

**PWYLLGOR IECHYD A DIOGELWCH  
HEALTH & SAFETY COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	29 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Stress at Work
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lisa Gostling, Director of Workforce & OD/Deputy CEO
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Karen Ryan, Head of Occupational Health

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this SBAR report is to inform the Committee regarding the support arrangements around **stress at work** within the Health Board. Stress-related absences have shown a notable impact on workforce wellbeing and service delivery.

This issue aligns directly with the Health Board's strategic wellbeing goals outlined in the Annual Plan 2025–26, which prioritise mental health, workforce stability, and quality improvement.

The Committee is being asked to:

- **Consider the current support and preventative resources available to staff**
- **Discuss potential enhancements to existing wellbeing initiatives**

**Cefndir / Background**

The **Health and Safety Executive (HSE)** define stress as:

**“The adverse reaction people have to excessive pressures or other types of demand placed on them.”**

— HSE Overview on Work-Related Stress [hse.gov.uk]

This definition highlights the distinction between **pressure**, which can be motivating and productive, and **stress**, which occurs when individuals feel unable to cope with those pressures. Stress is not an illness itself, but it can lead to mental and physical health problems if not managed effectively.

Stress at work is a growing concern across NHS organisations, with implications for staff wellbeing, service continuity, and patient safety. Within Hywel Dda University Health Board, stress-related sickness absence has been consistently highlighted in workforce data and staff feedback mechanisms.

This issue is significant to the Health Board as it directly impacts its ability to deliver safe, effective, and compassionate care. It also aligns with national priorities under the **Well-being of Future Generations (Wales) Act**, and local strategic objectives aimed at improving mental health, supporting staff resilience, and fostering a healthy workplace culture.

The Health Board's **Annual Plan 2025–26** outlines a commitment to:

- Promoting mental health and wellbeing across the workforce
- Reducing avoidable sickness absence
- Enhancing access to preventative and support resources

## **Asesiad / Assessment**

### **Staff Psychological Wellbeing Service**

The Staff Psychological Wellbeing Service accepts self-referrals from employees regardless of whether the stress is attributable to work. The Staff Psychological Wellbeing Service or SPWS is currently under review as the Head of SPWS has recently left her post.

Self-referrals to the Staff Psychological Wellbeing Service April -September 2025

- April - 26
- May - 36
- June - 35
- July - 40
- August - 36
- September - 48

**TOTAL = 221**

### **Canopi**

Canopi is an additional staff psychological wellbeing support service. Staff may self-refer directly to Canopi for wellbeing support and/or advice whether the stress is attributable to work or not.

There was no Canopi referral data available to include within this report.

### **ESR Sickness absence data**

Sickness absence days lost due to Anxiety/stress/depression/other psychiatric illnesses recorded on ESR are as follows: -

Details by month of Full Time Equivalent (FTE) days lost to reason *Anxiety/stress/depression/other psychiatric illnesses* for the period April to September 2025.

Over the six months, there were a total of 41,792.35 days lost (2.19% of the available FTE days), at an estimated cost of £4.69 million. (The estimated cost includes an estimated amount of employer's NI and pension contributions, but does not take account of replacement costs/bank cover etc.)

The Electronic Staff Record reports that 41,792.35 days or 1,515 episodes of **S10 Anxiety/stress/depression/other psychiatric illness** were lost due to stress. This was the highest of any absence reason accounting for 34.4% of all FTE days lost.

	Total Absence FTE	Total Available FTE	Absence FTE %	# Absence Occurrences	Absence Estimated Cost
Add Prof Scientific and Technic	1,038.63	67,251.00	1.54%	38	£179,122
Additional Clinical Services	12,271.71	403,260.85	3.04%	462	£932,282
Administrative and Clerical	6,613.98	389,836.56	1.70%	220	£727,265
Allied Health Professionals	3,036.19	133,627.33	2.27%	79	£423,911
Estates and Ancillary	2,975.27	145,119.68	2.05%	137	£203,945
Healthcare Scientists	357.23	35,596.01	1.00%	14	£54,242
Medical and Dental	574.60	126,803.99	0.45%	14	£158,296
Nursing and Midwifery Registered	14,924.73	606,915.36	2.46%	558	£2,012,101
Students	0.00	75.00	0.00%		£0
<b>Grand Total</b>	<b>41,792.35</b>	<b>1,908,485.76</b>	<b>2.19%</b>	<b>1,515</b>	<b>£4,691,163</b>

The following table provides a breakdown of the total of 1,515 **S10 Anxiety/stress/depression/other psychiatric illness** episodes of sickness absence, by work related yes/no/unspecified as reported by managers on the Electronic Staff Record.

Work Related?	Number	%
No	936	61.8%
Yes	36	2.4%
Not specified	543	35.8%
<b>Grand Total</b>	<b>1,515</b>	

### Occupational Health Service manager referrals

**1261 sickness absence manager referrals were received by the Occupational Health Service April to September 2025**

Wellbeing was cited as the reason for Occupational Health referral in 220 of 1261 referrals

Access to wellbeing services was specified as a reason for referral on 145 of the 220 referrals received.

1249 out of 1261 manager referrals had onward advisory signposting suggested by Occupational Health Clinicians to Wellbeing Services and/or other services such as Physiotherapy, Carers Support, Cruse, Bereavement Services, Stress Risk Assessment tools, Canopi Wales, Primary Care provider, Trade Union support, Menopause information.

Only 12 referrals were not signposted to other resources as case management was considered optimal by the Occupational Health clinician.

### **Counselling Referrals/received/completed**

35 out of 1261 referral reasons were categorised by the referring manager as “**Counselling**”

34 out of the 35 had onward signposting suggested by the Occupational Health Clinicians to the Staff Psychological Wellbeing Service and/or other counselling services such as Canopi Wales, GP, primary care counselling or bereavement services.

155 were signposted to the Work Stress Risk Assessment in addition to other services.

The reason for the referral selected by the referring manager is not always the same priority of concern established during the clinical consultation with the employee, the underlying concern of the employee is not always that of the managers perception/understanding.

4 top reasons for referrals being categorised as “Wellbeing referral/Counselling” as selected by the Referring Manager.

1. Work related stress/pressure/ contract issues
2. Multi-faceted stress (work/personal)
3. Absenteeism and sickness policy trigger (Managing Absence in work policy)
4. Bereavement/loss

### **Wellbeing Champions Network**

The NHS workforce Health and Wellbeing framework (2023) refers to the importance of wellbeing champions as individuals who work at different levels, from different roles who promote, identify and signpost their colleagues to health and wellbeing support in addition to their substantive role.

The wellbeing champion network was set up in Hywel Dda University health board in 2021. The network has grown significantly over the past 4 years and there are currently 173 champions working across the health board in different disciplines and across all staff groups.

Wellbeing champions are members of staff who actively promote positive mental health and wellbeing within their team. They promote and encourage participation in wellbeing activities within their team, support wellbeing conversations, signpost staff to support services and resources and encourage a culture of kindness, appreciation and compassion.

All wellbeing champions are encouraged to use the staff wellbeing gateway when signposting staff. The health and wellbeing gateway offers a wide range of services and resources that are available to Hywel Dda staff. This includes 1:1 support, support for Hywel Dda managers and leaders and access to the health board staff networks.

### **Staff Health and Wellbeing Gateway and Hapi app**

The staff health and wellbeing gateway and the Hapi app are online resources available to staff and managers. Both provide information on what health and wellbeing resources are available to them and how to access health and wellbeing resources as employees of the health board.

### **Organisational Development Relationship Manager Team**

The Organisational Development Relationship Manager team works on transformational change, supporting operational teams and improving how individuals and teams work together to reduce stress at work.

The above list provides an overview of available resources however the list is not exhaustive.

### **Reporting Stress at Work**

Stress at work is reported in multiple ways including

- Medical Certification
- Stress risk assessments
- Return to work discussions
- Datix system
- Appraisals and one to ones
- Staff surveys
- Exit interviews
- 

This list of reporting mechanisms is not exhaustive but aims to provide a flavour of how stress at work may be reported.

### **Argymhelliad / Recommendation**

The Health & Safety Committee is asked to:

#### **TAKE ASSURANCE:**

- Of the reporting mechanisms in place to monitor stress in the workplace.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Provide assurance around the UHB arrangements for ensuring the health, safety, welfare and security of all employees and of those who may be affected by work-related activities, such as patients, members of the public, volunteers contractors etc.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality <u>Quality and Engagement Act</u> (sharepoint.com)	7. All apply

Galluogwyr Ansawdd: Enablers of Quality: <u>Quality and Engagement Act</u> (sharepoint.com)	2. Culture and valuing people 1. Leadership 3. Data to knowledge
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: <u>Hyperlink to HDdUHB Well-being</u> <u>Objectives Annual Report 2021-2022</u>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Health and Safety Executive (2025)  NHS workforce Health and Wellbeing framework (2023)  OPAS G2 – 28 Oct 2025 Occupational Health Service  ESR – Sickness absence reporting 28 October 2025
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd lechydd a Diogelwch: Parties / Committees consulted prior to Health and Safety Committee:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	No financial impact – all services outlined within this report are already in place
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable as no change to current service provision is proposed

<b>Gweithlu: Workforce:</b>	N/A
<b>Risg: Risk:</b>	N/A
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	N/A
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Not applicable as no change to current service provision is proposed