

# Staff Experience & Wellbeing

## Final Internal Audit Report

2026/27

Hywel Dda University Health Board



Reasonable Assurance

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### Review Reference

#### Fieldwork

#### Executive Sign Off

#### Audit Committee

#### Executive Lead

#### Audit Team

HDU-2627-09

July – September 2026

October 2026

October 2026

Lisa Gostling, Director of Workforce & OD

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# Executive Summary

## Purpose

To provide assurance over the arrangements established within the Health Board for ensuring staff wellbeing and improving staff experience.

In March 2026, the Health Board recorded a new corporate risk (2305), "*Risk to staff wellness due to the pace and breadth of organisational change,*" replacing the previous risk (1821) relating to staff welfare under current demands. The risk is currently scored at 20 (red), reflecting the significant pressure on the workforce to manage financial constraints while maintaining patient safety, further exacerbated by uncertainty and challenges associated with major organisational change programmes.

The review assessed whether appropriate governance, support mechanisms, and monitoring processes are in place support staff experience and wellbeing.

## Overview

The Health Board demonstrates a clear commitment to improving staff experience and wellbeing embedded in strategy, organisational objectives and internal escalation arrangements. A range of wellbeing services, leadership development programmes, workforce initiatives and feedback mechanisms are in place, and there is regular oversight through Board and Committee structures. Staff feedback is utilised to inform targeted support, and a new dashboard is being developed to enhance workforce intelligence.

However, there is little evidence to demonstrate action taken at operational/service level to address staff experience and wellbeing issues arising from the NHS Staff Survey. Each area has been asked to develop an action plan to address the top three themes arising from the survey however, at the time of reporting only five action plans had been received by the Culture & Workforce Experience Team. **[Finding 1]**

Furthermore, instances were identified where People Culture Plans had not been developed following targeted support and engagement between services and the respective OD Relationship Managers. **[Finding 2]**

We have concluded **Reasonable** assurance with one high and one medium priority findings. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

| Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small> |                                                                                                                                                    | Related Findings | Assurance   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| 1                                                                                                                                                               | Staff experience and wellbeing are embedded within organisational strategy, with appropriate mechanisms in place to promote and support wellbeing. | -                | Substantial |
| 2                                                                                                                                                               | Workforce data and staff feedback are effectively utilised to inform decision-making and support continuous improvement                            | 1, 2             | Reasonable  |
| 3                                                                                                                                                               | Governance and oversight arrangements provide effective assurance over staff experience and wellbeing                                              | -                | Substantial |

## Management Actions



High Priority



Medium Priority

## Themes



■ Planning, Delivery  
& Deadline  
Management

## Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

|                                                                                                                                                                       |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| <b>Objective 1: Staff experience and wellbeing are embedded within organisational strategy, with appropriate mechanisms in place to promote and support wellbeing</b> | <b>Substantial</b> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|

The Health Board has established a comprehensive and well-developed strategic framework for staff experience and wellbeing, with clear alignment between its strategic objectives, wellbeing objectives, workforce strategy and culture change programmes. Staff experience and wellbeing are embedded within the Health Board's overarching strategy *Healthier Lives, Well Lived*, where 'Thriving Teams' is a core strategic objective supported by two planning goals aligned to Executive Leads and Board Committees (figure 1).

This is reinforced through the Board Assurance Framework; the Workforce, Organisational Development and Education Strategy; People Culture Framework; Strategic Equality Plan (SEP); Values and Behaviours Framework; and workforce retention programmes, all of which place staff wellbeing, engagement, inclusion, compassionate leadership and positive workplace culture at the centre of organisational development.

Policies and procedures are available to staff to provide support for mental, physical, emotional and financial wellbeing and they are up to date, accessible and aligned with national standards. Hywel Dda demonstrates a strong organisational commitment to staff wellbeing with comprehensive services on offer for example Staff Psychological Wellbeing Support, Occupational Health services, SilverCloud online cognitive behavioural therapy resources, wellbeing webinars, stress risk assessments and manager support resources.

The Health Board is collaborating with Swansea Bay UHB to develop a regional Health & Wellbeing model that improves staff health outcomes, reduces absence and turnover, and delivers consistent high-quality support across both health boards, while maximising efficiency and value for money. The programme is in infancy stages – short- and medium-term objectives for 2026/27, associated risks and success criteria have been identified. Key programme milestones were being developed at the time of our review.

Compassionate leadership is recognised as a key factor in improving staff experience, engagement and organisational culture and the Health Board has a range of leadership development programmes, coaching, mentoring and wellbeing resources available. The Leadership Engagement with Awesome People Programme (LEAP) participants undertake pre- and post-programme assessments, and programme evaluations are reported through governance arrangements with positive improvements in participants' self-reported leadership confidence, self-awareness, collaborative working and leadership capability reported.

| Strategic Objective | Planning Goals and what they aim to achieve                                                                                                                                                                   | Executive Leads                         | Committee alignment                                    |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|
| Thriving Teams      | PG1: Healthy Thriving Teams - <i>To achieve a sustainable workforce across hospital and community settings, while shaping a positive organisational culture and celebrating success to promote innovation</i> | Workforce and OD                        | People, Organisational Development and Culture (PODCC) |
|                     | PG2: Customer Service Excellence - <i>To promote a culture where staff feel safe to speak up, while advancing equality, diversity and inclusion, and providing excellent bilingual services</i>               | Nursing, Quality and Patient Experience | Quality, Safety and Experience (QSEC)                  |

Figure 1

## Objective 2: Workforce data and staff feedback are effectively utilised to inform decision-making and support continuous improvement

Reasonable

### NHS Staff Survey

The NHS Staff Survey collects feedback from employees working in NHS Wales to understand their experiences, perspectives, and insights related to their work environment, job satisfaction and overall wellbeing. The completion rate shows a year-on-year improvement at Hywel Dda and was 21.9% for 2025 this however remains below the Wales average of 30%. The report presents a mixed picture with staff highly committed to patients, supportive of each other, and generally positive about their immediate teams and managers. However, there are growing concerns about engagement, involvement in decision-making, workload pressures, burnout and staffing levels. This has been reflected in the corporate risk register.

The Health Board is moving from simply monitoring staff survey participation and engagement metrics towards actively monitoring local accountability. Staff engagement and NHS Wales Staff Survey participation rates are now key workforce metrics for the internal escalation process with effect from April 2026. Survey outcome reports have been shared with CCGs/functions who are required to identify three priority themes and develop action plans by 11 September 2026 to address areas for improvement. At the time of reporting, only five action plans had been submitted to Workforce. **[Finding 1]**

### Other Feedback Mechanisms

The Health Board employs a range of mechanisms to measure staff experience and capture ongoing feedback including pulse, new starter and culture surveys; Speak Up Make Meaningful Change; and exit interviews. Outputs are captured and triangulated in the Staff Experience dashboard which is used by the Culture & Workforce Experience Team to identify areas requiring targeted support by the Organisational Development Relationship Managers (ODRMs) through the Health Board's Culture Change Programme (see below). Outputs from the new starter surveys and exit interviews also feed into the Health Board's Retention Groups, which focus on reducing staff turnover.

### Culture Change Programme

The Health Board recognised, through staff surveys and feedback, that improvements were needed in staff experience, leadership behaviours, engagement, wellbeing, retention and organisational culture. Rather than imposing cultural change centrally, ODRMs were introduced to work alongside operational teams and help embed cultural change through the development of local 'People Culture Plans' to address localised issues identified through the mechanisms outlined above. We reviewed a sample of areas where ODRMs have or are engaging with services and noted instances where People Culture Plans have not been developed. **[Finding 2]**

### Workforce Metrics

The Workforce Performance dashboard collates key workforce metrics including sickness rates and trends and underlying causes of absence, PADR compliance, vacancies and turnover. It is available to all staff via the intranet. Additional workforce intelligence is available to the Culture & Workforce Experience Team via the Staff Voice dashboard, which brings together outputs from culture surveys, Speaking Up Safely, new starter surveys, exit interviews and pulse surveys. This intelligence is used to inform targeted interventions by ODRMs.

The Building a Positive Workforce Culture paper to Board (July 2026) demonstrates an emerging approach to workforce intelligence triangulation, bringing together staff survey, sickness absence, turnover, vacancy, agency utilisation and patient experience data. However, the analysis remains relatively high level and does not incorporate key workforce culture indicators such as employee relations cases, speaking up concerns or broader trend analysis. There is opportunity to strengthen triangulation of workforce intelligence through the inclusion of wider workforce employee relations metrics. This is also recognised in the 2025/26 People, Organisational Development & Culture Committee (PODCC) self-assessment, which identified an opportunity to further triangulate workforce, wellbeing and equality data to provide clearer evidence of organisational impact and risk, alongside improvements in the use of workforce intelligence to support assurance and decision-making. We understand that development of a Workforce Intelligence Dashboard is being explored by the Workforce Intelligence Group.

| Key Findings |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Risk & Impact                                                                                             | Agreed Management Action                                                                                                                                                                                                                                                                                                                                             |
|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1            | <b>NHS Staff Survey – Action Plans</b><br><p>The Executive Director of Workforce &amp; OD wrote to all Executive Directors on 25 July 2026 to reaffirm that the internal WOD escalation measures in 2026-27 include Staff Survey measures as part of the staff experience domain. Each area has been asked to develop an action plan for their top three themes, as identified within the survey reports shared in June 2026, and share this with the Culture and Workforce Experience Team by 11 September 2026. Progress against priorities will then form part of the review within the escalation process with effect from October 2026.</p> <p>At the time of reporting, only five (of approx. 120) action plans had been received by the Culture and Workforce Experience Team.</p> | Potential risk that staff feedback is not acted upon to improve culture, staff experience, and wellbeing. | <b>Agreed Action:</b><br><p>The development of NHS Staff Survey action plans will be monitored as part of internal escalation processes with ongoing support provided by the OD teams.</p>                                                                                                                                                                           |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | <b>Expected Evidence of Implementation:</b><br><p>Action plans in place for all areas.</p>                                                                                                                                                                                                                                                                           |
|              | <b>Theme:</b> Planning, Delivery & Deadline Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>High Priority</b><br><br>Control Operation                                                             | <b>Officer:</b> Lisa Gostling, Director of Workforce & OD<br><b>Target Implementation Date:</b> 30 November 2026                                                                                                                                                                                                                                                     |
| 2            | <b>Culture Change Programme</b><br><p>We reviewed a sample of five areas where the ODRM team was supporting local management to improve staff experience and organisational culture. Three areas reviewed did not have a People Culture Plan – a dynamic document that evolves throughout the engagement process demonstrating planned improvements, interventions and progress achieved.</p> <p>In one service area, the management action element of the plan was incomplete and did not contain sufficiently SMART actions to support effective implementation and monitoring. Furthermore, the plan had not been updated for a considerable period and there was limited evidence of management oversight or review of progress against agreed actions.</p>                           | Potential risk that staff feedback is not acted upon to improve culture, staff experience, and wellbeing. | <b>Agreed Action:</b><br><p>A review will be undertaken to identify areas that have completed the exploration phase but do not have a People Culture Plan in place. This will include confirming that the rationale for the absence of a plan is appropriately documented or, where required, ensuring that a People Culture Plan is developed with the service.</p> |
|              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                           | <b>Expected Evidence of Implementation:</b><br><p>List of areas that have completed exploration phase and evidence of checking that they have a PCP in place, or documented rationale for the absence of a plan.</p>                                                                                                                                                 |
|              | <b>Theme:</b> Planning, Delivery & Deadline Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>Medium Priority</b><br><br>Control Operation                                                           | <b>Officer:</b> Corinna Lloyd-Jones, Interim Assistant Director of Workforce & OD<br><b>Target Implementation Date:</b> 31 December 2026                                                                                                                                                                                                                             |

### Objective 3: Governance and oversight arrangements provide effective assurance over staff experience and wellbeing

Substantial

The Health Board has established a clear governance framework linking staff experience and wellbeing to strategic objectives, planning goals and risk management arrangements.

The People, Organisational Development & Culture Committee (PODCC) is responsible for monitoring delivery of planning goal 1 *Healthy Thriving Teams* and providing assurance to the Board in relation to organisational culture, staff engagement and workforce wellbeing and development. PODCC receives regular information relevant to staff experience and wellbeing, including:

- NHS Wales Staff Survey results
- Speak Up Make Meaningful Change programme updates
- Cultural Progression updates
- Workforce Strategy updates
- Performance assurance and workforce metrics reports
- Delivery against planning objectives aligned to the PODCC
- Employee Relations updates
- Equality, Diversity & Inclusion reports

While governance and oversight arrangements are well established, the Health Board acknowledges that challenges remain around workforce sustainability, staff morale, psychological safety and evidencing the impact of wellbeing interventions. PODCC noted positive trends in wellbeing support, reduced vacancies and falling sickness absence; and continued to identify concerns regarding staff morale, confidence in raising concerns, psychological safety and workforce pressures. Specific concerns raised included staff wellbeing pressures linked to workforce shortages and organisational change. This is reflected on the health board risk register.

The Board receives regular reporting on staff experience and wellbeing through dedicated staff and patient experience reports, Integrated Performance Assurance Reports, workforce and culture updates, and routine (3A's and annual) reporting from PODCC. The Board also maintains oversight of strategic workforce and wellbeing risks through the Board Assurance Framework and considers the impact of workforce wellbeing on the delivery of organisational objectives, demonstrating that staff experience and wellbeing matters are regularly monitored, scrutinised and escalated where appropriate.

# Appendix A

## Assurance Opinion

|                                                                                  |                       |                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>Substantial</b>    | Few matters require attention and are compliance or advisory in nature.<br><b>Low impact</b> on residual risk exposure.                                                                                                                                    |
|  | <b>Reasonable</b>     | Some matters require management attention in control design or compliance.<br><b>Low to moderate impact</b> on residual risk exposure until resolved.                                                                                                      |
|  | <b>Limited</b>        | More significant matters require management attention.<br><b>Moderate impact</b> on residual risk exposure until resolved.                                                                                                                                 |
|  | <b>Unsatisfactory</b> | Action is required to address the whole control framework in this area.<br><b>High impact</b> on residual risk exposure until resolved.                                                                                                                    |
|  | <b>Advisory</b>       | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate.<br>These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

### Prioritisation of Findings

| Priority      | Explanation                                                                                                                                                          |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>High</b>   | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| <b>Medium</b> | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.                                                           |

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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