

Sickness Absence Management Final Internal Audit Report

October 2023

Swansea Bay University Health Board



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Acknowledgement:

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Executive Summary

Purpose

To review the compliance with the NHS Wales Managing Attendance at Work Policy and assess mechanisms in place to provide assurance that the health board is acting promptly, managing the interests of all parties, and working in accordance with the wider Wellbeing Strategy.

Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Evaluating the quality, impact and effectiveness of the early interventions introduced by the health board.
- Capture and monitoring of training compliance rates.
- To strengthen the approach undertaken to complete sickness audits.
- Limited reporting of the sickness improvement plans within the Service Groups.

Other recommendations are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend



2018/19

Assurance summary¹

Objectives	Assurance
1 Policy and Procedures	Substantial
2 Wellbeing Strategy	Reasonable
3 Early Interventions	Reasonable
4 Occupational Health	Reasonable
5 Training	Limited
6 Monitoring and Reporting	Reasonable

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

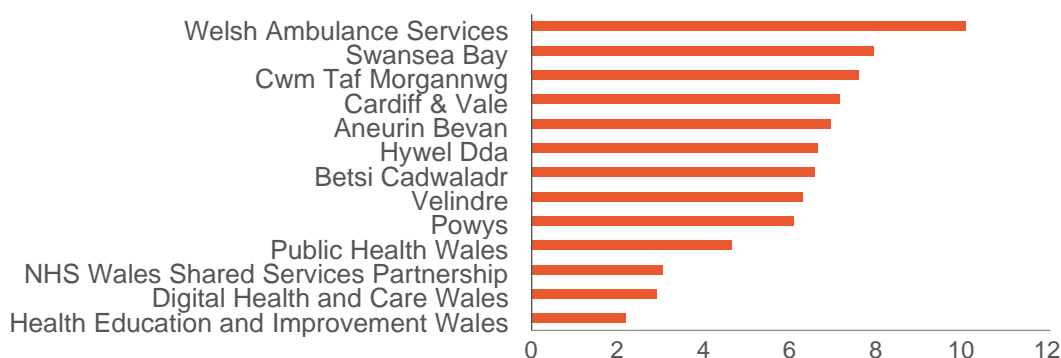
Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority	
1	Evaluating quality and effectiveness of early interventions	3,4	Operational	Medium
3	Training Compliance	5	Design	Medium
4	Sickness Audits	6	Design	Medium
5	Improvement Plan progress reporting	6	Design	Medium

1. Introduction

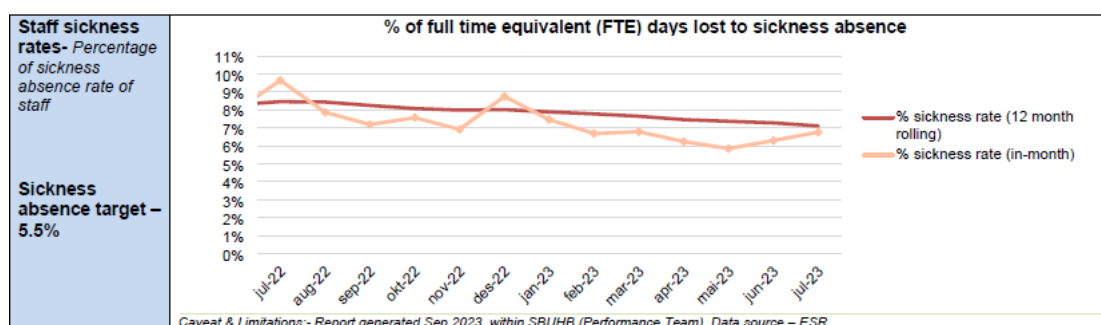
- 1.1 The NHS Wales Managing Attendance at Work Policy directs Swansea Bay University Health Board's (the health board) processes and arrangements to manage staff sickness. The objectives of the policy are to: *support the health and wellbeing of employees in the workplace; support employees to return to work following a period of sickness absence safely and as quickly as possible; and support employees to sustain their attendance at work.*
- 1.2 The minimum standards of Workforce and Organisational Development detailed within the Policy include '*Support the management of sickness through the collation of information and provision of data to enhance decision making and workforce planning*'.
- 1.3 Sickness absence represents a significant cost to the health board directly and indirectly. It has an adverse effect upon colleagues and on the level of service that the health board 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 desired target levels (5%) set by Welsh Government.
- 1.4 A recent NHS Workforce data briefing from Audit Wales highlighted how *the level of sickness absence presents a substantial challenge to health bodies in Wales, particularly when service pressures are so great. Since 2017, the level of sickness absence has increased and understandably grew at a greater rate at the onset of the pandemic but has continued to grow since. In 2022/23 the sickness absence rate for NHS Wales was around 6.9% which equates to around 6,300 FTE staff or 1.4 million working days lost in the period.*
- 1.5 The report highlights that *there is significant variation in sickness absence between health bodies, attributing to possible differences in working environments, service pressures, application of controls and effectiveness of preventative measures and support. Graph 1 shows sickness percentage by organisation in the 2022 calendar year.* The graph shows that Swansea Bay during the period had the second highest sickness absence percentage (8%) in NHS Wales, with the highest sickness rate in terms of the health boards.

Graph 1: Sickness absence percentage by organisation, 2022 (calendar year)



A report to the health board's Workforce & Digital Committee in October 2023, highlighted that the health board has improved their sickness absence rate since the figures reported in the Audit Wales briefing. The absence rate as of May 2023 had fallen to 5.87% (See Graph 2), however the report highlights a current increasing trend in sickness absence levels, 6.3% in June and 6.8% in July. Due to delay in Stat Wales figures, we were unable to compare the absence rate to other NHS Wales Organisations for the same period.

Graph 2: Sickness absence in Swansea Bay July 2022 – July 2023



1.6 The risks considered during the review were:

- i. Increased sickness absence levels could lead to diminished service delivery.
- ii. Impact on staff morale and wellbeing from increased workloads due to reduced resourcing.
- iii. Adverse impact on resources (financial and non-financial) throughout the health board.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	3	1	4
Operating Effectiveness	-	1	-	1
Total	-	4	1	5

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Objective 1: There are policies and procedures in place outlining the health board's approach to managing long term absence management.

2.3 The health board has adopted the All Wales Managing Attendance at Work (MAAW) policy. The policy is readily available to all health board employees via the SharePoint site, along with the relevant supporting guidance and templates (return to work form, long term sickness absence letters, invite to formal meeting and

outcome letters, etc.). It was noted that the MAAW policy was due for review in December 2021. We acknowledge that as an All-Wales policy this would require the Welsh Partnership Forum to review, approve and distribute through to the NHS Wales Organisations to adopt, therefore no recommendation is raised at this report. See objective 5 on MAAW training and awareness for managers.

- 2.4 Discussions with the Business Partners for the individual Service Groups identified that no additional policies are in place, with all following the MAAW document. The only difference between Service Groups is the different process in which sickness absence is originally notified with local protocols in place for Morriston (for reporting of absence out of hours) and for Support Services (for reporting of all absences to a central number).

Conclusion:

- 2.5 The health board has adopted the All Wales Managing Attendance at Work Policy is followed by all Service Groups at the health board, with local protocols to manage sickness reporting implemented for areas where there have been higher than average sickness levels. We assign this objective **substantial** assurance.

Objective 2: There is an effective Wellbeing Strategy in place which outlines the governance and monitoring arrangements in place for the management of sickness absence, with clear monitoring against the expectations and effectiveness of the strategy in place.

- 2.6 To support staff in the aftermath of the Covid-19 pandemic, the Occupational Health (OH) & Wellbeing Service implemented a 'Post Covid-19 Staff Wellbeing Strategy' in August 2021. The strategy is based on identified themes within the health board and was implemented to support the organisation in ensuring staff have access to evidenced based interventions during the Covid-19 recovery and reconstruction phases.
- 2.7 The strategy sets out eight goals (see Appendix B) in which the OH & Wellbeing Service set achievement dates between April 2021 – March 2022.
- 2.8 The Professional Head of Staff Wellbeing advised that whilst the OH & Wellbeing Service has achieved the objectives set, as evidenced in the 'Supporting Staff Resilience' report presented at the March 2023 Board meeting (agenda item 4.2), the key themes continue to be addressed with annual Goals, Measures and Outcomes (GMOs) plans in place to demonstrate continuous performance of the strategy. Wellbeing initiatives have also been implemented within the health board and this has been evidenced through the ongoing work into Trauma Risk Management (TRiM) and Time to Change Wales (TtCW) initiatives. The work undertaken by the Service has gained national recognition with the development of an NHS staff trauma support pathway and TtCW training both being shortlisted for the NHS Wales Awards 2023. In addition, the Trauma pathway won the Leadership category in the Advancing Healthcare Awards in October 2023 (refer to audit objective 3).

- 2.9 The health board's Recovery and Sustainability Plan also refers to staff wellbeing, with objectives within the Workforce Vision and Outcomes section stating:
- We will implement a new OH system to streamline OH pre-employment check process and enable managers to support sickness reduction target to 5.5%.
 - We will train staff in health surveillance, how to have psychologically informed conversations and how to identify work related stress and mental health issues in the workplace to encourage early intervention and sickness absence prevention.

Progress against the Post Covid-19 Strategy and objectives within the Recovery and Sustainability Plan were evidenced in update reports on Management of Attendance at Work including Wellbeing and Occupational Health interventions to the June 2022 and February 2023 Workforce & Digital Committee (formerly Workforce & OD Committee); and a deep-dive by the Wellbeing team into Suicide Prevention at the June 2023 meeting.

- 2.10 During the review, management advised that the health board are to introduce a new People Strategy, which will have objectives around staff wellbeing. On review of the Workforce & Digital Committee papers, for 10 October 2023, it was identified that a draft version of the Swansea Bay University Health Board People Strategy 2024 – 2029 was issued as part of a progress update. A review of the draft strategy identified that Theme 1: Engaged, Motivated and Healthy is based around staff wellbeing with an aim within the theme to 'focus on the wellbeing of our staff through promoting early interventions, providing relevant training and information and extending our wellbeing champions network'.

Conclusion:

- 2.11 The health board has a Post Covid Wellbeing Strategy in place for which demonstration of continuous performance is supported by annual action plans with defined goals, outcomes and measures. The health board also has objectives around staff wellbeing within their Recovery and Sustainability Plan; and a People Strategy is currently being developed. Updates are supplied to the Workforce & Digital Committee on progression and evaluation of the Wellbeing Service. Noting the arrangements in place, we give **reasonable** assurance to this objective.

Objective 3: Early intervention mechanisms have been adopted to promote and support staff wellbeing.

- 2.12 The Wellbeing Service continues to provide early intervention support for staff which contribute to the delivery of the Wellbeing Strategy. The Service supports its staff in several ways with different training and wellbeing material available via the designated Occupational Health and Wellbeing Service SharePoint page. Initiatives and training are also promoted via the extensive Wellbeing Champion's Network (excess of 400 members) across the health board) and via signposting to the Wellbeing Service including ward/area-based posters and sickness absence letters issued to employees.

- 2.13 At present the main cause of sickness absence within the health board is attributed to Mental Health and Musculoskeletal (MSK) health, with the current growing trend in sickness rates also being attributed to non-work-related factors. These are multi-faceted and include things such as relationships and challenges arising out of the cost-of-living crisis. This has led the Wellbeing Service to focus on mental health awareness via TRiM, REACT Mental Health training and TtCW as key preventative interventions. The physiotherapy service is increasingly working towards an early intervention and preventative approach to minimise MSK risks in the workplace and supporting line managers to monitor this health surveillance. Access for this service is also available via self-referral.
- 2.14 The health board has developed an innovative approach to managing health trauma for those staff who have experienced a traumatic or potentially traumatic event. This approach led to the creation of the staff trauma pathway (which includes TRiM). Additional investment via successful business case has led to the development of a substantive team to deliver TRiM in a sustainable way, with a network of TRiM practitioners across the health board to ensure it is embedded within all service areas. This network of practitioners across Service Groups (see table 1) undertake licensed training ensuring consistency of application in providing advice and assistance.

Table 1

Service Group	Number of TRiM Practitioners
Morrison	23
Singleton / NPT	7
Corporate	7
MH & LD	7
PCT	3
Woman & Childs Health	3
Total	50

TRiM has its own dedicated section on the OH and Wellbeing Service SharePoint site, with links to information about potential traumatic events, signs of negative coping mechanisms managers need to be vigilant of within their staff; and contact points (including when out of hours).

- 2.15 The health board has also been fundamental in supporting the TtCW campaign. The campaign is the first in Wales to challenge stigma and discrimination associated with Mental Health. It is a partnership campaign between the health board and two leading mental health charities (Mind Cymru and Adferiad). The OH and Wellbeing Service has worked closely with TtCW to deliver training which aims to improve knowledge and understanding about mental illness and to get people talking about mental health. The health board has also invited TtCW Champions in to give sessions about their lived experience of mental health.

As well as the main training for managers noted in para 2.14, the Occupational Health and Wellbeing Service also support managers by offering several useful workshops, the following data was collated between April 2022 – March 2023:

Table 2

Workshop	Number of Sessions ¹	Number of Participants Attended ¹
REACTMH (<i>Mental Health</i>) – stand-alone sessions	52	933
REACTMH (<i>Mental Health</i>) – joint sessions with Suicide Prevention	16	481
Mindful & Meaningful Living (MML)	5	33
TtCW Training to challenge mental health stigma in the workplace	11	310
TtCW Champions' Presentations	3	102
Work Related Stress	9	83
Mental Health Awareness	3	30
Menopause for Managers	10	63

¹ *This data has been collated for the period April 2022 to March 2023*

- 2.16 The service collates feedback after the workshops and training sessions with positive quantitative and qualitative data supplied to us during the review.
- 2.17 In addition to the health boards OH and Wellbeing Service, the Service Groups also have additional approaches to Wellbeing to support the staff within their individual Service Group. For example a Wellbeing and Engagement Group established in Morriston; and within Estates, Men's Mental Health seminars and sickness meetings, where due to stress at work, held prior to the 28-day trigger.
- 2.18 Due to the nature of the work within the Mental Health & Learning Disability Service Group, the staff have increased exposure to violence and aggression, and this has led to a higher rate of sickness absence due to stress and anxiety. The Service Group appointed their own counsellor in July 2022; and this has lowered any delays in waiting for OH referrals, with any delays resulting in the employee taking sickness absence. Since the appointment there has been a decrease in sickness rates due to stress and anxiety by 50% (circa 100 cases/month to circa 50 cases/month).
- 2.19 An evaluation of the Occupational Health and Wellbeing Service was presented to the Workforce & Digital Committee in June 2022. As well as providing an update on the training and workshops delivered by the Service above and the additional service evaluation highlighted in paras 2.24-2.26, the paper contained tables showing presenting difficulties at referral of the 1,378 staff who accessed the service between April 2021- April 2022, and user feedback scores for pre and post service use. The tables showed improvements in health outcome based on the patient's own judgement of their health using the standardised health outcome – EQ5D-L.

- 2.20 Although we note that a range of early interventions have been implemented within the health board, and that training has been provided to a significant number of managers and Wellbeing champions, there has been limited evaluation data beyond April 2022 See **Matter Arising 1**. The exception to this has been in relation to staff trauma and suicide prevention data (to March 2023) which was reported to the Workforce & Digital Committee in June 2023 demonstrating significant reductions in both suicidal thoughts and plans after the intervention. Noting that the health board's sickness rate has recently increased towards 7% it is important to routinely evaluate the effectiveness of all initiatives to prevent sickness absences and improve attendance at work.
- 2.21 There is also an opportunity to enhance the arrangements in place to demonstrate the value of the interventions that have been put in place, including deep dive exercises into those introduced to support the main causes of sickness absence, to further inform and tailor the development of these interventions. See **Matter Arising 1**.


Conclusion:




- 2.22 The OH & Wellbeing Service offers a number of early interventions via workshops, training and material via their dedicated SharePoint page. Focus has been placed on providing support for mental health and musculoskeletal conditions which are the main causes of sickness absence within the health board, although we note opportunities to enhance the arrangements and reporting to evaluate the quality and effectiveness of the interventions introduced. The Service Groups also demonstrated a focus on staff wellbeing with Service Group Specific initiatives evidenced during the review. Due to this we give **reasonable** assurance.

Objective 4: Referrals for medical advice and support, including via Occupational Health, are made as required and are acted upon in a timely manner.

- 2.23 Monthly performance reports are produced for review by OH & Wellbeing leads. The reports include data on the number of referrals received, the speciality assigned after triage and the average number of working days from referral received to first appointment. As part of the review, the team produced a report comparing the average waiting times between August 2021 – July 2022 against the average waiting times from August 2022 – July 2023, noting that as per the July 2023 report, all referrals are triaged within the 3 working days target; and general improvements to the average waiting times as follows:

Table 3

Average waiting time per profession	August 2021 - July 2022	August 2022 – July 2023	Trend
Average waiting times between referral received and first appointment offered (all professionals)	22 days	8 days	
Average wait times from referral to doctors' appointment	22 days	8 days	

Average wait times from referral to nurse appointment	10 days	8 days	
Average wait times from referral to Physiotherapist appointment	13 days	12 days	
Average wait times from referral to Occupational Therapist appointment	2 days	10 days	

- 2.24 As a result of a recommendation from the 2021 audit review (Staff Wellbeing & Occupational Health, issued September 2021, Reasonable Assurance) into the OH & Wellbeing Service, the service has adopted the use of MS forms to obtain feedback from its service users to help evaluate and capture the services performance and effectiveness. Feedback data was collated from between April 2021 – April 2022. From the 1,378 referrals received during this period, 235 employees (17%) provided feedback, of which 111 were on sickness leave and 124 still in work. Whilst the response rate appears low, we recognise that the OH Team can only continue to raise awareness of the form and encourage users to engage to inform ongoing service delivery and improvement.
- 2.25 From the feedback provided the results showed OH had a positive impact on the staff who have utilised the service, with suggestion that sickness absence may be higher without the support of the wellbeing service:
- On discharge from the service 58 (52%) employees who were absent at time of referral had returned to work or agreed a date to return.
 - 48 (82%) employees who had returned to work believed they returned sooner than they would have done without the support from OH.
 - 25 (47%) employees who were still absent at time of discharge believe they are closer to returning to work due to the services' help.
 - 86 (70%) of the employees who were still in work at referral believe the service helped them to remain in work.
 - 139 (59%) employees that used the OH service believed their work performance had improved thanks to support from OH.
- 2.26 Through discussion with the Service Group Workforce Business Partners, it was noted that although managers are supplied with OH referral training and sickness absence caseload reviews are typically undertaken on a monthly basis (refer to audit objective 5), there is no review to ensure managers are referring staff in a timely manner. However, it is recognised that judgement is required when making referrals depending on individual circumstances and initial access to tailored adjustments and early interventions; the success of which may impact the need for a referral.

Conclusion:

2.27 The OH & Wellbeing Service maintains monthly figures on the number of referrals received, the speciality assigned after triage and the average number of working days from referral to first appointment, with trajectory showing a decrease in average days based on comparison to the previous year. Feedback is sought after discharge from the service with a positive reflection on the OH service, however based on the data supplied, feedback response is low. Noting this, **reasonable** assurance has been assigned to this objective.

Objective 5: Appropriate training is made available to all managers who have a responsibility for managing sickness absence.

2.28 To help support managers in using the MAAW Policy, the Workforce team has developed comprehensive training slides that explain the aims, principles and values which underpin it. Training sessions are available to all staff with absence management responsibilities. Workforce team, work alongside the Service Group Business Partners to ensure managers in high sickness areas are targeted and encouraged to attend the regularly held training sessions.

2.29 On discussion with the Service Group Business partners, it was noted that all Service Groups, with the exception of Primary Care, also hold their own MAAW training sessions (both classroom-based and via Teams) to provide greater relevant to the operations within their Service Group. It was identified that no feedback from these sessions is requested. See **Matter Arising 2**.

2.30 MAAW training is available to all managers who have responsibility in managing staff attendance. Attendance records at training sessions are taken and issued to the Business partners at each Service Group, however there is no central monitoring of those attending against expectation. As highlighted in a recent internal audit advisory review (ESR Self Service, issued October 2022) and regularly to Workforce & Digital Committee via the workforce metrics reports, while access to ESR to record this is available, the functionality within the Oracle Learning Management (OLM) platform is not currently used to enable this. This will allow additional training requirements outside mandatory training to be recorded and reviewed. At present MAAW training is not recorded centrally and therefore compliance rates cannot be obtained for monitoring. See **Matter Arising 3**.

2.31 In addition to the MAAW training, the OH team run monthly 'Occupational Health referral training for managers' workshops. The OH team liaise with the Service Group Business Partners to help encourage uptake from managers in areas with high sickness rates. As per the MAAW training, attendance is noted by the OH team but not recorded onto ESR:

Month ¹	Number of Sessions	Number Attended
September 2022	4	55
October 2022	2	34
November 2022	1	17

Month ¹	Number of Sessions	Number Attended
December 2022	1	8
January 2023	1	10
April 2023	1	16
June 2023	1	5
Total	11	145

¹ There were no sessions held in February 2023 or March 2023 due to the implementation of a new Civica OH system.

- 2.32 Positive feedback from these sessions has been obtained including recognition that it has enhanced understanding of the process for making management referrals to OH.
- 2.33 The OH and Wellbeing Service started (May 2023) undertaking 'tailored adjustment' training sessions for managers, which help managers to understand employees' requirements to workplace adjustments on a short or medium term plan, to support a colleague to return or stay in work. The team has run two sessions as part of a pilot (May and June 2023), focusing on the Estates and Support Services Service Group due to the high sickness levels. The pilot scheme was considered a success with a total of 40 managers attending the sessions. Further sessions have been created with dates up until December 2023 available.

Conclusion:

- 2.34 The health board has produced comprehensive training slides outlining the roles and responsibilities of managers around the MAAW Policy. Training sessions are held at both Service Group level and via the Workforce team. However, they are unable to obtain or report on compliance rates due to the health board not currently using the OLM platform on ESR for MAAW training. There is also a lack of feedback received from those undertaking the MAAW training. Due to this we give **limited** assurance.

Objective 6: Adequate reporting mechanisms are in place to monitor and manage attendance levels, both locally and at Board level.

- 2.35 On discussion with the Workforce team, it was noted that monitoring of sickness rates and compliance with the MAAW policy is the responsibility of each Service Group with the expectation of the following:
- MAAW Compliance Audits.
 - Sickness Absence Improvement Plans.
 - Regular performance reviews (PADRs, Sickness, Mandatory Training, etc).
 - Sickness Absence Case Load reviews.
 - Sickness Absence reported, on a regular basis, to the Service Group Board.

- 2.36 We discussed the monitoring and reporting arrangements within each Service Group with the respective Business Partners to understand the approach they take to manage sickness absence, although we did not test these processes in detail.
- 2.37 **Audits** – All Service Groups are currently undertaking sickness audits based on an audit template created by the Workforce team (with exception of Morriston, see para 2.38). During the 2016/17 internal audit Sickness Absence Management Review (Issued November 2016, Limited Assurance), it was noted that not all Service Groups were undertaking sickness absence audits. All Service Groups are now completing these, however it was noted that not all were following a defined audit schedule, instead, selecting areas for review based on hotspot areas or areas with high sickness levels. On completion of the sickness audits, feedback is relayed to the Ward/Area manager with any concerns and recommendations discussed. See **Matter Arising 4**
- 2.38 It was also noted that the Morriston Service Group has adopted their own approach to undertaking audits. The HR Project Manager has developed an extensive audit template containing 24 questions around the MAAW policy for the ward/area manager, and 5 questions to be asked of ward staff around responsibilities when on sickness leave. This is followed by three deep dive reviews into both Long-Term and Short-Term sickness absences files. On completion of the audit, a comprehensive report is issued to the Ward manager, head of nursing, assistant head of nursing, matron, HR Business Partner and HR advisor / Manager, with audit outcomes, findings and recommendations. Follow up audits are undertaken after 3 months for areas scoring poorly during the audit.
- 2.39 **Improvement Plans** – Each Service Group has implemented their own overarching Improvement Plan with the intent of decreasing sickness absence rates. The Service Groups have also implemented subsidiary improvement plans in hot spot areas / areas of concern, linking into the goals within the overarching improvement plan (with the exception of Primary Care). With all Service Groups, the plans are discussed but no formal updates on progress was evidenced at group/board level. See **Matter Arising 5**
- 2.40 **Performance Reviews** – Workforce data is collated monthly to review sickness rates, PADR rates, Mandatory training, etc. It was evidenced that each Service Group issue these reports to the relevant forum within their respective Service Group for scrutiny.
- 2.41 **Sickness Case Load Reviews** – Monthly case load reviews are undertaken in the Service Groups. These are discussions, not formally documented, between Workforce representative and Ward/Area managers to discuss caseloads and individual cases, to ensure appropriate application of the MAAW policy (including sickness absence triggers, coordination of meetings, occupational health referrals etc.).
- 2.42 **Service Group reporting** – During discussions with the Service Group Business Partners it was identified that sickness is reported at number of forums in each Service Group e.g., Divisional meetings, HR operational meetings, senior management team meeting in the Mental Health Service Group. It was noted that
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all Service Groups do regularly report on sickness at the respective Service Group Board.

- 2.43 On review of the Workforce & Digital Committee it was noted that sickness absence forms part of the Metrics report that is issued to each committee meeting. The sickness absence section of the report focuses on a collation of all the data from the Service Groups to give sickness rates as a percentage of full-time equivalent days lost across the health board, the current performance in terms of sickness, actions to be undertaken in the next period and what is being implemented for staff health and wellbeing within the health board.
- 2.44 An evaluation of the Occupational Health and Wellbeing Service was presented to the Workforce & Digital Committee in June 2022, and an update to on workforce resilience was presented to Board in March 2023. Sickness rates within the health board also form part of the Integrated Performance reports issued to Performance and Finance Committee, which are issued to each meeting for discussion.

Conclusion:

- 2.45 There is clear monitoring of sickness rates within the Service Groups with regular sickness audits, performance reviews and Improvement plans in place. On review of Service Group papers, we identify that there is sufficient local monitoring and reporting of sickness levels through to Service Group Board, with regular reporting via Workforce & Digital Committee also identified. Due to this we give **reasonable** assurance.

Appendix A: Management Action Plan

Matter Arising 1: Evaluation of quality and effectiveness of early interventions (Operation)		Impact
<p>The health board provides employees with a range of support services and resources via the OH & Wellbeing Service. The focus of early interventions introduced has been placed on providing mental health support and working with the physiotherapy service to provide an early intervention and preventative approach to minimise musculoskeletal risks in the workplace, which are the main causes of sickness absence within the health board.</p> <p>We note the investment made by the health board into the early interventions, the training that has been provided to equip managers and mental health champions; and the recognition received through the shortlisting for the NHS Wales Awards 2023. However, the last evaluation of the Wellbeing Service reflected data to September 2022. This analysis was presented to both the Workforce & Digital Committee (June 2022) and Board (March 2023). No further evaluation has been formally reported, although we do acknowledge that there have been resource capacity issues within the team.</p> <p>We also note that there is an opportunity to enhance the arrangements in place by using service data related to individual referrals to the Wellbeing Service and the related training and supportive interventions, to undertake deep dives to demonstrate the effectiveness of these interventions. It is acknowledged that such has already been undertaken in relation to staff trauma and suicide prevention data (presented to the Workforce & Digital Committee – June 2023).</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Insufficient data on success of early interventions in lowering sickness rates.
Recommendations		Priority
1.1	We recommend that the health board replicates its assessment (using current data) of the Occupational Health and Staff Health & Wellbeing Services available including and the effectiveness of the services received by staff; and report to an appropriate forum.	Medium

Recommendations		Priority	
1.2	Based on Staff Wellbeing referrals, deep dive exercises should be undertaken into the key interventions to further inform and tailor the development of the same.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	Evaluation of Occupational Health and Staff Wellbeing service data, outcome data and qualitative data to be undertaken and reported to WODD Committee/WODD Development Delivery Group.	31 st January 2024 for evaluation report	Professional Head of Staff Health & Wellbeing
1.2	Deep dives into staff wellbeing interventions, as undertaken for suicide and trauma, to be developed and presented to the WODD Committee/ WODD Development Delivery Group with any recommendations to inform future development.	Dates to be arranged during 2024 with related committee Chairs	Professional Head of Staff Health & Wellbeing

Matter Arising 2: MAAW Training Feedback (Design)		Impact	
The health board provides training sessions for managers around the 'Managing attendance at work' policy. Feedback is not sought from managers across all Service Groups on completion of the training. Access to ESR to record this is already available, but the functionality within the OLM platform is not current used to enable this.		Potential risk of: <ul style="list-style-type: none"> Training is not meeting the needs of the user. 	
Recommendations		Priority	
2.1	Feedback should be sought from managers who have attended the training to ascertain if the training is relevant and effective for the users.	Low	
Agreed Management Action		Target Date	Responsible Officer
2.1	To enable access to the OLM functionality within ESR for MAAW training.	March 2024	Head of Education & Learning
	To explore ways to measure qualitative effectiveness of MAAW training.	March 2024	Senior HR Manager

Matter Arising 3: Training Compliance Rates (Design)		Impact
<p>Managing Attendance at Work training is available to all managers who have responsibilities in managing staff attendance. Attendance records at training sessions are taken and issued to the Business partners at each Service Group, however there is no central monitoring of those attending against expectation. As highlighted in a recent internal audit advisory review (ESR Self Service, issued October 2022) and regularly to Workforce & Digital Committee via the workforce metrics reports, while access to ESR to record this is available, the functionality within the OLM platform is not currently used to enable this. At present MAAW training is not recorded centrally and therefore compliance rates cannot be obtained for monitoring.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Systems for capturing employee data do not fully meet the needs of the organisation. • Reporting of staff data is inadequate, limiting the health board's ability to analyse to support workforce management and planning and the delivery of national workforce policy and strategy.
Recommendations		Priority
3.1	Recognising that there is a broader issue with the systems used to capture training requirements and reporting on compliance within the health board, compliance with MAAW training should be captured and reported at an appropriate forum.	Medium
Agreed Management Action		Responsible Officer
3.1	Ongoing reporting of attendance to Service Group meetings. Also refer to the management actions in MA2.	Business Partners
		Target Date
		April 2024

Matter Arising 4: Sickness Audits (Design)		Impact	
<p>All Service Groups are currently undertaking sickness audits based on an audit template created by the Workforce team (with exception of Morriston, see 3.37). Not all Service Groups has an audit schedule in place and select the areas to review based on hotspot areas or areas with high sickness levels. On completion of the sickness audits, feedback is relayed to the Ward/Area manager with any concerns and recommendations discussed.</p> <p>It was also noted that the Morriston Service Group has adopted their own approach to undertaking audits. The HR Project Manager who we have been advised has been specifically appointed through direct funding from the Service Group, has developed an extensive audit template of 24 questions around the MAAW policy for the ward/area manager, and 5 questions to be asked to ward staff around responsibilities when on sickness leave. This is followed by three deep dive reviews into both Long-Term and Short-Term sickness absences files. On completion of the audit, a comprehensive report is issued to the Ward manager, head of nursing, assistant head of nursing, matron, HR Business Partner and HR advisor / Manager, with audit outcomes, findings and recommendations. Follow up audits are undertaken after 3 months for areas scoring poorly during the audit.</p> <p>Whilst noting the additional resource this would take to adopt in other Service Groups, there is an opportunity to share and roll out good practice and intelligence; and design a more proportionate audit template.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Increased sickness absence levels could lead to diminished service delivery. Impact on staff morale and wellbeing from increase workloads due to reduced resourcing. 	
Recommendations		Priority	
4.1	There is an opportunity for all Service Groups to adopt Morriston's approach to undertaking sickness absence audits. The approach from Morriston is comprehensive and thorough in terms of coverage in comparison to the Workforce team's audit template in use in the other Service Groups.	Medium	
Agreed Management Action		Target Date	Responsible Officer
4.1	Review of Morriston's approach to sickness audit to ensure a similar template is used in all service groups.	April 2024	Business Partners and Senior HR Manager

Matter Arising 5: Progress Reporting on Improvement Plans (Design)		Impact	
<p>The Service Groups have all implemented an Improvement Plan to help lower sickness rates, with most Service Groups having subsidiary improvement plans in hot spot areas.</p> <p>It was noted that although the improvement plans are discussed, there is no formal reporting on progress against the plans.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Increased sickness absence levels could lead to diminished service delivery. Impact on staff morale and wellbeing from increase workloads due to reduced resourcing. 	
Recommendations		Priority	
5.1	Service Groups should look to report on progress against the improvement plans to ensure that actions are being appropriately implemented with focus on responsibilities, goals and deadlines to ensure the plans are having the desired impact in improving attendance at work.	Medium	
Agreed Management Action		Target Date	Responsible Officer
5.1	Implement appropriate reporting to Service Group triumvirate meetings	January 2024	Business Partners



Appendix B: Occupational Health and Wellbeing Service Strategy (themes / goals)

	Identified theme	Goal
1	Increased exposure to trauma and the potential for development of mental health difficulties	To ensure staff have access to a peer support programme using TRiM approach to identify early signs of trauma and deteriorating mental health
2	Reluctance of some staff to seek help for mental health issues, in part due to perceived or actual stigma and discrimination	Increase awareness of support available and reduce stigma and discrimination related to mental health at work/wider.
3	The need for a robust staff wellbeing service with a focus on evidence based mental health interventions for anxiety, trauma and bereavement, situational awareness and a multi-method communication strategy to ensure staff know how to access support	Ensure the staff wellbeing service is appropriately resourced to meet staff mental health and related social issues. Increase awareness of Wellbeing support via Comms including Wellbeing Champions to signpost for support
4	The need for timely and evidence based Occupational Health Support	To ensure that staff have access to timely Occupational Health where physical and psychological health status and related risks are assessed and reasonable adjustments recommended to enable safe working.
5	Supporting the physical health of staff including homeworking	To maximise the physical health of staff and provide timely support for mild-moderate muscular-skeletal (MSk) conditions
6	The potential for the occurrence of moral distress and its potential impact on staff health and wellbeing	Multi-method awareness raising of moral distress and morally injurious experiences across the organisation commencing with higher risk areas
7	The impact of long Covid on staff wellbeing/sickness absence	To reduce the impact of Long Covid on staff wellbeing and facilitate return to work/sustained work return
8	Initiatives highlighted in recent staff surveys that support the wellbeing of staff	Continued and ongoing support of multidisciplinary working to develop and action Health board wide Wellbeing related initiatives and projects. To improve communication and increase access for all staff to Wellbeing support/services

Appendix C: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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