

Staff Sickness Management (Follow Up)

Final Internal Audit Report

2025/26

Hywel Dda University Health Board

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Review Reference	HDU-2526-20
Fieldwork	February - April 2026
Executive Sign Off	28 April 2026
Audit Committee	May 2026
Executive Lead	Lisa Gostling, Director of Workforce & OD Sharon Daniel, Director of Nursing Quality & Patient Experience
Audit Team	James Johns, Head of Internal Audit Sophie Corbett, Deputy Head of Internal Audit



Executive Summary

Purpose

The overall objective of this audit is to assess progress in implementing the actions agreed with management to address findings identified in the previous audit of Sickness Management (HDU-2526-08) and the sickness elements of the Nursing Management review (HDU-2526-04).

Overview

The agreed management actions raised in the original Staff Sickness Management and Nurse Management report were reviewed and a summary of their status is noted in the table below:

Ref.	Report	Matter Arising	Priority Rating	Implemented	Partially Implemented	Not Implemented
1	HDU-2526-08 Staff Sickness Management	Planned Programme of Sickness Reviews	High		✓	
2		Staff Training	Medium	✓		
3	HDU-2526-04 Nursing Management	Good Practice Guidance/ Planned Programme of Sickness Reviews	High		✓	

A review of the supporting documentation and additional testing confirmed the implementation of sickness management training across the organisation (Finding 2).

Findings 1 & 3 relate to common issues and related actions across both audit reports. Action has been taken separately by the Workforce & OD and nursing management teams in the development of templates to aid sickness absence reviews, although the nurse management template has not yet been implemented. Planned programmes of reviews have not been developed, further work is required to adopt a consistent approach to the review templates and wider dissemination of the good practice guidance developed by nurse management and Clinical Care Groups (CCGs)/ functions need to take accountability for ensuring that sickness reviews are undertaken within their respective areas. Where reviews have been undertaken by identified leads, testing during this audit identified inaccuracies in the returned figures and inconsistencies in the length of testing periods and sample sizes.

The mitigation of the risks and matters arising from the original reports will contribute to the controls in place to reduce the Health Board's current sickness absence rate. Failure to address these issues impacts the wellbeing of staff and the organisation's financial position.

Status of Previously Agreed Management Actions

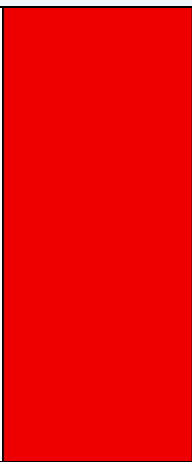
Report: HDU-2526-08 Sickness Management

Ref	Original Agreed Action	Original Responsibility & Timescale	Priority Rating	Status
1	<p>Planned Programme</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.</p> <p>Heads of service will be held accountable for non-compliance. Outcomes of the reviews will be reported via the CCG governance structures to provide assurance over the effectiveness of sickness management arrangements.</p>	<p>Lisa Gostling (Director of Workforce & OD) 30th September 2025</p>	<p>High Priority</p>	<p>Partially Implemented</p> <p>In August 2025, Clinical Care Group (CCG) Service Directors were informed that each CCG will be required to produce a programme of planned sickness absence reviews and submit it to Workforce & OD by 30 September 2025.</p> <p>To aid the CCGs in undertaking the sickness absences reviews, Workforce & OD developed a testing template that was communicated to each Executive Director and Clinical Care Group (CCG) Service Directors in August 2025.</p> <p>However, no evidence was provided to support the development of a planned programme of sickness absence reviews by the CCGs.</p> <p>A review of the sickness absence template identified that the number of absences tested is captured; no individual absence data is recorded. No guidance to aid the services complete the audit template was provided.</p> <p>Testing was undertaken on a sample of 30 service areas (from data uploaded onto the AMAT system) to ensure the sickness absence review had been completed and the captured information accurately reconciled to employee sickness periods. Identified service leads (identified as a 'reviewer') were contacted to request the detail of the sampled sickness absence information with only 13 responding.</p> <p>A reconciliation of the sickness absence periods listed tested in the templates identified the following:</p> <ul style="list-style-type: none"> • Inaccuracies in the information recorded on the audit template against source data such as the number of reviews recorded • Instances where the reviewer was unable to confirm the sickness periods in their review sample • Inconsistencies in the length of testing periods and sample sizes • Listed individuals named as reviewers were unaware of their responsibility to undertake the sickness absence review. <p>No audit or check of the returned sickness absence review was undertaken by Workforce & OD to confirm the accuracy of the recorded information. To date, no Heads of Service have been held accountable for non-compliance due to</p>

Ref	Original Agreed Action	Original Responsibility & Timescale	Priority Rating	Status
				returned audits noting compliance accuracy of 100% (only one review returned 80% compliance).
2	<p>Staff Training</p> <p>Workforce & 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>	<p>Heather Hinkin (Assistant Director Workforce & OD) 30th September 2025</p>	Medium Priority	<p>Implemented</p> <p>Communications have been shared with all staff via Viva Engage to promote both the bitesize training modules and the full online training linked to the <i>All-Wales Managing Absence at Work Policy</i>. These promotions will continue routinely with each new bitesize release.</p> <p>The Operational Workforce Team signposting managers to available training on the intranet, whilst reminders also feature in local partnership forum reports and in one-to-one discussions. Training needs continue to be supported through the standard online package.</p> <p>Further bitesize modules are being developed, this process is ongoing due to significant resource requirements and dependencies on multiple support functions. A fuller assessment of future training needs will be possible once each CCG completes its sickness absence reviews.</p>

Report: HDU-2526-04 Nursing Management

Ref	Original Agreed Action	Original Responsibility & Timescale	Priority Rating	Status
3	<p>Good Practice</p> <p>Good practice identified at PPH Ward 9 will be process-mapped into a guidance document and shared with all Heads of Service/ Nursing for implementation within their respective areas.</p> <p>Development of a planned programme of sickness absence reviews, led by service areas with appropriate support from</p>	<p>Sharon Daniel (Director of Nursing, Quality & Patient Experience)</p> <p>Lisa Gostling (Director of Workforce & OD)</p>	High Priority	<p>Partially Implemented</p> <p>Good practice has been mapped into a guidance document and was issued to Heads of Nursing in February 2026.</p> <p>Nursing management have developed a new document designed to support effective sickness management and includes links to key resources and guidance documents. A sickness absence review audit template has been updated and is accompanied by a step-by-step guide to aid the reviewer undertake the audits. However, the sickness absence review audit template is expected to be rollout for use in May 2026, whilst there is no planned programme of sickness absence reviews currently in place.</p>

	<p>Workforce, to assess compliance with policy requirements and understand and address the root causes of non-compliance.</p> <p>Ward/ Department Managers will be held accountable for non-compliance, with overall responsibility escalating through Senior Nurse Managers to Heads of Nursing.</p>	30 th September 2025		
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Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	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
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	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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