Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Cyfarfod Cyhoeddus y Bwrdd/ Public Board Meeting

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 July 2026
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Building a Positive Workforce Culture
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Lisa Gostling, Executive Director of Workforce and Organisational Development/ Deputy Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Corinna Lloyd-Jones, Interim Assistant Director of Organisational Development

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Despite significant investment in workforce planning, development, leadership, wellbeing, recruitment and retention initiatives, Hywel Dda University Health Board's (HDdUHB) workforce indicators continue to demonstrate sustained challenges in staff engagement, involvement, wellbeing and workforce sustainability. These trends are increasingly important, given that workforce effectiveness is a critical determinant of patient safety, quality of care, productivity, organisational performance and long-term sustainability.

Evidence from staff experience, workforce metrics and patient feedback suggests that current approaches are not yet achieving the scale and pace of improvement required. Critically, emerging evidence indicates that increasing staff numbers alone is unlikely to improve productivity, performance or culture. Rather, organisational factors such as leadership, staff involvement, organisational learning, effective systems and processes, and empowerment are key determinants of how effectively staff are able to perform and improve. Workforce culture and organisational effectiveness should therefore be regarded as strategic organisational priorities requiring whole-system leadership and collective ownership across the Health Board.

This report asks the Board to consider the implications of the evidence presented, determine the priority it wishes to assign to accelerating improvement and provide direction on the next phase. It also seeks agreement on future oversight arrangements through the People, Organisational Development and Culture Committee (PODCC).

Cefndir / Background

The Health Board continues to navigate unprecedented challenges. It is balancing financial and workforce constraints, while protecting patient safety and delivering substantial efficiency savings. This is taking place during a period of considerable challenge and change, placing a heavy burden on our workforce and posing a real risk to morale.

Our staff continue to demonstrate strong commitment and professionalism. However, we need to critically assess whether our organisational culture, systems and ways of working are consistently supporting them to do their best work. We also need to ensure they feel empowered to make a difference. Strengthening this alignment is essential to sustaining morale, improving performance and ensuring high-quality patient care.

Our national and local workforce context reinforces the importance of this conversation. The 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' sets out the *"ambition to have a motivated, engaged and valued health and social care workforce with the capacity, competence and confidence to meet the needs of the people of Wales"*. Our Health Board's own strategic ambitions also emphasise thriving teams, healthier communities, great care and positive futures, with staff wellbeing, teamwork and sustainable services as core enablers.

This report is not intended to provide a final diagnostic assessment or a completed improvement plan. Rather, its purpose is to open a Board-level discussion on the cultural, leadership and system conditions needed to enable our staff to do their best work and support sustainable improvement in workforce experience, productivity, quality and financial recovery.

Asesiad / Assessment

1.0 Our vision

We remain committed to our shared vision of building a healthier and happier working culture across HDdUHB and continue to take informed steps to achieve it. At the same time, we recognise that cultural maturity evolves over time through ongoing reflection, learning and development. Building on our progress, we are strengthening the cultural conditions for an engaged, ambitious and compassionate workforce which has a clear sense of purpose and is empowered to contribute to continuous improvement in quality, safety and service excellence.

Given the significant challenges facing the NHS, it would be understandable if colleagues perceived our vision as being removed from reality. Our experience continues to demonstrate, however, that when our staff feel genuinely listened to, involved and valued, they are more willing to come together, embrace organisational learning and co-create better ways of working.

This ambition brings together compassion and accountability. It is underpinned by a balanced culture where staff are listened to and supported, whilst expectations are clear and decisions are followed through. In this context, productivity is framed as making the best use of people and resources to improve outcomes, not simply reducing costs.

2.0 Our progress to date

Our data presents an organisation under pressure, alongside clear and enduring cultural strengths. Current patient feedback (Appendix 1) mirrors 2025 NHS Wales Staff Survey findings (Appendix 2 and 3), demonstrating strong compassion, professionalism and team commitment. These strengths are important protective factors within the organisation during a period of significant system pressure.

Source	Findings	Learning
2025 NHS Wales Staff Survey Results	HDdUHB received 2,677 responses from 12,215 eligible staff, meaning a 21.9% response rate. Nine of ten themes scored above the NHS Wales Health Board benchmark, with	Despite the ongoing turbulence, our workforce is committed and demonstrates exceptional levels of compassion and teamwork. However, fewer than half of staff who responded

	strengths in team working, compassionate leadership, speaking up, trust and autonomy. At the same time, our staff engagement declined to 70.7%, driven principally by a sustained and worsening fall in staff involvement in decisions affecting their work, now at 44.2% and declining for the third consecutive cycle.	feel part of the decisions that shape their working lives which undermines agency and trust and, in turn, affects improvement and productivity.
Wellbeing, sickness and burnout	Anxiety, stress, depression and other psychiatric illnesses remain the highest reason for staff sickness absence at 34.2% (7,536.52 days) of the total FTE days lost in May 2026. Our Staff Survey findings also highlight the significant personal cost being absorbed by our workforce. More than six in ten colleagues came to work in the past three months despite not feeling well enough to do so and nearly four in ten experienced work-related stress in the past year.	Our workforce is mitigating system pressures through personal effort and sacrifice, rather than sustainable system support. Over time, this damages the psychological contract between staff and the Health Board, reducing discretionary effort and increasing disengagement ("quiet quitting").
Agency, bank and variable pay	Our nursing agency expenditure has reduced from £11.07m to £4.24m, meaning a 61.7% reduction. However, medical and AHP/HCS agency usage have not yet shown the same improvement. Estates and facilities continue to rely on bank utilisation equivalent to around 40 WTE per month.	Progress has been achieved where controls and workforce stabilisation are working, however continued reliance on temporary staffing in some areas indicates unresolved workforce capacity and sustainability issues.
Retention	In the rolling 12 months to May 2026, our nursing turnover reduced from 5.54% to 3.80%, AHP/HCS turnover reduced from 8.19% to 6.81%, and medical turnover reduced slightly from 12.43% to 12.37%, with Specialty Doctors identified as a priority area.	Retention interventions need to be tailored by staff group and service area as a single organisational approach will not be sufficient.
Vacancies and hard-to-fill posts	Our current vacancy position includes 238.97 vacancies, including 33 hard-to-fill medical vacancies and 17 Agenda for Change vacancies. 58 hard-to-fill posts were filled during 2025-26.	Vacancy control, recruitment innovation and workforce planning remain central to reducing pressure, improving service resilience and reducing temporary staffing reliance.

In relation to workforce planning and risk, organisational culture and workforce effectiveness are intrinsically linked to the outcomes experienced by our patients, service users and communities. Whilst further internal triangulation is required to accurately understand where workforce experience and service outcomes intersect, the available evidence already indicates that workforce effectiveness is a material contributor to patient experience, quality, productivity and organisational performance:

Workforce Insight	Patient Insight
Compassion remains a workforce strength.	Compliments consistently highlight kindness, dignity and professionalism.
Declining staff involvement.	Communication and involvement in care are among the most common complaint themes.
Staff stress and burnout remain high.	Patients report delays, waiting times and difficulties accessing services.
Service pressures affecting morale.	Complaints reflect system pressures rather than isolated staff failings.

3.0 Strategic implications for the Board

The evidence suggests that workforce culture and effectiveness should not be viewed solely as workforce matters, but as strategic organisational priorities requiring Board oversight, whole-system leadership and collective ownership across the Health Board:

- Workforce culture and effectiveness represent a strategic risk to delivery of the Integrated Medium-Term Plan (IMTP).
- Evidence suggests declining staff involvement may undermine engagement, productivity and organisational improvement.
- High levels of stress, burnout and presenteeism present workforce sustainability risks.
- Staff and patient experience demonstrate common themes relating to communication, involvement and system pressure.
- Continuing workforce growth will not deliver improvement in isolation unless accompanied by changes to leadership, culture, processes and organisational effectiveness.

4.0 Key work programmes underway

The Health Board has established several programmes and initiatives focused on workforce sustainability and staff experience. Together, these are intended to create more consistent and enabling organisational systems, reducing reliance on individual effort and helping colleagues to thrive, perform at their best and deliver high quality care. Key examples include:

- Workforce Plans are aligned with wider organisational priorities, including the Annual Plan, IMTP development, financial recovery, value and sustainability programmes and service transformation.

- Workforce stabilisation programmes are in place across our nursing, medical, AHP/HCS, administrative and clerical, and estates and facilities staff groups to reduce reliance on temporary staffing, improving workforce supply and retention, and strengthening the overall resilience and effectiveness of our workforce model.

- Agency reduction and establishment controls are in place to improve oversight and governance of agency utilisation, including Financial Control Sub-Group authorisation within directorates, active agency exit planning and enhanced bank utilisation review.

- Integrated workforce planning, education commissioning and Grow Your Own pipelines have been developed to improve supply, support student streamlining and reduce reliance on external recruitment.

- Enhanced recruitment approaches are in place for hard-to-fill roles, including targeted campaigns, community-based recruitment activity, strengthened support for international

recruits and improvements to medical recruitment processes, to improve fill rates, reduce time to hire and provide a more positive candidate and onboarding experience.

- Retention programmes continue across nursing, medical and AHP/HCS staff groups to better understand colleagues' experiences and, through engagement and co-production, identify and implement sustainable opportunities to improve how we work and enhance staff experience, ultimately supporting a reduction in staff turnover.

- Attendance, health and wellbeing initiatives are being implemented to improve workforce wellbeing and reduce sickness absence, including the introduction of dedicated Workforce Advisor roles, strengthened management support for attendance and enhanced analysis of absence trends and hotspots to inform targeted interventions.

- Organisational Development Relationship Managers continue to partner with local teams to support healthy working environments, using staff feedback and workforce data to inform actions that make a meaningful difference to colleagues' day-to-day experience of work.

- Staff experience continues to be strengthened through initiatives that promote inclusion, appreciation and recognition, healthy working relationships, speaking up and compassionate leadership as important enablers of engagement, discretionary effort and continuous improvement.

- Leaders across the Health Board continue to benefit from core development, including LEAP and New Medical Leaders programmes, alongside bespoke support aligned to specific organisational needs. Leaders are also increasingly supported to use workforce data and intelligence to identify priorities, take meaningful local action and build on their own and their teams' strengths to enhance individual and collective performance. This is complemented by improved access to Organisational Development (OD) support and a continued focus on strengthening management capability, particularly in areas experiencing the greatest pressure.

5.0 Opportunities to accelerate progress

5.1 Faculties of Education and OD

As part of our ongoing commitment to workforce sustainability, organisational effectiveness and the development of a positive workforce culture, the Health Board is considering the establishment of two complementary Faculties: a Faculty of Education and a Faculty of Organisational Development (OD). Together, they would provide a strategic model for strengthening future capability by aligning workforce planning, education, leadership, improvement, innovation and OD around a shared approach to sustainable service transformation.

The Faculty of Education would act as the Health Board's hub for learning, role development and interdisciplinary collaboration. By bringing together clinical and non-clinical professions, it would strengthen workforce capability, reduce professional silos and support more integrated models of care and service delivery. It would also maximise the value obtained from existing educational investment through a coordinated approach to education, workforce development and transformation.

Complementing this, the Faculty of OD would focus on the culture, leadership, behaviours and system conditions required to translate workforce investment into improved organisational performance. Drawing together Health Board-wide expertise in leadership development, culture

change, staff engagement, organisational effectiveness, quality improvement and transformation, it would support leaders and teams to work more effectively, strengthen inclusion, improve staff experience and create the conditions in which innovation, improvement and sustainable change can flourish.

Whilst each Faculty would have a distinct purpose, their combined impact would be greater than their individual contributions. The Faculty of Education would build the knowledge, skills and capability required for future services, whilst the Faculty of OD would ensure these are effectively applied through strong leadership, effective teamwork, organisational learning and cultural maturity. Together, they would help translate workforce planning, patient and staff insight and service intelligence into practical improvement, supporting staff to work together effectively, embrace change and improve quality, safety and service performance.

Importantly, the establishment of both Faculties would represent a strategic shift in how capability is developed and deployed across the Health Board, recognising the interdependence of workforce, organisational and patient outcomes. Rather than introducing additional programmes or initiatives, the Faculties would provide a coordinated framework for aligning these priorities within a single transformation approach.

This would require a different organisational narrative; one that recognises workforce culture, organisational effectiveness and service improvement as shared responsibilities not the remit of a single department or team. Meaningful and sustainable improvement will depend on leaders, managers, clinicians and teams at every level taking ownership of the factors within their control and working collectively to create the conditions in which our staff, patients and communities can thrive.

5.2 Workforce Culture and Effectiveness Programme

In addition to the Faculties of Education and OD, a time-limited Workforce Culture and Effectiveness Programme could provide the organisational focus required to accelerate tangible improvements in workforce sustainability and staff experience, including:

- Prioritising services and staff groups where workforce pressure, staff experience and operational risk intersect, using workforce, patient and organisational intelligence to identify the areas most likely to benefit from targeted support and intervention.

- Undertaking co-produced diagnostic reviews in priority areas with operational leaders, teams and Trade Union representatives to understand root causes of local barriers, identify solutions and support sustainable improvement.

- Systematically scaling and spreading what is working well, learning from teams and services demonstrating strong engagement, retention, flexible working, reduced agency reliance and positive team cultures.

- Developing a consistent organisational approach to involvement, engagement and improvement that strengthens local ownership and accountability, ensuring engagement informs decision-making and, learning and feedback are visibly translated into continuous improvement.

- Recognising burnout, presenteeism and unpaid hours as indicators of workforce sustainability risk, taking targeted action where they coincide with service pressures, sickness absence, vacancies and reliance on temporary staffing.

- Strengthening evidenced based speaking up arrangements and organisational feedback loops, creating greater visibility of how workforce and patient insight is used to inform organisational learning and continuous improvement.

- Developing differentiated retention and workforce sustainability plans for priority staff groups, including the medical, AHP/HCS, estates and facilities, and other hard-to-fill roles.

- Developing an assurance framework linking workforce growth, productivity and affordability, to demonstrate where substantive recruitment reduces reliance on agency, bank and overtime expenditure while improving service, quality and financial outcomes.

- Working with operational leaders to further strengthen organisational grip and control across workforce systems and processes, including establishment and vacancy management, sickness and leave management, rostering, rotas, job planning, temporary staffing and additional staff payments.

6.0 Questions to support Board reflection and discussions

6.1 How confident are we that improving our culture is delivering measurable benefits to patients, staff and organisational performance?

6.2 How can the Faculties of Education and OD accelerate workforce transformation and support a positive workforce culture?

6.3 Given the scale of operational and financial pressures, where should we focus our efforts to achieve the greatest impact?

Argymhelliad / Recommendation

The Board is requested to:

- **RECOGNISE** workforce culture and organisational effectiveness as a strategic organisational priority and acknowledge their direct impact on quality, patient outcomes, productivity, workforce sustainability and financial recovery.

- **CONFIRM** that improving workforce culture and effectiveness is a whole-organisation responsibility, requiring collective leadership from the Board, Executive Team, operational leaders and staff.

- **PROVIDE** in-principle support for the development of a Faculty of Education and Faculty of Organisational Development, subject to completion of time-limited feasibility and design work, and commission the Executive Team to undertake this, including consideration of organisational, workforce, financial and governance implications.

- **DETERMINE** the priority and urgency to assign to an accelerated Workforce Culture and Effectiveness Programme.

- **AGREE** that the People, Organisational Development and Culture Committee (PODCC) will provide oversight of the next phase, providing assurance to the Board on delivery, outcomes, impact and risk.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	Reference 2305/score 20
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	1. Healthy, Thriving Teams 2. Customer Service Excellence 5. People First, Digital Always 6. Safe, Timely, High Quality Care 7. Future Orientated
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	3. Create people-centred employment and development opportunities that support workforce transformation, reflect the changing needs of 4. Create an inclusive culture where every voice matters, individual needs are considered and staff well-being is promoted and supported 5. Foster a learning culture by sharing knowledge and applying new ways of working that enhance local and global well-being 6. Work with partners and communities to nurture and support everyone to achieve their best well-being 8. Develop initiatives that build social connections and promote culture and the Welsh language as assets to support people's overall wellbeing
Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (*complete for strategic*	1. A Social Model for Health and Wellbeing will complement and integrate with other ways of working, values, principles and objectives. 2. Leaders will be bold and brave and will strategically commit to supporting a shift towards a Social Model for Health and Wellbeing.

change and/or significant service changes)	6. A culture of testing and learning will be encouraged, enabled, supported and celebrated.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report.
Rhestr Termau: Glossary of Terms:	AHP – Allied Health Professions HCS – Healthcare Science
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn: Parties / Committees consulted prior to this meeting:	Not applicable.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	None arising from this report.
Ansawdd / Gofal Claf: Quality / Patient Care:	None arising from this report.
Gweithlu: Workforce:	None arising from this report.
Tegwch Iechyd: Health Equity:	None arising from this report.
Risg: Risk:	None arising from this report.
Cyfreithiol: Legal:	None arising from this report.
Enw Da: Reputational:	None arising from this report.
Gyfrinachedd: Privacy:	None arising from this report.
Cydraddoldeb: Equality:	None arising from this report.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Improving People Experience Annual Report

2025/2026

Introduction

Service user feedback is important to monitor the experience of those who access our services and the quality of care that they receive. This allows us to identify areas for improvement, to share good practice and learn from positive experiences.

It is our priority to act on all feedback received as part of our culture of improvement and to demonstrate that we are fulfilling our pledges as set out in the Improving Experience Charter.

The following information demonstrates how we are capturing service user feedback by encouraging our service users and providing different ways in which this can be provided. The report also provides a summary of the issues and themes identified via our complaints, and claims and redress. Most importantly, service users should feel that there has been a valuable purpose to them providing their feedback.

Our pledge to our patients and community – Our Improving Experience Charter

We will always

Treat you with dignity, respect and kindness.

Communicate with you in a way that meets your individual, language and communication needs.

Keep you informed and involved in decisions about your health and care services, taking into account your wishes and needs.

Provide safe and effective care, in the most appropriate and clean environment.

Ensure that your information is kept secure and confidential.

Support and encourage you to share your experiences of health care, both good and bad, to help us improve the way we do things.

Patient feedback - overview

2025/2026

The Health Board now participate in 7 NHS Wales National Surveys and through these we continued to receive many positive stories and comments about the services provided by our caring and compassionate staff. We are continually sharing and celebrating these achievements across the organisation. The following represents the volume of contacts over the course of the financial year.

NHS Wales People's Experience Friends and Family Test Survey

Surveys sent out	270,776
Survey responses	43,246
Response rate	16%
Very good or good response	92%

Complaints received by Patient Support Services

Total of New cases	1978
Managed as early resolution	532
Complaints closed	2520
Responded <30 working days	1315

Further detail on themes/trends in complaints follows later in the report.
The main reasons for enquiries and early resolution cases related to appointments / waiting list queries, attitude and behaviour and communication inefficiencies.

Ombudsman

In this period there has been 13 new investigations started by the Public Services Ombudsman for Wales. In the same year, the Ombudsman also issued 12 final reports following investigation, of which:

- 2 were upheld and issued as Public Interest Reports
- 4 were partly upheld.
- 6 were not upheld.

Compliments received

By wards, departments or Chief Executive / Chair's office.

1549

Staff compassion and emotional and physical support were the main areas of appreciation

Patient support calls (0300 0200 159)

Calls made	7850
Calls via medium of Welsh	175

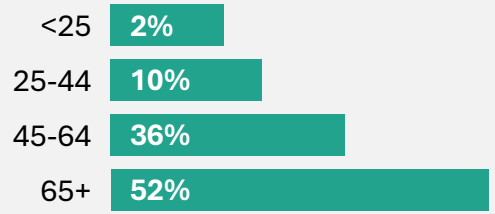
Patient feedback - demographics

Gender

41% 58%

Females provided the most feedback, with a strong lean toward positive sentiment. Responses from non-binary or undisclosed genders were reduced and evenly spread across sentiment types.

Age



As previously reported, older age groups are more likely to respond. However, during this period there is an increase in responses from persons aged 45-64. Respondents age 65+ are providing more positives responses compared to other age groups.

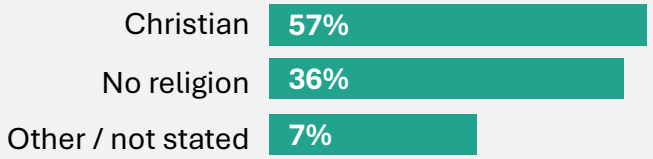
Disability

Nearly half of respondents (48.8%) report some degree of long-term impairment, highlighting the importance of accessible, inclusive services and reasonable adjustments across care settings.

This profile reinforces the importance of:

- reasonable adjustments and accessible environments
- clear communication and staff awareness
- inclusive service design and compassionate care

Religion

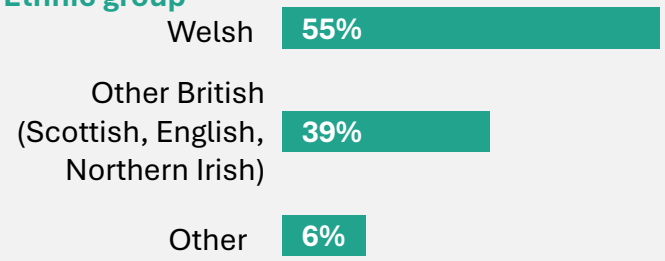


For this period there has been a fairly even split between Christian and non-religious respondents, with a small proportion choosing other or unspecified options.

Patient feedback - demographics

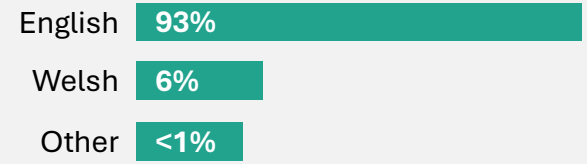
1st April 2025 – 31st March 2026

Ethnic group



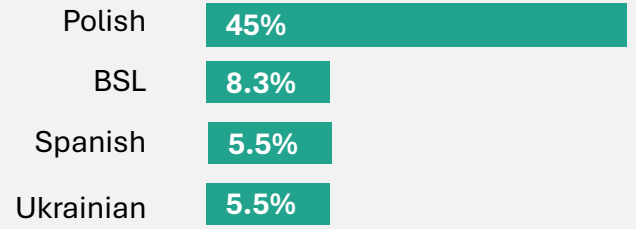
Knowing the ethnicity split of our patients is valuable for informing the development of culturally sensitive healthcare services and communication strategies. Staff are encouraged to take advantage of opportunities to learn the Welsh language, to engage confidently and respectfully with patients whose first language is Welsh.

Preferred Language



Knowing the preferred language of our patients allows us to easily grasp which languages and groups need to be supported in providing the best care possible for our patients. These figures clearly show a noticeably large difference in the use of the English language compared to Welsh and many others.

Other Preferred Languages



These figures demonstrate the <1% of people who prefer to communicate in a different language other than the two predominant languages used in Wales, with polish being the most preferred "other" language, then a steep drop down to BSL which is closely followed by Spanish and Ukrainian.

Minor Injuries Unit & Emergency Department Feedback

1st of April 2025 to 31st March 2026

Concerns continue to be raised around long waiting times and the overall patient experience. Uncomfortable seating, cleanliness issues, and lack of refreshments negatively impacted patient experience during these long waits. It is important to note that the volume of patients attending is very high, with almost 200,000 attendances over the year, the volume of feedback will be higher than other services who do not have the volume of activity.

Bronglais General Hospital

Improvement work is underway within the EUCC (Emergency and Urgent Care Centre) waiting areas. This includes collaboration with the Communications and Arts in Health teams, as well as support from the Nutrition and Hydration team to enhance food provision and introduce an additional hydration station. The team is also investing in more comfortable, height-adjustable chairs to improve patient comfort. Ongoing customer service training is being delivered to staff to further enhance patient interactions.

Prince Phillip General Hospital

The Minor Injury Unity and Same Day Emergency team are working on implementing the new Urgent Care Centre that will commence later this year.

This will see both of these service combine, making the experience for many patients more streamline.

They are focusing on creating new pathways and staffing models to ensure that the centre will work efficiently and improve overall experience for people who use either of these services

Glangwili General Hospital

Major construction work is now completed on the Same Day Emergency Care (SDEC) unit in Glangwili Hospital.

It is expected that the new, improved SDEC will reduce pressures on the Emergency Department at Glangwili and is part of on-going efforts to improve patient experience.

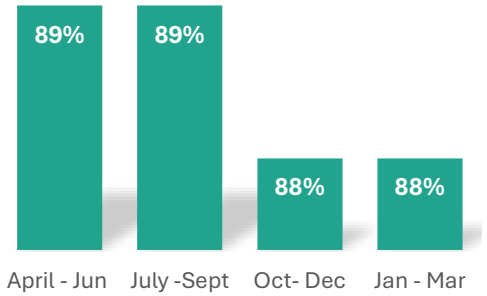
SDEC Treatment Room

Patient feedback by site and service

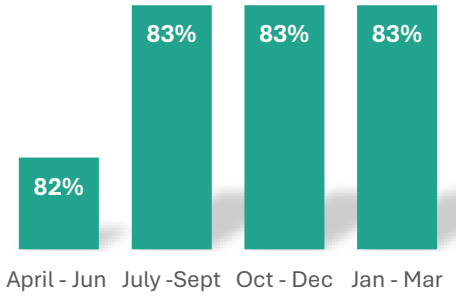
Each graph represents this period's performance for different sites. The differences in the data can be attributed to various factors such as operational changes, seasonal variations, patient feedback, and external influences.

% positive feedback

Prince Philip Hospital (PPH)



Glangwili General Hospital (GGH)

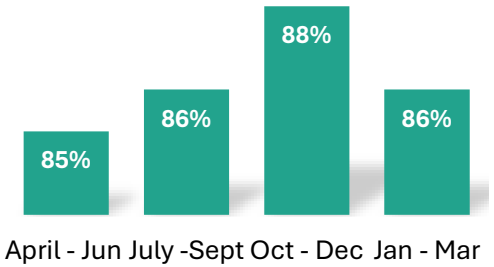


Key points raised: 1st April 2025 to 31st March 2026

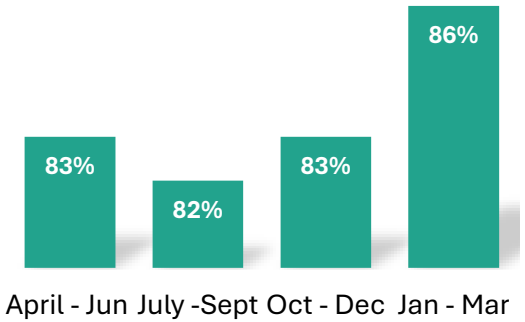
Service	Positive	For Improvement
PPH - Audiology	Consistent positive feedback on professional and competent staff. Staff were also noted as being compassionate, polite, and communicate well with patients.	The majority of negative feedback relates to the wait time for appointments as well as the quality of care and treatment.
PPH – General Medicine	The friendliness, compassion and emotional and physical support of staff were very positive areas for patients.	Concerns with the waiting time for appointments and patient comfort were the main areas of negative feedback.
PPH – Pain Management	Positive staff behaviour, such as helpfulness and friendliness were highly mentioned. So was the emotional and physical support offered by staff.	Waiting time for an appointment is one of the biggest negative aspects. This is followed by pain and discomfort.
GGH – A&E	Staff are consistently said to be professional and competent.	Many patients report long wait times, with others mentioning negative thoughts towards to facilities.
GGH - ENT	Staff are praised for being professional and competent, friendly, helpful and polite.	Feedback touches on negative aspects of patient' experience relating to parking and facilities. The wait for an appointment is overwhelmingly negative.

% positive feedback

Bronglais General Hospital (BGH)



Withybush General Hospital (WGH)

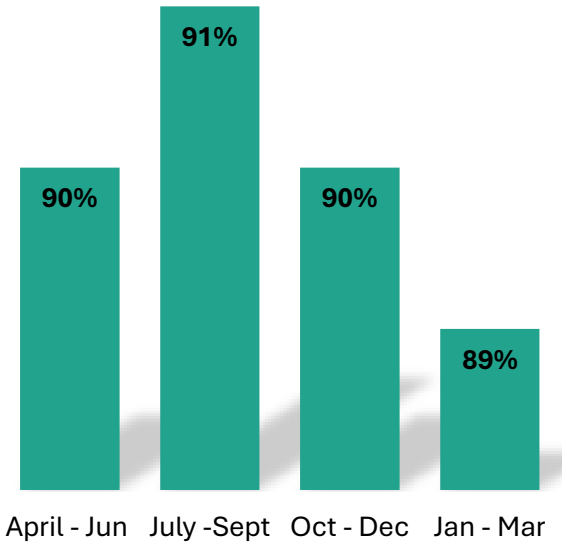


Key points raised: 1st April 2025 to 31st March 2026

Service	Positive	For Improvement
GGH - Rheumatology	Communication with patients is highly rated. So is staff compassion, hygiene, and privacy, dignity and respect.	The wait for an appointment is a negative aspect here, with other patients touching on the facilities and parking as negative issues.
BGH – Diabetes	Staff were said to be helpful and offered emotional and physical support. Their friendliness was commented upon frequently.	Patients found the wait times to be a negative experience. All comments regarding parking was negative. A few comments mention feeling unsafe.
BGH – Cardiology	Patients share that staff are overwhelmingly friendly, yet professional and competent. Staff communication is praised, as well as their helpfulness.	By far, patients share negativity with regards to the waiting times for appointments as well as parking facilities.
BGH – Gynaecology	The data shows that patient noted positive experiences with regards to the quality of their treatment and care, as well as the privacy, dignity and respect they were shown.	The wait time for an appointment was commented on negatively. Similarly, a small group of patients did feel they lacked comfort.
WGH – Dermatology	Staff behaviour is highly commended, especially their professionalism and being competent. Staff are said to be helpful, as well as good listeners involving patients.	Negative issues raise mainly towards waiting times and parking, with slight issues on information.
WGH – Ophthalmology	Staff were highly thought of as being friendly and professional.	The main area of negative feedback was the waiting time for an appointment.
WGH – Minor Injuries Unit	Patients consistently praised the waiting time, quality of treatment and care, as well as staff communication with patients.	The only negative area touched upon were the facilities.

% positive feedback

Community



Key points raised: 1st April 2025 to 31st March 2026

Service	Positive	For improvement
Community Services	Feedback for community services were mainly positive. The professionalism of staff, as well as their friendliness was mentioned.	Similarly to acute services, patients did share negative feedback with regards to wait times. With some touching upon a lack of information.
Mental Health	Positive themes were consistently observed across services. Staff compassion and helpfulness were highly praised. Communication was another strong point, with patients appreciating being listened to and having their treatment and care explained clearly.	Waiting times were another negative aspect highlighted, mainly in relation to test results, but also for treatment and general appointments. Patients did mentions negative experiences with gaining access to services.
Primary Care	Patients shared how staff were friendly and compassionate. The majority of patients felt there was consistent emotional and physical support in place for them.	Much of the negative feedback centred around the wait times for appointments, as well as the facilities of locations.

Listening to children, parents and carers

The Paediatric service continues to share updates through 'You Said – We Did' boards it communicates how patient and visitor feedback has been listened to and acted upon by the organisation. It is designed to reassure patients, families, and visitors that their views matter and lead to meaningful improvements.

To strengthen the voices of younger patients, a proactive feedback approach has been embedded into daily ward routines. Staff continue to use a handover checklist to prompt feedback collection, alongside child-friendly paper forms that are easier for children and families to complete. Patient Experience Officers support the transfer of feedback into the digital system. All feedback has been reviewed, actions taken where appropriate, and updates shared with relevant teams. No overarching themes were identified in the survey responses many children answered nothing or did not answer when asked what could be improved, reinforcing that experiences were largely positive. New NHS Wales National Surveys are being developed for Children and Young People and these will replace the current surveys which it is hoped will encourage far more feedback from this group of people.

Summary	Feedback provided....	Service response....
Overall feedback was positive. Across all surveys, feedback demonstrates consistently positive experiences of paediatric care, with staff kindness, communication and emotional support standing out as key strengths. Most respondents reported high satisfaction, and no overarching or recurring themes of concern were identified. Improvement opportunities are largely environmental or practical in nature.	**Survey children aged 4- 11** suggestions and feedback: • Visiting hours **Survey Children 11+ years** suggestions and feedback: • Toilets, shower's • Lack of communication Drs • Need a gaming room **Survey parents** – carers feedback: • Clearer signage.	• Parents are welcome at most times. However, there are times where the team are required to manage the number of people around beds to ensure space and maintain infection control, staff are reminded to communicate this with patient's, parents and carers. • Cleaning schedules have been put in place, all staff to check toilets regularly. • Reminding Dr to provide a clear plan, Dr's to be remined at the end of the discussion to ask if any questions.. • The team have purchased two gaming carts .The Xbox has built in games, these can be played by bedside or elsewhere in the hospital, • Teddy bears have been signs have been placed around the hospital for PACU. Staff to escort patients. The team to liaise with estates to improve signage

Compliments

The Patient Experience team continue to visit services to provide teams with certificates of appreciation. Teams provide feedback on how great it feels to receive this recognition and look forward to seeing this every month via the "The Big Thank You" newsletter posts on Viva Engage.

1549 compliments were received between the 1st April 2025 and 31st of March 2026. This is 297 more than the previous year.

Day Surgery Unit - PPH

"On the 24th October 2025 I had a fibroadenoma removed from my breast in Prince Phillip Hospital day surgery unit. I have genuinely never received such amazing care- I felt like a vip patient from beginning to end. From the first nurse I met, to the junior doctor, the anaesthetists, the surgeon ,the health care assistant who sat chatting to me, the anaesthetist nurse and all the nurses in recovery. (I wish I had written down names!) I couldn't be more grateful for the amazing care you provided."

If patients were pleased with their treatment or care they can share their appreciation to an individual staff member or team, by giving them a big thank you by completing our 'Big Thank You' online form https://hduhb.nhs.wales/healthcare/services-and-teams/patientsupport-services-complaints-feedback/ or they can look out for the poster in our hospitals.

"They made a difficult time a lot easier by listening and taking time to research his rare disability to ensure they gave the best care. They explained everything in terms we could understand, and allowed us to ask any questions, no matter how small or simple it could've been. Absolutely amazing team."

Intensive Care Unit - GGH

"Amazing radiology team, lovely staff, clean waiting area. Made me feel at ease, explained what they were going to do. Greeted by reception with a smile which is always nice. I did not have to wait long which was a bonus. Thank you very much for all you do for patients."

Radiology - WGH

Chemotherapy Unit - BGH

"I am currently receiving chemotherapy at Bronglais for a colon tumour. The nurses at the chemotherapy unit have exhibited a very high standard of care which is clearly appreciated by all patients. Every member of the hard working medical staff have been so kind and caring and they are a credit to our NHS. I can confirm these people are absolutely amazing!"

Patient Stories and Feedback Messages

Dyfrig Davies - Dyfrig Davies - Patient Story

This is a story shared by a son about his 87-year-old father (2024)

His father was previously fit, independent, and active. After a cancer diagnosis, he underwent major surgery, which was successful, and his recovery initially went well. However, complications followed. He developed infections and became increasingly unwell. The most difficult experience came in A&E, where, despite being elderly, confused, and recently having major surgery, he spent many hours waiting in an unsuitable environment. This caused distress and impacted both his dignity and recovery.
After discharge, the family struggled to access the support they needed, taking on much of the care themselves. While individual staff were kind and professional, the overall system particularly emergency care and follow-up support did not meet his needs.

The key learning is clear: care for vulnerable patients must be tailored, coordinated, and compassionate at every stage. Dignity, clear communication, and safe discharge planning are essential, and no part of the system can work in isolation.

Importantly, since this experience, improvements have been made within A&E services, showing a commitment to learning and improving care for future patients.

Gary's Story - *Gary's Story*

Gary's story outlines his recovery after a serious stroke and highlights the challenges he faced with swallowing (dysphagia) while on Ward 11 at Withybush Hospital. Following admission in a critical condition, he was assessed by a multidisciplinary team. Due to swallowing difficulties, he required a period of being nil by mouth and received liquid feeding.
Specialist investigations, including X-ray swallow imaging, showed a risk of aspiration, guiding his care plan. With support from speech and language therapists, he undertook targeted exercises and regular reassessments. Over time, Gary's swallowing improved significantly, allowing him to return to a normal diet by the time of discharge.
Now at home, he feels well, manages occasional difficulties safely, and reflects positively on his recovery and the care he received. Overall, the story is one of serious illness, careful assessment, teamwork, patience, and successful rehabilitation, leading to an improved quality of life.

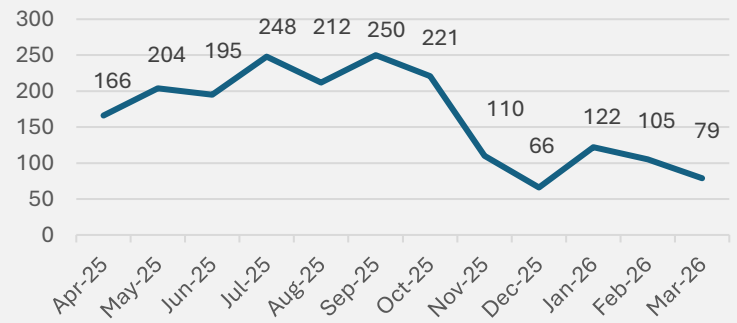
Learning
This story reinforces the importance of:
•Safe, evidence-based decision-making
•Effective multidisciplinary collaboration
•Clear communication with patients
•Patience and consistent rehabilitation support
It demonstrates how good stroke care and dysphagia management can significantly improve patient outcomes and quality of life when care is well-coordinated and patient-focused.

Complaints and concerns

April 2025 – March 2026

New concerns and complaints received

1978 new concerns and complaints were received by the Health Board. Numbers of new complaints have been at their peak during Quarter 2 during the period.



Closed complaints target

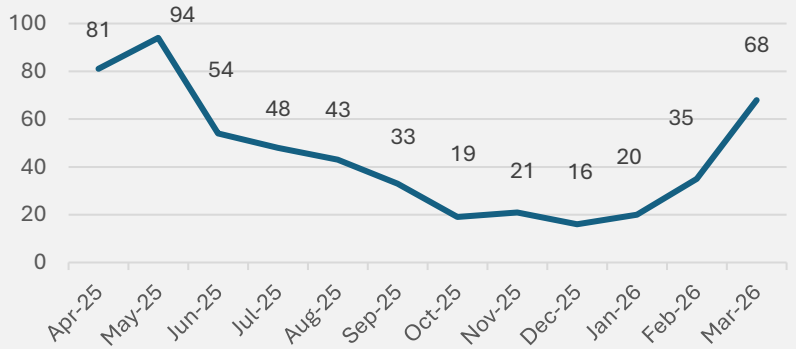
52% of complaints closed in the period achieved the 30-working day timescale under Putting Things Right, which includes those cases handled as early resolutions. The target set by Welsh Government is 75%. The Health Board is working on a trajectory for improving timescales that will enable it to achieve the Welsh Government target.

Closed within 30 working days	**52%** (1315 cases)
Closed over 30 working days	**48%** (1205 cases)

Early resolution cases by period received

532 of the complaints received in the period were managed as early resolution cases, with the aim of being resolved within five working days. There was a positive increase in the number of early resolutions in April and May, although these decreased through the summer period as the number of new formal complaints peaked, making it harder to achieve early resolutions at this time in the year. The lower numbers late in 2025 reflect the shift in focus towards the backlog of older, formal investigations which were a priority to close.

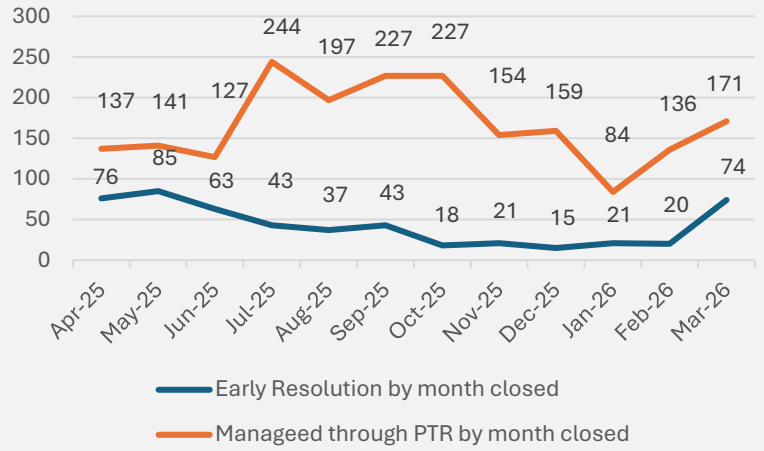
The increase in February and March 2026 represents the anticipating of the new ‘Listening to People Regulations’, during which a trial period saw a renewed focus on early resolutions.



April 2025 – March 2026

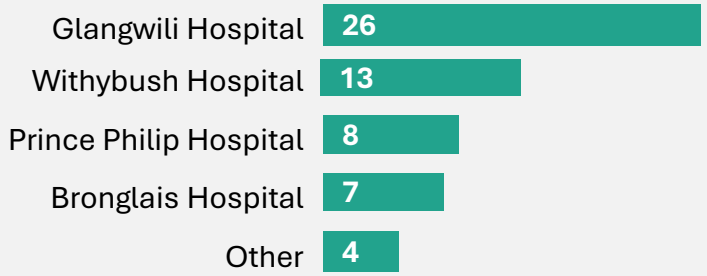
Number of concerns and complaints closed

2520 concerns and complaints were closed in the period. Of these, 2004 were managed as formal complaints and investigated under the Putting Things Right Regulations. The remaining 516 cases (20%) were resolved through the early resolution process.



Redress and upheld complaints

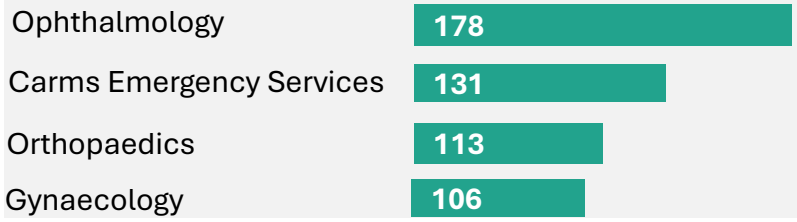
58 cases were escalated to Redress in the reporting period, because failings have, or may have, caused harm to patients. These have occurred at the following sites:



In the same period, a further 49 complaints were upheld because a breach of duty of care was identified through the course of the investigation, although the associated issues were not found to have caused harm. In these instances, learning is still identified and actions plans are put in place.

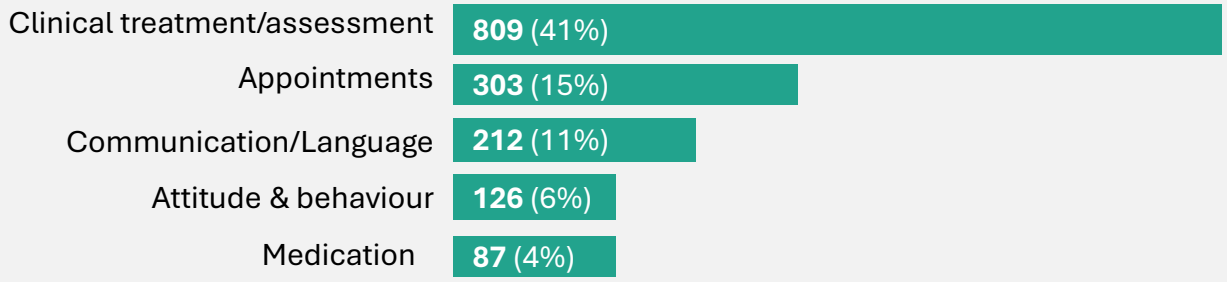
Complaints by service

The services with most formal complaints in were:



Complaints by theme

The most common themes for formal complaints remains consistent with previous years:



Learning From Complaints

This slide provides with a concise summary of the key organisational lessons identified from complaints, drawn from a thematic review of 'lessons learned' across services. It highlights the most recurrent drivers of complaints, strengths in current leaning processes, and the risks where themes continue to repeat. This summary tells us, beyond the statistics, what complaints intelligence is telling us about patient experience, culture, safety and system pressures.

Domain	Insight
Patient Experience	Primary driver of complaints is **how patients are treated and communicated with**, not clinical competence (despite this appearing so at face value).
Patient Safety	Some complaints highlight **missed escalation, delayed diagnosis and discharge risk**
Culture	Behaviour and compassion are recurring concerns, indicating cultural inconsistency
Access and Flow	Delays and cancellations reflect ongoing system pressure which are not easily rectified or preventable at team level.
Continuity of Care	Weak transitions between services and into the community remain a risk

Top 5 Learning Themes (By Frequency)

1. 🔴 Communication failures
2. 🔴 Delays and long waits
3. 🟠 Staff attitude and empathy
4. 🟠 Discharge planning and follow-up
5. 🟡 Clinical escalation and documentation

What Is Working Well?

- ✅ Learning is identified in the majority of cases
- ✅ Apologies and Duty of Candour applied
- ✅ Local reflective learning and discussions occurring
- ✅ Complaints used to highlight lived patient experience

Where Risks Remain

- ⚠️ Repetition of the same themes across multiple services
- ⚠️ Learning actions often **local, short-term or informal**
- ⚠️ Limited evidence of **measurement of impact**
- ⚠️ Dependence on staff goodwill rather than system design

Ombudsman – update and learning

Learning from Events and the Ombudsman

Where failings in care are identified by the Ombudsman, a learning process takes place and actions are taken to improve future patient safety and experience. All Ombudsman reports are taken through the Listening and Learning Sub-Committee for discussion.

The Ombudsman has powers to issue final investigation reports as 'Public Interest Reports'. It is down to the Ombudsman to deem whether their investigation findings raise issues in the public interest. In 2025 / 2026, the Ombudsman issued two public interest reports to the Health Board (see case studies)

Case A – Upheld in the Public Interest

The Ombudsman's investigation found that, when the Health Board's LD Epilepsy Service ceased in June 2021, it did not review the patients on its lists in a timely manner, nor provide adequate alternative provision to meet their needs. The Ombudsman was concerned that the shortcomings identified affected a very vulnerable group of patients and, despite several years elapsing since the concerns were first raised, that there was still no accessible pathway in place to ensure their needs were adequately met.

In response, the Health Board is developing and implementing an accessible Learning Disabilities (LD) Epilepsy pathway and has undertaken a comprehensive review of this cohort of patients to ensure that associated care plans are up to date and no patients are overlooked. Whilst work is continuing, there is Board oversight for assurance, and the Ombudsman has confirmed Health Board compliance with their recommendations.

Case B – Upheld in the Public Interest

The Ombudsman considered that earlier opportunities to recognise the seriousness of the patient's eye condition and to arrange further care were missed, noting lessons from this case for other health boards. Actions from this report included a review of outpatient appointment policies to ensure patients with the greatest clinical need are prioritised, particularly when clinics are wholly or partially cancelled.

Case C – Not upheld

Mrs C complained about the care and treatment her mother received from the Health Board and asked whether there was a missed opportunity to treat her for sepsis during her hospital admission in 2023. The Ombudsman found there was no missed opportunity to treat the patient for sepsis and their Adviser was satisfied that the treatment provided during the hospital admission was not only appropriate, but that the patient was given a better chance of survival by the treatment she received than perhaps she might have at many other hospitals.

Learning from events

Ensuring action and improvement from patient feedback, and through complaints, redress and claims is important to ensure the events are not repeated and there is continuous improvement in our services.

A small number of consistent themes emerge across services and types of concern. These themes are persistent over time and are largely cross-cutting rather than confined to individual teams or specialties. Higher volumes of cases are seen within planned and specialist care. A significant proportion relate to maternity, emergency care, orthopaedics and diagnostic services. Across all areas, the same underlying system issues recur, indicating organisational rather than isolated causes.

- Communication and involvement in care: Unclear explanations, inconsistent communication and limited involvement of patients and families frequently escalate distress and loss of confidence, even where clinical care is otherwise appropriate.
- Delays in assessment, diagnosis, treatment and follow-up: Delays are experienced as both safety and experience risks, particularly where deterioration occurs, reassurance is not provided in a timely way, or access to services is prolonged.
- Documentation, consent and continuity of care: Incomplete or unclear documentation of decision-making, escalation and follow-up plans weakens continuity of care, reduces organisational defensibility and undermines patient confidence.
- Pathway reliability and escalation: Harm often arises through a series of missed or delayed steps rather than a single error, highlighting the importance of clear escalation, ownership of follow-up and timely senior clinical review.
- Equity, accessibility and reasonable adjustments: Inconsistent identification and response to communication, sensory or accessibility needs can widen inequalities, reduce patient experience and increase the risk of harm.

Learning – What is different now?

There is increasing evidence that learning is being translated into system-level change rather than case-by-case response alone.

- Escalation thresholds and senior clinical oversight have been clarified across higher-risk pathways, supported by stronger governance and audit arrangements.
- Diagnostic and follow-up processes have been strengthened, with clearer requirements for investigations to be acted upon, explicit safety-netting and routine monitoring to test reliability.
- Documentation and consent standards have been reinforced through updated tools, clearer expectations and targeted training, improving transparency and continuity of care.
- More consistent multidisciplinary working has been embedded in complex pathways, with clearer recording of decisions and shared learning.
- There is a stronger organisational focus on learning culture, staff support and improvement, rather than blame.

Learning – Key actions underway

Review and update of clinical guidelines and care pathways.

Targeted education, training and shared learning in higher-risk services.

Use of audit, monitoring and assurance activity to test whether learning has been embedded in practice.

Improved documentation tools, templates and consent processes.

Improved identification of communication, accessibility and reasonable adjustment needs.

Service and digital redesign to improve coordination, continuity and follow-up.

The analysis provides assurance that recurring risks are being identified consistently across multiple sources of intelligence and that actions increasingly focus on system-level improvement.

Governance and oversight arrangements support monitoring of implementation and impact, while recognising the need for continued focus on sustainability and measurable improvement.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Hywel Dda University Health Board

Findings report from the 2025 NHS Wales Staff Survey

Contents

About this report

This report presents the findings of the 2025 NHS Wales Staff Survey for Hywel Dda University Health Board. It is the third consecutive survey administered under the Health Education and Improvement Wales (HEIW) framework. The survey was open to all substantive and bank staff from 6 October 2025 to 1 December 2025.

Results are benchmarked against the NHS Wales Health Board average. The benchmark group comprises Health Board organisations only. This allows for like-for-like comparisons.

Positivity scores represent the proportion of respondents selecting a positive response. For agreement-based questions, a positive response means 'agree' or 'strongly agree'. For frequency-based questions, it means 'often' or 'always'. Negativity scores use the equivalent negative options. If worded negatively, a positive response would be measured by ‘disagree’ or ‘strongly disagree’, ‘rarely’ or ‘never’. The Staff Engagement Index is derived from seven weighted questions across three sub-themes: involvement, motivation, and advocacy.

Where fewer than ten responses were received for any questions in any area, results have been supressed across all sections of the data to protect the anonymity of respondents.

For the purposes of the survey, it should be noted that the theme of ‘Patient Safety’ does not measure clinical outcomes or the direct safety of patient care. It measures staff perceptions of organisational learning, action, and feedback in response to the reporting of errors, near misses, and incidents. Scores in this theme should be read with that scope in mind.

In this report, arrows on data visualisations indicate the direction of change in positivity scores compared with the 2024 survey. Arrows do not indicate performance against the NHS Wales benchmark, which will be narrated separately.

This report was developed with the support of Microsoft 365 Copilot to assist with analysis, drafting, and structuring content. Professional judgement was applied throughout, and responsibility for the final content remains with the authors.

The 2025 response rate was 21.9%, meaning approximately four in five eligible colleagues did not participate. Results should be read with that limitation in mind. There is a reasonable risk that colleagues in the most pressured services, where participation barriers are greatest, are under-represented in the data. Service-level and staff group data cited in this report is drawn from the Tier 2 and Tier 3 paginated breakdowns.

Introduction

The 2025 NHS Wales Staff Survey provides Hywel Dda University Health Board with its most comprehensive annual evidence base of staff experience. Across 10 themes, 20 sub-themes, and over 50 individual questions, it maps how colleagues experience their work, their teams, their leaders, and their organisation.

There is progress to acknowledge – nine of ten themes score above the NHS Wales Health Board benchmark. Patient safety has improved substantially since 2023. Confidence in line management has strengthened. Fewer colleagues are actively thinking about leaving. Satisfaction with flexible working has grown year on year.

Our workforce demonstrates exceptional levels of compassion, team work, and commitment to patients across sites and staff groups, including those under the greatest operational pressure.

At the same time, staff engagement has fallen back. After modest improvement in 2024, the engagement theme score declined in 2025, and the Staff Engagement Index dropped 0.6 percentage points to 70.7%, marginally below the NHS Wales average. The decline is driven principally by a sustained and worsening fall in staff involvement in decisions affecting their work, now at 44.2% and declining for the third consecutive cycle. Fewer than half of colleagues who responded feel part of the decisions that shape their working lives.

Colleagues remain committed and willing to go the extra mile. They are less sure they would recommend the organisation, and far less sure they are involved in the decisions that shape their work. This may not be disengagement from patients or colleagues, but could indicate a growing disconnection from the organisation itself, driven principally by the sustained and worsening exclusion from decisions that affect working life.

The survey also reveals a workforce absorbing significant personal cost. More than six in ten colleagues came to work in the past three months despite not feeling well enough to do so. Nearly four in ten felt unwell as a result of work-related stress in the past year.

The qualitative responses received alongside the survey data reinforce this picture. The survey results included 770 qualitative free-text responses with an initial estimation of: 62% negative, 23% mixed, and 15% positive.

It is worth noting that in survey methodology, respondents who provide free-text comments are more likely to be motivated by negative experiences than positive ones.

With that context in mind, negative responses predominantly reflect concerns about senior leadership and the wider organisation, and many were strongly worded, indicating notable emotional strain.

Mixed responses typically praised immediate managers and teams while expressing dissatisfaction with organisational culture and senior leadership.

Positive responses were almost entirely localised, reflecting pride in teams and immediate working environments rather than the organisation as whole. This pattern is consistent with the quantitative findings throughout this report.

Service-level analysis reveals not one organisational experience but many. Corporate, strategic, and specialist functions report high engagement, autonomy, and morale. Frontline urgent and acute services tell a different story of low morale, low engagement, and in some cases patient safety scores that indicate concern.

Colleagues in pressured services are continuing to deliver care through professional commitment and mutual support, but the conditions in which they work are not always sustainable.

The survey results show that compassionate teamwork is clearly translating into patient care, with most staff seeing colleagues treat patients kindly and respond effectively when they are distressed. This suggests compassion within teams supports timely, attentive, and person-centred care.

The challenge ahead is to protect, reinforce, and continually improve what is having positive impacts, while addressing the systemic and workload factors that threaten to erode our strengths over time.

About the survey

The NHS Wales Staff Survey is the principal mechanism through which NHS Wales hears directly from its workforce about day-to-day experience at work. It runs annually and provides a consistent, evidence-based picture across themes including wellbeing, engagement, safety culture, compassion, flexible working, and recognition. Results are benchmarked against other Welsh Health Board organisations and tracked across successive years to identify trends.

Staff could complete the survey in Welsh or English through four routes: online via staff intranet pages and mobile devices; by paper copy returned in a prepaid envelope; or by telephone interview in their preferred language.

Response rate

Hywel Dda University Health Board received 2,677 completed surveys from an eligible workforce of 12,215.

This represents a response rate of 21.9%, compared with an NHS Wales Health Board average of 30.0% in 2025.

Of the 2,677 responses, 2,636 were completed online, 20 by paper copy, and 21 by telephone in Welsh.

Response rates have improved year on year at **Hywel Dda.** The organisation's participation rate was approximately 12.0% in 2023 and 19.7% in 2024, reaching 21.9% in 2025.

While this trajectory is encouraging, the rate remains substantially below the **NHS Wales average**, and the gap widened in 2025 as the Wales-wide average improved significantly

21.9%

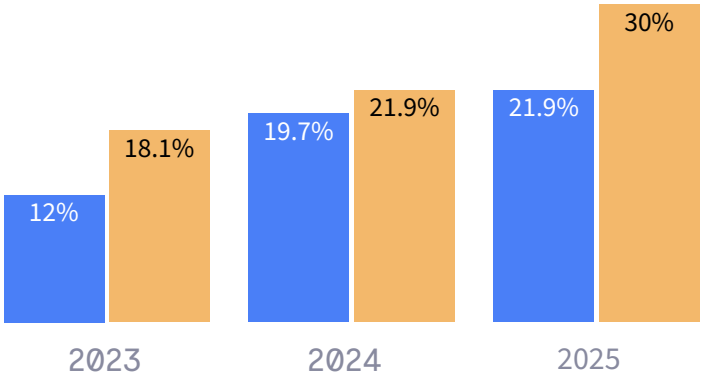
Hywel Dda Response rate

30%

NHS Wales Health Board average

2,677

responses received from 12,215 eligible Hywel Dda staff



Response Rates by Tier 2 and Tier 3 for Hywel Dda can be seen in Appendix A.

What we did to encourage participation

The Health Board applied its dedicated Staff Survey Strategy for the second consecutive year. Key elements included: roadshows delivered across Carmarthenshire, Ceredigion, and Pembrokeshire; a central information hub on SharePoint; a comprehensive communications plan developed by the Culture and Workforce Experience team; and Board-approved protected time of 20 minutes for all staff to complete the survey. Leaders were asked to take local ownership of their results and identify three priorities for action, with progress reviewed through Executive Improving Together meetings.

Why some colleagues did not take part

Four persistent barriers have limited participation at Hywel Dda over successive survey cycles. First, some colleagues remain concerned that responses could be traced back to them, despite the survey being independently managed and anonymised by HEIW and IQVIA Inc. Second, many colleagues report limited visibility of tangible change following previous surveys, which has bred scepticism about whether participation makes a difference. Third, frequent organisational restructuring has made it harder for some staff to identify where they sit within survey categories, leading to disengagement at the point of participation. Lastly, limited available time and the length of the survey were also identified as barriers to completion.

A note on incentivisation

HEIW offered all Welsh organisations £1,000 to use as an incentive for the 2025 survey. The offer was confirmed shortly before the survey opened, limiting the opportunity for a coordinated approach. Hywel Dda chose not to use incentives. The organisation's position was that participation should be driven by confidence that feedback will be used, rather than by rewards. Given the organisation's financial position, a sustainable incentive-based model was not considered viable.

Several other Welsh organisations invested more than the £1,000 offered and reported improved response rates as a result. NHS England consistently reports higher response rates than NHS Wales, and incentivisation is one factor that may contribute to that gap.

What ‘good’ looks like: Pharmacy and Medicines Management

One of the standout participation stories from 2025 came from Dilesh Khandhia, Associate Clinical Director in Pharmacy and Medicines Management, who took personal responsibility for improving his team's response rate.

Recognising that low engagement was not a matter of indifference but of experience, Dilesh introduced a light-hearted team challenge, buying biscuits with his own money and setting up a friendly competition between teams. He shared weekly response rate updates at team meetings to create visibility and momentum, and built survey completion time directly into existing meetings.

This resolved a long-standing survey access issue for colleagues without regular desk or computer access. Throughout, he spoke openly about why the survey mattered and how results would be used.

Participation rose significantly across Pharmacy and Medicines Management, including among colleagues who had not previously engaged. Dilesh was clear that increased participation was only the starting point.

His focus now is on demonstrating visible change, showing staff how their feedback shapes decisions, and building confidence that speaking up makes a difference.

This example illustrates that improved staff survey participation does not require complex strategies. It requires visible leadership, an understanding of what prevents colleagues from engaging, and a willingness to remove practical barriers.

Bar chart showing the increase in responses from 2024 to 2025 in Pharmacy and Medicines Management

Organisational results

Staff Engagement Index

The Staff Engagement Index is the principal metric used across NHS Wales to assess the overall level of staff engagement. It is derived from seven questions across three sub-themes: involvement in improvement and change (Involvement), intrinsic psychological engagement (Motivation), and staff advocacy and recommendation (Advocacy). The index is distinct from the staff engagement theme positivity score.

Hywel Dda's Staff Engagement Index score of 70.7% in 2025 is 0.1 percentage points below the NHS Wales Health Board average of 70.8%, and 0.6 percentage points below the organisation's own 2024 score. All three contributing sub-themes declined year on year.

51.5%

Involvement

The Involvement sub-theme scored 51.5% in positivity, a decline of 2.18 percentage points from 2024 and the lowest of the three components. Within it, the individual question on involvement in deciding on changes that affect work scored just 44.2%, the lowest-scoring question in the entire survey and one that has declined in each of the three survey cycles. Fewer than half of colleagues who responded feel part of the decisions that shape their working lives.

64.5%

Motivation

The Motivation sub-theme scored 64.5% in 2025, a decline of 0.89 percentage points from 2024. 78.7% are happy to go the extra mile when required and 64.5% are enthusiastic about their job, but the proportion looking forward to going to work has declined for the second successive year, sitting at 50.4%. Colleagues remain committed to their work, but that commitment is under pressure.

56.4%

Advocacy

The Advocacy sub-theme scored 56.4% in 2025, a decline of 0.97 percentage points from 2024. 56.0% would recommend Hywel Dda as a place to work, 2.74 percentage points above the NHS Wales benchmark, but organisational pride declined more sharply, with only 56.8% proud to tell people they work here, down 2.19 percentage points from 59.0% in 2024.

Results at a Glance: Themes and Sub-Themes

It is important to understand that for most questions, a positive response means ‘agree’ or ‘strongly agree’, and a negative response means ‘disagree’ or ‘strongly disagree’. However, some questions are worded negatively, where disagreement represents a positive experience. For example, disagreeing with this statement ‘I have unrealistic time pressures’ is recorded as a positive response. Where this applies, the scoring has been calculated accordingly by IQVIA Inc. and is reflected consistently.

What positivity scores do not show

Positivity scores should be treated as high-level indicators only. While useful for comparison, they conceal the full distribution of staff views and can mask neutrality and negativity, risk, polarisation, or concentrated negative experience. Meaningful insight requires examination of the full percentage breakdown to understand the scale and intensity of negative sentiment and to inform proportionate, targeted organisational action.

Theme-Level Summary: highest scoring themes

Nine of ten themes scored above the NHS Wales Health Board benchmark. The highest-scoring themes were We Are Stronger Together (70.2%, 1.47 percentage points above benchmark), We Are Compassionate and Inclusive (70.0%, 0.37 above benchmark), and We Are All Able to Speak Up (66.0%, 0.44 above benchmark).

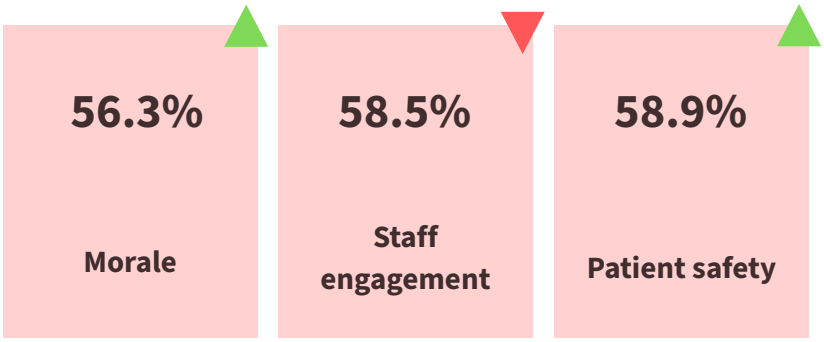
Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

> **I love working in my team, they really are a fantastic group, we work, we learn, we laugh."**

> **I’m proud to be part of the NHS and committed to supporting its mission."**

Theme-Level Summary: lowest scoring themes

The lowest-scoring themes were Morale (56.3%), Staff Engagement (58.5%), and Patient Safety (58.9%), however two out of three of these themes have shown a slight improvement.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Patient Safety scored 0.86 percentage points below the NHS Wales benchmark, making it the only theme where Hywel Dda scores below the benchmark. Staff Engagement was the only theme to decline in 2025, falling 1.28 percentage points from 59.8% in 2024 to 58.5%. The fall is driven by lack of involvement in decisions as the data tells us that colleagues remain motivated and willing to go the extra mile.

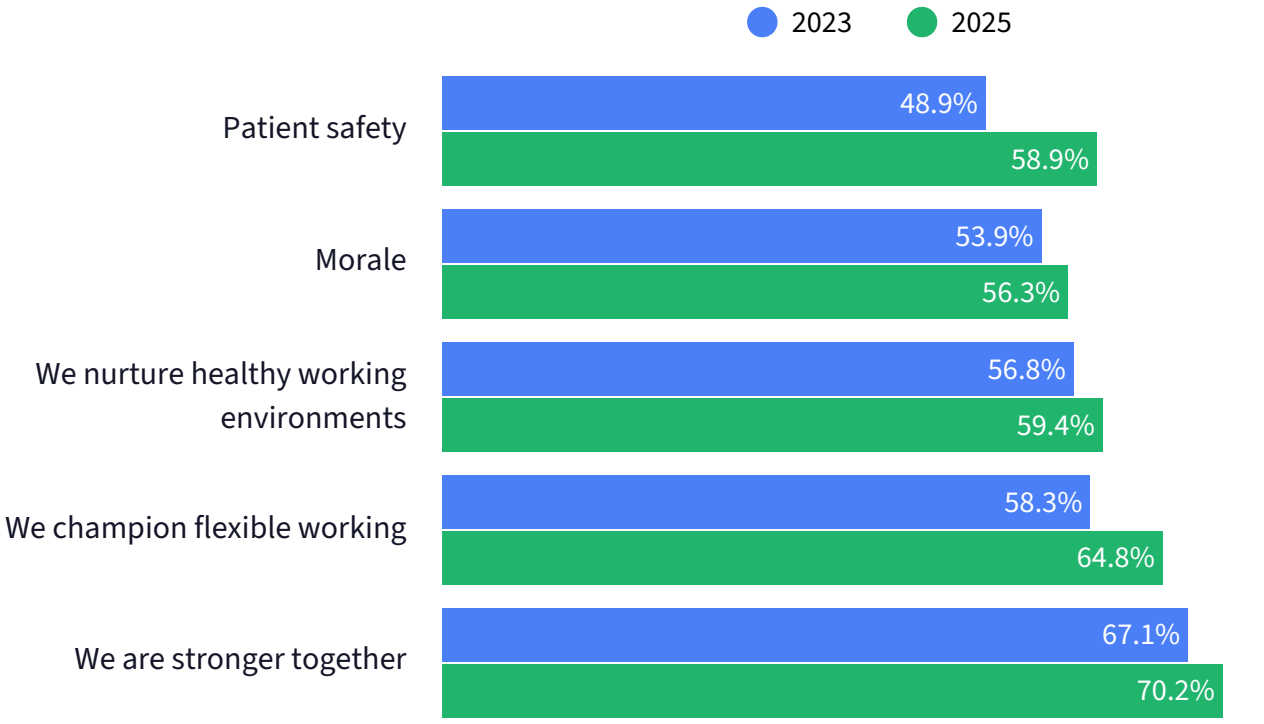
Taken together, these three themes point to a workforce that is working hard, absorbing pressure, while feeling removed from the decisions that shape their working lives.

> **"Staff are not approached for input and advice before changes are made. Our opinion, experience and knowledge is not appreciated or ever taken into consideration."**

> **"I feel the amount of red tape and policies there are to be able to make effective change is a barrier to change."**

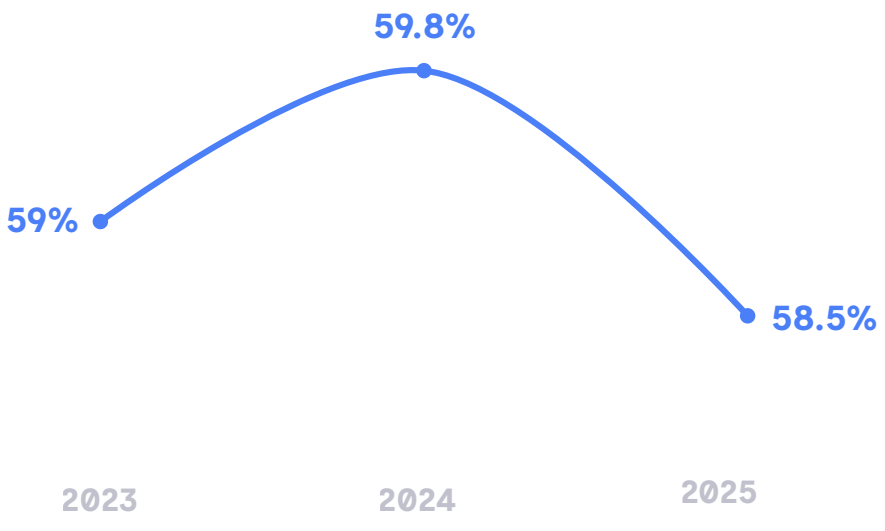
Three-year theme trends

Over the three years from 2023 to 2025, notable improvements were made in the areas shown in the below chart.



Bar chart showing the notable increase in responses from 2024 to 2025 across 5 of the 10 themes

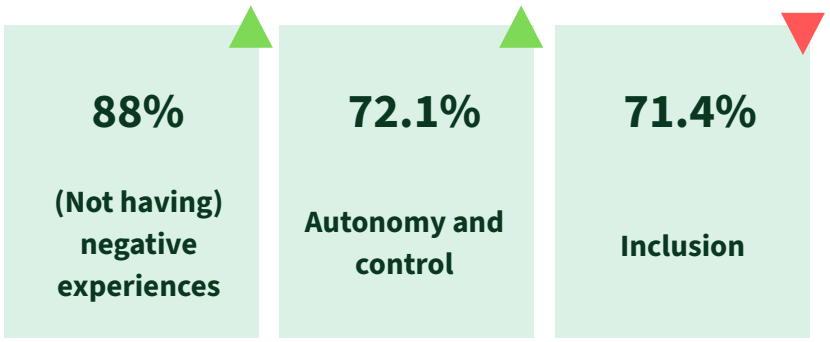
Staff Engagement as a theme rose from 59.0% in 2023 to 59.8% in 2024 before falling to 58.5% in 2025. It has not shown sustained improvement over the period.



Line chart showing the 'Staff Engagement' theme scores over the three survey cycles

Sub-theme summary: highest scoring themes

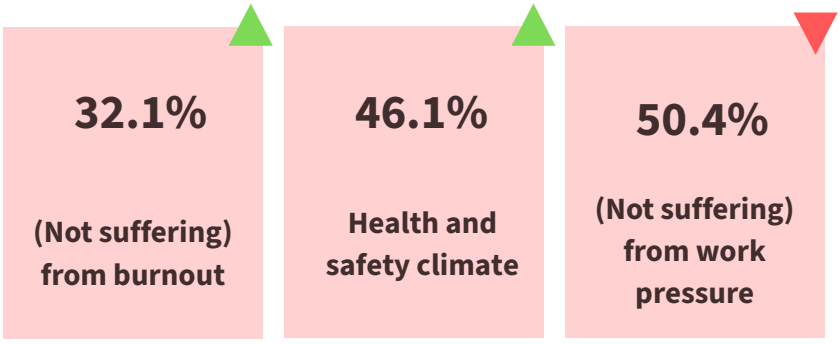
The three highest sub-theme scores in 2025 were: (Not having) negative experiences at 88.0% (2.14 percentage points above benchmark); Autonomy and Control at 72.1% (1.16 above benchmark); and Inclusion at 71.4% (0.40 above benchmark). These reflect a workforce that largely feels safe from direct harm, trusted as individuals, and fairly treated.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Sub-theme summary: lowest scoring themes

The three lowest sub-theme scores were: Burnout at 32.1%, meaning roughly seven in ten colleagues did not respond positively to burnout questions; Health and Safety Climate at 46.1%; and Work Pressure at 50.4%. Burnout improved from 27.1% in 2023 but the pace of change remains slow. Work Pressure has been essentially flat across the three years, moving from 49.7% in 2023 to 50.4% in 2025.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

The Ability to Contribute Towards Improvement at Work sub-theme fell 2.18 percentage points to 51.5%, now at exactly the NHS Wales benchmark, and has declined in each of the three survey cycles.

Organisational strengths

Organisational strengths

The staff survey results present a picture of an organisation under pressure, but there are indications of positive cultures prevailing. The strongest messages relate to the quality of human relationships: supportive teams, compassionate leadership, trust, flexibility, and commitment to patients. These strengths act as buffers against system strain and represent critical assets for the organisation.

1. The strength of our teams and the compassion within them

Colleagues consistently report strong, supportive relationships with the people they work with directly. 84.5% of colleagues say the people they work with behave compassionately towards patients, and 77.1% say colleagues are compassionate towards each other when facing problems.

2. Line mangement as a protective factor

The line management sub-theme scored 69.9%, above the NHS Wales benchmark but down 0.14 percentage points since 2024, showing compassionate and largely consistent local leadership.

3. Flexible working

Satisfaction with flexible working has grown consistently over three years and we sit well above the NHS Wales benchmark.

4. Trust and autonomy

The vast majority of colleagues feel trusted to do their job and are clear about what their responsibilities are.

5. Raising concerns

Results suggest a maturing safety culture where psychological safety exists at local level

6. A committed workforce

Despite sustained pressure, colleagues continue to demonstrate high levels of commitment, enthusiasm, and willingness to go the extra mile.

7. Learning, development and appraisal

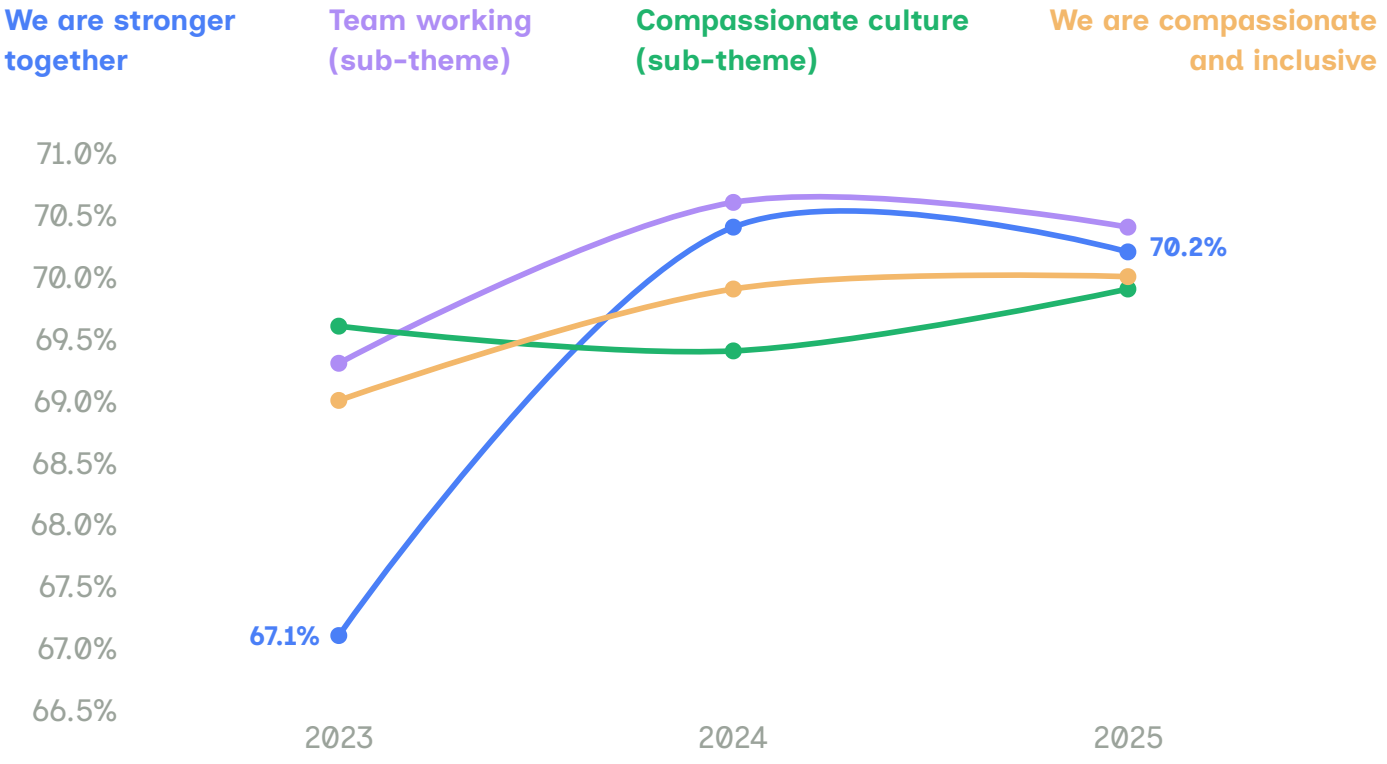
Most colleagues received an appraisal and the majority found it meaningful, saying it left them feeling their work was valued and it helped them improve how they do their job.

The strength of teams and the compassion within them

We Are Stronger Together is the highest-scoring theme in the survey at 70.2%, 1.47 percentage points above the NHS Wales benchmark. 80.6% of colleagues enjoy working with their team and 82.6% feel able to ask colleagues for help when they need it.

Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

Colleagues at Hywel Dda rate their teams highly and the compassion within them is a consistent finding across sites, staff groups, and service areas, including those under the most sustained pressure. These scores have remained stable across three survey cycles and reflect the quality of the people working in the organisation.



Line chart showing theme and sub-theme scores relating to teamworking and compassion across the three survey cycles

66% **say team members trust each other**	**71.5%** **say team members understand each other's roles**	**71.3%** **say their team works well with other teams**
73.3% **would speak up if they noticed poor or incorrect practice**	**77.1%** **say colleagues are compassionate towards each other when they face problems**	**77.9%** **say colleagues give good support to those who are distressed**

There is evidence of strong team-working with a largely positive picture, indicating that colleagues experience their teams as caring, supportive and compassionate. Most people report trusting their colleagues, suggesting trust is present, but there is scope to strengthen it further across teams.

The data also shows that 54.2% say team members take the time to reflect and learn, up from 50.1% in 2023. 69.9% say team members communicate closely to acheive objectives, and 76% say that team members have shared objectives.

73.3% would speak up within their team if they noticed poor or incorect practice, which is above the NHS Wales benchmark and shows the strength of team relationships.

Impact on patient care

These figures show that compassionate teamwork is clearly translating into patient care, with most staff seeing colleagues treat patients kindly and respond effectively when they are distressed. This suggests compassion within teams supports timely, attentive, and person-centred care.

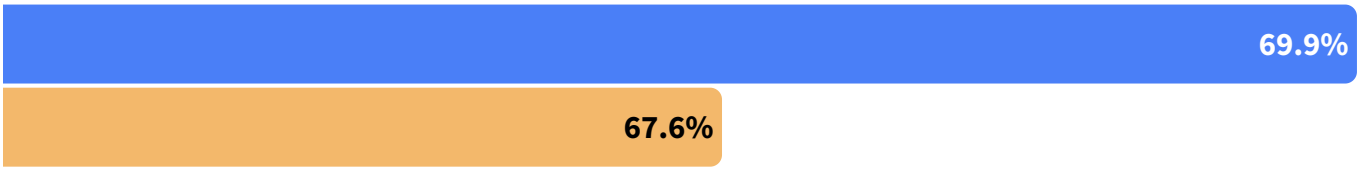
84.5% **say colleagues behave compassionately toward patients**	**83.5%** **say their team takes effective action to help patients in distress**

> **"I truly enjoyed my role and making a difference to patients when they were at their most vulnerable and being able to care for them during this time is a privilege."**

Line management as a protective factor

Most colleagues feel supported by their immediate manager. Line management scores improved substantially between 2023 and 2024 and have been largely sustained into 2025. This consistency across multiple questions suggests that compassionate leadership is being experienced at the line management level, even where staff perceptions of the wider organisation may be more mixed. The data indicates that where staff feel supported, they are more likely to remain engaged, motivated, and willing to sustain performance under pressure.

The line management sub-theme scored 69.9%, 2.35 percentage points above the NHS Wales benchmark.



73.4%

say their manager encourages them

74.4%

say their manager values their work

72.9%

say their manager recognises the importance of their emotional wellbeing

71.9%

say their manager listens when they describe challenges

69.9%

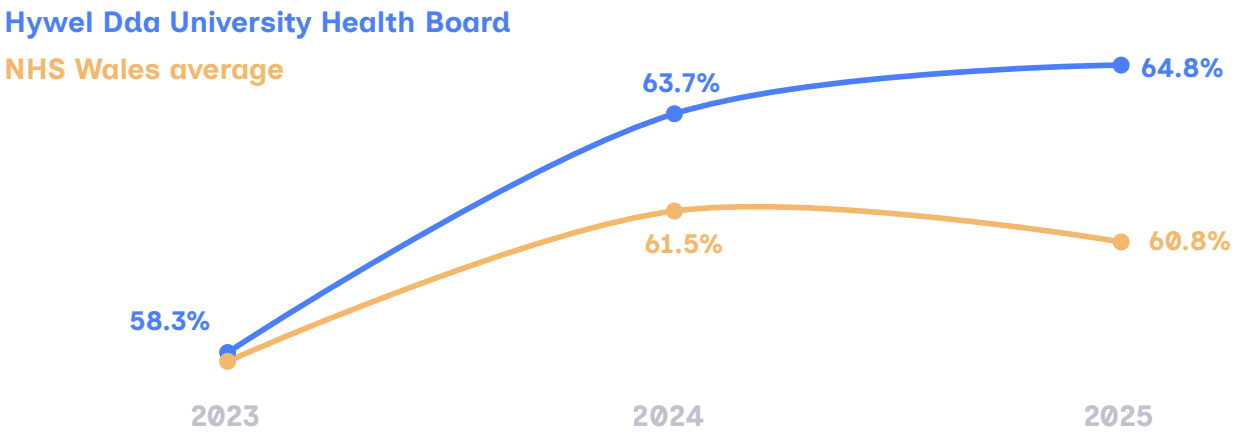
say their manager works together with them to understand problems

> **"The local management in this area is often effective and supportive.**
>
> **I would not hesitate to approach my immediate management team with any concerns or issues and believe they work with true intent."**

Negativity across these questions is relatively low, generally between 10% and 14%, suggesting that dissatisfaction with immediate line management is not widespread. This represents an important protective factor against burnout and disengagement and highlights the critical role of line managers in shaping staff experience. The strength of line management scores at organisational level should not obscure the variation at service level.

Flexible working

Flexible working is one of the most clearly differentiated strengths for Hywel Dda, with results outperforming the NHS Wales average and showing sustained improvement over time. Staff report increasing satisfaction with flexible working opportunities, confidence in discussing flexibility with their managers, and improving perceptions of work–life balance.



Line chart showing the direction of travel in flexible working scores across the three survey cycles from both Hywel Dda University Health Board and the NHS Wales Average

In a rural and geographically dispersed organisation, these findings are particularly significant. They indicate that where flexible working arrangements exist, they are supporting staff to remain in post and balance professional and personal responsibilities. This strength has direct implications for staff retention, wellbeing, and workforce sustainability and represents an area where the organisation has made tangible progress.

66.4%

of staff report satisfaction with opportunities for flexible working

72.6%

feel able to approach their manager openly about flexible working

61.6%

believe they achieve a good balance between work and home life

58.4%

feel the organisation is committed to helping them balance work and home life

These figures show that many staff feel able to discuss flexible working, and a good number are achieving a healthy work–life balance, though there is still room to strengthen how consistently the organisation supports colleagues in acheiving this.

> **“Our management has been open to flexible working hours which has made a difference.”**

Trust and autonomy

Trust and autonomy are critical to a healthy organisational culture in healthcare, as they shape how people work, lead, and improve together. A culture of trust supports openness, psychological safety, and learning, allowing staff to raise concerns, share ideas, and challenge practice without fear. Respecting autonomy empowers staff to use their professional judgement, take ownership of their work, and engage meaningfully in improvement.

Together, trust and autonomy support compassionate leadership, accountability, and collaboration, strengthening staff engagement, resilience, and ultimately the quality and safety of care delivered.

88.5%	81.7%	73.7%	72.4%
of staff feel trusted to do their job	**report always knowing what their work responsibilities are**	**feel they have choice in how their work is done**	**There are frequent opportunities for them to show inititative in their role**

Responses relating to trust and autonomy are notably strong. A high proportion of staff feel trusted to do their job, have clarity about their role, and feel able to show initiative. Confidence in raising concerns about unsafe or unethical practice is also relatively high compared to national benchmarks.

Raising concerns

While confidence that the organisation will address concerns is lower (52.8%), the high willingness to raise concerns suggests that psychological safety exists at local level, even where trust in organisational follow-through is more cautious.

75.1%

would feel secure raising concerns about unsafe clinical practice

76.8%

would feel secure raising concerns about unethical behaviour

While data suggests that staff are less confident that concerns will always lead to visible organisational action, the underlying willingness to speak up indicates that psychological safety exists in many teams. This reflects positively on local leadership practices and organisational culture and provides a necessary precondition for continued improvement in safety, quality, and learning.

These results suggest a maturing safety culture where reporting is increasingly normalised, even if challenges remain around feedback and visible organisational learning.

76.4%

feel encouraged to report errors and near misses

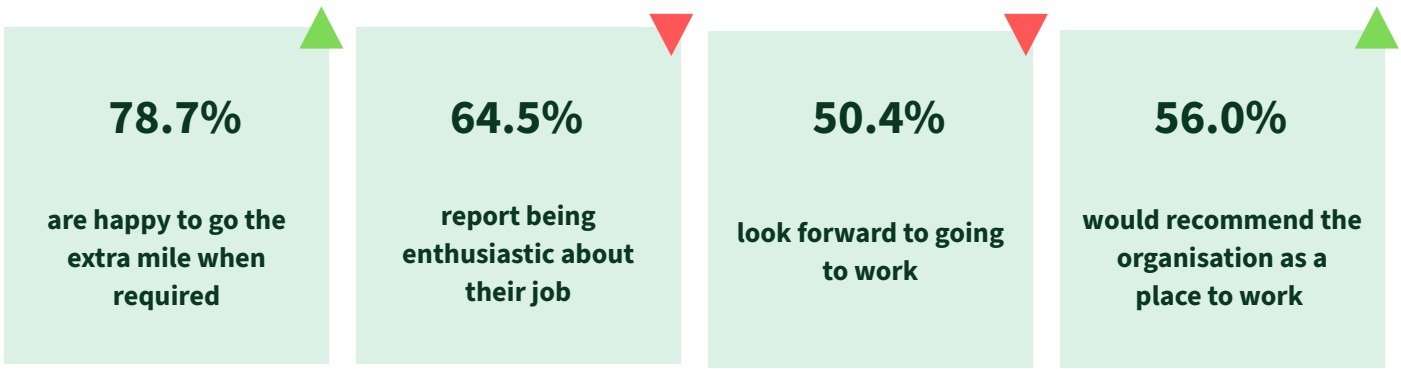
52.8%

believe staff involved in incidents are treated fairly

“I feel extremely well supported by my team leader and am confident to raise any concerns or issues I may have with them.”

A committed workforce

The data shows a workforce that remains committed and willing, even under sustained pressure. The four measures below capture the breadth of that committment, from day to day motivation through to how colleagues feel about the organisation as a whole.



Arrows indicate direction of travel from the 2024 NHS Wales Staff Survey

The extra mile figure is the strongest of the four. 78.7% of colleagues say they are happy to go the extra mile when required, up from 76.6% in 2023 and 1.46 percentage points above the NHS Wales benchmark. That figure has improved across three survey cycles and sits comfortably above the national average. It reflects a workforce that continues to give more than it is compensated for.

Enthusiasm for the job remains broadly stable. 64.5% say they are enthusiastic about their work, above the NHS Wales benchmark of 64.1%. It has edged down from 65.9% in 2024 and 65.3% in 2023, a modest but consistent downward movement worth monitoring.

Looking forward to going to work tells a similar story. 50.4% respond positively to this question, above the NHS Wales benchmark of 48.5% and 1.96 percentage points above it. However it has declined from 51.9% in 2024 and 51.8% in 2023. It has not improved across the three-year period.

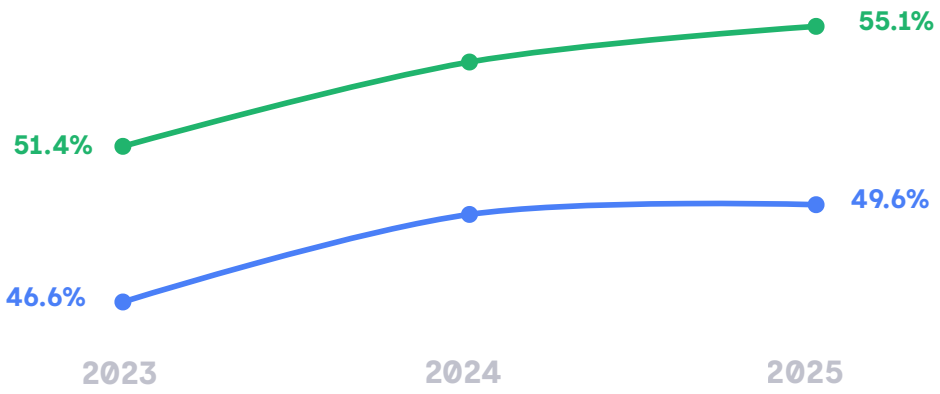
Willingness to recommend the organisation as a place to work sits at 56.0%, 2.74 percentage points above the NHS Wales benchmark and a modest improvement from 55.7% in 2024 and 53.4% in 2023.

Taken together these four measures describe a workforce that continues to show up and contribute. The direction of travel on enthusiasm and looking forward to work requires monitoring, but neither has moved significantly and both remain above the NHS Wales benchmark.

> **“I feel extremely proud to work for my organisation in [location removed]. We have incredible management and team leader, as well as fellow colleagues. I feel dedicated to my role, and feel it is a true passion not just a job.”**

Learning, development and appraisal

The survey shows that most staff receive an appraisal and that, for many, these conversations are meaningful. Appraisals are supporting clarity of objectives, skill development, and reinforcing that work is valued. Access to learning and development opportunities is improving and remains broadly in line with national benchmarks.



I feel supported to develop my potential
There are opportunities for me to develop my career in this organisation.

85.5%	64.0%	72.9%	67.4%	56.7%
of staff received an appraisal or PADR	report that appraisals helped them improve how they do their job	felt appraisals reinforced that their work is valued	feel they have opportunities to improve knowledge and skills	report being able to access learning opportunities when needed

The 'We Are Continuously Learning and Improving' theme scored 63.5% in 2025, 0.34 percentage points above the NHS Wales benchmark, and has improved from 61.4% in 2023. Career development opportunities are the weakest area within this theme. 49.6% feel there are opportunities to develop their career in the organisation, essentially unchanged from 49.3% in 2024 and a 3% increase on 2023's figure of 46.6%.

> **"I am proud to work for Hywel Dda. I have been given opportunities to progress and gain comprehensive skills, experience and confidence and have no intention in looking for progression outside the Health Board. I truly believe that I am fortunate to work for Hywel Dda and would encourage anyone, regardless of background or skills, to join us and realise their potential."**

Organisational risks

The Risks

The survey highlights six areas where the data points to risk that should be considered alongside the wider picture of improvement. Each is summarised below and set out in full in the sections that follow.

1. Staff involvement in change

44.2% feel involved in decisions affecting their work, down 8.4 percentage points since 2023. This is the lowest scoring question in the staff engagement section of the survey and has declined in each of the three survey cycles.

2. Burnout and the hidden contributors

60.7% came to work in the past three months despite not feeling well enough to perform their duties. 40.9% feel exhausted at the thought of another shift at work often or always. Both figures have worsened since 2023.

3. Variation in staff experience

Engagment ranges from 80.5% to 42.9% across Tier 2 areas. The scale of variation represents multiple microcultures within our organisation, with some services at significant risk levels. See page 33 for Tier 2 breakdown.

4. Psychological safety, speaking up, and the feedback loop

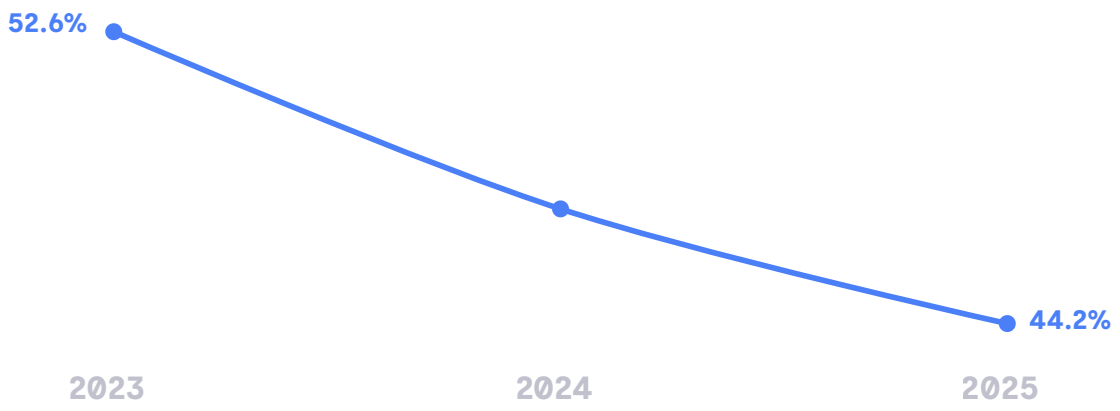
39.6% are confident the organisation would address a concern raised, a decline from 41.2% in 2024 and 2.76 percetage points below the NHS Wales benchmark. 48% receive feedback after errors or incidents are reported, 2.79 percentage points below benchmark and essentially unchanged from 2024.

5. Staffing levels

35% are positive on staffing adequacy, down from 37% in 2024, a deteriorating trend. Hywel Dda sits above the NHS Wales benchmark of 32.5%.

Staff involvement in change

The most significant single decline in the 2025 survey was involvement in decisions affecting work. Only 44.2% of colleagues responded positively to the statement 'I am involved in deciding on changes introduced that affect my work/area/team/department.' This is down from 47.5% in 2024 and 52.6% in 2023, a fall of 8.4 percentage points over three years. Negative responses have correspondingly risen to 28.7%. This is the steepest sustained directional decline in the dataset.



Line chart showing the decline in positive responses over the three year cycle in relation to colleagues being involved in deciding on changes.

This question has been the lowest-scoring item in terms of staff engagment in the survey for three consecutive years. It is also consistently the lowest-scoring element in Hywel Dda's internal monthly Staff Voice survey and team Culture surveys.

> **“Unfortunately, there is an historical culture of top down approach to innovations and bright ideas of change. This approach has stripped so many staff members of their drive and enthusiasm and will continue to do so. Perfect example of this is the computer generated assessments that we use daily, but implemented without the involvement of frontline staff who use them daily. I honestly feel that we will never make improvements until leadership and real change is taken from staff who work our front line. “**

58.8% of colleagues feel able to make improvements in their own immediate area of work. 78.7% are happy to go the extra mile when required, above the NHS Wales benchmark. The data shows colleagues who are willing to contribute but who do not feel included in the decisions that shape how they work.

58.8%

feel able to make improvements in their own immediate area of work

78.7%

happy to go the extra mile when required

44.2%

feel involved in decisions that affect their work

Involvement in decisions is one of three components that make up the Staff Engagement Index. All three components declined in 2025.

The scale of variation across Tier 2 areas reinforces the concern. Of 27 Tier 2 areas, 17 saw a decline in engagement index scores between 2024 and 2025. A full breakdown of this variation can be found on page 33 of this report.

> **“I have some great ideas that could save the health board money and provide more patient satisfaction but feel I am held back, micromanaged and not trusted.”**

> **“We hear about inspirational aims and plans involving opportunities to innovate and develop professionally. However, in our daily work we are told to sideline all other tasks in order to focus on cost-efficiencies.”**

Burnout and the hidden contributors

The burnout sub-theme scored 32.1% in 2025, meaning approximately seven in ten colleagues did not respond positively to burnout-related questions. While this represents an improvement from 27.1% in 2023 and 32.0% in 2024, the pace of change is marginal and work pressure has remained essentially flat over the same period, moving from 49.7% in 2023 to 50.4% in 2025.

The 'We Nurture Healthy Working Environments' theme scored 59.4% overall. The 27-point gap between that headline figure and the burnout sub-theme score reflects the fact that while some aspects of the working environment have improved, the underlying pressures driving exhaustion remain largely unchanged.

37.9% **felt unwell as a result of work-related stress in the past 12 months**	**26.7%** **experienced musculoskeletal problems as a result of work**	**60.7%** **came to work in the past three months despite not feeling well enough to do so**
59.1% **say they feel exhausted at the thought of going to work**	**38.7%** **say they often or always feel worn out at the end of their working day**	**33.7%** **say they lack enough energy for family and friends outside work.**

60.7% of colleagues came to work despite not feeling well enough to do so. Of those who experienced pressure from their manager to come in when unwell, the figure was 18.0%. Presenteeism at this scale poses risks to safety, quality of patient care and the long-term health of the workforce.

> **"We are constantly asked not to work overtime and to take our 30 minute breaks. The reality is, being patient facing, easily accessed within the community setting, it is impossible. What do [job title removed] expect and wish us to reduce? As we do not currently have one, we carry on, without breaks and work hours over. We are caring compassionate nurses, wanting to undertake our roles efficiently. Senior managers are out of touch with the reality of patient facing care delivery."**

Burnout risk is not evenly distributed. It is highest where workload, staffing pressure, and limited flexibility combine, which means it is concentrated in the same frontline services already identified in Risk 3. Medical and Dental staff, Additional Clinical Services, and colleagues in unscheduled care and acute settings report the lowest scores on work-related wellbeing measures. In those services, burnout is not an emerging risk but a current reality.

> **"During the pandemic, I paid a heavy price with home life and relationship suffering considerably due to the workload and long hours. At times it was pushed to the limit. The workload got worse and has done so year on year. It has to change. If I can find an equal or better paid job, I will likely end up leaving unless things radically improve. I see changes on the horizon which are making things worse. I think it is fair to say I am tired, physically and emotionally and I need to see massive engagement from senior management to listen and change or I will have to consider my future here."**

Unpaid Hours

49.9% of respondents work some level of unpaid hours above their contracted hours on a regular basis. Of those, 38.1% work up to five unpaid hours per week, 8.6% work between six and ten unpaid hours, and 3.3% work more than eleven unpaid hours per week. For a significant proportion of the workforce, unpaid work has become a routine part of how care is delivered.

22.6% of respondents also provide unpaid care for a family member, friend, or neighbour outside work. This means a substantial portion of the workforce is sustaining caring responsibilities in both their professional and personal lives simultaneously.

Taken together, the burnout, stress, presenteeism, and unpaid hours data describe a workforce absorbing significant personal cost. This is not a personal coping problem. The data shows staff are mitigating system pressures through personal effort rather than those pressures being managed by the organisation.

> **"Most of the staff in my team have experienced work related stress/anxiety and majority are medicated for this. Every member of clinical staff that I meet all remain passionate to delivery high quality care but staffing and work priorities mean we cannot always deliver the care we endeavour to. We appreciate there are cost implications but when medics and nurses and other [job title removed] are working at 100 miles an hour, to feel the standard of care is not good enough it is exhausting mentally."**

Moral Compromise

The quantitative data alone does not fully capture what colleagues in some services are experiencing. The pattern that emerges across frontline urgent and acute services is consistent with moral distress, moral injury, and burnout as interconnected and cumulative experiences. This section should be read as a professional assessment of patterns in the data rather than a set of direct survey findings.

Moral distress

Moral distress arises when colleagues know what good care looks like but face systemic barriers that prevent them from delivering it. Those barriers include staffing shortages, workload intensity, flow pressures, and resource constraints. At Hywel Dda, this is reflected in persistently low scores for involvement in change and improvement (44.2%), limited access to flexible working in high-pressure services, and the pattern of colleagues who score highly on compassion and commitment while scoring low on morale, engagement, and involvement. Staff in these environments demonstrate strong professional values yet report limited influence over decisions directly affecting their work and their patients.

> **“Having worked for the NHS for nearly [number removed] years this is the worst I've ever seen morale and stress within teams, we are all working the best we can - and over and above to ensure that the services are covered but this is just not enough and staff are struggling to cope with the pressures. These are very tough times.”**

> **“The gap between what we are trained to do and what we are allowed to do causes moral distress daily.”**

> **“We work in a busy A&E department where we are always understaffed, under pressure due to the enormous workload, the overburden of too many patients.”**

Moral injury

When moral distress becomes chronic and goes unaddressed, it can evolve into moral injury: a deeper sense of betrayal or erosion of trust, often directed at systems rather than at individuals. This is unlikely to be a resilience deficit but could indicate system-induced harm. Within the 2025 survey data, markers consistent with moral injury include declining advocacy scores, reduced motivation despite stable compassion and teamwork, recognition scores below 40% in some services under sustained pressure, and engagement falling in areas where colleagues are continuing to hold services together.

Staff are delivering care through personal sacrifice rather than sustainable system support. Over time, this damages the psychological contract between colleagues and the organisation.

> **“I feel that there is an increasing amount of pressure put on the hospital and its staff the public demand and that the hospital is not sufficiently equipped or staffed to manage this pressure. New targets for off-loading ambulances into the emergency department within a certain time-frame is causing all departments throughout the hospital to be constantly surged by multiple patients. Inappropriate patients are being nursed in corridors for multiple days to ensure these targets are being met. I feel that practicing this way is only masking the hospitals ability to handle these pressures with a lack of resources and therefore making it appear that we are managing better than we actually are. I feel that to hit these targets, staff are being asked to practice unsafely and this is causing additional stress within the workplace that is directly leading to an increase in staff sickness, further worsening the ability of the department to perform safely and effectively.”**

Burnout as an outcome, not a root cause

Burnout is often treated as an individual wellbeing issue. The survey data suggests it is better understood as an outcome of moral injury and capacity strain rather than a failure of personal coping. Evidence of burnout risk is visible in persistently low morale in acute and urgent services, flattening engagement despite improvements elsewhere, and stability in work pressure scores that suggest pressure is entrenched rather than easing.
Colleagues have not disengaged because they care less. They are disengaging because they care deeply but feel structurally unable to deliver care safely, ethically, or sustainably.

Organisational implications

The convergence of moral distress, moral injury, and burnout carries direct risk for workforce retention, psychological safety, patient safety, leadership credibility, and long-term operational resilience. Without explicit recognition and targeted systemic intervention, high-pressure services face continued erosion of engagement and increasing exit intent, even among highly committed and experienced colleagues.

Variation in staff experience by Tier 2

Area	Change in engagement index score from 2024 - 2025	Trend
Estates and Facilites	+5	▲
Finance	+2.9	▲
Oncology and Cancer Services	+2.9	▲
Pharmacy and Medicines Management	+2.2	▲
Nursing, Quality and Patient Experience	+1.4	▲
Unscheduled Care Glangwilil	+1.2	▲
Mental Health and Learning Disabilites	+1	▲
Radiology	+1	▲
Workforce and OD	+1	▲
Strategic Planning	+0.3	▲
Allied Health Professions	-0.3	▼
Pembrokeshire County	-0.7	▼
Unscheduled Care Prince Philip	-0.7	▼
Unscheduled Care Bronglais	-0.8	▼
Operations Management	-0.9	▼
Carmarthenshire County	-1	▼
Medical	-1	▼
Digital	-1.4	▼
Planned Care	-1.7	▼
Primary Care	-1.9	▼
Public Health	-2.3	▼
Pathology	-2.4	▼
Ceredigion County	-2.6	▼
Women and Children	-3.1	▼
Chief Execs Office	-3.4	▼
Primary Care Management	-4.5	▼
Unscheduled Care Withybush	-6.3	▼
Urgent and Emergency Care Programe	Less than 10 responses	

Ten of the Tier 2 areas demonstrated an increase in their engagement index score between 2024 and 2025. The most notable improvement was observed within Estates and Facilities, which recorded a 5% increase, representing the strongest positive shift across the organisation.

These improvements indicate areas where local leadership and engagement efforts may be gaining traction.

Conversely, 17 Tier 2 areas experienced a decline in their engagement index scores. The most significant reduction occurred within Unscheduled Care – Withybush, which saw a decrease of 6.3%.

These downward trends highlight areas where staff engagement may be under pressure and where targeted organisational support may be required.

Overall, the mixed performance across Tier 2 directorates underscores the need for a more consistent and coordinated approach to strengthening staff engagement, ensuring that improvements are sustained and that areas facing challenges receive timely and focused intervention.

Variation of themes by Tier 3

Tier 3 results show wide variation in staff experience, far greater than would be expected from random fluctuation. Positivity scores range from 80 to 90 per cent or higher in some corporate and specialist functions, to critically low levels of 25 to 45 per cent in a number of frontline, urgent, and operational services.

The Tier 3 theme heatmap, with full detail provided in Appendix B, demonstrates that staff experience is highly dependent on service context. There is no single organisational culture at Tier 3 level, with areas of significant strength and significant risk existing side by side.

Frontline urgent and acute services

The greatest levels of distress are evident in Tier 3 areas associated with Unscheduled Care, Urgent and Emergency Care, Operating Theatres, and some acute medical specialties. These services frequently report:

- Morale below 45 per cent
- Engagement between 30 and 50 per cent
- Patient safety scores below 40 per cent in some services
- Healthy working environment scores between 40 and 50 per cent

This pattern is consistent with sustained demand, flow pressure, staffing shortages, and elevated risk exposure. Together, these conditions are associated with heightened burnout risk and potential patient safety concerns.

Corporate, strategic, and specialist functions

In contrast, corporate, strategic, and specialist Tier 3 services report consistently higher scores across most themes, including:

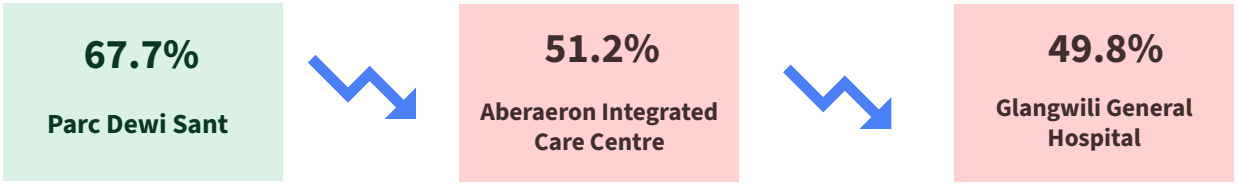
- Engagement and morale above 70 to 80 per cent
- Learning and improvement in the 75 to 85 per cent range
- Flexible working often above 80 per cent

These results suggest working environments characterised by greater autonomy, clearer roles, more control over work pace, and more sustainable and flexible working conditions.

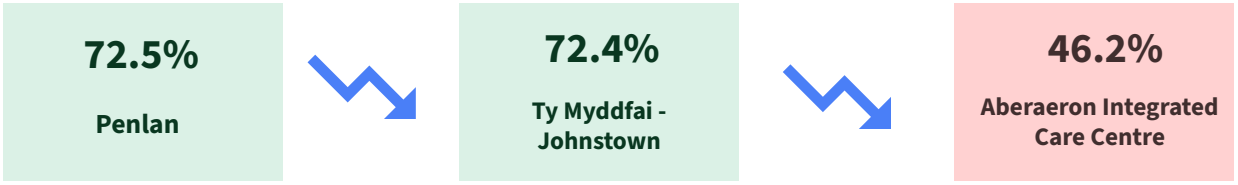
Variation by site

There is a wide spread in experience depending on site. The below demonstrates significant variations of theme results by site, with the full heatmap available in Appendix C.

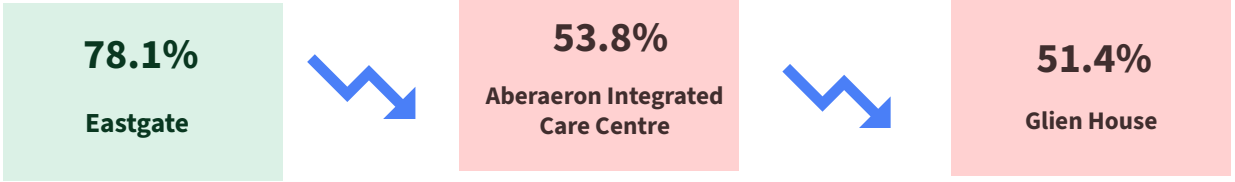
Morale



Staff engagement



Patient safety



Site-level analysis shows marked variation in staff experience. Community and specialist sites such as Parc Dewi Sant, Penlan, Ty Myddfai and Gorwelion consistently report higher morale, engagement, teamwork and recognition. Staff appear to feel highly valued, involved, and psychologically safe, indicating excellent local leadership and team cohesion and provide transferable good practice that could be explored for wider adoption.

In contrast, larger acute hospital sites, including Glangwili and Withybush, report lower morale, engagement and perceptions of healthy working environments.

Across all sites, compassion and teamwork score more positively than morale and engagement, indicating a strong interpersonal culture operating within challenging system conditions.

Variation across roles

The results show marked variation in experience by staff group. Students and administrative staff report the most positive experiences, particularly around learning, inclusion, and flexibility. In contrast, Medical and Dental staff, Allied Health Professionals, and Estates and Ancillary staff report lower morale, engagement, and perceptions of healthy working environments. Across all groups, teamwork and compassion score more positively than morale, engagement, and patient safety, indicating strong interpersonal culture operating within challenging system conditions.

Staff group	High-level finding
Additional Clinical Services	Strong focus on safe, compassionate care, but lower morale and engagement indicate sustained pressure and elevated burnout risk.
Administrative and Clerical	Most stable experience, with strong flexibility, teamwork, and local management supporting morale and engagement.
Allied Health Professionals	Highly committed teams, but system pressure is impacting morale, engagement, and long-term sustainability.
Estates and Ancillary	Lowest overall experience, with low morale, learning, and recognition suggesting disengagement and retention risk.
Healthcare Science Professionals	More balanced and sustainable experience, supported by stronger voice, learning, and engagement.
Medical and Dental	Critical pressure group, with very low morale, engagement, flexibility, and concerning patient safety perceptions.
Nursing and Midwifery	Strong team cohesion and compassion, but workload and operational pressure constrain sustainability and engagement.
Students	Most positive group, with strong learning, engagement, and inclusion reflecting a supportive entry-level culture.

Theme	Highest scoring staff group	Score	Lowest scoring staff group	Score
Morale	Students	61.5%	Medical & Dental	49.1%
Patient safety	Students	70.0%	Medical & Dental	48.8%
Staff engagement	Students	71.6%	Medical & Dental	50.6%
We are all able to speak up	Students	76.2%	Medical & Dental	59.6%
We are compassionate and inclusive	Students	80.9%	Estates & Ancillary	58.3%
We are continuously learning and improving	Students	92.8%	Estates & Ancillary	49.6%
We are stronger together	Students	81.9%	Estates & Ancillary	56.6%
We champion flexible working	Administrative & Clerical	70.9%	Medical & Dental	45.7%
We nurture healthy working environments	Students	70.0%	Allied Health Professionals	52.9%
We recognise everyone's contribution	Administrative & Clerical	67.2%	Estates & Ancillary	51.6%

Overall there is a consistent narrative: People are kind, supportive, and committed, but the system is making work hard.

What this table indicates:

- Culture between people is stronger than the culture of work
- Students and admin staff experience the system most positively
- Clinical frontline groups feel the greatest strain
- Support services feel undervalued and under-developed
- Flexible working is a clear lever where applied well

Psychological safety, speaking up, and the feedback loop

When colleagues feel safe to raise concerns, report incidents, and speak honestly about what is not working, the organisation has the information it needs to improve. The 2025 data suggests psychological safety at Hywel Dda is holding at team level and fragile at organisational level.

What colleagues feel safe to do

At team level the picture is relatively strong. Colleagues broadly feel able to speak up within their immediate environment and understand why it matters.

75.1%

feel secure raising concerns about unsafe clinical practice

73.3%

would speak up in their team if they noticed poor or incorrect practice

76.4%

say the organisation encourages reporting of errors, near misses, and incidents

Where confidence is fragile

The picture changes significantly when colleagues consider whether the wider organisation will act on what they raise.

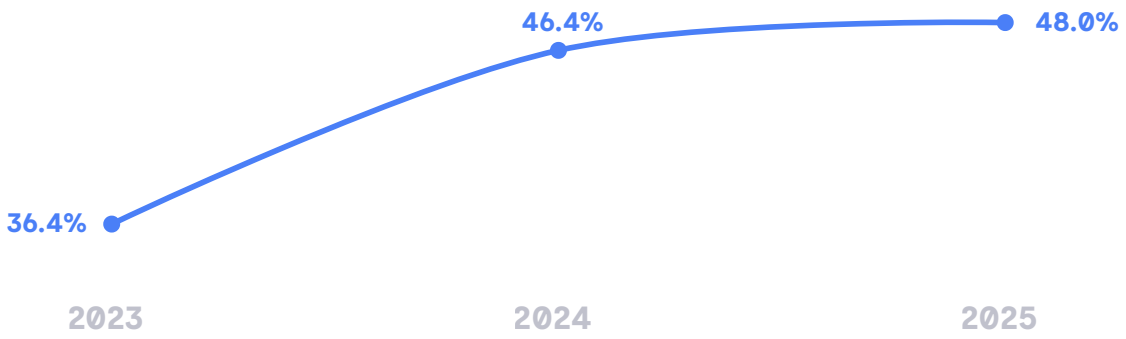
Only 55.4% feel safe raising concerns about anything that concerns them in the organisation. This is down 0.3 percentage points from 2024 and sits 1.34 percentage points below the NHS Wales benchmark.

Only 39.6% are confident the organisation would address a concern they raised. This was lowest in 2023 (36.7%), improved in 2024 (41.2%) but has now declined.

> **“My manager creates a safe space to speak openly, which is not the case elsewhere.”**

The incident reporting feedback loop

Feedback to staff about changes made following reported incidents was positive for only 48.0% of respondents, sitting 2.8 percentage points below the NHS Wales benchmark. This figure was 36.4% in 2023 and rose substantially to 46.4% in 2024 before seeing a small increase in 2025.



Line chart showing the increase in respondents who feel that they are given feedback about changes made in response to reported errors, near misses and incidents

The organisation encourages staff to report errors and near misses, and staff are doing so. 76.4% say the organisation encourages reporting but the loop is not being closed. Colleagues are not hearing what happened as a result of what they report. That gap, between reporting and feedback, is where confidence erodes.

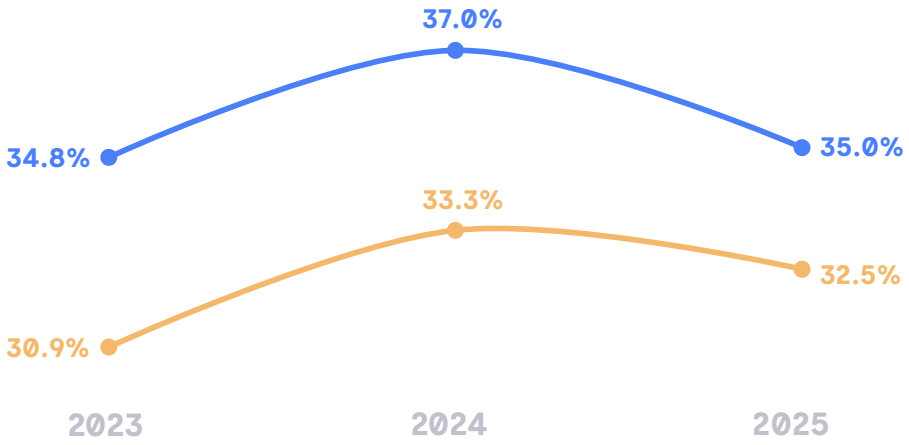
It is also worth acknowledging what has improved. Fair treatment of staff involved in incidents rose from 38.4% in 2023 to 52.8% in 2025, a substantial shift.

> **“When mistakes are made and procedure followed, there is little desire to change, often finding the same mistakes repeated.”**

> **“Team conflict and a lack of psychological safety is a big issue… practitioners are afraid of being criticised.”**

Staffing levels

35.0% of respondents agreed there are enough staff to do their job properly, with 34.2% responding negatively. This represents a deterioration from 37.0% positive in 2024, reversing two years of modest improvement. While Hywel Dda performs marginally above the NHS Wales Health Board benchmark of 32.5%, the absolute level remains low and the directional trend is concerning.



Hywel Dda: There are enough staff at this organisation for me to do my job properly

NHS Wales: There are enough staff at this organisation for me to do my job properly

54%

say they can meet the conflicting demands on their time at work

62.2%

say they have adequate supplies, materials, and equipment

9.8%

say there are *always* enough staff for them to do their job properly

> **“My biggest concern is under staffing, continually shift after shift we are short staffed. Do we still cope yes we do but are killing ourselves under the pressure.”**

Only 9.8% said there are always enough staff for them to do their job properly. This figure is the 'always' response only, should not be taken as the overall measure of staffing adequacy; the positive response of 35.0% represents the proportion who responded positively across all frequency options.

Conclusion and recommendations

Conclusion

The 2025 NHS Wales Staff Survey is the third consecutive survey completed by Hywel Dda University Health Board under the HEIW framework. Results show a polarised picture of staff experience across a workforce of approximately 12,215 eligible employees.

There is progress to acknowledge. Nine of ten themes score above the NHS Wales Health Board benchmark. Patient safety has improved substantially since 2023. Satisfaction with flexible working continues to rise. Line management scores are stronger than three years ago. Fewer colleagues say they will probably look for a new job in the next 12 months. These are meaningful and hard-won improvements.

However, staff engagement declined in 2025. The Staff Engagement Index fell to 70.7%, marginally below the NHS Wales average, with all three contributing components declining year on year. Involvement in decisions affecting work remains the lowest-scoring question in the survey and has deteriorated for three consecutive cycles. The organisation's long-standing challenge in this area has not been resolved.

Service-level analysis reveals that the organisation does not have a single, shared experience. It has multiple micro-cultures existing side by side. Corporate, strategic, and specialist functions report high engagement, autonomy, and morale. Frontline urgent, acute, and operational services report critically low scores in several areas, including morale, engagement, and patient safety perception. The gap in morale between the highest and lowest-scoring services represents fundamentally different working lives within the same organisation.

The evidence points clearly to a capacity, workload, and sustainability issue rather than a motivation problem. Staff in high-pressure services are absorbing system risk with limited flexibility, recognition, or opportunity to shape change. The pattern of compassion and commitment in the face of declining morale and involvement is consistent with moral distress and, in some services, moral injury. These are challenging times for Hywel Dda University Health Board and responding effectively will require a whole-system approach.

Recommendations

Actions

Our 2025 Staff Survey results require focused action that protects and reinforces existing strengths, while addressing the systemic and workload factors that threaten to erode them over time. These recommendations are deliberately limited in number and prioritised for impact, supporting continual improvement where progress is being made and targeted action where risks persist.

Local ownership and application

To further encourage local ownership and a move from measurement to accountability, our internal Workforce & OD escalation measures in 2026-27 include the following Staff Survey measures as part of the staff experience domain:

Participation (Qtr 1)
Engagement score (Qtr 1)
Action plan developed for top three themes (Qtr 2)
Action plans showing progress (Qtr 3 & Qtr 4)

Progress against these priorities will form part of the review within the escalation process. Relevant Organisation Development Relationship Manager (ODRM) are available for guidance and support on subsequent workforce actions within services/teams.

Staff experience

Paying close attention to our new organisational risk (reference number 2305) relating to staff experience during this period of significant change which is intensified by resource constraints and heightened external scrutiny, our Workforce and OD directorate will continue to provide targeted support in 2026–27. This work is aligned with our staff survey findings and focuses on supporting staff, promoting healthy workplace cultures, and ensuring leaders and teams have appropriate support and resources.

Act on burnout as a system risk, not an individual issue

Linked to the previous action, burnout, presenteeism and unpaid hours will be considered as indicators of capacity strain needing operational response. Targeted interventions will be prioritised where workload, staffing gaps and flow pressures overlap, rather than organisation-wide wellbeing initiatives alone.

Staff involvement in change

We will undertake an organisation-wide review of how change is currently designed, communicated and implemented, with a specific focus on staff experience and involvement. The learning will be used to agree clear principles for how staff involvement will be built into change at all levels of the organisation.

Protect and scale what is working

We will preserve and strengthen high performing elements of Hywel Dda's culture, including team work, compassionate leadership, trust, autonomy and flexible working. We will also continue to learn from services with strong engagement and morale, adapting transferable practice for more pressured environments.

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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Appendix 1 – Hywel Dda (HD) Response Rates

TIER 2	TIER 3	Count	Completions	Response Rate
HD Carmarthenshire County		**436**	**89**	**20.4%**
	HD Carms Community Hospitals / Other Carms County	78	46	59.0%
	HD Carms Community Nursing	314	39	12.4%
	HD Carms Palliative Care	44	4	9.1%
HD Ceredigion County		**169**	**74**	**43.8%**
	HD Cered Community Hospitals	28	14	50.0%
	HD Cered Community Nursing	129	20	15.5%
	HD Other Ceredigion County	12	40	333.3%
HD Chief Execs Office		**96**	**71**	**74.0%**
	HD Chief Execs	29	10	34.5%
	HD Communications	28	25	89.3%
	HD Corporate Governance / Office	39	36	92.3%
HD Nursing, Quality and Patient Experience		**203**	**133**	**65.5%**
	HD Legal Services / Patient Experience	48	18	37.5%
	HD Nursing Management and Health Charities	43	36	83.7%
	HD Nursing Quality Improvement	27	33	122.2%
	HD Prof Standards and Workforce	34	11	32.4%
	HD Quality and Improvement	35	35	100.0%
	HD Chaplaincy and Consent	16	0	0.0%
HD Digital		**228**	**93**	**40.8%**
	HD IT And Information / Performance	186	75	40.3%
	HD Telecommunications	42	18	42.9%
HD Estates and Facilities		**1020**	**123**	**12.1%**
	HD Facilities Operations East	435	14	3.2%

	HD Facilities Operations West	380	48	12.6%
	HD Facilities Specialist Services	145	10	6.9%
	HD Other Facilities	47	42	89.4%
	HD Compliance Operations	13	9	69.2%
HD Finance		**98**	**69**	**70.4%**
	HD Finance	98	69	70.4%
HD Medical		**138**	**98**	**71.0%**
	HD Corporate Medical Directorate	35	25	71.4%
	HD Medical Education	39	31	79.5%
	HD Research and Development	52	29	55.8%
	HD Values Based Health Care	12	13	108.3%
HD Pharmacy and Medicines Management		**272**	**175**	**64.3%**
	HD Carms Hospital Pharmacy	118	85	72.0%
	HD Cered Hospital Pharmacy	29	20	69.0%
	HD Pembs Hospital Pharmacy	54	31	57.4%
	HD Primary Care Prescribing	71	39	54.9%
HD Mental Health and Learning Disabilities		**1332**	**231**	**17.3%**
	HD Child and Adolescent Mental Health Services (CAMHS)	207	44	21.3%
	HD Community Mental Health (MH)	215	49	22.8%
	HD Learning Disabilities (LD)	127	28	22.0%
	HD MH and LD Medical	54	5	9.3%
	HD MH and LD management (MGMT) / Continuing Health Care (CHC)	184	11	6.0%
	HD MH Inpatient	213	21	9.9%
	HD Older Adult MHS	181	32	17.7%
	HD Psychological Services	101	26	25.7%
	HD Substance Misuse	50	15	30.0%
HD Oncology and Cancer Services		**133**	**45**	**33.8%**

	HD Oncology and Cancer Services Staff	133	45	33.8%
HD Operations Management		**252**	**129**	**51.2%**
	HD Central Sterile Services Department (CSSD) / Hospital Sterilisation and Decontamination Unit (HSDU)	54	11	20.4%
	HD Clinical Engineering Operations	35	24	68.6%
	HD Medical Records	128	85	66.4%
	HD Clinical Care Group MGMT / Central Transport Unit	35	9	25.7%
HD Pathology		**287**	**64**	**22.3%**
	HD Pathology Staff	287	64	22.3%
HD Pembrokeshire County		**272**	**54**	**19.9%**
	HD Pembs County Management	20	16	80.0%
	HD Proactive and Planned Care	138	21	15.2%
	HD Urgent and Intermediate Care	114	17	14.9%
HD Planned Care		**1407**	**145**	**10.3%**
	HD Anaesthetics	93	6	6.5%
	HD Audiology	32	8	25.0%
	HD Bowel Screening Derm and Neuro	43	2	4.7%
	HD Breast Care and Specialist Nurses	36	2	5.6%
	HD Critical Care	187	19	10.2%
	HD Day Surgery	80	8	10.0%
	HD Endoscopy	95	9	9.5%
	HD Ear, Nose & Throat (ENT)	25	1	4.0%
	HD General Surgery	64	6	9.4%
	HD Operating Theatres	256	13	5.1%
	HD Ophthalmology	81	15	18.5%
	HD Orthopaedic	89	6	6.7%
	HD Outpatient Services	99	20	20.2%
	HD Pain	21	4	19.0%

	HD Planned Care Management / Validation	61	12	19.7%
	HD Plaster Technicians	21	2	9.5%
	HD Pre-Assessment	38	5	13.2%
	HD Rheumatology	19	4	21.1%
	HD Urology	35	2	5.7%
	HD Waiting Lists	32	1	3.1%
HD Primary Care		**304**	**116**	**38.2%**
	HD Dental	55	19	34.5%
	HD Managed Practices	136	41	30.1%
	HD Other Primary Projects / Primary Care Nursing	32	36	112.5%
	HD General Medical Services (GMS) Out of Hours (OOH) and GMS	81	20	24.7%
HD Primary Care Management		**120**	**23**	**19.2%**
	HD Chronic Conditions and Practice Development	41	1	2.4%
	HD Long Term-Care	42	10	23.8%
	HD Primary Care Administrators / Mgmt	37	12	32.4%
HD Public Health		**161**	**80**	**49.7%**
	HD Alcohol Liaison Service	12	7	58.3%
	HD Health Improvement Team / Emergency Planning	44	22	50.0%
	HD PH Imms and Schools	85	32	37.6%
	HD Public Health Admin	20	19	95.0%
HD Radiology		**315**	**47**	**14.9%**
	HD Radiology Ecea	315	47	14.9%
HD Strategic Planning		**39**	**33**	**84.6%**
	HD Planning / Commissioning	17	19	111.8%
	HD Transformation	22	14	63.6%
HD Allied Health Professions		**751**	**217**	**28.9%**
	HD Dietetics	89	30	33.7%
	HD Lymphedema	20	1	5.0%
	HD Occupational Therapy	243	37	15.2%

	HD Physiotherapy	254	103	40.6%
	HD Podiatry	60	22	36.7%
	HD Speech and Language Therapy	85	24	28.2%
HD Unscheduled Care Bronglais		**458**	**44**	**9.6%**
	HD Cardiovascular Services Bronglais Hospital (BGH)	54	14	25.9%
	HD Emergency Services and Site Mgmt BGH	118	6	5.1%
	HD Medical Specialties BGH	209	19	9.1%
	HD Surgical Wards BGH	77	5	6.5%
HD Unscheduled Care Glangwili		**921**	**72**	**7.8%**
	HD Cardiovascular Services Glangwili Hospital (GGH)	170	8	4.7%
	HD Emergency Services and Site Mgmnt GGH	211	9	4.3%
	HD Medical Specialties GGH	269	18	6.7%
	HD Surgical Wards GGH ENT	35	7	20.0%
	HD Surgical Wards GGH GEN Surgery	64	7	10.9%
	HD Surgical Wards GGH Ortho	60	3	5.0%
	HD Surgical Wards GGH Urology	42	3	7.1%
	HD Unscheduled Care Mgmt GGH	70	17	24.3%
HD Unscheduled Care Prince Philip		**622**	**57**	**9.2%**
	HD Cardiovascular Services Prince Phillip Hospital (PPH)	63	5	7.9%
	HD Emergency Services and Site Mgmt PPH	149	5	3.4%
	HD Medical Specialties PPH	319	26	8.2%
	HD Surgical Ward PPH	67	4	6.0%
	HD Unscheduled Care Mgmt PPH	24	17	70.8%
HD Unscheduled Care Withybush		**783**	**72**	**9.2%**
	HD Cardiovascular Services Withybush Hospital (WGH)	75	8	10.7%
	HD Emergency Services and Site Mgmt WGH	181	3	1.7%
	HD Medical Specialties WGH	444	19	4.3%
	HD Surgical Wards WGH	53	7	13.2%
	HD Unscheduled Care Mgmt WGH	20	15	75.0%

	HD Urgent & Emergency Care Programme WGH	10	20	200.0%
HD Women and Children		**1068**	**114**	**10.7%**
	HD Acute Childrens Services	253	18	7.1%
	HD Community Childrens Services	61	28	45.9%
	HD Maternity Services	299	19	6.4%
	HD Obstetrics and Gynaecology	106	14	13.2%
	HD PH Community / Flying Start / Prev / HVs / School Nurse	281	26	9.3%
	HD Sexual Health	51	5	9.8%
	HD Women and Childrens Management	17	4	23.5%
HD Workforce and Organisational Development		**248**	**181**	**73.0%**
	HD Business Support, Partnerships & Equality, Diversity & Inclusion (EDI)	14	14	100.0%
	HD Education and Development	47	35	74.5%
	HD Operational Workforce	110	58	52.7%
	HD Organisational Development	31	35	112.9%
	HD Workforce Planning, Resourcing and Utilisation	46	39	84.8%
HD Urgent and Emergency Care Programme		**82**	**8**	**9.8%**
	HD Tissue Viability / Urgent & Emergency Care Prog	82	8	9.8%
Unknown at Tier 2 Level			**20**	
	Unknown at Tier 3 level		20	
	TOTAL	**12215**	**2677**	**21.9%**

Appendix 2 - Tier 3 by theme

QuestionTheme	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Tier 3	Positivity score									
HD ACUTE CHILDRENS SERVICES	54.1%	66.2%	60.3%	65.6%	67.0%	75.2%	60.3%	54.2%	54.8%	52.9%
HD Business Support, Partnerships & EDI	79.7%	72.7%	83.7%	87.9%	79.5%	85.8%	85.0%	83.9%	73.8%	91.1%
HD CAMHS	61.0%	58.6%	67.2%	71.9%	78.1%	69.1%	76.5%	75.6%	59.5%	77.3%
HD CARDIOVASCULAR SERVICES BGH	53.0%	52.7%	57.1%	65.5%	67.4%	59.4%	64.3%	57.1%	54.6%	60.7%
HD Carms Community Hospitals / Other Carms County	54.3%	54.7%	51.2%	57.3%	59.2%	57.2%	60.2%	55.9%	56.9%	56.0%
HD CARMS COMMUNITY NURSING	61.5%	73.6%	63.0%	69.7%	77.1%	70.6%	75.3%	66.7%	63.2%	69.9%
HD Carms Hospital Pharmacy	49.0%	75.1%	54.8%	63.9%	65.6%	60.8%	66.8%	40.3%	53.1%	49.1%
HD CERED COMMUNITY HOSPITALS	56.9%	44.7%	44.3%	51.8%	57.0%	49.5%	66.1%	67.3%	58.8%	51.8%
HD CERED COMMUNITY NURSING	52.1%	49.3%	52.9%	56.5%	66.6%	61.0%	66.8%	57.0%	53.6%	51.3%
HD Cered Hospital Pharmacy	54.8%	72.2%	60.0%	72.0%	73.1%	56.9%	66.4%	42.5%	57.3%	63.8%
HD CHIEF EXECS	68.5%	80.0%	84.3%	85.0%	86.9%	88.3%	92.0%	65.0%	66.7%	90.0%
HD Clinical Engineering Operations	57.2%	62.7%	63.1%	76.7%	73.7%	68.0%	78.5%	82.3%	65.9%	67.4%
HD COMMUNICATIONS	55.8%	50.0%	65.7%	68.8%	71.6%	61.5%	74.9%	73.0%	64.4%	67.7%
HD Community Childrens Services	62.4%	71.2%	61.2%	66.1%	74.0%	71.3%	76.9%	65.8%	60.4%	70.5%
HD COMMUNITY MENTAL HEALTH	57.0%	56.0%	61.9%	67.4%	71.9%	63.7%	73.3%	64.6%	55.1%	66.8%
HD CORPORATE GOVERNANCE / OFFICE	63.0%	64.6%	60.7%	69.5%	75.1%	67.4%	76.8%	76.4%	66.3%	74.3%
HD CORPORATE MEDICAL DIRECTORATE	53.5%	65.1%	62.9%	69.9%	68.7%	62.7%	70.2%	74.0%	62.6%	71.7%
HD Critical Care	43.5%	61.3%	36.4%	53.4%	69.4%	58.6%	77.0%	53.9%	50.3%	56.6%
HD CSSD / HSDU	73.4%	81.8%	68.8%	79.1%	85.8%	79.5%	78.6%	70.5%	80.8%	81.8%
HD Dental	61.9%	50.8%	57.1%	62.4%	63.8%	55.0%	63.1%	65.8%	65.4%	53.3%
HD Dietetics	57.6%	67.6%	68.4%	70.5%	76.8%	73.6%	79.5%	81.7%	57.9%	70.6%
HD Education And Development	61.9%	55.6%	68.3%	67.3%	69.7%	68.9%	74.1%	84.3%	70.7%	69.1%
HD Facilities Operations East	48.4%	47.1%	54.1%	60.7%	58.7%	46.5%	57.6%	73.2%	61.8%	51.8%
HD Facilities Operations West	56.4%	51.3%	63.9%	68.9%	63.6%	59.3%	60.6%	67.5%	59.7%	61.1%
HD Facilities Specialist Services	56.6%	50.0%	70.0%	72.0%	68.6%	42.5%	74.5%	72.5%	61.4%	67.5%
HD Finance	67.7%	59.2%	71.5%	73.6%	75.7%	73.1%	80.7%	84.1%	72.7%	73.5%
HD GMS OOH and GMS	48.1%	46.8%	45.3%	57.3%	62.1%	48.0%	53.8%	41.3%	61.0%	52.5%
HD Health Improvement Team / Emergency Planning	70.5%	36.4%	68.2%	68.0%	69.6%	77.6%	75.9%	87.5%	70.6%	71.6%
HD IT And Information / Performance	68.3%	52.8%	74.2%	75.5%	77.8%	72.8%	83.3%	86.0%	70.0%	76.7%
HD LEARNING DISABILITIES	64.5%	60.6%	64.8%	71.5%	79.1%	70.6%	80.8%	73.4%	60.5%	80.4%
HD Legal Services / Patient Experience	37.8%	56.4%	29.4%	48.0%	59.9%	47.6%	58.9%	80.6%	53.2%	50.7%
HD Long Term-Care	79.2%	84.6%	67.6%	82.8%	89.4%	71.3%	93.5%	87.5%	69.9%	87.5%
HD Managed Practices	45.8%	59.0%	51.2%	61.6%	70.4%	52.7%	61.4%	40.0%	53.0%	57.3%
HD Maternity Services	57.5%	86.1%	65.4%	72.6%	79.2%	56.6%	76.1%	60.5%	59.4%	63.2%
HD MEDICAL EDUCATION	66.2%	68.1%	68.2%	73.0%	73.1%	69.7%	77.0%	74.2%	73.1%	72.6%
HD Medical Records	55.3%	49.3%	49.3%	62.3%	67.9%	56.3%	59.3%	52.8%	61.2%	57.6%
HD MEDICAL SPECIALTIES BGH	56.1%	41.2%	51.9%	61.7%	68.3%	60.0%	61.8%	65.3%	58.9%	55.3%
HD Medical Specialties GGH	38.2%	49.3%	49.6%	50.6%	58.0%	58.9%	51.4%	59.7%	42.9%	48.6%
HD MEDICAL SPECIALTIES PPH	53.4%	38.4%	51.4%	58.3%	62.0%	53.2%	66.9%	53.8%	54.6%	54.4%
HD MEDICAL SPECIALTIES WGH	50.6%	38.8%	51.9%	67.2%	62.6%	57.9%	71.2%	56.6%	50.9%	63.2%
HD MH AND LD MGMT / CHC	47.2%	58.1%	57.1%	65.5%	69.3%	64.6%	78.2%	86.4%	56.7%	72.7%
HD MH INPATIENT	59.7%	64.3%	58.3%	73.8%	78.3%	58.7%	77.8%	66.7%	50.9%	74.4%
HD Nursing Management and Health Charities	68.6%	66.0%	71.0%	75.8%	76.9%	75.8%	77.2%	66.7%	62.2%	67.4%
HD Nursing Quality Improvement	57.8%	50.8%	64.5%	73.6%	71.9%	76.0%	70.8%	69.7%	57.2%	56.5%
HD Obstetrics and Gynaecology	44.5%	52.1%	50.0%	60.0%	62.8%	49.1%	54.8%	60.7%	52.4%	44.6%
HD Occupational Therapy	56.3%	62.4%	61.0%	71.9%	76.3%	77.9%	76.9%	73.0%	54.3%	71.6%
HD OLDER ADULT MHS	61.3%	63.7%	74.6%	68.8%	80.1%	76.9%	80.6%	79.5%	59.3%	76.6%
HD ONCOLOGY AND CANCER SERVICES STAFF	65.0%	55.1%	62.1%	70.8%	71.5%	60.6%	71.0%	60.0%	61.4%	67.6%
HD OPERATING THEATRES	51.2%	37.3%	50.5%	52.3%	55.8%	42.4%	59.8%	46.2%	50.4%	40.4%
HD Operational Workforce	70.8%	76.8%	71.2%	72.6%	79.8%	76.1%	84.9%	76.6%	72.1%	76.4%
HD OPHTHALMOLOGY	55.0%	73.1%	63.8%	65.3%	67.5%	58.8%	70.7%	58.3%	54.5%	51.7%
HD Organisational Development	71.7%	54.4%	76.3%	72.0%	77.4%	82.1%	83.6%	87.1%	73.5%	80.6%
HD OTHER CEREDIGION COUNTY	54.8%	51.4%	58.4%	67.8%	71.0%	63.0%	70.5%	69.2%	57.6%	66.9%
HD Other Facilities	56.1%	50.3%	52.4%	58.2%	57.9%	50.3%	59.9%	66.1%	62.9%	54.8%
HD Other Primary Projects / Primary Care Nursing	52.5%	59.1%	53.8%	56.3%	64.3%	64.1%	67.6%	54.2%	54.5%	58.3%
HD OUTPATIENT SERVICES	52.2%	69.7%	47.5%	56.9%	63.4%	55.0%	66.7%	40.0%	51.7%	55.0%
HD PATHOLOGY STAFF	61.8%	67.0%	58.6%	69.8%	71.3%	58.5%	65.7%	58.6%	65.0%	57.3%
HD PEMBS COUNTY MANAGEMENT	55.3%	64.4%	45.5%	61.9%	64.7%	63.0%	66.3%	54.7%	62.5%	65.6%
HD Pembs Hospital Pharmacy	56.2%	67.6%	68.4%	75.7%	75.8%	70.9%	68.8%	43.5%	58.6%	66.9%
HD PH Community / Flying Start / Prev / HVs / School Nurse	53.6%	84.2%	55.6%	65.6%	72.9%	68.2%	71.2%	73.1%	61.0%	66.7%
HD PH Imms And Schools	53.8%	67.5%	51.8%	63.4%	68.5%	62.7%	69.8%	57.1%	63.6%	61.7%
HD Physiotherapy	47.8%	54.3%	49.2%	66.3%	69.5%	58.3%	74.9%	72.1%	49.0%	56.4%
HD Planned Care Management / Validation	55.8%	69.4%	47.6%	55.0%	65.8%	62.1%	65.8%	64.6%	62.7%	60.4%
HD Planning / Commissioning	72.1%	46.7%	85.0%	77.4%	83.2%	80.0%	91.6%	88.2%	68.3%	88.2%
HD Podiatry	57.7%	61.8%	65.6%	68.5%	74.4%	74.6%	82.9%	69.3%	54.7%	73.9%
HD Primary Care Administrators / Mgmt	48.7%	37.5%	48.8%	48.7%	67.7%	68.9%	67.9%	83.3%	61.5%	62.5%
HD Primary Care Prescribing	49.7%	60.7%	48.0%	62.2%	71.1%	60.1%	71.1%	73.1%	59.8%	63.9%
HD PROACTIVE AND PLANNED CARE	54.4%	70.5%	59.9%	71.3%	72.5%	61.1%	67.4%	69.0%	57.6%	62.7%
HD Prof Standards and Workforce	58.0%	47.5%	61.8%	68.2%	63.1%	52.9%	71.4%	90.9%	60.6%	61.4%
HD PSYCHOLOGICAL SERVICES	64.4%	60.2%	67.0%	73.7%	78.1%	73.1%	73.7%	74.0%	62.7%	76.0%
HD PUBLIC HEALTH ADMIN	36.0%	55.6%	39.1%	42.6%	50.5%	50.0%	54.7%	48.7%	56.6%	50.0%
HD Quality and Improvement	63.3%	51.4%	65.3%	71.3%	76.7%	70.4%	78.4%	72.1%	65.5%	72.7%
HD RADIOLOGY ECEA	44.1%	49.7%	46.3%	53.1%	57.2%	44.5%	53.5%	42.6%	49.5%	49.2%
HD RESEARCH AND DEVELOPMENT	69.3%	74.7%	72.9%	77.2%	80.4%	73.7%	82.2%	83.6%	71.7%	80.2%
HD Speech and Language Therapy	46.6%	78.8%	50.3%	64.4%	74.5%	58.1%	69.6%	53.1%	53.3%	64.2%
HD Substance Misuse	72.8%	79.2%	73.3%	81.3%	91.7%	74.1%	90.7%	83.1%	68.1%	81.7%
HD TELECOMMUNICATIONS	36.8%	32.8%	34.9%	41.9%	46.9%	29.2%	34.0%	33.3%	51.5%	29.6%
HD TRANSFORMATION	68.7%	64.0%	74.5%	80.4%	75.3%	73.8%	86.4%	92.9%	60.0%	73.2%
HD UNSCHEDULED CARE MGMT GGH	41.2%	61.3%	41.2%	60.0%	61.8%	61.4%	66.6%	58.2%	44.5%	64.7%
HD Unscheduled Care Mgmt PPH	43.6%	51.7%	50.4%	61.5%	66.9%	61.8%	66.7%	50.0%	46.9%	57.4%
HD UNSCHEDULED CARE MGMT WGH	38.7%	47.7%	42.9%	53.3%	55.8%	47.4%	43.8%	55.9%	47.6%	25.0%
HD Urgent & Emergency Care Programme WGH	34.7%	56.6%	33.6%	53.3%	45.0%	54.6%	33.7%	33.8%	37.0%	32.9%
HD URGENT AND INTERMEDIATE CARE	42.5%	53.0%	37.3%	55.3%	62.1%	56.3%	58.8%	50.0%	45.9%	47.8%
HD Values Based Health Care	61.5%	69.4%	62.6%	73.8%	82.7%	76.0%	76.9%	61.5%	64.7%	80.8%
HD Workforce Planning, Resourcing And Utilisation	55.7%	42.2%	55.3%	63.1%	69.2%	64.3%	71.2%	70.5%	65.5%	66.5%
Unknown	43.1%	37.3%	38.7%	57.9%	48.3%	34.7%	38.9%	39.5%	45.9%	35.4%
Total	**56.3%**	**58.9%**	**58.5%**	**66.0%**	**70.0%**	**63.5%**	**70.2%**	**64.8%**	**59.4%**	**63.4%**

Appendix 3 - Sites by theme

QuestionTheme	Morale	Patient safety	Staff engagement	We are all able to speak up	We are compassionate and inclusive	We are continuously learning and improving	We are stronger together	We champion flexible working	We nurture healthy working environments	We recognise everyone's contribution
Site	Positivity score									
HD Aberaeron Integrated Care Centre	51.2%	53.8%	46.2%	55.9%	68.2%	57.0%	66.8%	63.4%	58.5%	66.1%
HD Amman Valley Hospital	60.8%	55.0%	62.9%	66.0%	78.1%	74.0%	79.4%	57.5%	59.5%	70.0%
HD Bro Cerwyn Day Hosp	58.3%	66.0%	64.6%	70.7%	80.0%	63.9%	77.9%	64.4%	52.9%	72.1%
HD Bronglais Dist Gen Hosp	59.4%	62.0%	62.9%	69.0%	72.0%	64.6%	69.4%	64.8%	62.9%	65.4%
HD Cardigan Integrated Care Centre	51.6%	62.9%	52.0%	64.6%	72.6%	64.6%	74.7%	64.4%	56.8%	61.4%
HD Eastgate	62.8%	78.1%	66.9%	73.5%	78.3%	66.2%	71.7%	55.3%	54.9%	64.5%
HD Elizabeth Williams Clinic	62.1%	58.8%	57.1%	57.4%	63.8%	60.2%	65.0%	60.8%	62.5%	59.6%
HD Glangwili General Hospital	49.8%	56.1%	53.1%	61.9%	65.0%	58.6%	64.7%	60.9%	54.8%	56.6%
HD Glien House	62.4%	51.4%	62.6%	67.4%	70.1%	71.3%	74.4%	76.8%	68.7%	68.5%
HD Gorwelion Day Hosp	62.7%	56.9%	62.9%	76.0%	80.3%	74.5%	84.0%	78.8%	63.0%	77.5%
HD Other Carmarthenshire Site	53.8%	56.8%	55.1%	64.9%	69.4%	64.1%	68.3%	66.5%	59.8%	65.0%
HD Other Ceredigion Site	60.2%	61.7%	66.3%	68.3%	72.9%	66.0%	75.6%	68.8%	60.7%	67.5%
HD Other Pembrokeshire Site	54.6%	61.1%	53.7%	64.0%	72.1%	62.2%	72.3%	61.5%	58.2%	62.7%
HD Parc Dewi Sant	67.7%	62.8%	71.7%	74.2%	78.0%	74.1%	82.3%	80.1%	68.6%	77.0%
HD Penlan	67.4%	75.0%	72.5%	71.5%	85.9%	62.4%	79.7%	66.7%	65.6%	83.9%
HD Prince Philip Hospital	57.6%	60.8%	58.8%	65.7%	70.6%	63.1%	71.2%	60.5%	60.0%	62.4%
HD Remote / Agile	57.7%	61.4%	67.5%	68.5%	71.1%	68.9%	74.9%	74.4%	60.4%	69.9%
HD South Pembs Hosp	56.5%	62.8%	50.9%	67.6%	70.3%	66.2%	70.6%	62.3%	61.2%	66.3%
HD Ty Myddfai - Johnstown	63.8%	58.9%	72.4%	79.1%	82.5%	70.5%	84.3%	62.5%	58.0%	85.7%
HD Wellfield Resource Centre	59.7%	65.0%	57.1%	76.8%	83.0%	60.0%	79.0%	62.5%	54.3%	67.5%
HD Withybush General Hospital	53.9%	55.3%	54.4%	64.3%	66.7%	59.7%	65.6%	60.5%	55.9%	57.7%
Total	**56.3%**	**58.9%**	**58.5%**	**66.0%**	**70.0%**	**63.5%**	**70.2%**	**64.8%**	**59.4%**	**63.4%**