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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 February 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Analysis of Increased Workplace Stress at Hywel Dda University Health Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lisa Gostling, Director of Workforce and Organisational Development (W&OD) and Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Heather Hinkin, Assistant Director of People Management

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to examine the rise in workplace stress among staff at Hywel Dda University Health Board (HDUHB) through an examination of contributing factors as evidenced by the data available and to recommend some next steps which will underpin and support areas for further intervention as part of our Planning Objective for 2025/26.

Cefndir / Background

National UK data trends as reported by the Health & Safety Executive (HSE), the Chartered Institute of Personnel and Development (CIPD) and the mental health charity, Mind, show an increase in reporting of mental health concerns, increased sickness absence due to stress or poor mental health and mental health service providers struggling to keep up with an increase in demand.

Health and safety statistics 2024
Work-related stress, depression or anxiety statistics in Great Britain, 2024
Health and wellbeing at work | CIPD
The Big Mental Health Report - Mind
Menopause in the workplace: Employee experiences in 2023 - CIPD

Professional bodies are also voicing their increasing concerns nationally about staff mental health, burnout and the rise in moral distress and harm. The very recent 2025 Royal College of Nursing (RCN) Report: “On the frontline of the UK’s corridor care crisis” provides insight into the impact of current conditions on the quality of patient care as well as staff mental health.

Corridor care crisis | Publications | Royal College of Nursing

The People, Organisation Development and Culture Committee (PODCC) also noted its concerns regarding this increasing trend in its August 2024 meeting and requested some

further analysis be undertaken to better understand the drivers for stress related absences in the Health Board which would enable us to consider what more could be done to support our staff.

This report provides an initial analysis of sickness absence data within the Health Board between 2022 and 2024, with a specific focus on stress, anxiety, and depression (S10 reasons for absence). It examines key data sources, contributing factors, and current interventions, alongside a theory of change approach to improving sickness absence management and staff wellbeing.

Asesiad / Assessment

Sickness Absence Trends (2022-2024)

An analysis of sickness absence data within the Health Board highlighted the following key findings:

- There has been a notable increase in S10 absences over time.
- Despite national trends showing rising mental health concerns in younger people, this is not reflected in S10 absences among younger staff within the Health Board. Instead, the 51-55 age group is most affected, though rates remain relatively consistent across all age groups compared to the overall workforce profile.
- S10 absences tend to be longer-term than most other sickness causes, except for cancer and substance abuse. However, short-term S10 absences are also rising.
- A significant proportion of S10 absences (50%) lack a recorded work-related element in ESR, indicating potential underreporting and a need for improved data accuracy. This is borne out by recent internal audit findings on absence management at a departmental level where recording was found to be poor.
- 20% of individuals experiencing S10 absences have recurrent instances within a year, with 50% of cases classified as long-term absences.
- Data suggests outliers in absence patterns, indicating potential localised issues in managing attendance. Again, this has been borne out by audit findings.
- Certain service areas have higher levels of S10 absences, though recording inconsistencies may also affect accuracy.
- A recent Freedom of Information request showed that the top reason for absence during the 2024 calendar year was cold/cough/flu (5884 occurrences) followed by gastrointestinal problems (4158) and stress was in third place at 2705 occurrences, however the duration of such absences for stress were on average longer.

Some of the above trends may be supported by findings from research undertaken by the Chartered Institute of Personnel and Development (CIPD) into menopause. They found that 67% of those working women between the ages of 40 and 60 (with menopausal symptoms) reported being negatively impacted by the menopause at work. Of those negatively impacted at work:-

- 79% said they were less able to concentrate
- 68% said they experienced more stress
- nearly half (49%) said they felt less patient with clients and colleagues, and
- 46% felt less physically able to carry out work tasks.

The above is unsurprising when considering these findings against a 2022 online survey of UK GP's (available on the Pubmed.ncbi.nlm.nih.gov website). This survey found that more than half of those GPs surveyed said they did not have enough support to treat women with menopause symptoms. It may also suggest that other reasons for absence may account for some of the

Health Board's data on stress related absences i.e. we could be dealing with the effect rather than the cause of such absences.

Staff Survey Data (2023) and Employee Wellbeing Trends

The 2023 NHS Wales Staff Survey revealed concerning trends in workforce wellbeing which may also have a bearing on stress related reasons for absence:

• 45% of respondents felt unwell due to work-related stress in the previous year.
• 65% had attended work in the past three months despite feeling unwell.
• 36% reported feeling burnt out "often" or "always", while another 37% reported experiencing this "sometimes".
• Many staff felt exhausted and frustrated, struggling to maintain energy for personal lives outside work.
• Only 48% believed the organisation took positive action on staff health and wellbeing.

While these findings align with broader national trends and are nonetheless concerning, caution may be needed as the response rate for the 2023 staff survey was only 12% of the total workforce and may therefore not be indicative of the position across the whole workforce. Further analysis and comparisons of data sets are therefore prudent to explore.

Whilst the staff survey results for 2023 did indicate an increasing trend in the stress related factors of those responding, we need to consider the relevance of data that is now some 18 months out of date. The first draft of the staff survey results for 2024 have just been received by the Health Board (response rate of circa 20%) and these may provide a more up to date and informative narrative of the issues.

This initial cut of the data indicates that every positivity theme for the Health Board increased in 2024 however, a separate report will be brought by Organisational Development on the staff survey results once they have verified and analysed the data in more detail and the insights from this report will be used to enhance our current understanding of the underlying causes of S10 reasons for absence.

However, even though the 2023 results may no longer provide current intelligence, we cannot nor should not ignore the correlation in the above staff survey results with the data gathered from our own internal support services (see below). For example, there has been a steady increase in the number of staff seeking psychological support for the period 2022-2024, as shown in the increasing number of self-referrals (including increased complexity) to the Staff Psychological Wellbeing Service (SPWBS).

Staff Psychological Wellbeing Services (SPWBS) - 2022-2024

Use of the in-house SPWBS has been good over time, with a steady increase in the number of self-referrals year on year. Feedback from service users is that the service is well thought of, trusted and valued. Clinical outcome data from one-to-one psychological therapy demonstrates a significant and positive impact on mental health, using the CORE Outcome Measure (CORE-OM). 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. Concerns raised have mostly been about longer waiting times to access the service and only having access to a limited number of sessions.

Similarly, 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. We plan to bring one of these staff stories to People Committee in the near future.

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

• 31% of referrals were classified as work-related
• 38% of referrals were classified as a combination of work and non-work stressors.

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

- High workloads and poor work environments
- High demands on services with patient complexity and acuity
- Perceived lack of control over how things are done
- Inadequate rest areas and a lack of effective breaks
- Perceived lack of management support and recognition
- Perception of poor change management practices
- Lack of role clarity with role drift and accrual of additional responsibility due to posts not being filled
- Interpersonal conflict with some concerning experiences of bullying, harassment, racism and sexual misconduct

The 2022 Staff Wellbeing Needs Survey also highlighted challenges in staff accessing available support, including:

• Lack of time to review or use wellbeing services during working hours.
• Continuing stigma around discussing mental health or seeking psychological support.
• Staff not recognising early warning signs of stress, preventing timely intervention.

However, there have been some constraints to the effectiveness of our SPWBS service as they have been impacted by:-

1. Difficulties recruiting to the SPWBS in 2023/2024 due to professional shortages of suitably qualified staff which resulted in a temporary change in the delivery of the one-to-one psychological therapy service and reliance on the All-Wales Employee Assistance Programme (EAP). This will be resolved once new appointees take up posts in the next 2-3 months.
2. Despite extensive promotion of the EAP (supplied by Vivup), take-up has been low and there is a concern that staff have not been accessing the mental health support they need.
3. Reduced session capacity due to vacancies in the team have meant the delivery of short-term therapeutic interventions only (up to a maximum of six sessions) to avoid lengthy waiting times This in itself does not meet all presenting needs, as the service has seen a significant increase in complexity of issues, severity of distress and presentation of clinical risk with a lack of accessible mental health service provision to refer on to locally compounding matters.
4. Staff are 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 (2 out of 3 retreats in 2024 had to be cancelled last minute due to the number of late withdrawals from the programme). A more detailed analysis (both qualitative and quantitative) of the benefits of this offering is already underway and will be reported to a future meeting.

5. The number of requests for psychological wellbeing support from managers and teams has also increased.

Occupational Health (OH) Data (January 2024 to February 2025)

Due to a change in IT system, we are only able to report on data captured in the new OH system from 1 January 2024.

From January 2024, the Occupational Health Service has processed 2805 Management Referrals. 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:-

- 443/2805 were categorised as wellbeing referrals
- All 443 had onward advisory signposting suggested by the Occupational Health Clinicians to SPWBS and/or other services such as Physiotherapy (not Occupational Health), Carers Support, CRUSE, Bereavement Services, Stress Risk Assessment, Canopi Wales, own GP, Union Rep, Menopause information.
- 57/2805 were categorised as a counselling referral
- 32 out of the 57 had onward signposting suggested by the Occupational Health Clinicians to SPWBS and/or other service such as Canopi Wales.
- 25 out of the 57 referrals, were only signposted to services such as CRUSE/Bereavement Services, Canopi Wales or their own GP, following clinical consultation.
- 1980 referrals were categorised for a different reason (not wellbeing or counselling)
- 564/1980 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.

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 are 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.

Current Position - Health Board Support and Interventions

A range of initiatives are already in place and work continues to enhance our current offering for psychological wellbeing support at work. This includes providing the appropriate resources and accessible services when staff do experience mental health concerns. 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, 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 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 events to promote the various options Hywel Dda Staff Psychological Wellbeing Service - Home
4. Confidential management consultations are available to support managers and leaders to proactively manage wellbeing at work issues and to provide a safe space for reflection and learning Support for Hywel Dda Leaders & Managers
5. Post critical incident support is available for managers and teams to ensure appropriate steps are taken to reduce the risk of traumatic stress reactions.
6. The work of the Organisation Relationship Managers (ODRMs) and the Culture and Workforce & Experience teams provide a range of interventions which can impact positively on staff mental health and wellbeing.
7. 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.
8. Work is underway with colleagues in the Employee Wellbeing Service and in the Occupational Health (OH) Service in Swansea Bay University Health Board (SBUHB) to explore sharing of resources and learning to improve staff mental health in both organisations. In addition to this, regular liaison across employee wellbeing and OH services in Wales enables the sharing of new ideas and best practice
9. A series of workshops on Understanding the Impact of Critical Incidents has been facilitated for a range of teams with the aim of services and leaders becoming more trauma informed.
10. Support and advice for staff (including managers) in relation to sickness absence or the All Wales Managing Attendance at Work policy is provided by the Operational Workforce Teams.
11. Self-referral by an employee to Occupational Health for advice and support to prevent sickness absence or support the long-term management of an underlying health condition.

Responsive:

1. Access to confidential one-to-one psychological support by self-referral to either the in-house Staff Psychological Wellbeing Service or our current Employee Assistance Provider (EAP), Vivup as well as signposting to a range of external therapy resources One to One Psychological Support for Hywel Dda staff
2. Provision of a Recovery in Nature Programme for staff experiencing work related stress or burnout Recovery in Nature for Staff
3. Management Referrals to Occupational Health to assist the return to work of staff currently off sick, have met a trigger for absence under the All Wales Absence Policy or where concerns for wellbeing have been noticed in the workplace.
4. Support and advice for staff (including managers) in relation to managing sickness absence or the All Wales Managing Attendance at Work policy is provided by the Operational Workforce Teams. Team members also attend sickness meetings to

support managers through the process and provide advice on reasonable adjustments.

Other factors to consider:

What other data can we utilise?

There are a range of other data sets that can assist with building a broader profile of the reasons for sickness absence including stress related absences. To gain deeper insights into the causes and impacts of workplace stress in the Health Board, the following areas of data analysis will be beneficial in providing a richer source of data from which we can then develop more targeted support:-

a) Population Health

Integrating health population data from our community would provide valuable insights and we can then profile not just departmentally, by job family or protected characteristic but also seek to broaden that analysis to include other factors that may impact on our reasons for absence.

For example, Tyisha in Llanelli, identifies as one of the most deprived areas in Carmarthenshire, which faces significant socio-economic and environmental challenges, including high unemployment rates and a substantial proportion of residents with limiting long-term illnesses. We could map our staff population data by home location to provide valuable insights into trends in staff sickness absence across the Hywel Dda region which has not been done before. Work is already underway to bring these data sets together and by linking such community health data with our own anonymised internal staff health metrics, we can better understand the interplay between local population health and employee well-being.

Discussions have already taken place with colleagues from Public Health on the early identification of issues for staff health, including the potential to develop or adopt a digital health application for staff.

Taking a joint approach to staff and population health could enable us to identify specific geographical areas rather than departments where targeted interventions can be implemented to reduce ill health among our staff, who are also members of the communities we serve and overlay on the following:

b) Staff Absenteeism Trends Analysis

Objective: Examine patterns of stress-related sick leave over the past three years.

Data Required: Sick leave records, duration of absences, reasons for leave, departmental breakdowns, and seasonal trends.

Purpose: Identify departments or roles with higher absenteeism and recurring stress triggers.

c) Workload vs. Staffing Levels

Objective: Assess the correlation between workload pressures and staffing ratios.

Data Required: Patient admission rates, staff-to-patient ratios, variable pay/overtime worked, and vacancy rates across departments.

Purpose: Determine if staffing shortages directly contribute to increased stress levels.

d) Exit Interviews and Turnover Rates

Objective: Analyse reasons behind staff resignations and turnover trends taking into account all perspectives.

We already know from data from exit interviews between May 2022 and 13 January 2025 that for 5.4% of staff (53 out of 989) work related stress contributed to their decision to leave. Work is now underway to specifically ask about this factor within the exit interview as at present it is captured in free text and there is likely to be some level of under-reporting.

Data Required: Exit interview responses including identification of any trends with length of employment before resignation, turnover rates by department by reason including the manager's insights and follow up actions/monitoring relating to any identifiable patterns or emerging trends.

Purpose: Understand if stress-related factors are driving staff departures. Some significant work has already been undertaken here as part of our nurse retention work which has already resulted in improved turnover rates.

e) Survey Data Analysis

Objective: Conduct and analyse targeted staff surveys on stress levels, causes, and perceptions of organisational support.

Data Required: Annual staff survey responses segmented by role, department, and seniority level as a minimum.

Purpose: Gain qualitative insights into staff experiences and identify common themes in reported stress triggers.

However, it is recognised that conducting regular and meaningful surveys on the levels of work-related stress is particularly challenging.

f) Comparative Analysis with Other Health Boards

Objective: Benchmark stress levels and intervention strategies against other Welsh health boards.

Data Required: Comparable workforce stress data from neighbouring health boards.

Purpose: Identify best practices and potential gaps in our current strategies.

g) Financial Impact of Stress-Related Absences

Objective: Quantify the financial burden of stress-related sick leave on the health board.

Data Required: Costs associated with sick pay, temporary staffing, reduced productivity, and recruitment.

Purpose: Highlight the economic rationale for prioritising stress-reduction initiatives and further investment.

h) Longitudinal Data Study

Objective: Track stress levels and related outcomes over an extended period.

Data Required: Multi-year datasets on absenteeism, well-being service utilisation, and workforce retention. Whilst we currently track these independent on each other, there is a need to bring them together to assess comparative trends.

Purpose: Monitor the effectiveness of implemented interventions over time.

By conducting such further analyses, whether in full or in part, the Health Board can develop evidence-based strategies to address workplace stress, improve staff well-being, and enhance overall operational efficiency.

Next steps

The above analysis will take significant time and resource and there may be a need to prioritise what we do and the timescale for delivery – sustained reduction in S10 reasons for absence must therefore be a long-term objective and a journey of continuous improvement based on the resources we have or can make available at a Health Board level.

The Health Board is setting up a task force/task and finish group to focus on absence and this may well determine the priority of the further analysis outlined above so that a comprehensive and holistic approach is considered which will lead to a more effective action plan being developed.

Once developed, and to achieve a sustained/step change in reducing sickness absence and improvement in staff wellbeing, we may need to apply a theory of change approach so that we can influence both a step change in reduced sickness absence for S10 reasons and also achieve a long term outcome which aligns well with our recent and future planning objectives which encompass a resilient, healthy workforce with reduced sickness absence and improved retention, which will support high-quality patient care.

The theory of change in relation to psychological wellbeing and reduced sickness absence broadly falls into four main categories and tells us that, for sustained change/improvement, we require:

1. Improved working conditions
• Adequate staffing and manageable workloads
• Better rest facilities and break culture

2. A cultural shift in wellbeing support
• Normalising mental health conversations
• Leadership training in emotional intelligence
• Trauma-informed approaches to staff support

3. Enhanced access to psychological support
• Expanding therapy provision for high-risk staff
• Strengthening early intervention programmes

4. Better absence data management
• Improved ESR reporting of work-related stress.
• Regular wellbeing surveys for targeted interventions.

We will therefore need to ensure that due cognisance is taken of the above when developing our plans in relation to reducing S10 related absence and supporting staff proactively to improve their health.

Potential Recommendations

Whilst it is too early to have a comprehensive plan which is built on further analysis of broader data sources, we know from the analysis already undertaken and having given some consideration to the theory of change, we may need to focus our efforts on the following:

Preventative:

1. Improve working conditions
2. Adequate staffing levels, skill mix and manageable workloads
3. Upgraded rest facilities, including access to more green spaces and a supportive culture for taking regular breaks
4. Foster a positive work environment
5. Promote a culture of respect and recognition among staff
6. Encourage and enabling more wellbeing conversations and regular mental health check-ins (for self and with others)
7. Enhance efforts to decrease stigma around mental health needs
8. Increase the opportunity for all staff to improve their mental health awareness and ability to care for self and colleagues
9. Expand the work around being more trauma informed in how we support our staff
10. Continue the work of the Health & Wellbeing Group around health promotion and avoiding employee harm.
11. Continue to work with Public Health colleagues around the population health data and core themes for our staff around smoking, drinking, healthy weight and exercise.

Responsive:

1. Expand access to mental health resources: e.g. enable rapid access to psychological therapy / counselling given the increasing level of risk and complexity in presentation
2. Improve data recording at departmental level where we already know there are qualitative concerns
3. Improve availability of opportunities for staff to take on temporary or alternative duties to avoid the need for sickness absence
4. Continue the work of the Health & Wellbeing Group around reducing sickness absence.

Conclusion

More analysis is needed to improve the Health Board's position in terms of its sickness absence rates. Addressing workplace stress is critical to this for both staff wellbeing and service sustainability. Through targeted preventative and responsive strategies, the Health Board can reduce sickness absence, enhance staff retention, and improve patient care quality.

This report is a first step in our journey to better understand what lies beneath our stress related absences and, as this work progresses, further reports will be provided for Committee's consideration.

Argymhelliad / Recommendation

The People, Organisational Development & Culture Committee is requested to:

- Consider the above report as a first step to better understanding our S10 reasons for absence, highlight potential areas for further analysis and outline some initial next steps and areas of focus.

- Receive a further report highlighting progress at its October 2025 meeting.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	Domains of Quality 2. Timely 3. Effective 4. Efficient
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Included in the body of the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	N/A

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Ariannol / Gwerth am Arian: **Financial / Service:**	N/A
Ansawdd / Gofal Claf: **Quality / Patient Care:**	N/A
Gweithlu: **Workforce:**	Report for discussion only
Risg: **Risk:**	N/A
Cyfreithiol: **Legal:**	. N/A
Enw Da: **Reputational:**	N/A
Gyfrinachedd: **Privacy:**	N/A

Cydraddoldeb: Equality:	N/A