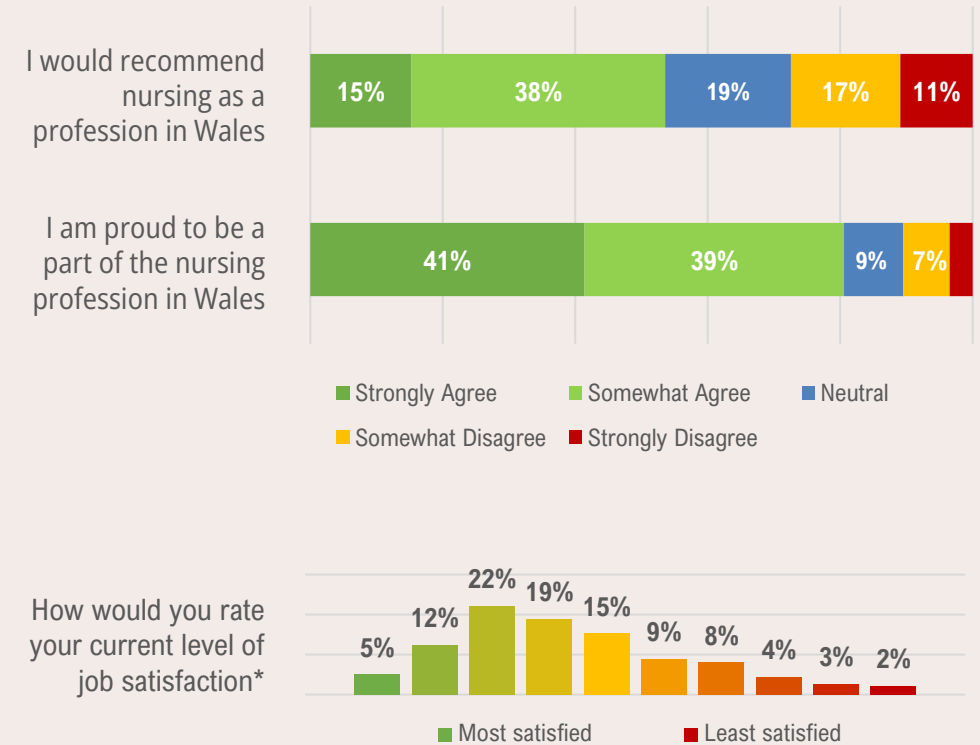
We asked nursing workforce participants who joined *Our Big Conversation* to evaluate the pride they feel about their profession, whether they would recommend nursing to others, and, finally, to rate their current level of job satisfactions.

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 (28%) of participants responding negatively.

On the other hand, 80% of the over 490 participants that joined this engagement answered favourably to the question on whether they are ***proud to be part of the nursing profession in Wales***.

Lastly, in rating their job satisfaction, two out of five respondents ranked it positively, while less than one in ten (9%) expressed dissatisfaction, with the rest falling somewhere in the middle.

How participants responded when asked...



* Figures below 4% have been hidden to improve readability

Overview and summary of findings

Overview | An Engaged, Motivated and Healthy Workforce

1. PAY AND BANDING | Participants raised the need for better pay to attract and retain nurses, a desire for separate pay structures and career progression opportunities, concerns about parity and equity in pay, and the recognition and appreciation of nurses through incentives. Further discussion saw suggestions around the simplification of the pay structure, addressing agency staff reliance and expenditure, and ensuring consistency across pay bands.

2. FLEXIBLE OPPORTUNITIES | Participants stressed the importance of an improved work-life balance, support for childcare responsibilities, flexible working options, and predictable shift schedules as drivers for attraction, retention, and job satisfaction.

3. VALUE AND RECOGNITION | Participants asked that nurses' contributions to the healthcare profession receive greater recognition, and that issues they encounter around their working conditions, pay disparity, and the workplace culture that make them feel devalued, are addressed.

4. KINDNESS AND COMPASSION | Many called on the importance of fostering a kind, compassionate, and supportive workplace culture in nursing. Nurses highlighted the need for mutual support, active listening, and addressing issues of hostility, and burnout to improve the overall wellbeing of healthcare

professionals and enhance patient care.

5. HEALTHY ENVIRONMENT | Participants emphasised the need for improved facilities and proper break rooms, and, overall, for creating a comfortable and functional working environment that is essential for the quality of patient care and the satisfaction of healthcare professionals.

6. VOICE AND FEEDBACK | Participants stressed that by valuing the input of staff and providing opportunities for them to be involved in healthcare decision making, organisations can tackle issues related to teamwork and culture, improve morale, foster innovation, and enhance the overall quality of care.

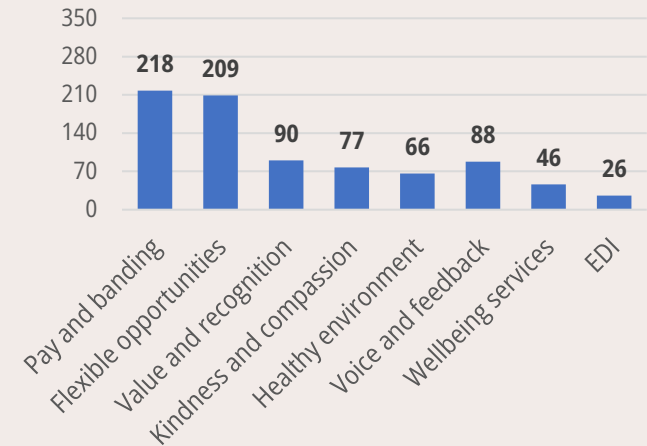
7. WELLBEING SERVICES | Participants discussed the importance of providing emotional support, facilitating debriefing, promoting available support services, addressing workload issues, creating safe spaces for sharing, supporting student nurses, and improving financial wellbeing.

8. EQUALITY, DIVERSITY, AND INCLUSION | Although these topics did not receive a lot of attention from the crowd, we saw participants bring up addressing workplace hostility, the value in attracting diverse talent, reducing inequalities in healthcare access, and valuing the contributions of nurses from different backgrounds.

An Engaged, Motivated and Healthy Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

180+ ideas and comments | 640 votes | 26% of total contributions*



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

Overview | Attraction and Recruitment

1. STUDENT AND APPRENTICESHIP SUPPORT

Contributions under this topic underscored the importance of flexible training pathways, adequate funding for student nurses' placements, bursaries, and access to education, NHS-led access to nursing courses and encouraging applications from within the communities they serve, recognition of non-registered roles, and improving the learning experiences for students, addressing issues around overworking, pay, and sick leave.

2. PROMOTING NURSING

Participants emphasised the need for comprehensive promotion of nursing in Wales as a rewarding and secure career, changing public perceptions, creating awareness about the role and the important contributions of both general practitioners and highly specialised nurses. They made many specific suggestions on how to approach this, summarised [here](#).

3. SUPPORTIVE ENVIRONMENT

Participants suggested the need for comprehensive induction programs, preceptorship, mentorship, and ongoing support to ensure the success and retention of newly qualified healthcare professionals.

4. PERKS

Participants put forth various ideas regarding perks, incentives, and benefits that could help attract people to the nursing and healthcare profession. These include, among others, long service leave, reduced childcare rates, various discounts and passes, free hospital parking, National Trust membership, affordable accommodation. Further, nursing professionals should be better informed of which perks and benefits are available to them (e.g. free prescriptions).

5. INTERNATIONALLY EDUCATED NURSES

Participants discussed a comprehensive and ethical approach to recruiting and supporting nurses from outside Wales or outside the UK, emphasising the need for tailored programmes, standardised processes, and safeguards to ensure successful integration and development of internationally educated nursing professionals.

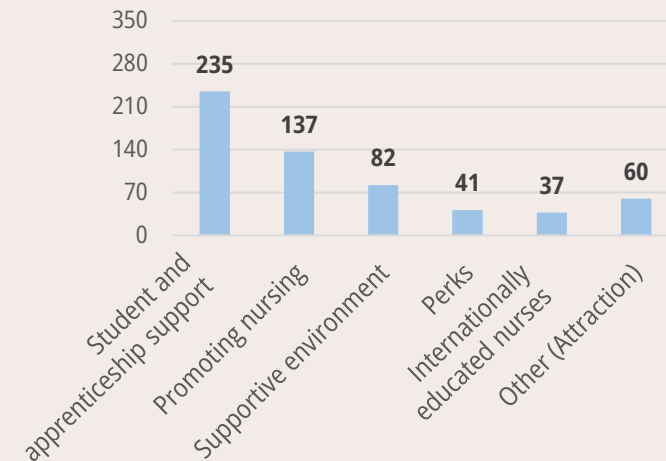
6. OTHER (ATTRACTION)

Various posts emphasised the important role that fair and competitive pay, professional development opportunities, flexible working, and good working conditions play in attracting new nurses.

Attraction and Recruitment

Breakdown by engagement numbers and themes, ranked by total contributions*

145+ ideas and comments | 445 votes | 21% of total contributions*



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

Overview | Seamless Workforce Models

1. COLLABORATION AND TEAM WORKING

Under this topic, participants called attention to the need for effective collaboration (e.g. exchange of information) and teamwork between nursing, social services, and other healthcare professionals to provide comprehensive and efficient care to patients. Ideas and comments highlighted the need for improved processes, proactive approaches, and supportive environments that value and nurture all team members. A few posts also brought up the identity of nurses as a member of a nursing team that work together to make a difference for the health and wellbeing of people – an identity that has been lost with the rise of experts with a narrow focus.

2. MDT WORKING

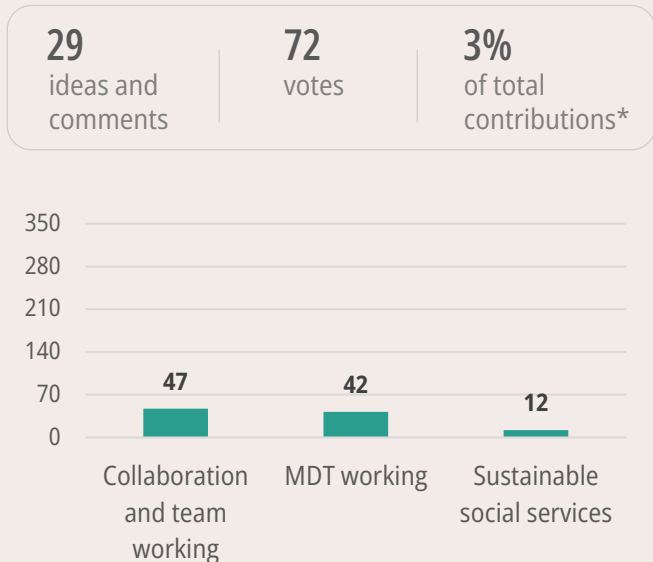
Participants called for more integrated working within the community, with multidisciplinary team discussions and efficient problem solving, as well as better multi-disciplinary learning opportunities for nurses in order to give them a stronger understanding of the contributions of other healthcare professions, foster collaboration and create a more cohesive system. Multi-disciplinary team collaboration and integrated working were mentioned as having a role in reducing inequalities in accessing healthcare and in achieving efficient and patient-centred care.

3. SUSTAINABLE SOCIAL SERVICES

A small group of participants agreed that an improvement and investment in social care nursing, in the form of a project manager role that could communicate needs and secure funding, or by having more joined up discussions about the role and its challenges, would improve care and lead to reduced rate of hospitalisation. A career pathway for nurses in social care would encourage consideration of careers in the sector.

Seamless Workforce Models

Breakdown by engagement numbers and themes, ranked by total contributions*



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

Overview | Building a Digitally Ready Workforce

1. DIGITAL SYSTEMS

A majority of participants who engaged with this topic focused on the issues with systems currently in use, rather than the need for upskilling, support, or better equipment. System efficiency, standardisation, interoperability, and greater investment in digital infrastructure to improve record-keeping, reduce duplication, and enhance usability were frequently brought up. There was consensus that Wales should work to catch up with technological advancements and strive for a more user-friendly and integrated digital healthcare landscape.

2. SUPPORT AND SKILLS

Participants highlighted the need for improvements in digital skills and access to resources in order to enhance efficiency and collaboration. They stressed the provision of the necessary tools, training, and support as necessary to enable nurses to make use of new technology and contribute to advancements in patient care.

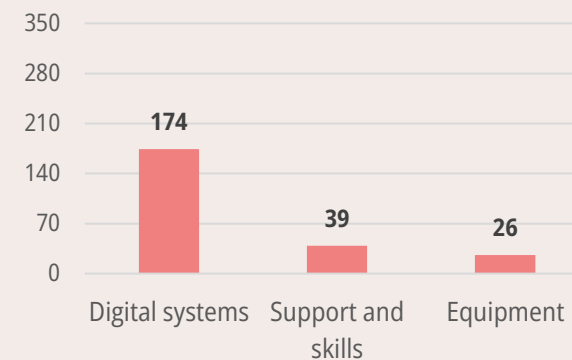
3. IT EQUIPMENT

Participants underscored the importance of functional computers (and other technologies) in sufficient numbers for staff to use. Access to the internet and email, which many, particularly new starters or Bands 2 to 4 staff, do not always have are a critical resource for engaging with research, audit, and other professional duties such as CPD, evidence-based practice, networking, and collaborating.

Building a Digitally Ready Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

45+ ideas and comments | 191 votes | 8% of total contributions*



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

Overview | Excellent Education and Learning

1. TRAINING OPPORTUNITIES

Overall, contributions under the theme emphasised the need for increased training opportunities, protected and guaranteed study time, and a greater focus on specialised areas of nursing and the specific skillsets associated with them. We saw calls for better funding, access to resources, and recognition of the unique challenges and experiences of the various nursing roles. Secondment opportunities and rotational posts tailored to individual preferences and goals were brought up.

2. CAREER PROGRESSION

Under this topic we saw a range of ideas and concerns related to career development and progression opportunities for healthcare professionals, with an emphasis on providing diverse pathways for growth for nurses and healthcare support workers, including allowing them to remain in clinical, patient-facing roles. There is a desire for fair and transparent processes that value nurses in their respective roles and specialties. A comparison was made with the private sector, which currently offers better CPD opportunities, and negatively impacts attraction and retention rates.

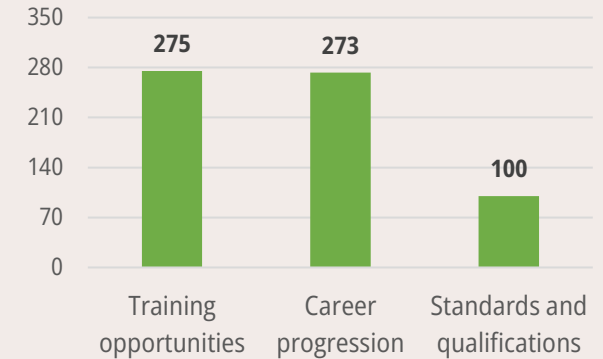
3. STANDARDS AND QUALIFICATIONS

Under this topic participants stressed the need for recognition and utilisation of skills and competencies staff and newly qualified nurses have already acquired at other institutions, thus reducing the waste of time and money reassessing these and optimising the use of the NMC Future Nurse Standards in practice. Other calls included ensuring mandatory training is relevant and specific, as well as the implementation of an all-Wales electronic portfolios for skills.

Excellent Education and Learning

Breakdown by engagement numbers and themes, ranked by total contributions*

130+ ideas and comments | 555 votes | 20% of total contributions*



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

Overview | Leadership and Succession

1. PRESENCE AND ACCOUNTABILITY | Participants in the conversation made clear their desire for managers and leaders to have a better understanding of the daily challenges faced by nurses, to be more supportive and visible, and to prioritise the welfare and needs of the nursing staff. We saw calls for improved communication, involvement, and mutual understanding between managers and nurses, creating a more effective and supportive work environment.

2. APPRAISALS AND FEEDBACK | Ideas under this topic suggested the adoption of a two-way evaluation process which will give nurses the opportunity to evaluate their managers and provide constructive feedback. It was suggested implementing 360-feedback can make them a part of a fair and transparent system that promotes professional growth, recognition of good management practices, and ultimately leads to improved relationships and better outcomes for both nurses and patients.

3. SAFETY TO SPEAK UP | Participants made clear the importance of psychological safety and nurses' ability to speak up, share concerns, and report incidents without fear of retaliation or reprisal for creating a supportive work environment. They highlighted the need for transparency, accountability, and effective management to create an environment that values open communication and prioritises the wellbeing of both healthcare professionals and patients.

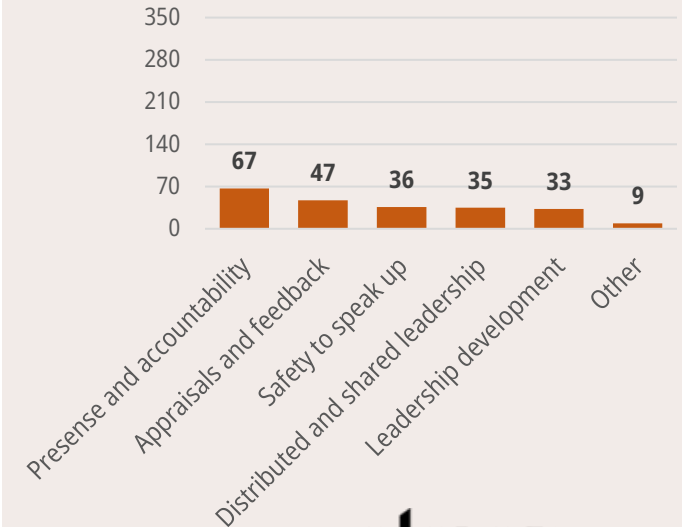
4. DISTRIBUTED AND SHARED LEADERSHIP | Contributions under this topic underscored the significance of distributed leadership, empowering nurses, and creating an environment where clinical decision-making is valued, supported, and driven by those closest to the patient. They called for cultural shifts, supportive leadership practices, and the active involvement of nurses in shaping the future of healthcare.

5. LEADERSHIP DEVELOPMENT | Participants spoke of the need for greater investment in leadership and management training, creating specific pathways for career progression, and ensuring that managers possess the necessary clinical knowledge and skills. They emphasised the need for a supportive and effective leadership culture that promotes development, values nurses' contributions, and aligns with the evolving needs of the healthcare system.

Leadership and Succession

Breakdown by engagement numbers and themes, ranked by total contributions*

55+ ideas and comments | 172 votes | 7% of total contributions*



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

Overview | Workforce Supply and Shape

1. ROLES AND RESPONSIBILITIES

Contributions under this topic were quite varied in nature, bringing up the need for redefining existing roles, creating new pathways, and providing new opportunities for career development and progression in order to enhance the nursing profession and improve patient care. These included redefining and promoting the role of nurse consultants; the creation of acute medical nursing outreach teams; the introduction of the Nursing Associates role in Wales; the creation of non-clinical HCSW roles focused on administrative and equipment management tasks; more career pathways for specialisation and advancement and reimagined traditional roles and scopes of practice (such as dual qualifications and interdisciplinary roles); providing clarity on student nurses' roles; and others.

2. STAFF SHORTAGES

Participants highlighted the need for adequate staffing, improved support, and recognition of healthcare professionals' skills in order to address reliance on agency staff, poor skills mix issues, ensure patient safety, and reduce workforce stress. Among the suggestions we heard were a revision of the Staffing Act, a government-level urgent review of demand and capacity across acute and community services, or creation of new support roles to mitigate gaps in service provision.

3. ROTATIONS

Ideas and comments under this topic revolved around the challenges and benefits of rotational posts, the need for incentives, support, or safety measures when floating to unfamiliar environments, considerations for fixed rotas and scheduling, and the importance of individualised approaches to rotations and skill development in nursing.

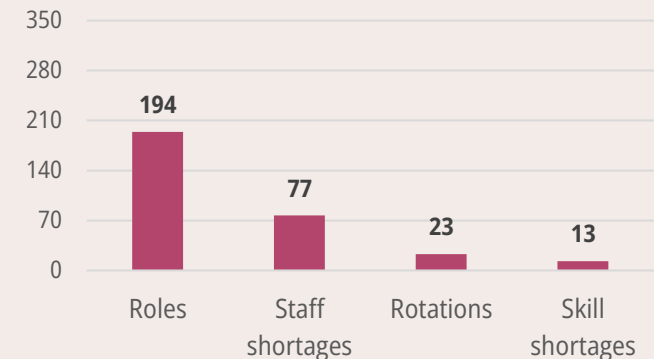
4. SKILLS SHORTAGES

Participants brought up several issues related to skill shortages, disparities, and the need for standardisation. These include boards that are eliminating specialist services and devaluing the expertise of specialised nurses; a significant disparity in skills and standards across Wales that can lead to unsafe practices; and job descriptions within Health Boards that often lack specificity, resulting in lower-grade staff being expected to cover for higher-grade managers and perform tasks beyond their scope. This latter practice masks service gaps and unfairly burdens lower-grade staff.

Workforce Supply and Shape

Breakdown by engagement numbers and themes, ranked by total contributions*

280+ ideas and comments | 1080+ votes | 10% of total contributions*



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

Overview | Other topics

1. ADMIN BURDEN

Multiple participants throughout the engagement expressed concerns about spending too much time on non-nursing tasks, particularly paperwork and repetitive documentation. While some acknowledged the importance of administrative tasks for risk management and quality improvement, they also questioned whether the right balance had been struck. Administrative burdens are acutely felt with the amount of paperwork following interactions with patients, with recruitment processes, with duplication and overlap of IT systems, with scrutiny and regulation around innovation and improvement, all of which eat away at time that would otherwise be focused on direct patient care. While most expressed their frustration with the situation, some ideated solutions, such as a new, admin-focused HCSW role.

2. FUNDING AND COMMISSIONING

Participants called for the establishment of funding opportunities for research on pressing nursing and interprofessional issues and supporting evidence-based practice, in order to adapt to the changing healthcare landscape. This will require improving the number of researchers with nursing qualifications. We saw contributions that expressed frustration with delays

caused by waiting for commissioning decisions. They proposed removing discussions about funding from the front line, consolidating budgets to reduce bureaucratic delays, and streamlining the process for service development so as to avoid ideas getting lost in administrative red tape.

3. WELSH

We heard ideas and comments from both proponents of Wales as a bilingual healthcare system, as well those that expressed concern that Welsh is seen as an obstacle for professionals from outside Wales looking to join the nursing workforce. Participants in the focus groups were adamant that command of Welsh, even if basic, is vital in the healthcare setting, particularly in the fields of mental health and elderly nursing. They volunteered some 'easy wins' on integrating Welsh in the workplace, detailed [here](#).

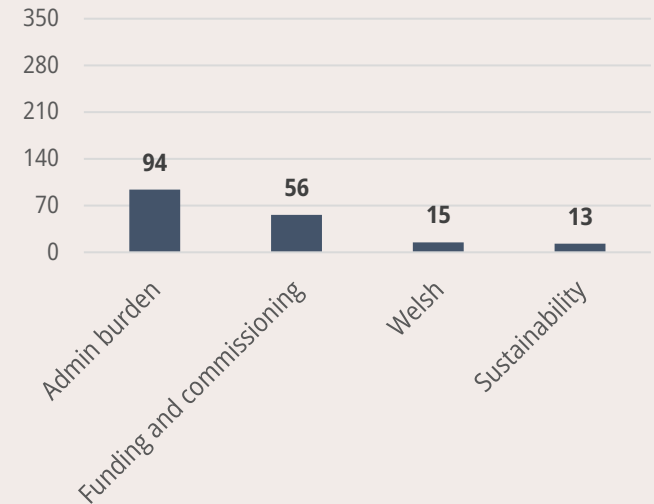
4. ENVIRONMENTAL SUSTAINABILITY

We saw support for the idea of involving nurses (who make up one of the largest portions of the workforce) in projects such as "Lets not Waste". It was suggested that failure to do so would leave NHS emissions targets out of reach. Going further, environmental sustainability should be included in every module of training, job description, and appraisal in order to support the NHS Net zero goal.

Other topics

Breakdown by engagement numbers and themes, ranked by total contributions*

81+ ideas and comments | 159 votes | 6% of total contributions*



Focus groups findings

Focus group findings

The focus groups were useful in both validating a lot of what we heard through Our Big Conversation, as well as challenging some of the suggested actions from the crowd or offering ones that were missing from our findings. This feedback has also been incorporated in the Suggested Actions from the Crowd section [here](#). **The discussion mirrored the online engagement in many ways, with topics under the *Excellent Education and Learning* and *An Engaged, Motivated, and Healthy Workforce* themes accounting for a majority of the conversation**, though other themes also received a fair bit of attention – for example, *Leadership and Succession*. Some of the main points we heard were:

IMAGE OF NURSES | Participants supported the ideas we heard through the online engagement that described the need to **change the image of nursing and educate people about the profession, its opportunities, specialisations, and highly skilled and educated practitioners**. A new suggestion was a focus on success stories about nurses in the media, celebrating and highlighting the profession and counter-acting negative stories that impact morale.

AGENCY STAFF | Almost every breakout group touched on the issue of agency staff. Although none held any enmity towards their agency nurse colleagues, they posed questions around agency nurses' lack of accountability or motivation, patients not receiving continuity of care, limitations on the skills they were allowed to practice, the need for full-time nurses to shadow them, and others. **A phasing out of agency staff use and creation of an all-Wales bank must be a joint effort across Trusts**, participants suggested, while overtime pay must increase accordingly. In the interim, it would be helpful if agency nurses received a skills audit and were trained to practice things such as IV's, blood transfusions, blood sugar monitoring, etc. The overall feeling among participants was that agency staff is being rewarded better, while having less responsibility, accountability, or skill requirement.

(cont'd on next slide)

The aim of focus groups

- On 20 July we held **two two-hour focus groups** with representative groups from among registered nurses, healthcare support worker and assistant practitioners.
- The opportunity to contribute to the strategic workforce plan **generated high interest**, with over 40 registered participants and a 20-person long waitlist.
- Around 25 of the invited participants were able to attend.
- Participants spent the bulk of the meeting in small **breakout rooms**, allowing for more **in-depth discussion**.
- We posed the same **challenge questions** we asked of participants in *Our Big Conversation*, heard their **feedback on the initial findings of the report**, and received suggestions on how to best engage nursing staff for the second big Conversation.

LEADERSHIP AND SUCCESSION | Various participants touched on the theme of leadership, echoing points we heard throughout the online engagement. One often repeated suggestion was adding a **rotational responsibility for managers**, requiring them present on wards with some regularity and take part in rounds and shifts, rather than just visit. Anecdotally, past programmes that implemented this requirement had met with initial resistance from managers, but afterwards brought clear benefit to their teams, improving both culture and care decisions. Offering **pre- and debriefing before and after shifts** was also mentioned several times, touching on the practice's impact on morale, wellbeing, and alleviating stress. Participants also spoke of the need for more transparency and better 'change management', which they saw as lacking. Many also felt that their voice is not heard in decision making when these decisions impacted them. Some participants highlighted the issue of having non-clinical managers or managers that are not specialist in a field (e.g. Mental Health) making decisions without contextual expertise – they suggested this could be addressed by adding a qualification requirement to managerial jobs, to be achieved before or after accepting the role. Finally, 360-appraisals were suggested as a way to gauge and correctly evaluate managers' effectiveness and identify areas for development and improvement.

SERVICE USERS | Speaking on their relationship with patients, nurses highlighted the **need to educate the population to better understand their relationship with nursing practitioners** - a partnership, in which they need to be active participants. Some saw their role as also that of an adviser, working together with service users. Participants in the focus groups did empathise with service users' and their frustration, noting patients had become more aggressive with the lack of easy access to health care and feeling that their needs are not being met. We also heard calls around promoting the Social media policies to patients and looking at ways to **mitigating the violence and aggression nurses face**.

RETIREMENT AGE AND PENSIONS | Something that was not touched on throughout *Our Big Conversation* but brought up by multiple members in our focus groups were the issues of retirement age and pensions. Several participants expressed the opinion that the **current retirement age of 67 is too high**, noting that the nursing profession is a physically demanding job, with some of its specialised fields asking that nurses interact with physically violent patients, bringing up concerns around safety. Others brought up the issue of pensions, noting that this used to be a clear benefit of career in nursing, but that they are unclear of the current state of their pension plans or how these were structured, and suggesting that there should be **better education and information around pensions**.

PHYSICAL ENVIRONMENT | Quality of physical infrastructure available to nursing teams across Wales varies greatly, with some feeling they have been forgotten about. Echoing what we heard through the conversation, participants spoke of **lack of break- or meeting rooms**, impacting collaboration and morale. Some criticised "*first come, first served desk policies*" as not working well in practice, wasting time and making it more difficult for people to work and connect. (cont'd on next slide)

Focus group findings III

TRAINING AND DEVELOPMENT OPPORTUNITIES | Much like in *Our Big Conversation*, training, education, and career progression were one of the topics of conversation focus groups participants engaged with the most. These included calls for **more opportunities to develop** into specialist services (some noting that there is a lack of specialist services in North Wales); **tailoring opportunities** to the younger generation and their expectations, as well as specifically to HCSWs; better training and support when first entering a new role; **funding courses and offering apprenticeships, bursaries, high quality placements, and secondments; protected time** and overtime to attend required and developmental training; support for the training necessary of assistant practitioners to transition to associate nurses, with cost of registration covered, and time to do paperwork included in the allotted time. Promote Advanced Clinical Practice pathways and **make development pathways clearer**. At the same time, accommodate nurses that wish to remain patient-facing and not progress towards a managerial role. A separate discussion within the theme touched on current **student curriculums**, which participants felt were demanding too much of both student nurses as well as their practice supervisor and assessors. This is the case in particular with the Annexe skills, which, it was suggested, added additional stress, set up student nurses for failure, eroded confidence, and at the same time were very demanding on supervisors with the commitment to assess and fill out preceptorship forms.

WELSH AND OFFERING BILINGUAL HEALTHCARE | Participants across multiple breakout groups stressed the value and importance of having a truly bilingual healthcare system, with patients having ready **access to Welsh language speakers**, especially **in areas such as elderly and mental healthcare**. To support the 2050 ambition of a million Welsh speakers and accommodate those that want to speak the language at work, Health Boards across the country can adopt some easy to implement policies such as **identifying and informing Welsh-speaking staff ahead of meetings** and assigning them the same breakroom(s); offering access to bilingual wellbeing or other support services at work; and **facilitating Welsh courses** for people working shifts, such as most nurses (the lack of such options currently forces people to have to pay for night courses). HEIW should also consider learnings from counties that offer bilingual healthcare (Canada, South Africa). Lastly, 'Grow our Own' programmes, with more campaigning and outreach into schools, should support the 2050 goal, attracting people to the profession that would already have some command of the language.

SUPPORT STAFF | Some participants identified the need for **Health Care Support Workers (HCSWs) to receive their own bespoke section in the strategic workforce plan being developed** by HEIW and felt that although mentioned throughout this report, their needs and ambitions were insufficiently expressed. Given that the conversation engaged predominantly qualified nurses and that Bands 2 and 3 staff were underrepresented, we acknowledge that support workers' voice might not have been heard to a sufficient degree. What is supported in *Our Big Conversation* is the need to create new HCSW roles (e.g. admin-focused), additional pathways for progressing to into a nursing role, as well as funding and support in doing so.

Focus group findings IV

PAY AND BANDING | Although not much time was spent on the issue of nurse pay bands, multiple participants expressed dissatisfaction with the current level of pay they received, suggesting **remuneration is not reflective of the roles they fulfil**, or of their qualifications, expertise, and contributions. This made them feel devalued and underappreciating, with some noting that the NHS has, for a long time, relied on the goodwill of nurses and for nursing professionals' readiness to go beyond the scope of their duty. Other focus group members brought up the issue of **unsociable hours payment**, which create a "perverse" incentive for staff to stay in lower bands, allowing them to earn higher pay than staff in managerial roles. It was noted that staff in leadership roles can still be called during unsociable hours or work late shifts, and that extending unsociable hours pay to these roles it can create a parity that will allow staff to progress in higher bands without receiving a pay cut.

FLEXIBLE WORKING | Participants agreed that the ability to have some flexibility around shifts and rotations was very important for staff wellbeing, satisfaction or attracting new people to the profession. At the same time, they acknowledged things like self-rostering would pose a challenge for managers and would require that larger teams are responsible and fair. Regardless, **there was consensus that flexible working pilots should be run across health organisations in Wales**, even if a one-size fits all approach might not fit, and attention should be paid to ensure these policies are enacted in a consistent, fair, and transparent way.

DIGITAL SYSTEMS | Participants echoed complaints and frustrations that we had already heard through the online engagement, to do with the currently used digital systems. Mostly, these had to do with the **lack of interoperable, joined-up systems** that can talk to each other (we heard mention of Trax, Datix and need for better ESR system). They further noted that the **digital infrastructure and equipment they were using were dated**, citing poor WIFI, mobile phones that do not connect to the internet, or laptops that need to be updated. This impedes nursing professionals' ability to participate in virtual, collaborate or exchange information across teams, and access important information. We also heard asks for **digital patient records** to be adopted by both nurses and doctors, for **single sign-ins**. Lastly, multiple breakout groups raised the issue of inclusivity of digital systems and ensuring adequate support, training, and accessibility, especially for the older workforce.



Next steps and getting into action

Getting into action

Next steps and recommendations on how to build on this engagement

01

Spread, evaluate, and educate

- **Familiarise the steering group and key decision makers at HEIW and Health Boards** with this report in full.
- **Evaluate feasibility** of suggested actions and ideas in this report and consider integrating these into the strategic nursing workforce plan and further workforce strategies.
- **Educate** about work and initiatives that are already underway that address emergent requests.

02

Design and hold the next conversation

- **Design the second conversation** using the findings from this report to test what we heard with a larger group of people in the nursing workforce (particularly focusing on healthcare support workers and band 4 nurses).
- **Hold the second conversation** between 8 to 22 August, with an enhanced supporting communications plan.

03

Review, co-create and consult

- **Review the detailed findings** of the second report and integrate feasible ideas and actions into the strategic nursing workforce plan, involving stakeholders where co-creation is feasible.
- **Consult on the strategic nursing workforce plan**, as is currently planned.



Detailed summary of findings

Breakdown and summary of topics and themes in the engagement

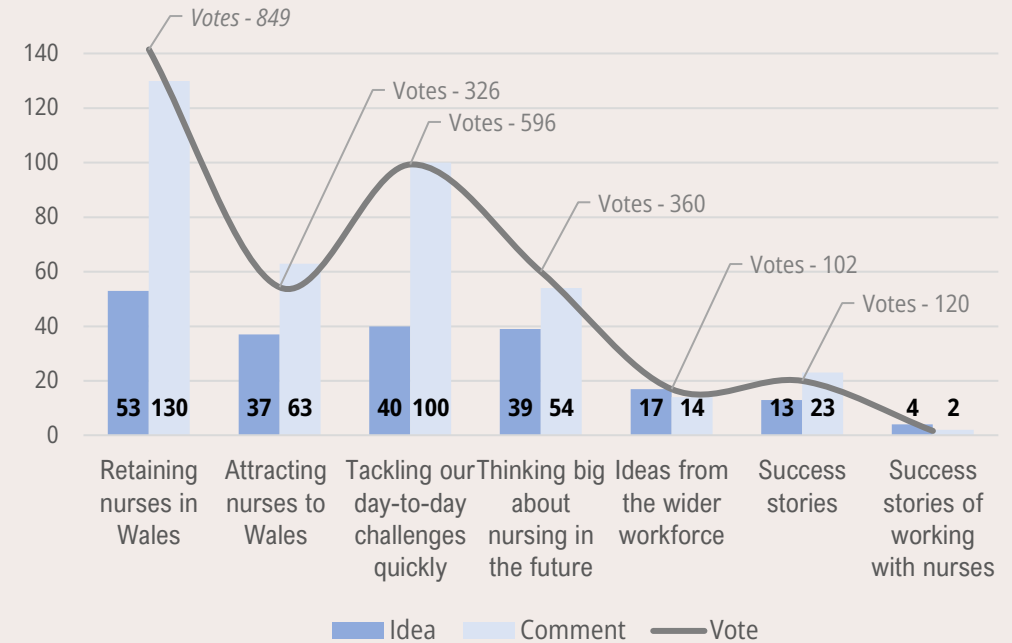
What we asked

We posed five challenge questions to nurses and two challenge questions to other participants in our online conversation, with the aim to help co-create a strategic nursing workforce plan for Wales. We invited nurses in Wales and people from other professional groups to share ideas on how to add the most value to our nursing workforce and the people of Wales. Nurses in Wales are also encouraged to share their day-to-day challenges as well as stories of success.

What we asked:

- **Retaining nurses in Wales:** How do we retain nurses in Wales?
- **Attracting nurses to Wales:** How do we attract new nurses to Wales?
- **Tackling our day-to-day challenges quickly:** What can be done quickly across Wales to address our day-to-day challenges in work?
- **Thinking big about nursing in the future:** What should we be doing now to add the most value to nursing and the people of Wales in the next 5 – 10 years?
- **Success stories:** As we look forward, we also want to build upon a great foundation of success.
- **Ideas from the wider workforce:** Our main conversation is for nurses working in Wales. People who have registered to take part in Our Big Conversation from other professional groups are invited to answer the following question: What should we be doing now to add the most value to our nursing workforce and the people of Wales in the next 5 – 10 years?
- **Success stories of working with nurses:** As we look forward, we also want to build upon a great foundation of success.

Challenge questions by number* of ideas**, comments and votes



* Figures are up to date as of Tuesday, 27th June, 07:00

** Does not include seed ideas added to the conversation prior to its launch

How we analysed the data

Ground-up thematic analysis

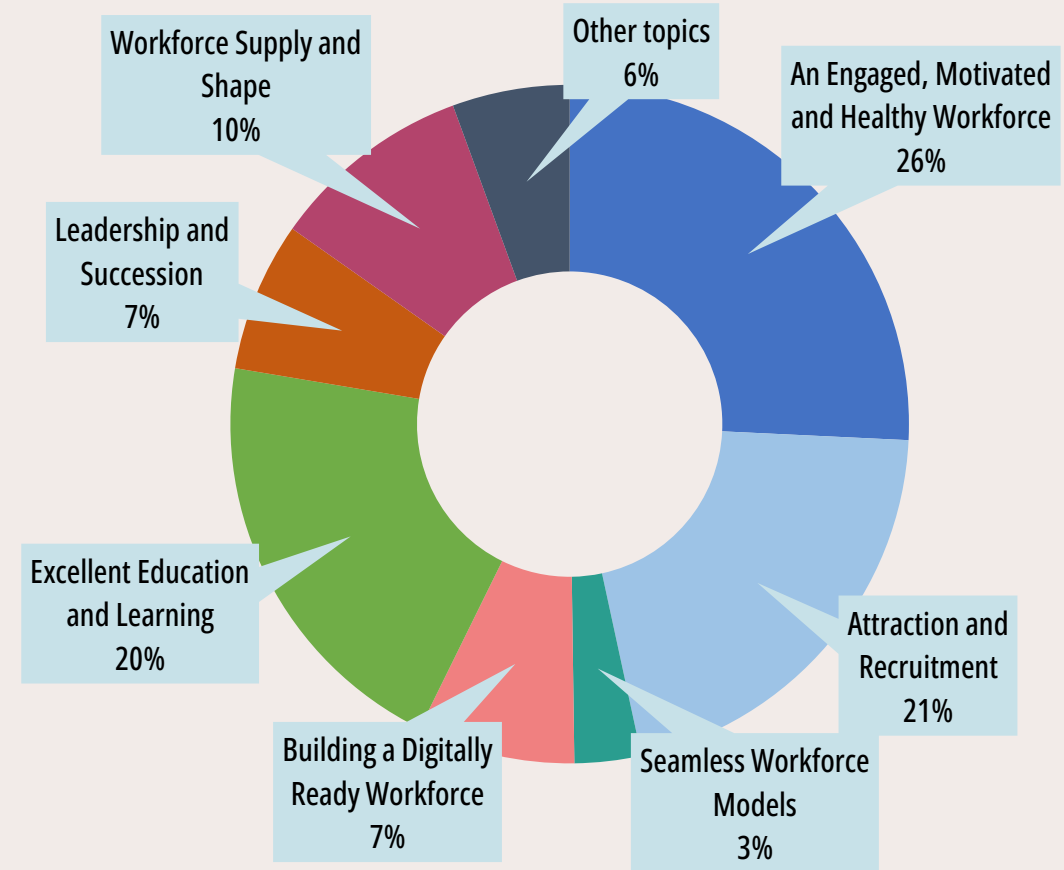
We read and analysed **over 600 written contributions** (ideas and comments), linking each to one or more codes (topics) comprised in our analytical frameworks, to ensure all nuances were captured. A total of **770 coded segments** emerged. We used the **2,360 + votes** (likes and dislikes) cast by participants to weigh the data and direct our analysis.

We used a ground-up thematic analysis to code all written contributions against **48 initial topics**, ladderred up to one of the **7 themes** from the **A Healthier Wales** workforce strategy.

In addition, we noted specific suggestions made by the crowd and summarised each of these as part of this report, according to the topic or theme. These can be found [here](#).

Overview of themes

by share of total contributions*



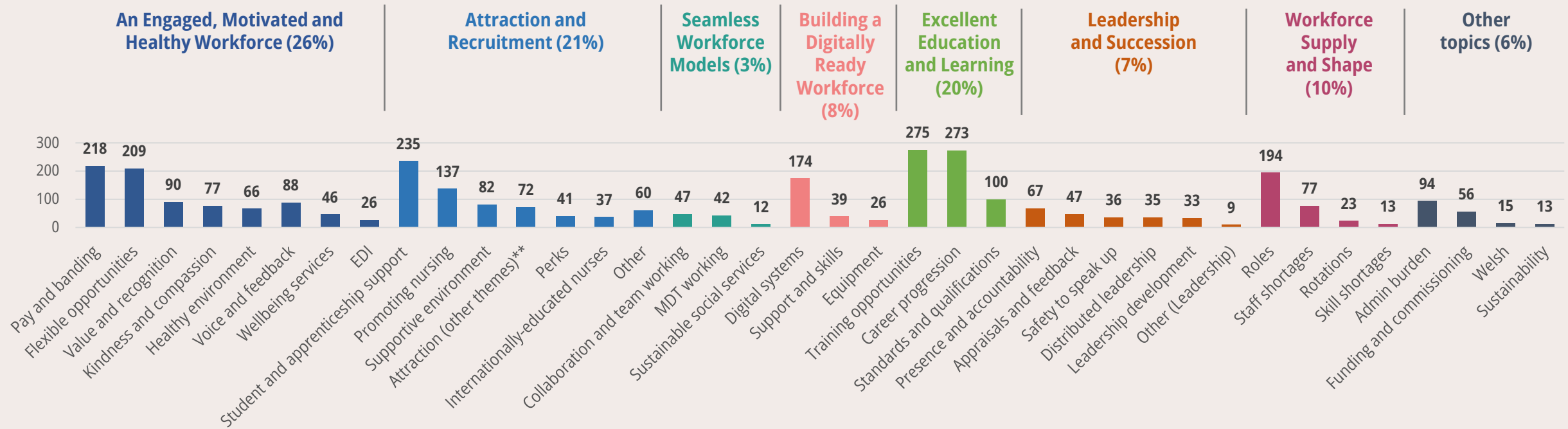
* **Total contributions** stands for the sum total of written contributions (ideas, comments) and votes

Overview of themes and topics

We read and analysed **over 600 written contributions** (ideas and comments), linking each to one or more codes (topics) comprised in our analytical framework, ensuring all nuances were captured.

The adopted ground-up framework was based around on the themes found in the *A HEALTHIER WALES* workforce strategy, with topics assigned to one of the 7 themes (see below).

Overview of themes and topics, by share of total contributions*



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

1. An Engaged, Motivated and Healthy Workforce

Summary of topics under the theme

Overview | An Engaged, Motivated and Healthy Workforce

1. PAY AND BANDING | Participants raised the need for better pay to attract and retain nurses, a desire for separate pay structures and career progression opportunities, concerns about parity and equity in pay, and the recognition and appreciation of nurses through incentives. Further discussion saw suggestions around the simplification of the pay structure, addressing agency staff reliance and expenditure, and ensuring consistency across pay bands.

2. FLEXIBLE OPPORTUNITIES | Participants stressed the importance of an improved work-life balance, support for childcare responsibilities, flexible working options, and predictable shift schedules as drivers for attraction, retention, and job satisfaction.

3. VALUE AND RECOGNITION | Participants asked that nurses' contributions to the healthcare profession receive greater recognition, and that issues they encounter around their working conditions, pay disparity, and the workplace culture that make them feel devalued, are addressed.

4. KINDNESS AND COMPASSION | Many called on the importance of fostering a kind, compassionate, and supportive workplace culture in nursing. Nurses highlighted the need for mutual support, active listening, and addressing issues of hostility, and burnout to improve the overall wellbeing of healthcare

professionals and enhance patient care.

5. HEALTHY ENVIRONMENT | Participants emphasised the need for improved facilities and proper break rooms, and, overall, for creating a comfortable and functional working environment that is essential for the quality of patient care and the satisfaction of healthcare professionals.

6. VOICE AND FEEDBACK | Participants stressed that by valuing the input of staff and providing opportunities for them to be involved in healthcare decision making, organisations can tackle issues related to teamwork and culture, improve morale, foster innovation, and enhance the overall quality of care.

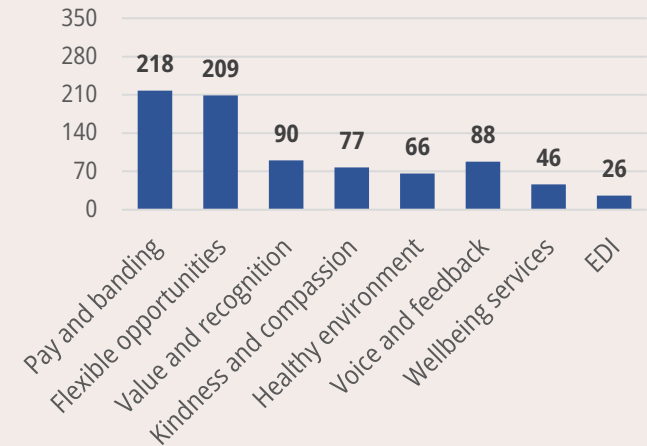
7. WELLBEING SERVICES | Participants discussed the importance of providing emotional support, facilitating debriefing, promoting available support services, addressing workload issues, creating safe spaces for sharing, supporting student nurses, and improving financial wellbeing.

8. EQUALITY, DIVERSITY, AND INCLUSION | Although these topics did not receive a lot of attention from the crowd, we saw participants bring up addressing workplace hostility, the value in attracting diverse talent, reducing inequalities in healthcare access, and valuing the contributions of nurses from different backgrounds.

An Engaged, Motivated and Healthy Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

180+ ideas and comments | 640 votes | 26% of total contributions*



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

In-depth: Pay and banding

Participants raised the need for better pay to attract and retain nurses, a desire for separate pay structures and career progression opportunities, and concerns about parity and equity in pay. Further discussion saw suggestions around the simplification of the pay structure, addressing agency staff reliance and expenditure, and ensuring consistency across pay bands.

Need for better pay – There was consensus among participants in the conversation that nursing needs to be better paid to attract more people into the profession. Comparisons were made with other industries and professions, where individuals can earn similar or higher wages with less education and without the responsibility associated with nursing. Equally, the NHS currently finds it difficult to compete with private healthcare, which offers better rewards and more development opportunities.

Pay structure and Agenda for Change – A suggestion embraced by the crowd was taking nurses out of Agenda for Change and introducing their own pay structure separate from non-clinical workers who also enjoy progression opportunities. Furthermore, there was a call for parity and fairness in pay across different roles and levels within the nursing profession. Concern was raised that some management positions are on the same pay scale as nurses, despite differences in responsibilities and qualifications, or that rising in nursing bands did not necessarily mean better remuneration.

Agency staff and overtime pay – Another idea met with strong support from the crowd was phasing out the reliance on nursing agencies and diverting the money paid to them to increasing the wages to NHS staff. Participants argued that paying higher overtime rates and providing incentives for staff would reduce the need for agency staff by improving retention, as well as in some cases leading to better continuance of care, improved discharges, and others.

“

My friends/family that do not work within the NHS are paid disproportionately more than myself, with less education and training, less hours worked, less professional responsibility and far more perks.

”

In-depth: Flexible opportunities | Value and recognition

Participants stressed the importance of an improved work-life balance, support for childcare responsibilities, flexible working options, and predictable shift schedules. These, together with improved recognition for the contributions of nurses across all specialisations and a supportive, constructive culture were seen as key drivers of attraction, retention, and job satisfaction.

Childcare and caring responsibilities – The idea of introducing more childcare facilities, particularly ones that cover late and early shifts, was met with a lot of support. In general, participants called for acknowledging the importance of accommodating family and community responsibilities and recognising the needs of nurses in order to attract and retain them in the profession.

Flexible shift patterns – We heard suggestions for offering more flexibility in shift patterns, including options for shorter shifts, evenings, nights, and weekends, to accommodate personal preferences and individual circumstances. Improved shift planning was thought to be necessary to address the stress, poor work-life balance, difficulties with childcare, and negative health effects caused by the unpredictable and rotating shifts. Fixed rosters, set working days, early release of schedules, or the possibility of shorter shift patterns were thought to have potential in providing greater work-life balance or even improving patient care.

Positive feedback and culture change – Participants expressed the need for more constructive positive feedback, recognition of good work and successes, and a supportive culture fostering kindness and compassion among colleagues. On the opposite side, a culture of blame that only highlights problems and failures, undermines nurses' contributions and sense of value.

Recognition of the various nursing fields – Participants highlighted the need for recognition and appreciation for specialised nursing roles – such as district, prison, or learning disability nursing – which all have their diverse set of skills, responsibilities and impact they make in their field.

“

We care for our families and communities, so we need to be able to work in ways that make that easier.

”

In-depth: Supportive culture | Healthy environment

Many called on the importance of fostering a kind, compassionate, and supportive workplace culture in nursing. Nurses highlighted the need for mutual support, active listening, and addressing issues of hostility. At the same time, participants emphasised the need for improved facilities and break rooms, and, overall, for creating a comfortable and functional working environment. Both of these are important for the delivery of quality of patient care and the satisfaction and wellbeing of healthcare professionals.

Promoting compassion and support among colleagues – Multiple participants put forth ideas that called for greater support for colleagues, camaraderie, and adopting a human approach to each other. They called for listening to others, addressing hostility between staff, teams, and management, promoting kindness, fair treatment, and eliminating discrimination. Some suggested research or holding workshops into the culture of nursing, exploring issues of bullying and misconduct and the idea that “nurses eat their young”, ultimately promoting a more united and professional workplace.

Improved facilities and basic needs – Participants highlighted the importance of having access to basic facilities, such as lockers, water coolers, and adequate break rooms with proper tables and chairs. Having better facilities and ensuring staff’s basic needs are met can significantly improve their mood, morale, and overall well-being. Alongside providing the necessities listed above, poor working conditions – such as issues with toilets, lack of ventilation, or poor hygiene standards - were all mentioned together as contributing factors to the poor retention rates or to failure to attract new nurses.

“

If nurses aren’t looked after and can’t care for each other and ‘contain’ our colleagues, how can we care for and ‘contain’ our service users [...]

”

In-depth: Voice and feedback | Wellbeing | EDI

The several topics below are comprised by over 40 written contributions, discussing the importance of valuing the input of staff to tackle issues related to teamwork and culture, improving morale, fostering innovation, and enhancing the overall quality of care of; providing emotional support, facilitating debriefing, promoting available support services, addressing workload issues, creating safe spaces for sharing, and improving financial wellbeing; and of addressing workplace hostility, attracting diverse talent, reducing inequalities in healthcare access, and valuing the contributions of nurses from different backgrounds.

Voice and co-creation – Participants called on managers and leaders to listen to the ideas and perspectives of healthcare staff (both nurses and support workers) and to actively involve them in decision making, empowering them to make appropriate changes. Moreover, they urged sharing decision-making processes with staff and being open, honest and transparent, to encourage new ideas and work practices.

Debriefing and safety to speak up – It was suggested that there is a need for regular debriefing sessions to allow healthcare workers to decompress before leaving work and boost their confidence, resilience, and overall wellbeing. Emotional support, including discussions about decision-making and clinical supervision, is crucial for nurses to feel safe in their roles, and safe to express their feelings and concerns to managers and colleagues. Creating safe spaces and opportunities for nurses to discuss their experiences and emotions promotes overall wellbeing.

Promoting and increasing utilisation of support services - Various resources and support services are available to healthcare workers to help them stay well and seek assistance when needed. The focus should be on promoting these services and increasing their utilisation to support staff wellbeing.

Equality, diversity and inclusion – Participants shared a variety of ideas under this collective topic, ranging from fostering an environment free of discrimination to parity of pay and opportunity, raising awareness around nursing to attract people from diverse and underrepresented backgrounds, addressing equitable access to healthcare through proactive, collaborative services in the communities, investing in career development for nurses from BAME backgrounds or internationally educated nurses in order to enhance their sense of belonging, and others.

“

If we are to retain staff it is essential that we start listening to them, truly listening, to their ideas and the way that they want to work and changes they want to make to improve patient outcomes.

”

2. Attraction and recruitment

Summary of topics under the theme

Overview | Attraction and Recruitment

1. STUDENT AND APPRENTICESHIP SUPPORT

Contributions under this topic underscored the importance of flexible training pathways, adequate funding for student nurses' placements, bursaries, and access to education, NHS-led access to nursing courses and encouraging applications from within the communities they serve, recognition of non-registered roles, and improving the learning experiences for students, addressing issues around overworking, pay, and sick leave.

2. PROMOTING NURSING

Participants emphasised the need for comprehensive promotion of nursing in Wales as a rewarding and secure career, changing public perceptions, creating awareness about the role and the important contributions of both general practitioners and highly specialised nurses. They made many specific suggestions on how to approach this, summarised [here](#).

3. SUPPORTIVE ENVIRONMENT

Participants suggested the need for comprehensive induction programs, preceptorship, mentorship, and ongoing support to ensure the success and retention of newly qualified healthcare professionals.

4. PERKS

Participants put forth various ideas regarding perks, incentives, and benefits that could help attract people to the nursing and healthcare profession. These include, among others, long service leave, reduced childcare rates, various discounts and passes, free hospital parking, National Trust membership, affordable accommodation. Further, nursing professionals should be better informed of which perks and benefits are available to them (e.g. free prescriptions).

5. INTERNATIONALLY EDUCATED NURSES

Participants discussed a comprehensive and ethical approach to recruiting and supporting nurses from outside Wales or outside the UK, emphasising the need for tailored programmes, standardised processes, and safeguards to ensure successful integration and development of internationally educated nursing professionals.

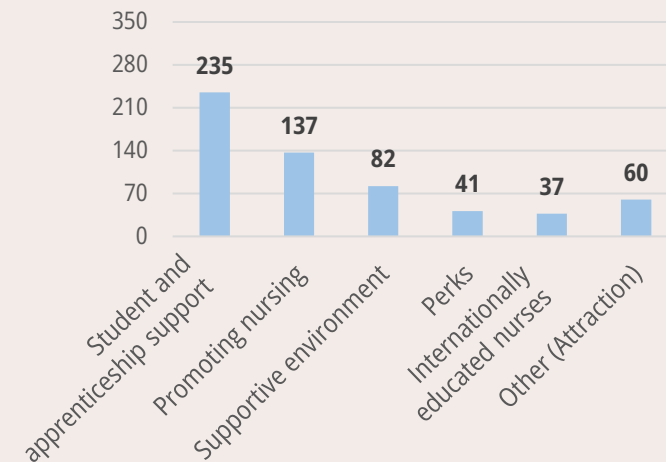
6. OTHER (ATTRACTION)

Various posts emphasised the important role that fair and competitive pay, professional development opportunities, flexible working, and good working conditions play in attracting new nurses.

Attraction and Recruitment

Breakdown by engagement numbers and themes, ranked by total contributions*

145+ ideas and comments | 445 votes | 21% of total contributions*



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

In-depth: Student and apprenticeship support

Contributions under this topic underscored the importance of flexible training pathways, adequate funding for student nurses' placements, bursaries, and access to education, NHS-led access to nursing courses and encouraging applications from within the community, recognition of non-registered roles, and improving the learning experiences for students, addressing issues around overworking, pay, and sick leave.

Training pathways – Participants advocated for flexible training programmes that support unqualified staff to become qualified nurses, allowing them to train while working, alongside more flexible routes into nursing to accommodate individuals with different backgrounds and experiences. Alongside calls for the recognition of the skills and contributions of healthcare support workers and assistant practitioners, we heard about the need for career progression pathways for non-registered nursing roles.

Funding and access to education – The need for more funded placements for student nurses was emphasised, with the aim of making the profession more attractive and accessible. The suggestion of bringing back bursaries for nurses in Wales was also put forward. Entry requirements into nursing programs were described as restrictive, and there is a call for greater flexibility to widen access. One somewhat divisive idea was to bring back old-style training and enrolled nurses, which could ensure a balance between academic knowledge and practical skills and attract those that see going through a poorly-paid HCSW role first as an obstacle to joining the nursing field. Lastly, it was suggested allowing supporting staff from the private sector to undertake nurse training and considering assistant practitioner to registered nursing associate programs.

Placements and learning experiences – The need for high-quality placements and improving the learning experiences of student nurses was also emphasised. Ideas and comments raised concerns about overworking and underpaying student nurses, as well as the impact of sickness absence on their training.

“

My friends/family that do not work within the NHS are paid disproportionately more than myself, with less education and training, less hours worked, less professional responsibility and far more perks.

”

In-depth: Promoting nursing | Supportive environment

Promoting the nursing profession – The number of suggestions participants made around promotion of the nursing profession and the support these received (in the form of votes) made clear that a lot of work must go into familiarising the public with what nurses do, change misconceptions around the field, and educate, encourage, and attract new talent. A lot of these ideas are summarised [here](#). Suggestions included national campaigns across all media platforms, celebrating non-traditional areas of nursing, engaging with schools and offering work experience placements, widely advertising various nursing opportunities, promoting school and college involvement in care settings, and many others.

Supportive environment – Ideas under this topic deal with supporting new starters and newly qualified nurses and healthcare workers through mentorship, the sharing of experiences and personal career journeys, an All-Wales Preceptorship programme with specialist content, establishing educational hubs and MDT training programs, and ensuring protected time for things including induction or completing booklets. A comprehensive approach and ongoing support when it comes to new starters would raise quality of care, ensure long term success and better retention of the newly qualified healthcare professionals.

“

I feel that an economic evaluation of what we add to the economy would help reframe the public perception of nursing. Simply, the more people we get and keep in work, the better Wales might be economically.

”

In-depth: Perks | Internationally educated nurses

Participants put forth various ideas regarding perks, incentives, and benefits that could help attract people to the nursing and healthcare profession. They also outlined the importance of a comprehensive and ethical approach to recruiting and supporting nurses from outside Wales or outside England.

Perks – Ideas under the topic made a case for introducing a comprehensive package of perks, incentives, and benefits to make the nursing and healthcare profession more attractive. These include, among others, long service leave, reduced childcare rates, various discounts and passes (e.g. supermarket, council tax discount, transport pass), free hospital parking, National Trust membership, and affordable accommodation for young people. Further, nursing professionals should be better informed of which perks and benefits are available to them (e.g. free prescriptions). Related to that, participants in our focus group workshops brought up the issue of pensions and the need for better education around the current state of nurses' pension plans.

Internationally educated nurses – A small number of ideas discussed the topic of international nurses' attraction, development, and retention. By far the most supported among these was a call for redirecting resources used to recruit abroad to growing the nursing workforce internally by running NHS-led access to nursing courses and supporting a variety of qualification models, with the argument that foreign-recruited nurses have poor retention rates. Others offered the counter-argument that this is not a viable approach given short-term pressures or even long-term reliance on a single approach. Other ideas and comments under the topic sought to address the very same problem of low retention, emphasising the need for tailored programs, standardised processes, and safeguards that ensure the successful transition, integration, and development of international nursing professionals, while also ensuring parity of skills and experience.

“

One solution, such as domestically educated nurses, will never be enough. We need multiple routes including Return to Practice, International OSCE, Grow your own...

”

3. Seamless Workforce Models

Summary of topics under the theme

Overview | Seamless Workforce Models

1. COLLABORATION AND TEAM WORKING

Under this topic, participants called attention to the need for effective collaboration (e.g. exchange of information) and teamwork between nursing, social services, and other healthcare professionals to provide comprehensive and efficient care to patients. Ideas and comments highlighted the need for improved processes, proactive approaches, and supportive environments that value and nurture all team members. A few posts also brought up the identity of nurses as a member of a nursing team that work together to make a difference for the health and wellbeing of people – an identity that has been lost with the rise of experts with a narrow focus.

2. MDT WORKING

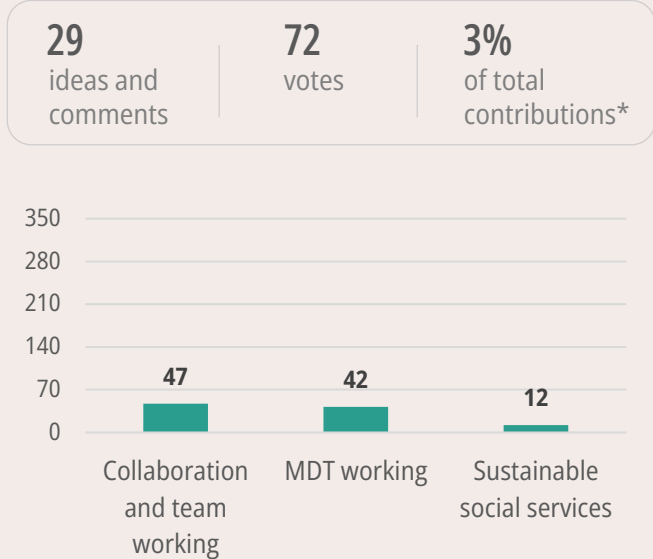
Participants called for more integrated working within the community, with multidisciplinary team discussions and efficient problem solving, as well as better multi-disciplinary learning opportunities for nurses in order to give them a stronger understanding of the contributions of other healthcare professions, foster collaboration and create a more cohesive system. Multi-disciplinary team collaboration and integrated working were mentioned as having a role in reducing inequalities in accessing healthcare and in achieving efficient and patient-centred care.

3. SUSTAINABLE SOCIAL SERVICES

A small group of participants agreed that an improvement and investment in social care nursing, in the form of a project manager role that could communicate needs and secure funding, or by having more joined up discussions about the role and its challenges, would improve care and lead to reduced rate of hospitalisation. A career pathway for nurses in social care would encourage consideration of careers in the sector.

Seamless Workforce Models

Breakdown by engagement numbers and themes, ranked by total contributions*



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

4. Building a Digitally Ready Workforce

Summary of topics under the theme

Overview | Building a Digitally Ready Workforce

1. DIGITAL SYSTEMS

A majority of participants who engaged with this topic focused on the issues with systems currently in use, rather than the need for upskilling, support, or better equipment. System efficiency, standardisation, interoperability, and greater investment in digital infrastructure to improve record-keeping, reduce duplication, and enhance usability were frequently brought up. There was consensus that Wales should work to catch up with technological advancements and strive for a more user-friendly and integrated digital healthcare landscape.

2. SUPPORT AND SKILLS

Participants highlighted the need for improvements in digital skills and access to resources in order to enhance efficiency and collaboration. They stressed the provision of the necessary tools, training, and support as necessary to enable nurses to make use of new technology and contribute to advancements in patient care.

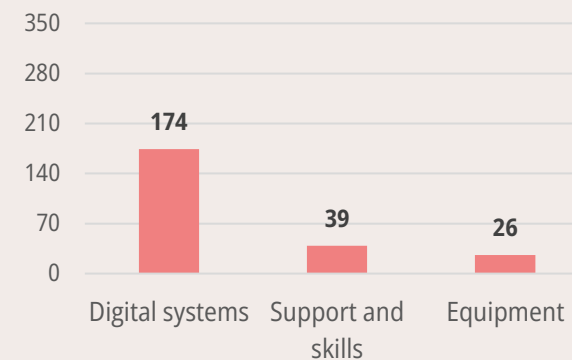
3. IT EQUIPMENT

Participants underscored the importance of functional computers (and other technologies) in sufficient numbers for staff to use. Access to the internet and email, which many, particularly new starters or Bands 2 to 4 staff, do not always have are a critical resource for engaging with research, audit, and other professional duties such as CPD, evidence-based practice, networking, and collaborating.

Building a Digitally Ready Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

45+ ideas and comments | 191 votes | 8% of total contributions*



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

In-depth: Digital Systems

A majority of participants who engaged with this topic focused on the issues with systems currently in use, rather than the need for upskilling, support, or better equipment. System efficiency, standardisation, interoperability, and greater investment in digital infrastructure to improve record-keeping, reduce duplication, and enhance usability were frequently brought up. There was consensus that Wales should work to catch up with technological advancements and strive for a more user-friendly and integrated digital healthcare landscape.

Efficiency and duplication – The most supported ideas across the topic of digital systems dealt with the need for efficient IT systems and processes, reducing the duplication of tasks across different software products, and improving response times, the heavy and unfriendly databases, and the limitations people meet with when it comes to information sharing. Participants specifically brought up the need for single sign-in, the overlap between WNCR, Welsh PAS, WCP and other systems such as those used by community nursing, and the slowness of TRACS for recruitment.

Wales IT strategy and infrastructure improvement – Some posts noted that Wales is falling behind others when it comes to IT infrastructure and keeping pace with technological developments, noting the lack of efficient documentation and record keeping, electronic prescribing, or producing discharge letters on a tablet or computer. Participants also stressed the lack of a unified IT strategy, with one example being Health Boards going in different directions with efforts to develop digital patient record solutions. Adding new digital products that do not replace old ones and not ensuring these can efficiently communicate with existing solutions might offer only minor improvements or, worse, exacerbate the issues with duplication, overlap, and inefficiencies. One idea also brought up the need to investigate how AI advancements can be leveraged in addressing existing issues, with processes such as bed management, discharge, off-duty creation and recruitment being systems that could benefit from artificial intelligence solutions.

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How much nursing time could we save, every min, every hour, every year across every NHS Wales organisation with technology that already exists. We wouldn't have the nursing shortages if we were more efficient.

”

5. Excellent Education and Learning

Summary of topics under the theme

Overview | Excellent Education and Learning

1. TRAINING OPPORTUNITIES

Overall, contributions under the theme emphasised the need for increased training opportunities, protected and guaranteed study time, and a greater focus on specialised areas of nursing and the specific skillsets associated with them. We saw calls for better funding, access to resources, and recognition of the unique challenges and experiences of the various nursing roles. Secondment opportunities and rotational posts tailored to individual preferences and goals were brought up.

2. CAREER PROGRESSION

Under this topic we saw a range of ideas and concerns related to career development and progression opportunities for healthcare professionals, with an emphasis on providing diverse pathways for growth for nurses and healthcare support workers, including allowing them to remain in clinical, patient-facing roles. There is a desire for fair and transparent processes that value nurses in their respective roles and specialties. A comparison was made with the private sector, which currently offers better CPD opportunities, and negatively impacts attraction and retention rates.

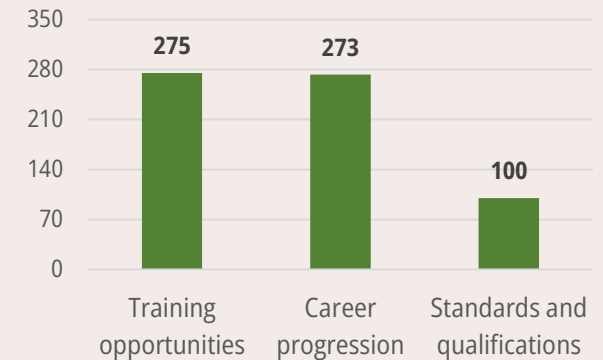
3. STANDARDS AND QUALIFICATIONS

Under this topic participants stressed the need for recognition and utilisation of skills and competencies staff and newly qualified nurses have already acquired at other institutions, thus reducing the waste of time and money reassessing these and optimising the use of the NMC Future Nurse Standards in practice. Other calls included ensuring mandatory training is relevant and specific, as well as the implementation of an all-Wales electronic portfolios for skills.

Excellent Education and Learning

Breakdown by engagement numbers and themes, ranked by total contributions*

130+ ideas and comments | 555 votes | 20% of total contributions*



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

In-depth: Training opportunities

Training opportunities and professional development were the most frequently encountered topic of discussion in Our Big Conversation. We saw a variety of suggestions on how to improve nurses' access to these opportunities and in so doing, boost retention, attraction, and job satisfaction rates.

Specialisation-specific training - Nurses in specialised areas, such as children's nursing and mental health nursing, should receive focused training to ensure high-quality care. Generic nursing programmes may not adequately prepare nurses for specific patient populations. Another example is prison nursing requires specific, wide-ranging training and understanding of the unique challenges and risks involved. The lack of recognition for specialist nursing fields, as well as professional support and training across necessary skills has contributed to a decline in patient care, outcomes, and staff wellbeing across a number of these areas.

Research and academia - Nurse training should be reviewed to provide more clinical-based courses, research placements, and ongoing development of evidence-based practice. Further, Nurses should have the opportunity to work clinically and educate in universities, maintaining their skills, contributing to contemporary education, and fostering a better balance between academia and clinical practice.

Protected time for study - Nurses should have protected time for study and professional development, similar to annual leave, with a minimum requirement for mandatory training and post-graduate education. This demonstrates the value placed on education and development.

Support for education and training - Participants stressed the importance of supporting nurses in pursuing education and training. They highlighted the need for opportunities to complete courses, postgraduate study, and micro-credentials over time, rather than requiring full master's programmes. It is also suggested that nursing career planning meetings should be provided to help nurses make informed decisions about their future paths.

Healthcare support workers - HCSWs should receive more training opportunities to enhance their competencies and effectively assist patients. The acquisition of additional skills should be reflected in their pay to incentivize learning and skill development.

Funding training programmes – Funding for training, particularly for trainers within Health Boards/Trusts and Primary Care Academies, would be beneficial to improve education delivery.

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[...] encourage nurses to develop specialist roles and be creative and then respect them for it.

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In-depth: Career progression

Lack of progression opportunities - Participants in the conversation feel that many staff, including healthcare support workers (HCSWs), have limited opportunities for career advancement and progression. They often reach a ceiling in their career unless they become qualified nurses. This sentiment extends to qualified nurses themselves, who often seem to take on roles beyond their banding without proper recognition and out of necessity and often their only avenue for career progression is to move into managerial or leadership roles, which not all nurses aspire to. Many expressed a desire to develop advanced skills, specialise, and continue working directly with patients. This lack of growth opportunities leads to frustration and potential staff retention issues. The challenge for NHS Wales is to create career journeys that cater to the diverse aspirations and preferences of healthcare professionals. We saw calls for developing advanced nurse practitioners, clinical nurse specialists, and consultant nurses in different specialties, providing relevant courses and experiences, and offering more training and support to transition into both these specific roles or into managerial posts. Clinical or managerial routes should be available for professional development, allowing individuals to acquire specific skills to advance services. Nurses should be encouraged to pursue personal growth, lead or participate in research, and develop specialist roles. Creating a "can do" culture and respecting nurses' initiatives and creativity will improve staff retention. Investing in this will counter the currently better continuing professional development (CPD) opportunities in the private sector, which, alongside higher pay, are a contributing factor of attracting nurses away from the NHS. Finally, organisations should provide secondment opportunities and rotational posts, tailored to individual preferences and goals, for nurses to develop diverse skills, enhance services, and progress in their careers.

Rotational posts and exposure to different specialties - The idea of having rotational posts between different clinical specialties was brought up several times. These would give nurses the opportunity to gain exposure to various areas, broaden their perspective, and provide them with a better understanding of the challenges faced across the healthcare system.

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We don't all want to move into managerial and leadership roles as we progress. We want to develop advanced skills, specialise and keep working with patients.

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In-depth: Standards and qualifications

Protected time for study - Nurses should have protected time for study and professional development, similar to annual leave, with a minimum requirement for mandatory training and post-graduate education. This demonstrates the value placed on education and development.

Healthcare support workers - HCSWs should receive more training opportunities to enhance their competencies and effectively assist patients. The acquisition of additional skills should be reflected in their pay to incentivize learning and skill development.

Prison nursing - Prison nursing requires specific training and understanding of the unique challenges and risks involved. The lack of recognition as a specialist field, professional support, and training has led to a decline in patient care, outcomes, and staff wellbeing in this field.

“

How much nursing time could we save, every min, every hour, every year across every NHS Wales organisation with technology that already exists. We wouldn't have the nursing shortages if we were more efficient.

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6. Leadership and Succession

Summary of topics under the theme

Overview | Leadership and Succession

1. PRESENCE AND ACCOUNTABILITY | Participants in the conversation made clear their desire for managers and leaders to have a better understanding of the daily challenges faced by nurses, to be more supportive and visible, and to prioritise the welfare and needs of the nursing staff. We saw calls for improved communication, involvement, and mutual understanding between managers and nurses, creating a more effective and supportive work environment.

2. APPRAISALS AND FEEDBACK | Ideas under this topic suggested the adoption of a two-way evaluation process which will give nurses the opportunity to evaluate their managers and provide constructive feedback. It was suggested implementing 360-feedback can make them a part of a fair and transparent system that promotes professional growth, recognition of good management practices, and ultimately leads to improved relationships and better outcomes for both nurses and patients.

3. SAFETY TO SPEAK UP | Participants made clear the importance of psychological safety and nurses' ability to speak up, share concerns, and report incidents without fear of retaliation or reprisal for creating a supportive work environment. They highlighted the need for transparency, accountability, and effective management to create an environment that values open communication and prioritises the wellbeing of both healthcare professionals and patients.

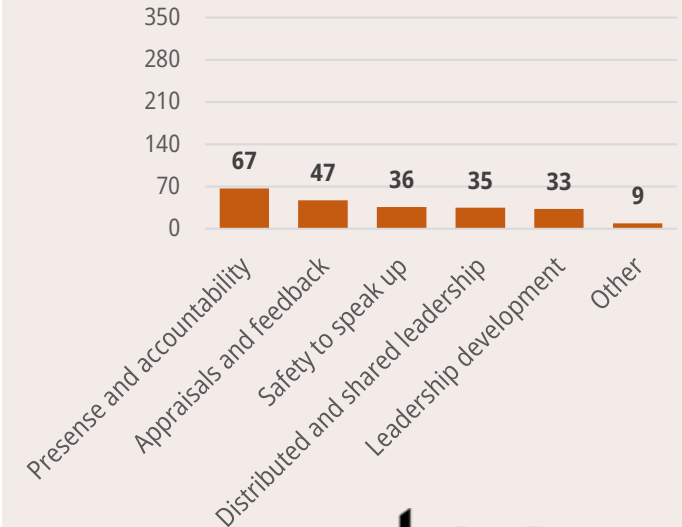
4. DISTRIBUTED AND SHARED LEADERSHIP | Contributions under this topic underscored the significance of distributed leadership, empowering nurses, and creating an environment where clinical decision-making is valued, supported, and driven by those closest to the patient. They called for cultural shifts, supportive leadership practices, and the active involvement of nurses in shaping the future of healthcare.

5. LEADERSHIP DEVELOPMENT | Participants spoke of the need for greater investment in leadership and management training, creating specific pathways for career progression, and ensuring that managers possess the necessary clinical knowledge and skills. They emphasised the need for a supportive and effective leadership culture that promotes development, values nurses' contributions, and aligns with the evolving needs of the healthcare system.

Leadership and Succession

Breakdown by engagement numbers and themes, ranked by total contributions*

55+ ideas and comments | 172 votes | 7% of total contributions*



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

7. Workforce Supply and Shape

Summary of topics under the theme

Overview | Workforce Supply and Shape

1. ROLES AND RESPONSIBILITIES

Contributions under this topic were quite varied in nature, bringing up the need for redefining existing roles, creating new pathways, and providing new opportunities for career development and progression in order to enhance the nursing profession and improve patient care. These included redefining and promoting the role of nurse consultants; the creation of acute medical nursing outreach teams; the introduction of the Nursing Associates role in Wales; the creation of non-clinical HCSW roles focused on administrative and equipment management tasks; more career pathways for specialisation and advancement and reimagined traditional roles and scopes of practice (such as dual qualifications and interdisciplinary roles); providing clarity on student nurses' roles; and others.

2. STAFF SHORTAGES

Participants highlighted the need for adequate staffing, improved support, and recognition of healthcare professionals' skills in order to address reliance on agency staff, poor skills mix issues, ensure patient safety, and reduce workforce stress. Among the suggestions we heard were a revision of the Staffing Act, a government-level urgent review of demand and capacity across acute and community services, or creation of new support roles to mitigate gaps in service provision.

3. ROTATIONS

Ideas and comments under this topic revolved around the challenges and benefits of rotational posts, the need for incentives, support, or safety measures when floating to unfamiliar environments, considerations for fixed rotas and scheduling, and the importance of individualised approaches to rotations and skill development in nursing.

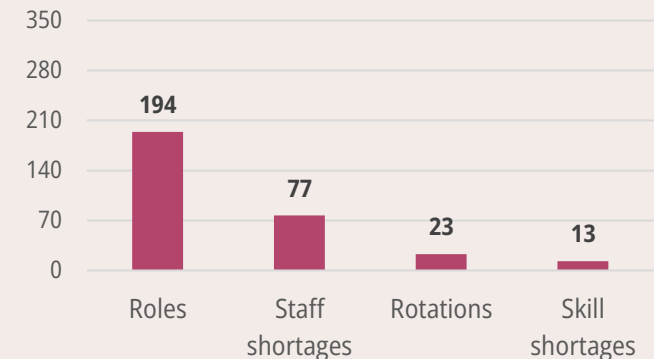
4. SKILLS SHORTAGES

Participants brought up several issues related to skill shortages, disparities, and the need for standardisation. These include boards that are eliminating specialist services and devaluing the expertise of specialised nurses; a significant disparity in skills and standards across Wales that can lead to unsafe practices; and job descriptions within Health Boards that often lack specificity, resulting in lower-grade staff being expected to cover for higher-grade managers and perform tasks beyond their scope. This latter practice masks service gaps and unfairly burdens lower-grade staff.

Workforce Supply and Shape

Breakdown by engagement numbers and themes, ranked by total contributions*

280+ ideas and comments | 1080+ votes | 10% of total contributions*



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

In-depth: Roles and Responsibilities

Contributions under the topic were quite varied in nature, bringing up the need for redefining existing roles, creating new pathways, and providing new opportunities for career development and progression in order to enhance the nursing profession and improve patient care. These included redefining and promoting the role of nurse consultants; the creation of acute medical nursing teams; the introduction of the Nursing Associates role in Wales; the creation of non-clinical HCSW roles focused on administrative and equipment management tasks; more career pathways for specialisation and advancement and reimaged traditional roles and scopes of practice (such as dual qualifications and interdisciplinary roles); providing clarity on student nurses' roles; and others.

Re-evaluating traditional roles - Traditional nursing roles should be re-evaluated to match the needs of the present. This may involve embracing new roles and expanding non-registrant positions in care environments. By doing so, nurses can focus on the tasks they are trained for. Further, commissioning Education and training programs to upskill HCSWs, nurses, and allied health professionals would help reimagine traditional roles and expand scopes of practice to meet the broader needs of patients, such as dual qualifications and interdisciplinary roles.

Nurse consultants – Participants supported an idea that called for redefining and promoting the role of nurse consultants to ensure powerful nurses are in high positions to advocate for the profession. Nurse consultant positions should be promoted in all areas of nursing, not just where a clinical need is identified.

Registered nurse associate roles – We saw multiple suggestions around introducing registered nurse associate roles in Wales. These roles would provide career progression opportunities for healthcare support workers (HCSWs) and bridge the gap between HCSWs and nurses. It was suggested nurse associates would contribute to various aspects of care and administration, working under the guidance of registered nurses.

Acute nursing medical outreach teams - There is a need for acute medical nursing teams that can triage, assess, diagnose, and plan treatments for patients with mental health illnesses and dementia. This approach would allow patients to stay in familiar environments and reduce unnecessary admissions to acute medical units.

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Embracing new roles and encouraging non-registrant roles in environments of care will enable nurses to undertake the role they studied for.

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8. Other topics

Summary of topics that were raised in the Conversation but do not fall under one of the seven themes of the *A Healthier Wales* plan

Overview | Other topics

1. ADMIN BURDEN

Multiple participants throughout the engagement expressed concerns about spending too much time on non-nursing tasks, particularly paperwork and repetitive documentation. While some acknowledged the importance of administrative tasks for risk management and quality improvement, they also questioned whether the right balance had been struck. Administrative burdens are acutely felt with the amount of paperwork following interactions with patients, with recruitment processes, with duplication and overlap of IT systems, with scrutiny and regulation around innovation and improvement, all of which eat away at time that would otherwise be focused on direct patient care. While most expressed their frustration with the situation, some ideated solutions, such as a new, admin-focused HCSW role.

2. FUNDING AND COMMISSIONING

Participants called for the establishment of funding opportunities for research on pressing nursing and interprofessional issues and supporting evidence-based practice, in order to adapt to the changing healthcare landscape. This will require improving the number of researchers with nursing qualifications. We saw contributions that expressed frustration with delays

caused by waiting for commissioning decisions. They proposed removing discussions about funding from the front line, consolidating budgets to reduce bureaucratic delays, and streamlining the process for service development so as to avoid ideas getting lost in administrative red tape.

3. WELSH

We heard ideas and comments from both proponents of Wales as a bilingual healthcare system, as well those that expressed concern that Welsh is seen as an obstacle for professionals from outside Wales looking to join the nursing workforce. Participants in the focus groups were adamant that command of Welsh, even if basic, is vital in the healthcare setting, particularly in the fields of mental health and elderly nursing. They volunteered some 'easy wins' on integrating Welsh in the workplace, detailed [here](#).

4. ENVIRONMENTAL SUSTAINABILITY

We saw support for the idea of involving nurses (who make up one of the largest portions of the workforce) in projects such as "Lets not Waste". It was suggested that failure to do so would leave NHS emissions targets out of reach. Going further, environmental sustainability should be included in every module of training, job description, and appraisal in order to support the NHS Net zero goal.

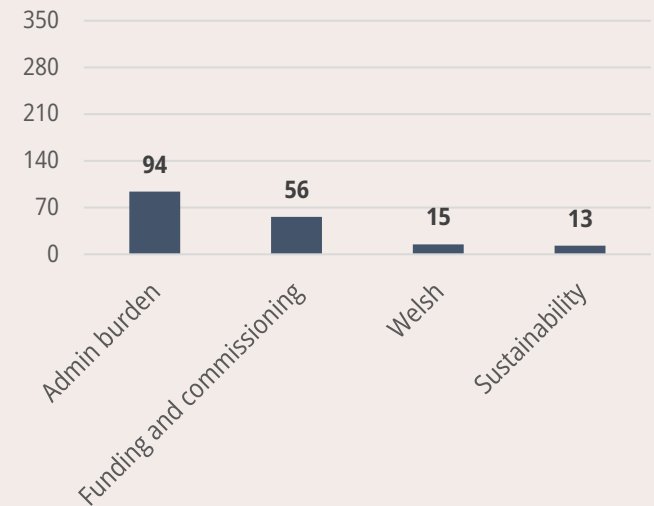
Other topics

Breakdown by engagement numbers and themes, ranked by total contributions*

81+ ideas and comments

159 votes

6% of total contributions*



9. Success stories

What participants shared as personal achievements or positive outcomes in working with nurses

In-depth: Success stories

Nurse participants shared their own stories of what has helped them feel supported, develop, and succeed throughout their careers – among these we heard about:

- The value of support for students in the form of access to scholarships, learning time, multi-disciplinary hubs, secondment opportunities, and flexible arrangements;
- The value of holding daily team meetings and debriefings, having open-door policies, and adopting de-escalation methods, which all help to foster a positive team culture;
- The success of developing time-saving and efficient record-keeping methods, allowing more time to be spent on patient care.
- The success of multi-disciplinary team meetings in the community that help reduce administrative burdens and improve care delivery;
- The value of having flexible roles for nurses nearing retirement, allowing them to mentor, plan service improvements, develop new services for patients, and support frontline staff;
- Praise for the *Climb Wales* leadership programme, which develops compassionate nurse leaders;
- The success of adopting proactive, rather than reactive care approaches, especially in frailty nursing for the elderly.

In addition, we heard from doctors and HCSWs who praised nurses' professionalism, qualifications, and skills, highlighting the impact they have had on their own career development. Nurses often provided support to doctors in training who needed a community when encountering the realities of medical practice for the first time or encouraged HCSWs to train as nurses through inspiring them with their personal commitment and dedication.

Doctors and AHP participants further praised the invaluable role of nurses in monitoring patients and understanding the wider factors that shape their overall condition. They said nurses possess unique and comprehensive insight on patients, and their willingness to share observations in the best interest of patients is inestimable.



Embracing new roles and encouraging non-registrant roles in environments of care will enable nurses to undertake the role they studied for.



Appendix

Participation statistics, summary of suggested actions from the crowd, topic analysis by group or survey result

Suggested actions from the crowd

Summary of suggested improvements across various themes

Suggested actions from the crowd

An Engaged, Motivated and Healthy Workforce

The table below lists specific suggestions made under the **An Engaged, Motivated and Healthy Workforce theme** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Flexible working; shifts and rotations; wellbeing and support services	Pay, banding, agency staff	
Suggestions and opportunities	<p>Consider introducing flexible shifts, self-rostering, night shifts, the opportunity to work on a set shift pattern and 6-week rota to give professionals more choice to stay in nursing.</p>	<p>Review and adjust the working hours of the hospital nursery to meet the childcare needs of people working on early or late shifts.</p>	<p>Explore taking nurses out of Agenda for Change and on a separate, non-clinical NHS worker pay structure.</p>
	<p>Alternatively, make shift patterns as regular as possible and plan shifts at least three months in advance.</p>	<p>Consider enhancing childcare facilities for staff as this would help ease pressure and encourage more staff to join the NHS or work full-time.</p>	<p>Consider bringing all carers back into the NHS umbrella to ensure consistency of training and care.</p>
	<p>Consider creating roles for nurses nearing retirement, which involve less responsibility and more flexibility. Such roles may entail providing support, preceptorship, clinical supervision and mentorship to newly registered nurses and nurse leaders.</p>	<p>Consider moving to a 4-day working week without reducing pay to reduce stress, burnout and sickness levels, help promote better work life balance, and reliance on agency staff. In its turn this will help to improve nurse retention and recruitment in the long term.</p>	<p>The Chief Nurse and all Health Boards could make efforts at the national level for phasing out payment to nursing agencies and reinvesting resources back into paying full-time staff.</p>
	<p>Consider planning for night shifts in blocks of at least four weeks to lessen the negative impact of night work.</p>	<p>Encourage small gestures of recognition such as buying gifts for International Nurses Day or giving raffle prizes for working over Christmas.</p>	<p>Consider paying HCSWs overtime when they work more than 37.5 hours to cover for staff shortages.</p>
	<p>Consider introducing a 36-hour week for staff working 12-hour shifts.</p>	<p>Consider rethinking the term clinical supervision to help nurses identify this as a tool for support more readily.</p>	<p>Reduce reliance on agency staff by making overtime rates more attractive to all employees.</p>
	<p>Consider paying staff for breaks. This will also reduce the need for working a day extra every 4 weeks to make up for the hours spent for unpaid breaks.</p>	<p>Have managers, current team leaders, or independent facilitators provide daily debriefing, so people can decompress before leaving home. This should improve confidence and wellbeing and build resilience.</p>	<p>Alternatively, consider advocating for the creation of a one Wales-wide Bank with Health Boards support, allowing nurses to pick up shifts at their board or at another one with the aim to reduce agency staff expenses.</p>
	<p>Focus on improving facilities for staff, such as appropriate breakrooms, personal lockers, etc. This would have a significant impact on their mood and morale.</p>	<p>Consider organising workshops dedicated to tracing the origins of toxic culture in nursing teams to identify problems and move forward towards a more professional and united workforce.</p>	<p>Financial gain on initial promotion to another band is negligible. Consider making this more attractive.</p>

The table below lists specific suggestions made under the **Attraction and Recruitment theme** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Promoting nursing	Other – perks, student nurses, etc.	
	<p>Consider highlighting job security and the ability to move between roles and locations when launching campaigns for attracting people to the nursing profession.</p>	<p>When promoting nursing, highlight the variety the profession encompasses in terms of roles and specialisations - example of the former would be the academic, research, management, and leadership opportunities.</p>	<p>Consider introducing extra annual leave for long service (for example, annual leave days after 5 and 10 years).</p>
Suggestions and opportunities	<p>Consider investing in careers advice and guidance, marketing, and literature to share with educational establishments, to engage with young people and attract them to the nursing profession.</p>	<p>Explore social media platforms such as Instagram and TikTok to promote nurse-specific campaigns to young people that would encourage them to consider nursing as a profession.</p>	<p>Consider options for free bus travel to nurses.</p>
	<p>Promote nursing with a national ad campaign on TV and on buses. Work with national media on campaigns that show the impact that nurses have on people's lives.</p>	<p>Consider funding an economic analysis / evaluation of the value that nurses add to the economy. This would help reframe the public perception of nursing.</p>	<p>Consider reviewing student nurse funding and allowing staff in the private sector to access it.</p>
	<p>Focus on attracting professionals who may be considering other healthcare careers such as pharmacy, medicine and psychology. An Advanced Practice Framework with NMC registration for the stages would provide something real to aim for.</p>	<p>Create multiple routes for attracting nurses, including Return to Practice, International OSCE, Grow your own etc. This offer would need to be extended out to Primary / Independent / Charitable Services and involve financial support.</p>	<p>HEIW should lobby for abolishing student nurses' obligation to compensate for sick leave hours. Student nurses should be allowed 3 periods of sick leave before escalation to protect their wellbeing.</p>
	<p>Promote nursing as a career from a very early age working in primary and secondary schools.</p>	<p>Provide additional administrative support for managing the recruitment process, involving clinicians only in shortlisting and interviewing.</p>	<p>Recognise student nurses' annex B competence acquisition at the point of registration as per NMC Future Nurse Standards.</p>
	<p>Take advantage of events in Wales, such as Urdd eisteddfod and The Royal Welsh Show to celebrate nursing and promote the profession.</p>	<p>Consider putting a lesser emphasis on Welsh language in job ads when promoting the profession to nurses from abroad.</p>	<p>Consider securing funding to provide longer-term contracts for new roles and promotion opportunities. This will lead to greater job security and prevent qualified staff from leaving.</p>

Suggested actions from the crowd

Attraction and Recruitment II

The table below lists specific suggestions made under the **Attraction and Recruitment theme** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Recruitment; Support for new starters; Pathways into nursing	
Suggestions and opportunities	<p>Consider organising boot camps for new internationally educated nurses that would enable them to have all the necessary trainings before they are deployed in the clinical areas.</p>	<p>Consider reviewing the entry requirements into pre-registration nursing, as the current tariff of 3 B's at A Level is restrictive.</p>
	<p>After completing their OSCE exams, new nurses should be provided with a proper hospital and ward induction and other on job training, as this would ease the work of line managers.</p>	<p>Support nurses in keeping their clinical skills up to date by allowing them to do clinical work as part of their full-time job. This could happen on a sessional basis as a recognised member of a team.</p>
	<p>Consider protecting the first 12 months of preceptorship for newly qualified nurses through their contracts.</p>	<p>Evaluate the option for offering Assistant Practitioners who consider converting to Nursing Associates an extra day a week for study leave to complete some of the academic work.</p>
	<p>Consider tailoring the preceptorship programme to every individual area.</p>	<p>Provide funded courses for nurses to become dual-qualified.</p>
	<p>Work towards eliminating nepotism and favouritism in the recruitment process. This could involve having job interviews be facilitated by an independent panel of interviewers, who do not personally know any of the candidates or the environment they are applying for a job in, outside of qualities, characteristics, and personality that appointing teams state they are looking for.</p>	

Suggested actions from the crowd

Excellent Education and Learning

The table below lists specific suggestions made under the **Excellent Education and Learning theme** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Training opportunities; Standards and qualifications	Career progression	
Suggestions and opportunities	Explore options for making training days and courses available to all staff.	<p>Consider introducing an All-Wales skills electronic portfolio / training passport capturing all skills that were developed throughout nurses' careers. An example given is having to redo all trainings when moving areas is a waste of resources and time.</p>	Focus on creating horizontal progression opportunities for nurses to better utilise their experience, knowledge and skills. Allow for progression Pay special attention to nurses in mental health services and services for older people as career progression is especially lacking there.
	Consider opening rotational posts between specialities to give nurses a wider perspective / complete portfolio of experience.	Explore funding streams such as Private Sector Altruistic Investment or reducing reliance on agency staff to subsidise an independent funding pool for professional development, which staff can access.	Support nurses to do micro-credentials and encourage them to join nursing forums as an alternative to full-time master's programmes.
	Consider setting clear and achievable professional development goals when introducing rotational posts.	Encourage more universities to offer lecturers dual contracts with NHS , similar to medics, allowing nurses to maintain (and further develop) clinical skills and expertise.	Consider making room for research placements for students to better embed research into the patient pathway when they qualify and give them exposure and knowledge of research from baseline.
	Consider an opt-in approach for nurses that are interested in rotational posts.	Standardise the minimum protected time for training in Primary and Community Care in accordance with the Community Nursing Specification.	Introduce an equivalent to the Nursing Associate programme in Wales to create progression framework between HCSWs/HCAs and RNs.
	Give nurses opportunities to get to know the Healthcare Sciences professions, AHP in primary care, and rehabilitation to learn more about their contribution to patient care.	Consider introducing protected time for mandatory training or CPD.	Create a career pathway for registered nurses and HCSW on 'care of the elderly' where nurses have a full understanding of elderly people's care needs.
	Make sure Core Training standards are area specific and relevant to field.	Consider providing funding for training and particularly for trainers to deliver education within Health Boards / Trusts via their Education Teams and Primary Care Academies.	Find ways to fund flexible, part-time educational programmes to support HCSWs to become registered nurses.
	Create a specific Prison Nurse Training Package that specialises in issues inherent to the prison environment.	Consider encouraging HCSWs to complete a part-time nursing degree by advocating that Health Boards receive backfill pay for the whole 22.5 (OU) or 23 hours (USW) for the part-time nursing courses.	Ensure there are enough nurses to meet the needs of the ageing population and provide training and development opportunities to nurses wishing to pursue a career in Older Person's nursing to prepare them for their role as nurses working in specialised areas.

Suggested actions from the crowd

Seamless Workforce Models / Building a Digitally Ready Workforce / Leadership and Succession

The table below lists specific suggestions made under the **Seamless Workforce Models, Building a Digitally Ready Workforce, and Leadership and Succession themes** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Social care and services	Building a Digitally Ready Workforce	Leadership and Succession
Suggestions and opportunities	Develop career pathways for nurses in social care and allow bank HCAs to use the same pathways to become nurses.	Consider introducing a single sign-on for multiple systems .	Consider reviewing the benefits of the 360 Degree Appraisal as a tool for gathering more feedback on managers' performance.
	Work with Social Services to enhance their perception of nurses as trusted assessors of patients . This will avoid duplicating assessments and unnecessary referrals.	Make it possible for staff to access their emails, roster and other resources outside of the work environment by using their log ins.	Introduce a rotational responsibility for management to spend time on the ward/community clinic (depending on their role). This will allow them to have a clearer view of the support nurses need, improve culture, and clinical decisions.
	Consider assembling multi-professional teams with members of the public and the Welsh government going to clinical services across Wales to observe what nurses do, find out what their problems are, and generate ideas on how to tackle the problems identified.	Consider swapping Trac and Datix with more user-friendly software to save time and avoid confusion.	Have managers offer daily pre- and debriefing , allowing their teams to decompress, building resilience, and supporting wellbeing.
		Review the action point reporting systems and ESR to reduce bureaucracy.	Ensure leadership roles have clearly defined objectives – there was a sense that leaders do have the skills they needed to be able to support staff or offer change management.
		Devote resources to implementing a paperless record keeping system across NHS Wales.	Have leaders be more open and transparent , particularly when it comes to communication around things like financial constraints .
			Attach a clinical qualification requirement to managerial roles , to be achieved before or after accepting the job. This will eliminate issue with non-clinical managers that are not specialist in a field making clinical decisions.

Suggested actions from the crowd

Workforce Supply and Shape

The table below lists specific suggestions made under the **Workforce Supply and Shape theme** that staff believe should be considered when implementing HEIW's 2030 Workforce Strategy for Health and Social care.

Theme	Roles; Job descriptions		Agency nursing; Welsh language
Suggestions and opportunities	<p>Work purposefully to encourage NHS Wales to recognise the Registered Nursing Associate roles, which will give HCSWs a career path and could be a way for reducing staff shortages and improving retention rates.</p>	<p>Consider introducing an incentive for nurses who are asked to work in an unfamiliar area to appreciate their extra efforts to adapt.</p>	<p>Provide agency nurses with a skills audit and train them do the role of nurses (IV's and connecting patients, blood transfusions, blood sugar monitoring). This will relieve some of the stress from ward nurses.</p>
	<p>Consider providing more competence trainings for HCA to mitigate gaps in service provision and relieve work pressure on nurses.</p>	<p>Create a HSCW role to manage 'other non-nursing tasks' such as medical equipment, stock control, IT, audits, beds, pumps, consumables, hand hygiene, etc.</p>	<p>Introduce Skills audit, joined up working across NHS England/Scotland/Northern Ireland;</p>
	<p>Consider opening training in psychological skills to HCAs to help them better address patient's psychosocial factors.</p>	<p>Consider redefining and promoting the role of nurse consultant, to ensure powerful nurses are in high positions to advocate for the profession.</p>	<p>Encourage Health Boards to provide more opportunities for Welsh speakers to use the language (e.g. identifying them ahead of meetings and assigning them in the same breakroom(s).)</p>
	<p>Give nurses clear enough guidelines on what student nurses can and can't do in placement.</p>		<p>Consider learnings from other countries (Canada, South Africa) on how they operate effectively in a bilingual healthcare setting.</p>
			<p>Provide access to bilingual Wellbeing services – in both English or Welsh, depending on staff preference.</p>

Topic analysis by group

Breakdown of topics by highest and lowest job satisfaction namong participants

Topic analysis by level of job satisfaction

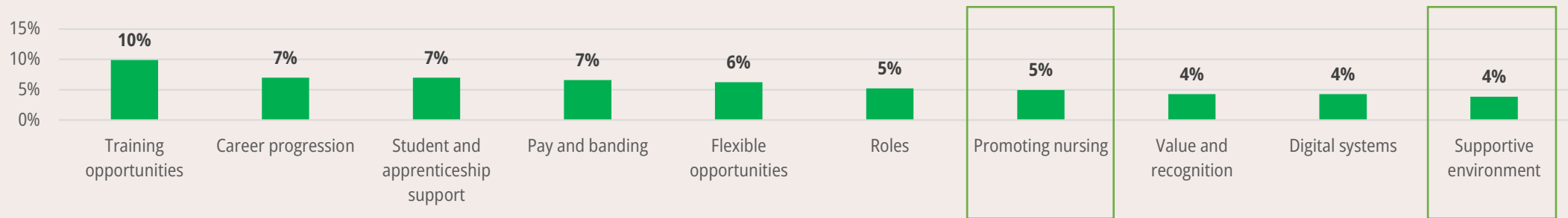
As part of the gateway survey for *Our Big Conversation*, we asked participants how they would rate their job satisfaction, on a scale of 1-10. For our analysis, we looked at the topics that healthcare professionals with high (8 or higher, or 39% of all participants) or low (3 or lower, 9% of all participants) satisfaction score engaged with. These topics and themes overlapped to a large extent, with a few notable differences. Broadly speaking:

- Participants with a **high job satisfaction** were a little more focused on **long-term changes** around the nursing profession – such as improving the culture of nursing themes and the public’s perception around nursing.
- Participants with a **low job satisfaction** were a little more focused on the **day-to-day challenges and frustrations**, such as inefficiency and administrative burdens or staff shortages.
- **Both groups** emphasised the need for **better development opportunities, career progression and pathways, pay, and flexible working options**.

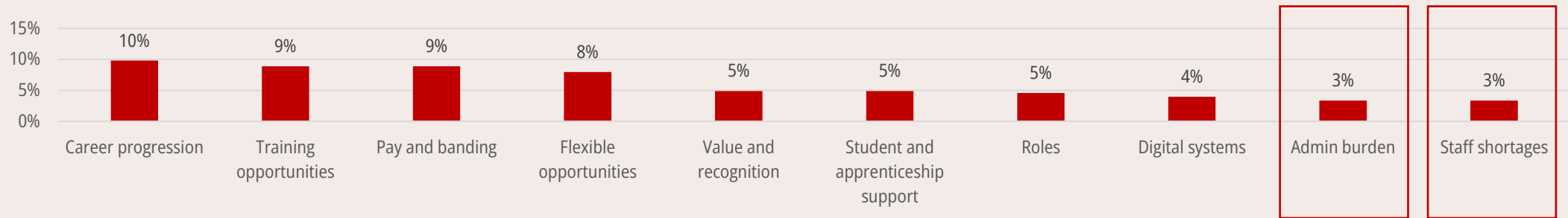
Most popular topics, by participants with high (green) and low (red) job satisfaction

Ranked by share of total contributions (ideas, comments, and votes)

182 participants
1,470+ contributions



42 participants
400+ contributions



Participation statistics

Detailed breakdown of Our Big Conversation participation data

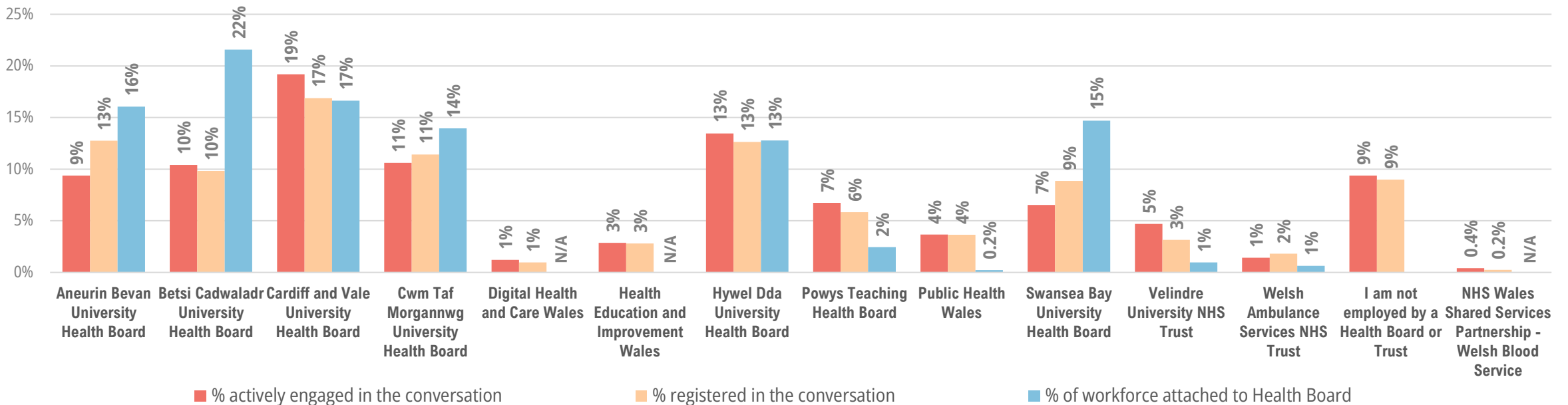
Participation statistics

By Health board

The chart below shows the current makeup, by Health Board, of the ~490 participants that have actively taken part (orange) in *Our Big Conversation* (by completing the survey, posting ideas and comments, or voting), compared to the percentage share of users that have registered on the platform (light orange), and the breakdown of nursing practitioners attached to each organisation as per population data (blue).

Ideally, beyond attracting more people to the platform, we want to ensure that all of those who have registered for *Our Big Conversation* take an active part, and for all Health Board nursing populations to be represented according to their size - or for all three numbers to be close to equal for each board. This is the case for the *Cardiff and Vale University* and *Hywel Dda University Health Boards*, but we can see that nursing practitioners from *Swansea Bay* or *Betsi Cadwaladr University Health Boards* are taking part at a lower than expected rate, based on their size.

Participants and registrations, by Health Board



Participation statistics

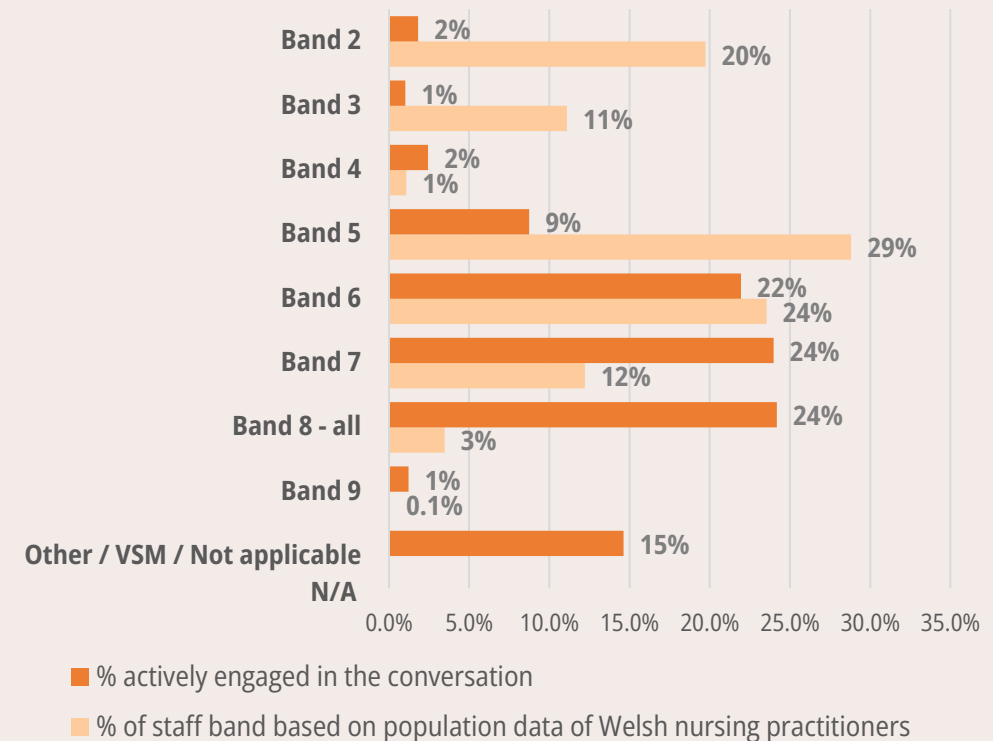
By Staff band

The chart to the right shows the current makeup, by staff band, of the ~490 nurses in Wales that joined the conversation (**orange**), compared to staff bands by population data (**light orange**). Ideally, we'd like the share of all bands in the conversation to be as close as possible to the actual distribution of Nursing bands in NHS Wales – or for these numbers to be close to each other.

This is true in the case of Band 6 Nursing practitioners, but we can see that **Bands 2, 3 and 5 are underrepresented**, whereas the opposite is true for Bands 7 and 8.

Engagement from nurses from lower bands remained lower than expected throughout the conversation. We hope that we will attract more members of Bands 2, 3 and 5 in the second engagement later this year, as Care Boards renew communications efforts and current participants spread the word of *Our Big Conversation*.

Breakdown of conversation participants, by share of staff band



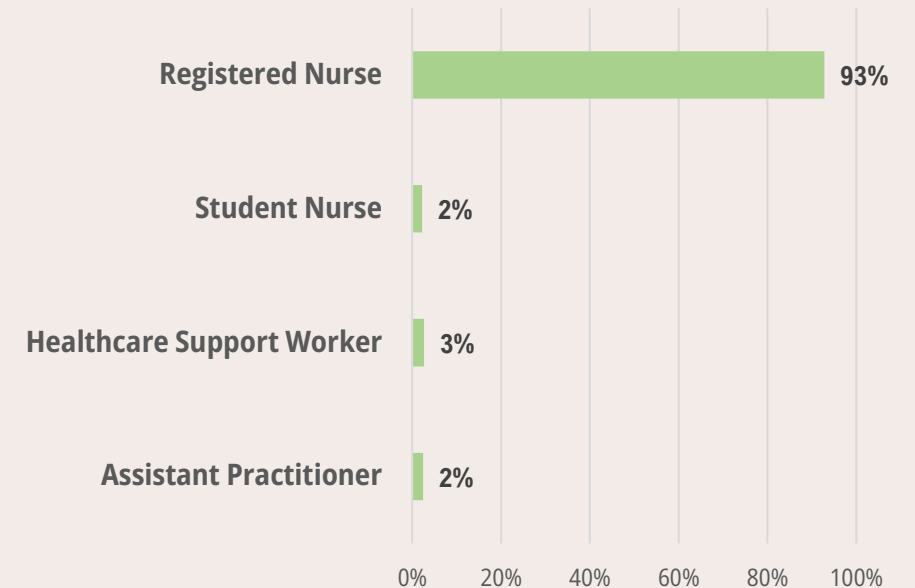
Participation statistics

By Role

The chart to the right shows the makeup, by Role, of the ~490 participants that joined the conversation.

Student nurses, Healthcare support workers, and Assistant practitioners make up just 7% of those who have taken part to date.

Breakdown of conversation participants, by Role



Participation statistics

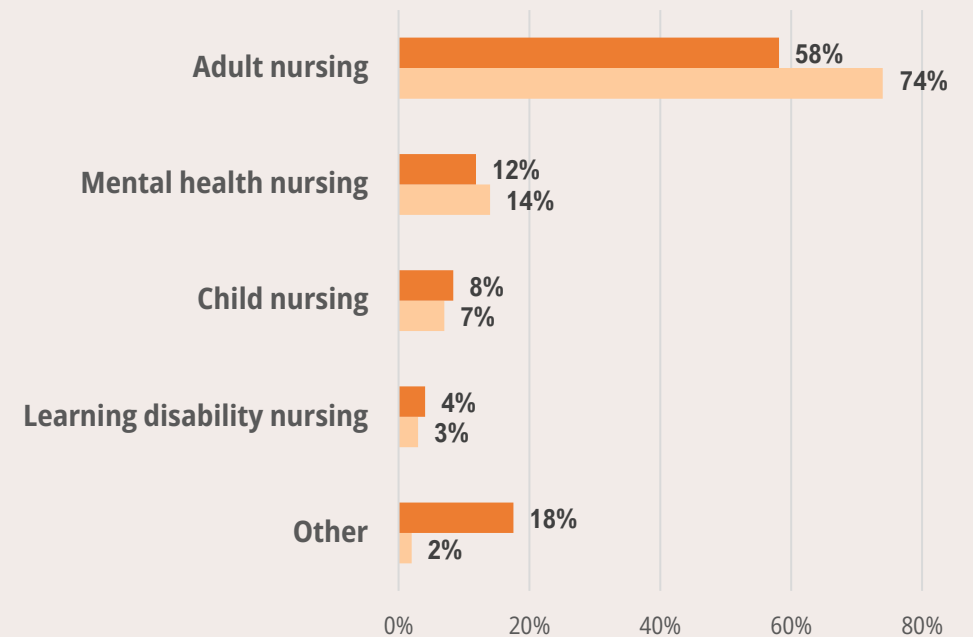
By Field of practice

The chart to the right shows the makeup, by Field of practice, of the nearly ~490 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.

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.**

Specialist nurses in the fields of Mental health, Paediatrics (child nursing), or Learning disability make up around a quarter of all participants (24%), while those working in Adult nursing account for the majority of those who have taken part (58%).

Breakdown of conversation participants, by Field of practice



■ % actively engaged in the conversation

■ % of field of practice based on population data of Welsh nursing practitioners

Gateway survey questions

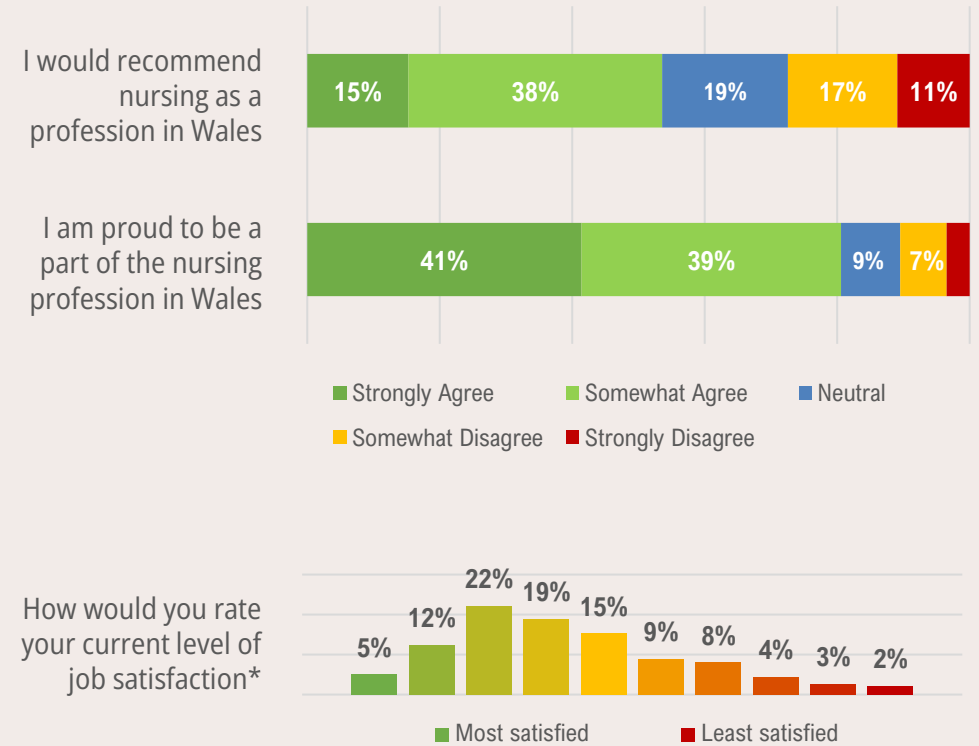
We asked participants who joined *Our Big Conversation* to evaluate the pride they feel about their profession, whether they would recommend nursing to others, and, finally, to rate their current level of job satisfactions.

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 (28%) of participants responding negatively.

On the other hand, 80% of the over 490 participants that joined this engagement answered favourably to the question on whether they are **proud to be part of the nursing profession in Wales.**

Lastly, in rating their job satisfaction, two out of five respondents ranked it positively, while less than one in ten (9%) expressed dissatisfaction, with the rest falling somewhere in the middle.

How participants responded when asked...



* Figures below 4% have been hidden to improve readability

Gateway survey questions II

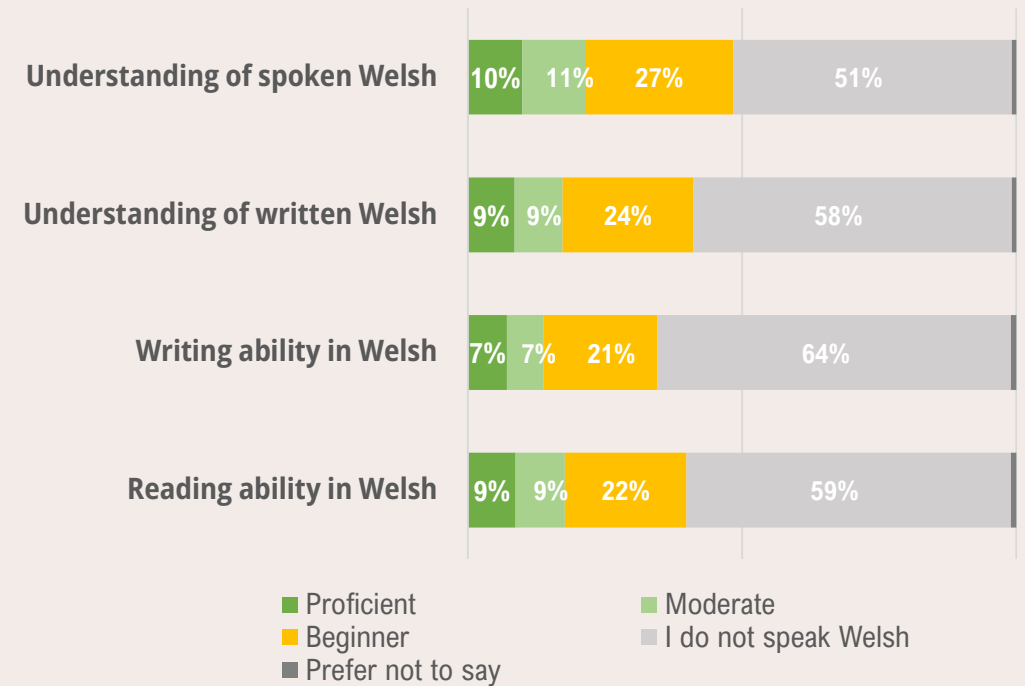
Command of the Welsh language

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 (58% 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.

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%"

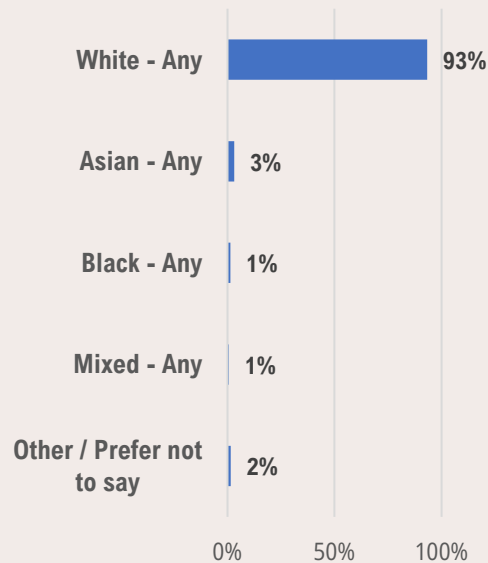
Participation statistics

By protected characteristic

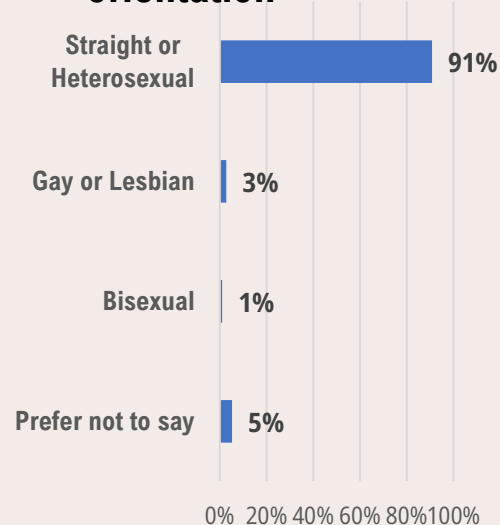
The charts below shows the current makeup of the ~490 participants that have actively taken part in *Our Big Conversation* so far by protected characteristic – ethnicity, sexual orientation, gender, or whether they have a long-term physical or hidden disability.

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 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.

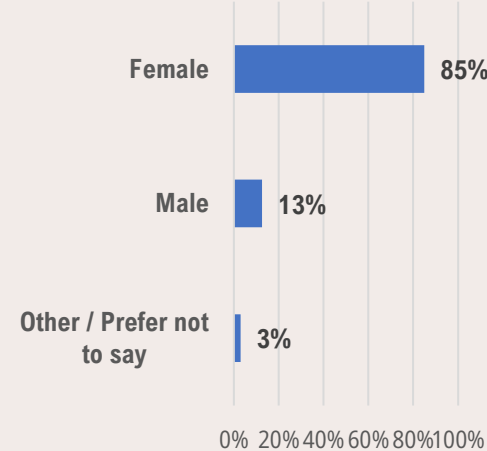
Participants by ethnicity



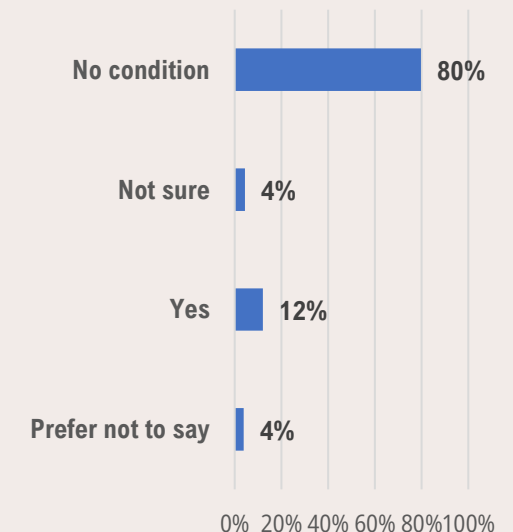
Participants by sexual orientation



Participants by gender



Participants by hidden or physical disability



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

Overview of themes and topics

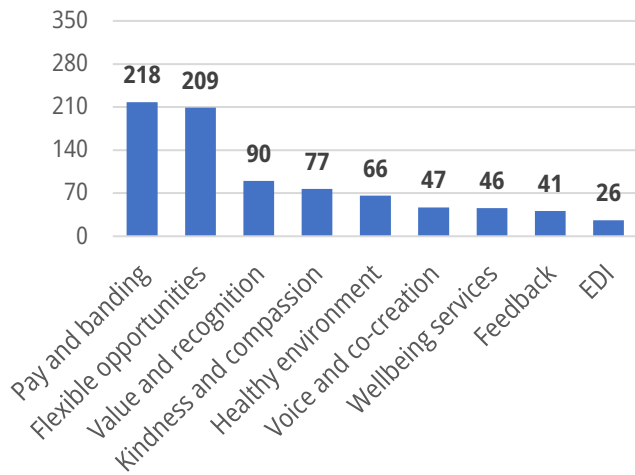
Breakdown of themes, topics, and contribution data

Overview of themes and topics III

An Engaged, Motivated and Healthy Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

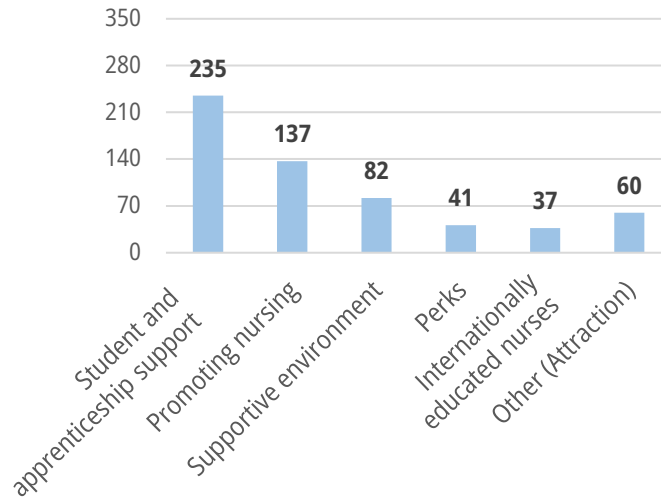
180+ ideas and comments | 640 votes | 26% of total contributions*



Attraction and Recruitment

Breakdown by engagement numbers and themes, ranked by total contributions*

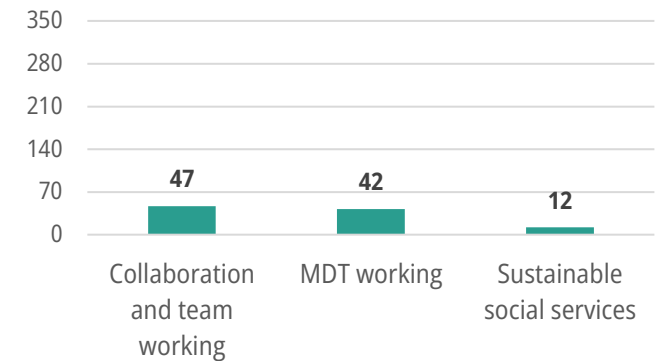
145+ ideas and comments | 445 votes | 21% of total contributions*



Seamless Workforce Models

Breakdown by engagement numbers and themes, ranked by total contributions*

29 ideas and comments | 72 votes | 3% of total contributions*



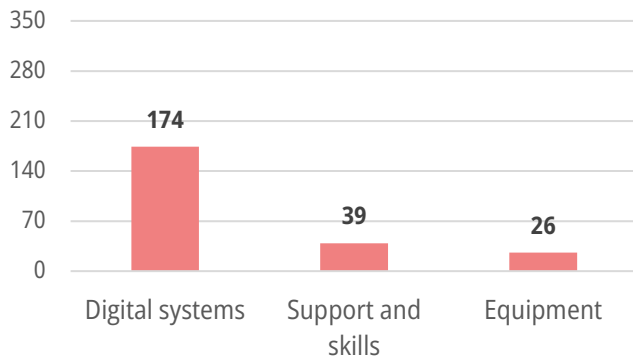
* **Total contributions** stand for the sum total of written contributions (ideas, comments) and votes

Overview of themes and topics IV

Building a Digitally Ready Workforce

Breakdown by engagement numbers and themes, ranked by total contributions*

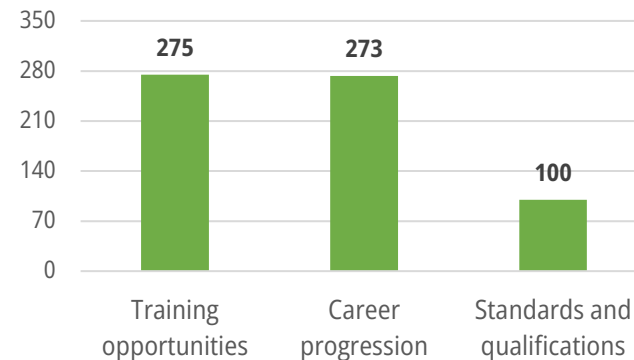
45+ ideas and comments | 191 votes | 8% of total contributions*



Excellent Education and Learning

Breakdown by engagement numbers and themes, ranked by total contributions*

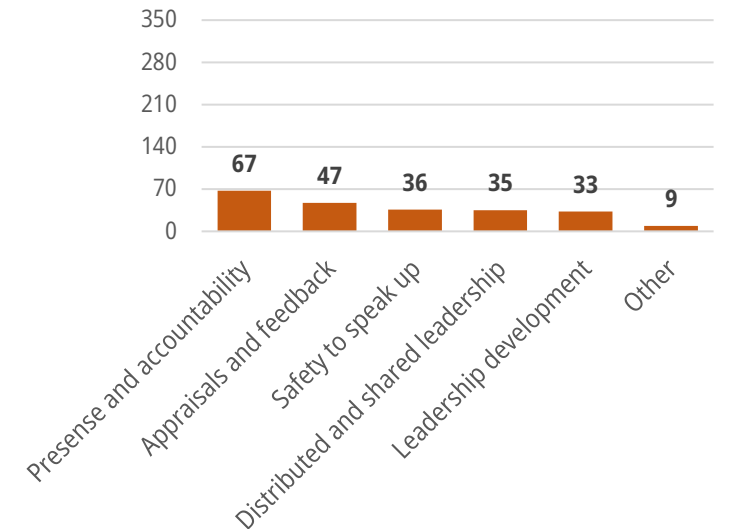
130+ ideas and comments | 555 votes | 20% of total contributions*



Leadership and Succession

Breakdown by engagement numbers and themes, ranked by total contributions*

55+ ideas and comments | 172 votes | 7% of total contributions*



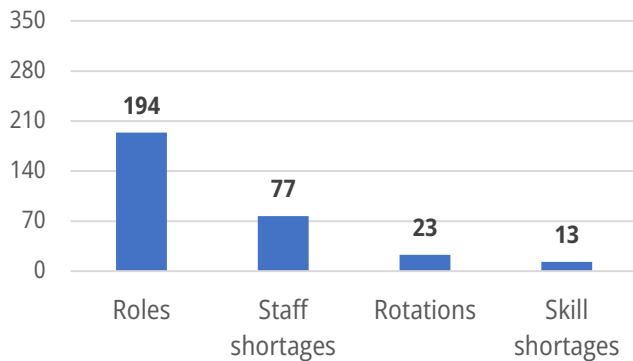
* **Total contributions** stand for the sum total of written contributions (ideas, comments) and votes

Overview of themes and topics V

Workforce Supply and Shape

Breakdown by engagement numbers and themes, ranked by total contributions*

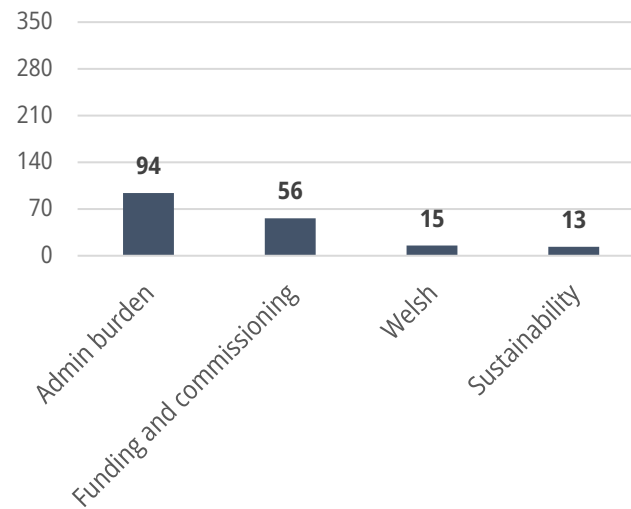
95+ ideas and comments | 238 votes | 10% of total contributions*



Other topics

Breakdown by engagement numbers and themes, ranked by total contributions*

80+ ideas and comments | 159 votes | 6% of total contributions*



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