



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL  
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

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| <b>DYDDIAD Y CYFARFOD:<br/>DATE OF MEETING:</b>  | 17 February 2026  |
| <b>TEITL YR ADRODDIAD:<br/>TITLE OF REPORT:</b>  | Update Report - Increase in Stress Amongst Staff  |
| <b>CYFARWYDDWR ARWEINIOL:<br/>LEAD DIRECTOR:</b> | Lisa Gostling, Executive Director of Workforce & Organisational Development (W&OD) and Deputy Chief Executive Officer |
| <b>SWYDDOG ADRODD:<br/>REPORTING OFFICER:</b>    | Heather Hinkin, Assistant Director, People Management   |

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| <b>Pwrpas yr Adroddiad (dewiswch fel yn addas)<br/>Purpose of the Report (select as appropriate)</b> |
| Er Sicrwydd/For Assurance  |

**ADRODDIAD SCAA  
SBAR REPORT**

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| <p><b><u>Sefyllfa / Situation</u></b></p> <p>The purpose of this report is to update Committee on workplace stress amongst staff at Hywel Dda University Health Board (HDdUHB) through an examination of contributing factors as evidenced by the data available since our last submission to Committee in February 2025.</p> <p>Based on the data and the work already undertaken or in train, the report will seek to outline some next steps which will underpin and support areas for further development or intervention as part of our Planning Objectives for 2026/27.</p>  |
| <p><b><u>Cefndir / Background</u></b></p> <p>Sickness absence represents a significant cost to the Health Board directly (circa £25m) 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 level set by Welsh Government (less than our position as at 31 March 2025 - 6.6%).</p> <p>This report provides an analysis for stress, anxiety, and depression (S10) reasons for absence within the Health Board for 2024/2025 with comparisons for 2025/26 year to date figures. The report will seek to avoid duplication with our regular performance metrics reports to Committee as far as possible.</p> <p>It provides some key analysis from our Occupational Health (OH) and Staff Psychological Wellbeing Services (SPWBS), contributing factors and our current interventions to improve sickness absence management and staff wellbeing as a whole and specifically related to S10 reasons.</p> |
| <p><b><u>Asesiad / Assessment</u></b></p> <p><b>Sickness Absence Trends</b></p>  |

HDdUHB had the fourth highest sickness absence rate in NHS Wales as at October 2025, with only Swansea Bay University Health Board, Cwm Taf Morgannwg University Health Board and Welsh Ambulance Services being higher. Workforce Information Metrics report a 12-month rolling sickness absence rate of 6.61% and in-month rate of 7.06% as at December 2025.

Long Term sickness currently accounts for 4.9% of our total absence rate with anxiety, stress and depression remaining the leading cause of sickness absence for our staff in the majority of our Directorates, (circa 38% of all such absences when this analysis was undertaken as part of our Targeted Intervention submission).

At present, 115 of the 327 long term sickness absence cases receiving operational workforce support are related to S10 reasons for absence.

Further detail on sickness absence is contained in agenda item 5.1 - Performance Assurance and Workforce Metrics - Integrated Performance Assurance Report (IPAR).

### **Occupational Health (OH) Data (January 2024 to end Dec 2025)**

From January 2024, the Occupational Health Service has processed: -

- 6010 Management Referrals,
- With 643 referrals subsequently withdrawn (inaccurate information from referring manager, or employee withdrew from the process),
- 4984 Manager Referrals continued to consultation with an Occupational Health Clinician.

The reason for the management referral is selected/determined at the referral stage by the referring manager. Stress or mental health related referrals would be included in the category of a wellbeing referral.

Referrals related to wellbeing were as follows: -

- 921/4984 were categorised as wellbeing referrals
- All 921 had onward advisory signposting suggested by the Occupational Health Clinicians to SPWBS and/or other services such as the Health Board's Physiotherapy Services, Carers Support, CRUSE Bereavement Services, Stress Risk Assessment, Canopi Wales, their own GP, trade union or to menopause information.
- 122/4984 were categorised as a counselling referral
- 122/122 had onward signposting suggested by the Occupational Health Clinicians to SPWBS and/or other service such as Canopi Wales.
- 3941 referrals were categorised for a different reason (not wellbeing or counselling)
- 1479/3941 were signposted to SPWBS and/or other services internal and external by the Occupational Health Service Clinician.

It should be noted that the primary reason for the referral selected by the referring manager is not always the priority established during the clinical consultation with the employee as the underlying concern of the employee is not always that of the managers perception or understanding. This could be due to a variety of factors including not wanting to share as much information with the manager on the primary reason for absence.

However, the four top reasons for referrals being categorised as "wellbeing or counselling" as selected by the referring manager were: -

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

What this data highlights is a significant reliance on wellbeing-related support within Occupational Health referrals and reinforces the issues and concerns similarly found in the data from SPWBS related to workplace stress and mental health. Due to the lack of robust information in our Electronic Staff Records (ESR) system, we are often unable to ascertain how many of the S10 reasons may actually arise from menopausal symptoms for example or are related to work-related stress. The data at present suggests that work-related stress is a small number of total S10 reasons for absence (circa 3%).

### **Staff Psychological Wellbeing Services (SPWBS) 2024-2025**

Service usage has remained steady overall. Following a temporary pause in resource appointments due to recruitment challenges (a number of vacant posts arose at the same time), activity began to increase after successfully appointing three new counsellors in March 2025. Since then, demand for the service has grown consistently month on month. Feedback from Service Users showed that overall, staff found the service professional, caring, and supportive, with positive experiences of initial contact and accessibility; however, some highlighted the need for shorter waiting times, more follow-up sessions, expanded therapy options, and greater promotion of the service.

Of note here is that the average waiting time for a resource appointment is two weeks and the service operates a brief model of intervention i.e. circa six sessions of therapy. The service is constantly promoted via the Gateway on SharePoint ([Staff Health & Wellbeing Gateway](#) – internal only) Viva Engage, induction, leadership and development programmes, Operational Workforce as part of their employee relations case management, via the Organisational Development Relationship Managers (ODRMs) for their culture work, the Equality, Diversity and Inclusion Team via staff networks, individual managers and Occupational Health via signposting/referrals.

Data from one-to-one psychological therapy sessions, continues to be assessed using the CORE Outcome Measure (CORE-OM), indicating a significant and positive improvement in mental health outcomes

The data from the service also shows the following categorisation of presenting concerns:

- **34%** of referrals were classified as work-related (*increased slightly from 31%*)
- **33%** of referrals were classified as a combination of work and non-work stressors (*slight decrease from 38%*)

In summary, almost seven out of ten referrals involved work as a contributing factor. However, this data contrasts significantly to the small proportion of sickness absence data recorded in ESR that is related to work related stress.

The following factors continue to be outlined as areas of concern in terms of work-related stress by staff seeking psychological support:

- Difficult relationships with line managers
- Bullying and harassment by colleagues or management
- Disciplinary processes and investigations

- Unfair treatment and workplace mismanagement
- Work-related stress and high-pressure environments
- Burnout and lack of job satisfaction
- Issues accommodating work hours

A new issue that emerged from client feedback surveys post SPWBS intervention this year is: -

- Ongoing HR and workforce involvement causing delays (3 respondents cited this)

We have seen a significant increase in employee relations case work at a time when the resources allocated to such activity has reduced whether through vacancy control or long-term sickness absence and maternity leave in the teams which has not been backfilled. Managers also have many priorities and diary availability can be challenged, we are also seeing an increase in the number of periods of sickness absence from those involved that arise during the lifecycle of cases. This has therefore led to longer timelines to resolve matters, and we are also seeing an increase in complex casework with many associated with underlying psychological conditions/neurodiversity with 1/10 staff accessing the SPWBS citing involvement in some organisational process (this is broader than individual employee relations case work) although this did not come through as strongly in the SPWBS survey data.

During 2025/26 there have been some constraints to the reach of the SPWBS service which have been impacted by: -

### **Vacancies**

Recruitment challenges in 2025 necessitated a temporary change to the delivery of one-to-one psychological therapy and increased reliance on the All-Wales Employee Assistance Programme (EAP).

There is currently one post being recruited to and another vacancy on hold due to financial constraints and an opportunity to re-appraise the service model in light of the ministerial priority around joined-up health and wellbeing services.

### **External Employee Assistance Programme (EAP)**

The EAP contract was put in place from January 2025 and continued until the end of July 2025. Recruitment into the SPWB service, at that time, was successfully completed in March 2025 (three appointments made), however the extension of the EAP contract enabled the new staff to complete a period of induction prior to the full service resuming normal operations.

Data from the EAP provider has shown an overall lower uptake of their services despite extensive promotion. While usage of the EAP did rise during the period when in-house resource appointments were unavailable, it also reduced when those resource appointments became available. However, it did not reach the level of referrals typically seen within SPWBS and the drop in numbers as the contract drew to a close may have been the lack of continuity in the service provision that staff were seeking, combined with the significant increase of offer of in-house service provision in the latter months of the contract where our own team were providing in excess of 100 appointments per month between May 2025 and June 2025 (whereas the combined number of appointments over the preceding 4 month period did not reach 100 collectively). For the period April 2025 – 22 January 2026, the SPWBS Team have delivered a total of 384 resource appointments.

This still however raises concerns that staff were not accessing support when they needed it. A summary of the data for the EAP service provision during the 6-month contract is outlined below.

| <b>Vivup - Employee Assistance Programme</b> |                           |                           |                          |
|--|---------------------------|---------------------------|--------------------------|
| <b>Month</b>                                 | <b>All Incoming Calls</b> | <b>New Clinical Usage</b> | <b>Counselling Usage</b> |
| <b>Jan-25</b>                                | 28                        | 24                        | 48                       |
| <b>Feb-25</b>                                | 14                        | 14                        | 35                       |
| <b>Mar-25</b>                                | 45                        | 18                        | 78                       |
| <b>Apr-25</b>                                | 26                        | 8                         | 64                       |
| <b>May-25</b>                                | 19                        | 3                         | 53                       |
| <b>Jun-25</b>                                | 19                        | 2                         | 43                       |

### **Recovery in Nature Programme (RiNP)**

This programme continued again in 2025/26. The Committee may recall the [in-depth report](#) report provided by the former Head of Service in 2025.

The evaluation of the Recovery in Nature Programme also demonstrated positive impact both quantitatively (a significant reduction in burnout symptoms as shown in scores on Maslach’s Burnout Inventory and a significant decrease in scores in CORE-OM which measures psychological distress) and qualitatively as shown in participant feedback and stories of change.

Staff approved for inclusion in the programme were not always able to attend the Recovery in Nature Programme due to difficulties being released from work arising from staffing shortages in their service area. We may therefore need to focus more on staff who are absent from work rather than those in work to ensure we can maximise the resources required to more effectively run this programme. This will be a consideration for 2026/27.

This was a theme last year as well and can dilute the overall benefit of the group therapy. A summary of the applications for the programme is outlined below.

| <b>Recovery in Nature Days</b> | <b>Total no. of applications</b> | <b>Ecotherapy Retreats</b> | <b>Total no. of applications</b> |
|--------------------------------|----------------------------------|----------------------------|----------------------------------|
| 2023: 7 Days                   | 56                               | 2023: 4 Retreats           | 55                               |
| 2024: 6 days                   | 104                              | 2024: 3 Retreats           | 32                               |
| 2025: 6 days                   | 89                               | 2025: 3 Retreats           | 36                               |

During 2025/26: -

SPWBS ran three Ecotherapy Programmes, and 5 Recovery in Nature Days (6 were booked, but 1 was cancelled due to high winds).

- 20 people attended the 4-day Ecotherapy programmes, 14 people withdrew from the programme before it started, and 2 remained on the waiting list.
- 40 people attended the single-day Recovery in Nature Days, 23 people withdrew from the programme before it started, and 9 remained on the waiting list.

The cancelled Recovery in Nature Day had 17 applications, 12 were booked, 5 withdrew from the programme before it started.

## **Head of Service Retirement**

The SPWBS Head of Service retired at the end of October 2025. We have not as yet planned a RiNP for 2026/27 as a result of this. We are however currently scoping the potential for an external provider or providers to fill this gap.

The Team is relatively small (with 7.19 WTE (whole time equivalent) posts) and has had challenges this year with periods of long-term sickness throughout the year in the Team and has also needed to recruit to post on a number of occasions.

## **Requests for psychological wellbeing support for managers and teams**

Previously this was an offering that had become well established. However, some elements of the service are currently paused following the retirement of the Head of Service.

Further data has been provided as part of agenda item 5.1 and is therefore not contained in this report.

## **Support and Interventions**

Whilst SPWBS has a range of initiatives in place, work to enhance their current offering for psychological wellbeing support remains limited whilst vacancies progress and sickness absence continues. However, the service continues to provide appropriate resources and accessible services for staff to access when they experience poor mental health.

These resources and services can be broken down into two main categories:

### Preventative:

1. Professional input into various learning and development courses and leadership and management development programmes on workplace wellbeing. This reinforces a shared responsibility, the importance of role modelling, self-compassion and strategies for effectively managing wellbeing in self and others (LEAP Management Programme, Hywel Dda Manager, Making a Difference, New Consultant's Development Programme as well as Resident Doctors and Nurse Preceptorship programmes).
2. A holistic range of resources and services is available to staff through the Staff Health & Wellbeing Gateway.
3. The Staff Psychological Wellbeing Service (SPWBS) provide a wide range of evidence-based and updated resources as well as regular webinars to promote the various options Hywel Dda Staff Psychological Wellbeing Service. Past webinars remain accessible as well as new and current offerings.
4. The Wellbeing Champion Network (currently co-ordinated by the Occupational Health team) provides an informal route through which information about mental health at work is shared.

Other elements of preventative delivery are currently limited or paused due to vacancies and staff absences. As posts are filled the following will become more available: -

- Confidential management consultations to support managers and leaders to proactively manage wellbeing at work issues and to provide a safe space for reflection and learning
- Post critical incident support for managers and teams to ensure appropriate steps are taken to reduce the risk of traumatic stress reactions. However, managers are signposting to colleagues in our Mental Health and Learning Disabilities Clinical Care Group.
- Input into the work of the Organisational Development Relationship Managers (ODRMs) and the Culture and Workforce and Experience teams who provide a range of interventions which can impact positively on staff mental health and wellbeing.

### Responsive:

1. Access to confidential one-to-one psychological support by self-referral to the in-house Staff Psychological Wellbeing Service as well as signposting to a range of external therapy resources.
2. Provision of a Recovery in Nature Programme for staff experiencing work related stress or burnout. Programme completed for 2025/26. Under review for 2026/27 in terms of model for delivery.

### **Learning & Development (L&D)**

SPWBS continue to provide input to a number of L&D programmes including:-

- Team specific development days
- Wellbeing for Carers
- Mental Health Awareness Week sessions
- Grand Rounds
- Webinars on various topics such as: Understanding Trauma, Mindfulness, Wellbeing Conversations.
- And other, one-off sessions, such as GP CPD conferences, and resident doctors' induction.

In addition to the support available from both our OH and SPWBS colleagues, there are development programmes and learning opportunities available for staff to access.

Managers undertaking the Manager's Health and Safety Induction (MH&SI) receive a structured introduction to the Staff Psychological Wellbeing Policy, including key supporting resources such as *Signs and Symptoms of Stress* and the *Guide to Promoting a Culture of Wellbeing and Resilience*.

The programme places particular emphasis on the Individual Stress Risk Assessment (SRA) process — clarifying when an SRA is required, how it should be completed, and the importance of developing a targeted action plan.

The Health Board's SRA framework enables managers and staff to jointly identify and analyse work-related stressors in line with the HSE's Management Standards, prioritising the most significant factors to support meaningful change.

To date, 733 managers and aspiring managers have completed the MH&SI programme, including training on the SRA process. This could be contributing to the higher number of SRAs coming through the system.

S10 reasons for absence are also included in the reports presented to the Health & Safety Committee (HSC) whose members are also seeking assurance that we are taking effective action to manage and reduce stress-related sickness absence.

### **Population Health Update**

Following on from the [last report](#) to the Committee where we outlined some of the insights arising from our population health data there has been collaboration between Data Science and Workforce Intelligence utilising: -

- Absence Data from April 2024 to March 2025.
- Workforce Data as at May 2025.
- Welsh Index of Multiple Deprivation (WIMD) and Lower Super Output Area (LSOA) Dataset, based on 2019 WIMD data from Welsh Government.
- Healthy Life Expectancy by County, based on data from Office of National Statistics (ONS)

The focus was on learning how we use Population Health data to help inform prevention strategies and guide placement of services within the Health Board to take account of socioeconomical factors.

The work to date has been insightful and has provided a baseline for further exploration and development showing that where staff live could be accounting for the increase in certain directorates of certain types of absence including S10 and this will need to be factored into our preventative offering going forward and individual case management. Further information on this aspect is contained within agenda item 2.8: Staff/Public Health Tool Update.

### **Other support services available**

There is an opportunity for closer working between Public Health, OH and SPWBS colleagues for example, related to our refreshed Wellbeing Objectives. We know that weight management is a key factor that can support wellbeing and thereby also positively impact on stress. There is more that we could do jointly in terms of these services collaborating on more initiatives (as we have done with the flu campaign) in relation to the promotion of fitness, healthy eating, weight management and population health. One recent example is the announcement by Sport Wales on 29 December 2025 in relation to the Over-60s free fitness scheme which has been running since 2018. We need to maximise the opportunities to promote schemes such as these widely in the health board with the age profile of a large number of our staff and the sickness absence data/population health data that we hold telling us that this age range is less healthy overall.

#### Canopi Wales

SPWBS does not offer trauma specific support, staff are therefore signposted to Canopi Wales. Canopi Wales offers bilingual support to NHS and social care staff who work across Wales. Their annual report highlights that allied health professionals were the highest user of their services in 2025.

However, there are limitations to the service offering in that, where accepted, access to Canopi Wales is limited by required time gaps (three years between episodes and approximately six months following other therapeutic input), and current Canopi Wales wait times are several months.

Trauma pathways are available although can involve multi-year waiting times. Taken together, this highlights a gap in the availability of timely trauma specific support for staff at a national level.

Further detail on the work of Canopi Wales can be found in their annual report [Canopi-annual-report-2025-26.pdf](#) however we cannot identify any Health Board specific data and they do not report any data into the Health Board as this is a totally independent service from the Health Board, funded by Welsh Government and administered by Cardiff University.

### **Sickness Absence Audit**

Internal Audit undertook an audit of sickness absence management in accordance with the All-Wales Managing Attendance at Work Policy during the summer of 2025. Whilst assurance overall was limited, the Health Board received substantial assurance in relation to mechanisms in place to promote and support staff wellbeing and the evaluation of their effectiveness by W&OD.

It also received reasonable assurance in relation to appropriate training for managers with responsibility for managing sickness absence and for adequate reporting mechanisms to monitor and manage sickness absence including reasons for sickness at both service and board level.

Limited assurance was related to a small number of employees sampled for the audit (20) who did not have all absence prompts highlighted, missing documentation on file at a local level, limited evidence of return to work interviews being documented or all fit notes on file and delays to managers conducting final absence review meetings. Each directorate or Clinical Care Group is currently working through their own sickness audits to test this finding on a Health Board wide scale and will be reporting using the 3As assessment (assure/advise/alert) to the Integrated Quality, Financial, Performance and Delivery IQFPD) Group (in due course).

During the audit, 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. The Operational Workforce Team also provide face to face bespoke training if requested or required by wards and departments. The Team 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.

We have already seen how a targeted focus on sickness absence can reduce absence levels through a supportive lens with reasonable adjustments being made and reviewed. Services are provided with a monthly report from Workforce Intelligence and there are also Performance Dashboards available online to monitor sickness absence.

All these measures demonstrate that there is a lot of activity around the management of sickness absence with a real focus and multi-layering of support around psychological wellbeing.

### **Myth Busting Sickness Benefits**

Occasionally we hear through the press, friends or family that public sector sickness benefits are perceived as too high and only encourage staff to stay off sick longer. A piece of work was therefore commissioned with our Finance colleagues/Counter Fraud Team to analyse if there was any correlation within the Health Board. The findings suggest very clearly that this is not the case.

To obtain relevant data, ESR was interrogated to identify staff members who had relevant trigger points during the period 1 January 2025 and 31 December 2025. Please note, no reasons for absence were accessed in order to compile the below data.

ESR identified a group of 1970 employees who met either a half or nil pay trigger during the period concerned. A review of the data identified:

- Of those staff who hit the nil pay trigger, 2% / 39 workers returned to work either on the trigger date, or within a 7-day period either side of that date.
- Of those staff who hit the half pay trigger point, 10% / 197 workers returned to work on their trigger date, or within a 7-day period either side of that date.
- 31% / 610 workers returning to work more than 31 days before hitting the half pay trigger point and
- 77% / 1523 workers returning to work more than 31 days before hitting the zero-pay trigger point.

This is only the initial findings from the analysis and once the work is completed, Operational Workforce and Counter Fraud colleagues will develop an action plan from any lessons learned.

Whilst the above is not directly related to stress-related reasons for absence – our analysis of sickness absence data has shown that staff do remain off longer with S10 related reasons than other reasons for absence.

### **Ongoing Research**

The Workforce Team is following some research around how workload pressures, organisational change and funding constraints are impacting performance and morale. This will link well with the work of colleagues in OD on how we can engage our staff differently if our current strategies are not as effective as they could be especially if the causal links are attributed to stress. This has already been highlighted by one piece of research by the Reward Gateway that found that 55% of staff in the public sector cited increased workload as the top factor affecting their engagement, with 45% reporting emotional strain or burnout and 43% dealing with chronic understaffing.

### **Conclusions**

The message from our employees is consistent whether asked from an OH, SPWBS, staff survey or other engagement mechanism. Staff want to feel seen, supported and genuinely valued. That does not always mean new, resource-intensive programmes, just efforts that are more targeted and relevant, for example over-layering population health data and focusing in by location on preventative strategies rather than a one size fits all approach. Often, it's about making engagement more authentic, visible and personal and the population data will assist us do that when managing absence.

We also need to continue to focus on wellbeing to build resilience (noting that resilience is not limitless) with accessible support focused on emotional health and benefits that meet the real needs of our staff from financial security to flexibility and future planning, designed around people's roles and lives.

Even small steps such as auditing intensity hotspots in workloads or giving managers simple wellbeing check-in tools can make a real difference. Over time, embedding engagement into daily practice, tailoring approaches by role, location and career stage and empowering managers as ambassadors of culture will help to create lasting change which can all positively impact on stress in the workplace.

At this point, it would be remiss not to note the current system pressures and the further impact such pressures may also be having on our staff.

However, our services continue to evolve within the financial envelope we have; creativity and a collaborative approach will be a key feature of our offering in 2026/27.

### **Next Steps**

More work is being done to understand what additional support would enable an earlier return to work for our staff.

Examples of the work are: -

- Guidance being developed for early mental health check-ins by managers and using stress risk assessments in a more preventative way. There has already been a significant increase in the number of stress risk assessments being completed, albeit

some staff still remain reluctant to complete one and we continue to explore the reasons why at an individual level. This combined data will assist us further in understanding the issues impacting or preventing an earlier return to work.

- Temporary redeployment guidance drafted and is now in the final stages of development. This includes a process to support staff before they become too unwell to undertake their current role but remain fit to do other work.
- A Passport for reasonable adjustments is at the consultation stage. This will have input from a broad range of stakeholder groups/staff networks before the consultation concludes and will enable those with S10 as an underlying health condition to seek support to remain in the workplace by sharing potential triggers that have led to periods of absence in the past.
- The Workforce Sickness Absence Advisor has developed a programme of work focusing on deep dives into prevalent high sickness areas with focus on long term sickness and action plans/additional training devised to support. A review of the benefits of this work will be undertaken in the coming months.
- The Workforce Team has developed a suite of bite-size training sessions for managers for managing sickness absence; eight sessions have been developed so far, and the team are working with the People Development Team to animate the content. This means that the training will be available on-demand in five-minute bite-size increments. The first one, on return-to-work interviews has already had 775 views from staff, with even more sessions being considered to add to the suite.
- The Workforce Team is in the process of recruiting to a new role (Workforce Officer – Attendance Management) which will solely focus on supporting the management of sickness absence. This post has been developed having considered the analysis of pilots undertaken in a few NHS organisations in England where they have seen significant reductions in absence rates from having roles with a sole focus on absence. Examples looked at were; York Teaching Hospital's pilot, which reported a 40% reduction in sickness absence and over £200k in savings from a £100k investment and NHS Lanarkshire's "EASY" service, which saw board-wide improvements in absence rates through early intervention and support. Whilst specific Wales-based published pilots appear to be limited; there is clearly transferable learning from across England that we can benefit from.
- The initial focus of the new postholders will be to maximise opportunities for a reduction in absence as follows:-
  - Nursing & Midwifery: Highest impact and greatest opportunity. Focus on early interventions, OH referrals, phased return, mental health support, and better rota flexibility as per some of the recommendations in the last two internal audit reports undertaken on sickness absence across Nursing.
  - Admin & Clerical: Often low-cost, easier to redeploy. Advisor-led coordination could easily bring forward return to work timelines through potential for more remote or flexible roles or tasks (a paper on an Alternative Work Bureau has been drafted).
  - Estates & Facilities: High sickness in this group is often Muscular-skeletal (MSK) related (this remains their second top reason for absence next to S10). Targeted support could involve quicker access to physiotherapy if the OH Team could also extend appointments available or recommendations on temporary duty adjustments can be implemented by managers.
  - Medical Staff: Whilst it is noted that we have lower absence rates (there may be an element of under reporting here that may also be picked up through a revised approach) but such absences have a higher cost per day. Even marginal gains here would result in disproportionately higher savings.
- We must ensure however that the new roles remain supportive and coach-focused rather than seen as having any punitive oversight. We are also mindful that having such focussed roles may require additional resource in other parts of the People

Management Team or broader W&OD teams: training for managers, more access to occupational health appointments and employee assistance / wellbeing services. These roles will however assist with improved compliance with the All-Wales Sickness Absence Policy, which was a key finding requiring improvement in the Internal Sickness Audit Report. It could also result in improved patient care continuity via better staffing levels.

- Assessment of the potential to identify an external provider for the RiNP for 2026/27 as an interim solution.
- Submit a proposal in relation to how our OH And SPWBS services can be more closely aligned when determining whether we appoint a new Head of SPWBS or seek to integrate the two services into one.
- Continue to explore the insights arising from our population health data alignment and develop an action plan of supportive pathways focussed on key hotspots arising from the analysis.

### Argymhelliad / Recommendation

The Committee is asked to:

- **CONSIDER** the report and **RECEIVE ASSURANCE** the next steps.

| <b>Amcanion: (rhaid cwblhau)</b>   |   |
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| <b>Objectives: (must be completed)</b>   |   |
| Committee ToR Reference:<br>Cyfeirnod Cylch Gorchwyl y Pwyllgor:   | 2.1 To provide assurance to the Board on compliance with legislation, guidance and best practice around the workforce and OD agenda, learning from work undertaken nationally and internationally, ensuring Hywel Dda University Health Board (the Health Board) is recognised as a leader in this field. |
| Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:<br>Datix Risk Register Reference and Score:                 | N/A   |
| Parthau Ansawdd:<br>Domains of Quality<br><a href="#">Quality and Engagement Act (sharepoint.com)</a>      | 6. Person-Centred<br>3. Effective   |
| Galluogwyr Ansawdd:<br>Enablers of Quality:<br><a href="#">Quality and Engagement Act (sharepoint.com)</a> | 2. Culture and valuing people   |
| Amcanion Strategol y BIP:<br>UHB Strategic Objectives:   | Not Applicable  |
| Amcanion Cynllunio<br>Planning Objectives  | 1 Workforce Stabilisation<br>10 Population health   |

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| Amcanion Llesiant BIP:<br>UHB Well-being Objectives:<br><a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a> | 5. Offer a diverse range of employment opportunities which support people to fulfill their potential<br>4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives<br>10. Not Applicable |
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| <b>Gwybodaeth Ychwanegol:<br/>Further Information:</b>  |                             |
|---|-----------------------------|
| Ar sail tystiolaeth:<br>Evidence Base:  | Contained within the report |
| Rhestr Termiau:<br>Glossary of Terms:   | Included in the report      |
| Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol:<br>Parties / Committees consulted prior to People, Organisational Development & Culture Committee: | N/A                         |

| <b>Effaith: (rhaid cwblhau)<br/>Impact: (must be completed)</b> |                              |
|---|------------------------------|
| Ariannol / Gwerth am Arian:<br>Financial / Service:             | N/A                          |
| Ansawdd / Gofal Claf:<br>Quality / Patient Care:                | None arising from the report |
| Gweithlu:<br>Workforce:   | None arising from the report |
| Risg:<br>Risk:  | None arising from the report |
| Cyfreithiol:<br>Legal:  | None arising from the report |
| Enw Da:<br>Reputational:  | None arising from the report |
| Gyfrinachedd:<br>Privacy:                                       | None arising from the report |
| Cydraddoldeb:<br>Equality:                                      | None arising from the report |