

# Sickness Management

## Final Internal Audit Report

2025/26

Hywel Dda University Health Board



Limited Assurance

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### Review Reference

HDU-2425-08

### Fieldwork

June-July 2025

### Executive Sign Off

July 2025

### Audit Committee

August 2025

### Executive Lead

Lisa Gostling, Director of Workforce & OD

### Audit Team

James Johns, Head of Internal Audit

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# Executive Summary

## Purpose

Sickness absence represents a significant cost to the health board directly and indirectly that has an adverse effect upon employees and on the level of service that the organisation provides. Effective monitoring of all forms of absence, and a consistency of approach, are essential if absence levels are to lower and be maintained at, or below, the target levels set by Welsh Government.

Hywel Dda had the fourth highest sickness absence rate in NHS Wales for 2024<sup>1</sup>. June 2025 Workforce Information Metrics report a **12-month rolling sickness absence rate of 6.56%** and **in-month rate of 6.01%**., Anxiety, stress and depression are the leading cause of sickness absence.

This review seeks to provide the Health Board with assurance over the arrangements in place for managing sickness absence in accordance with the NHS Wales Managing Attendance at Work Policy.

## Overview

The Health Board demonstrates a commitment to staff wellbeing with a wide range of accessible wellbeing services and initiatives available to staff. Training resources to support compliance with the NHS Wales Managing Attendance at Work Policy are available to staff although training is not mandatory and uptake is not monitored. The areas visited during the review spoke highly of the support, advice and guidance they receive from Workforce in managing sickness absence.

However, sample testing revealed widespread non-compliance with the key requirements of the NHS Wales Managing Attendance at Work Policy, with missing and/or late documentation and failure to act on review prompts for frequent absences. This has resulted in an overall conclusion of **Limited** assurance. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Management of sickness absence for nursing staff has been reviewed separately as part of the Nursing Management audit – the findings of both reviews are consistent, highlighting that the management of sickness absence remains a significant challenge for the Health Board.

## Scope & Assurance Summary

Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1 Compliance with the <i>All Wales Managing Absence at Work Policy</i>	1	<b>Limited</b>
2 Appropriate training for managers who have a responsibility for managing sickness absence	2	<b>Reasonable</b>
3 Mechanisms in place to promote and support staff wellbeing and evaluation of their effectiveness by Workforce and OD	-	<b>Substantial</b>
4 Adequate reporting mechanisms to monitor and manage sickness absence, including reasons for sickness, at both service and board level	1	<b>Reasonable</b>

<sup>1</sup>Source: [Stats Wales](#) Sickness Absence Percentage Absent by Organisation and Date

## Management Actions

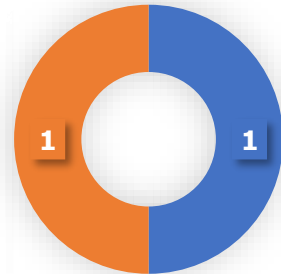


High Priority



Medium Priority

## Themes



■ Resourcing

■ Training & Development

## Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1: Compliance with the All Wales Managing Attendance at Work Policy** **Limited**

**Overview / Summary of Observations**

The NHS Wales Managing Attendance at Work Policy ('the Policy') provides guidance to staff on managing staff sickness absence. It is available via the staff intranet, and we confirmed that staff working in the areas visited during the audit were aware of the policy and how to access it.

Sample testing was undertaken to test compliance with the key requirements of the Policy (summarised below). Our sample comprised 91 long and short-term absence episodes for 20 employees during the period 1 April 2024 – 31 May 2025. Notably, only two employees (eight episodes) sampled were fully compliant with the key controls tested – all were within PPH Blood Sciences. No documentation was provided for 12 episodes. The findings of our review of the remaining 79 episodes are outlined below. **[Finding 1]**

For any period of sickness absence between 1-7 calendar days an employee must complete a self-certification form, and submit doctors fit note certificates from the 8<sup>th</sup> calendar day of absence onwards. 19% of absences did not have sufficient evidence of self-certification and/or fit notes.

The Return-to-Work meeting is fundamental to the management of sickness absence and policy states that it should be conducted on the first day of return or as early as possible after return. 89% had a Return to Work completed, although 27% had not been completed within a week of the return and in many cases the associated documentation was dated several months later.

Managers are required to proactively manage absence where the pattern or frequency gives rise to concern, with the Policy outlining three review prompts. 48% of the sickness episodes triggering a review prompt did not have evidence of appropriate action and escalation in line with Policy. In some cases, this was due to managers discretion although the rationale for this was not always clear.

Workforce representatives engage with heads of service to support and advise on sickness management practices, and there are examples of Workforce-led ad hoc deep-dive reviews of sickness management within hotspot areas, although resource and capacity is limited so there is no planned programme of reviews. **[Finding 1]**

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Absence Management</b></p> <p>Sample testing identified widespread non-compliance with the key requirements of the NHS Wales Managing Attendance at Work Policy, including:</p> <ul style="list-style-type: none"> <li>Absence of any documentation in support of some episodes</li> <li>Failure to undertake Return to Work interviews, or significant delays in completion</li> <li>Absence of sufficient self-certificates and/or fit notes covering the whole of the absence</li> <li>Failure to identify and act on review prompts</li> </ul>	<p>Failure to manage sickness absence in line with Policy</p> <p>Increased/prolonged sickness absences resulting in:</p> <ul style="list-style-type: none"> <li>Increased workforce and financial pressure.</li> <li>Detrimental impact on staff wellbeing, patient safety and experiences.</li> </ul>	<p><b>Agreed Action:</b></p> <p>Development of a planned programme of sickness absence reviews, led by service managers with appropriate support from Workforce, to assess compliance with policy requirements and understand and address the root causes of non-compliance. Heads of service will be held accountable for non-compliance.</p> <p>Outcomes of the reviews will be reported via the CCG governance structures to provide assurance over the effectiveness of sickness management arrangements.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <p>Planned programme of sickness absence reviews. Evidence of completion, remedial actions and follow up demonstrating improvement.</p>

	<b>High Priority</b>	<b>Officer:</b> Lisa Gostling – Director of Workforce & OD
<b>Theme:</b> Resourcing	Control Design	<b>Target Implementation Date:</b> 30 September 2025

<b>Objective 2: Appropriate training for managers who have a responsibility for managing sickness absence</b>	<b>Reasonable</b>
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**Overview / Summary of Observations**

There is a core training session on compliance with the NHS Wales Managing Attendance at Work Policy as part of the ESR catalogue available to staff online and can be accessed via the Learning and Development page on SharePoint. The pre-recorded slide show presentation covers the key aspects of the Policy and is designed to meet the needs of employees at Bands 3-7 who manage sickness absence/attendance in their teams as well as Trade Union representatives. There is also a 'bitesize' training video on conducting effective return-to-work interviews with accompanying links to documentation mentioned in the video.

In most areas visited staff stated that they had received training in relation to the Policy. Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible. **[Finding 2]**

Discussions with staff highlighted positive feedback regarding the support from Workforce and their readiness to provide advice and guidance in managing sickness absence as needed. Workforce also provide face to face bespoke training if requested or required by wards and departments. Workforce Advisors engage regularly with service area managers, particularly where sickness rates are high, to provide targeted guidance, support and training if needed. Training requirements are also considered as part of the ad hoc deep-dive reviews.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Two areas visited did not recall having undertaken any training in sickness absence management.</p> <p>Training is not mandatory and due to the delivery methods monitoring of uptake is not feasible, emphasising the importance of ongoing promotion of available training and reliance on Workforce Advisors to identify training needs within their respective service areas.</p>	<p>Failure to manage sickness absence in line with Policy</p> <p>Increased/prolonged sickness absences resulting in:</p> <ul style="list-style-type: none"> <li>Increased workforce and financial pressures</li> <li>Detrimental impact on staff wellbeing, patient safety and experience</li> </ul>	<p><b>Agreed Action:</b></p> <p>Workforce &amp; OD will strengthen the promotion of available sickness absence management training through Viva Engage and Workforce Advisors/Managers, who will work with their respective service areas to identify and address training needs.</p> <p>The Learning and Development Manager will explore the feasibility of recognising completed training as contributing towards Continuing Professional Development (CPD), to encourage uptake.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <p>Evidence of regular and ongoing promotion of sickness management training</p>
<b>Theme:</b> Training & Development	<b>Medium Priority</b>	<p><b>Officer:</b> Heather Hinkin - Assistant Director, Workforce &amp; OD</p> <p><b>Target Implementation Date:</b> 30 September 2025</p>

### Objective 3: Mechanisms in place to promote and support staff wellbeing and evaluation of their effectiveness by Workforce and OD

Substantial

#### Overview / Summary of Observations

Staff wellbeing is a key priority for 2025/26, as outlined in the Health Board's Annual Plan: Strategic Objective 1 is *Putting people at the heart of everything we do*. Our review found that the Health Board demonstrates a strong commitment to supporting a happy and healthy workforce, recognising its importance to organisational effectiveness.

A review of the Wellbeing, Safety and Trust portal on the staff intranet confirmed access to a wide range of internal support services, including:

- *Staff Psychological Wellbeing Service (SPWBS)* – offering toolkits, stress risk assessments, and guides to prevent burnout.
- *Occupational Health Service and Wellbeing at Work Webinars*.
- *Vivup (Employee Assistance Programme)* – providing one-to-one psychological support.
- *SilverCloud* – online CBT self-help programmes.
- Tailored support for managers, including personal wellbeing consultations.

The *Recovery in Nature Programme*, offering ecotherapy retreats and nature days facilitated by SPWBS, has shown positive outcomes in improving mental health and reducing burnout. An evaluation was presented to PODCC in May 2025, providing assurance on delivery against Strategic Objective 1.

A SBAR presented to PODCC in February 2025 highlighted rising workplace stress and increased self-referrals to SPWBS during 2022–24. Feedback and clinical data indicated positive mental health impacts. Client satisfaction data also shows that the therapeutic work helps staff to avoid going on sick leave, to return to work and sustain their presence at work following an absence. However, concerns were noted regarding access delays and limited session availability due to vacancies, which may constrain service effectiveness.

### Objective 4: Adequate reporting mechanisms to monitor and manage sickness absence, including reasons for sickness, at both service and board level

Reasonable

#### Overview / Summary of Observations

Service areas are provided with monthly summary absence management metrics reports which include sickness statistics from Workforce Intelligence. Performance dashboards are also available online to monitor sickness and absences.

Sickness metrics have been discussed at the Business, Planning & Performance & People sessions of the Clinical Care Group Integrated Governance Groups for our sample of areas reviewed. Whilst we found no sickness related matters that required escalation to the IQFPD via the Alert, Advise, Assure templates for the areas reviewed, we observed examples of escalation within other service areas including an SBAR on the fragility of the Theatre service due to critical staffing levels due in part to high sick rates, presented to the IQFPD on 14<sup>th</sup> May 2025.

Whilst there is evidence of reporting of sickness rates, there is no monitoring and reporting on the effectiveness of sickness management and compliance with the Policy. The outcomes of sickness absence reviews [**Finding 1**] should feed into service level governance structures to ensure that areas of weakness are escalated, respective service leads held to account and issues addressed.






Workforce information metrics are presented to every meeting of the People, Organisational Development & Culture Committee (PODCC) and show sickness absence figures, with a more detailed performance assurance and workforce metrics report presented biannually. An *Analysis of Increased Workplace Stress at Hywel Dda University Health Board* was presented to the February PODCC committee to better understand sickness absences attributed to anxiety/depression/stress, potential areas for further analysis, next steps and areas of focus. It was agreed that a progress report would be scheduled for November 2025.

An update on Performance Assurance and Workforce Metrics was presented to the Board in May 2025, confirming that a new target has been set to reduce the Health Board's 12-month rolling sickness absence rate, which stood at 6.60% for 2024/25. Anxiety, stress, and depression remain the leading causes of absence across most directorates, consistent with trends observed in other NHS organisations.

An increase in stress-related sickness absence has been recognised as a corporate risk (Risk 1821) with a current score of 12. Actions to mitigate this risk are in place and are actively overseen by the PODCC.

# Appendix A

## Assurance Opinion

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

## Prioritisation of Findings

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

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

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## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

