Workforce- Mental Health Support

Final Internal Audit Report

2025/26

Public Health Wales NHS Trust

Reasonable Assurance

Contents

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Audit Committee	December 2025
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Executive Summary

Purpose

To provide assurance on the effectiveness of monitoring, support, and interventions in place to manage mental health-related sickness absence, and to assess alignment with Public Health Wales NHS Trust's (the 'Trust's' or the 'organisation's') wellbeing commitments.

The Trust's People Strategy 2025-35 identifies mental health-related sickness absence as an area of strategic interest. While the Trust has a well-established 'Managing Attendance at Work' policy and a suite of wellbeing resources, our discussions with the Director for People and Organisational Development (POD) and the Deputy Director for POD have highlighted concerns that some mental health-related absences may not be accurately recorded or fully supported. There is also a desire to better understand how existing support mechanisms are being accessed and experienced by staff, and whether there are opportunities to strengthen the organisation's approach to supporting mental health and wellbeing in the workplace.

We aimed to provide assurance on the effectiveness of arrangements in place to monitor, support, and respond to mental health-related sickness absence. We also considered how well these arrangements aligned with the organisation's broader commitment to staff wellbeing and the principles set out in the All Wales policy.

We have concluded reasonable assurance on this area. The matters requiring management attention are:

- Implementation of the Managing Attendance at Work (MAAW) e-learning module should be prioritised. The Trust should consider making this a mandatory requirement for line managers and supervisor staff.
- Ensure there is consistency in the management of practices when applying the MAAW policy.
- Establishment of a centralised repository for sickness absence documentation.

Full details of matters arising are detailed within the Findings & Agreed Action Plan section of this report. The following opportunity for enhancement has been identified that does not impact the overall opinion and is highlighted for management information:

- The wellbeing policy was overdue for review as of September 2025. We note that management held a workshop with the view to propose changes which will be subject to wider consultation.

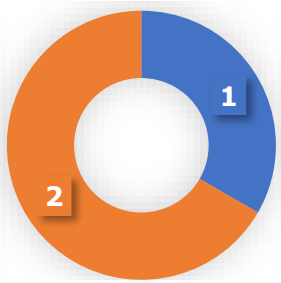
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	To assess the effectiveness of arrangements for identifying and recording mental health-related sickness absence, including the accuracy and consistency of categorisation.	1	**Reasonable**
2	To evaluate the support and awareness raising mechanisms available to staff experiencing mental ill health, and how these are accessed and applied in practice.		**Substantial**
3	To review the consistency of management practices in applying the Managing Attendance at Work policy, including return-to-work processes and use of adjustments.	2,3	**Reasonable**
4	To consider whether barriers exist to disclosing mental health-related absence, and how this may impact data quality and access to support.		**Substantial**

Management Actions

0	3
High Priority	Medium Priority

Themes



- Training & Development
- Information, Data Quality & Data Accuracy

Risk Types

Quality or Safety Issues

Legal & Regulatory Non-Compliance

Public Perception & Reputational Risk

Choose an item.

Findings & Agreed Action Plan

Objective 1: To assess the effectiveness of arrangements for identifying and recording mental health-related sickness absence, including the accuracy and consistency of categorisation	**Reasonable**

Overview / Summary of Observations

The Trust provides a comprehensive suite of policies, procedures, and guidance documents accessible on the staff intranet (SharePoint) which support the identification and management of mental health-related sickness absence. This includes the NHS Wales Attendance at Work (MAAW) policy, the MAAW Process All-In-One guidance documents, for managers and colleagues. The Trust's Wellbeing Policy was due for review as of September 2025, and a policy review workshop was held in partnership in early September, led by the Wellbeing and Engagement Manager. Once proposed changes are agreed by the group, it would be issued for wider consultation.

Dates for MAAW training, which is delivered by the People and Organisational Development (POD) team, are published on the Trust's staff intranet (SharePoint) learning and development section. However, our testing of a sample of line managers identified that not all had undertaken MAAW training.

To assist managers, the Trust operates a buddying system whereby those managing staff on long-term sickness absence are paired with a POD team member for guidance and support, as needed.

To clarify the underlying reasons and inform future training needs, the Trust has surveyed line managers who had selected 'unknown' or 'other' as the reason for sickness absence. Following the survey, the following actions were implemented:

- A reference table was added to SharePoint listing the absence reasons available on ESR.
- Training and guidance were updated to highlight absence reasons and to refer to the new table in SharePoint.

The sickness absence update report presented at People and OD Committee meeting in October 2025, reported a decline in absences categorised as 'unknown' and 'other', indicating improved accuracy in categorisation following the interventions. Extract from the sickness absence update from September 2024 to August 2025 states that:

- Stress, anxiety, and depression accounted for 946 FTE days lost in August 2025 (914 in May 2025).
- 'Unknown' and 'other' reasons for absence accounted for 172 FTE days lost in August 2025 (343 in May 2025).

	Key Findings	Risk & Impact	Agreed Management Action
1	**Managing Attendance at Work (MAAW) Staff training** We tested a sample of mental health-related sickness absence episodes. We considered if line managers, who conducted the Return to Work (RTW) meetings, had completed the Managing Attendance at Work (MAAW) training. We note:	Poor management of sickness episodes due to lack of necessary skills and knowledge.	**Agreed Action:** Management will ensure the delivery of learning and development on the Managing Attendance at Work (MAAW) Policy for individuals with line management responsibilities. Once the e-learning is available, the MAAW course will be incorporated into the organisation's induction guidance, as well as updated within relevant policies and procedures (noted that

	• 9/14 responders were either unaware of the training or had not undertaken the training. • 4/14 line managers had not undertaken MAAW training in the last 3 years, which is longer than the recommended time. • No response was received from six line managers within the sample. People and OD recommend that MAAW training is completed every three years. While we understand that a refresher course is recommended, it is not mandatory. The team is awaiting the release of an e-learning module for MAAW, which will become a mandatory requirement for line managers.		the Policy and e-learning are both developed and agreed at an All-Wales level). **Expected Evidence of Implementation:** MAAW e-learning module implementation. Staff communication and awareness of MAAW e-learning module. Policy and procedural documents showing the MAAW module is mandatory (All-Wales). Register of line managers to monitor training compliance.
		Medium Priority	**Officer:** Jenny Ansell (POD Operations Service Manager) **Target Implementation Date:** 30/06/2026 - (The MAAW Policy and e-learning are both developed and agreed at an All-Wales level).
	Theme: Training & Development	Control Design	

Objective 2: To evaluate the support and awareness raising mechanisms available to staff experiencing mental ill health, and how these are accessed and applied in practice	**Substantial**

Overview / Summary of Observations

The Trust has established a comprehensive framework to support employees experiencing mental health issues. A range of support mechanisms are available, including:

- The VIVUP employee assistance programme, offering confidential counselling and support.
- Wellbeing workshops accessible to all staff.
- Peer-led initiatives, such as the 'Burn Out' support hub.
- Occupational Health Services, available via self-referral or line manager referral.
- Departmental wellbeing groups.

In addition, there are more resources available from Welsh Government and All Wales programmes, accessible via the staff intranet (SharePoint).

Awareness of available support is also promoted through regular communications, including internet updates, staff emails, manager bulletins, and internal platforms like VIVA Engage (formerly Yammer). Staff are made aware of the resources available within the Trust through communication from their line managers, as documented in the Return to Work (RTW) forms.

Events such as Mental Health Awareness Week and World Suicide Prevention Day enhance visibility and coordination between workforce, staff diversity networks and the People and OD and Communications teams ensure timely dissemination of new resources and information to colleagues throughout the organisation.

While feedback from support services is captured through annual NHS Wales staff surveys, insights are also gathered via culture reviews, exit interviews, and monthly performance reports. Resulting actions are incorporated into the integrated action plan, which is published on the People and Organisational Development section of the Trust's staff intranet (SharePoint). To inform targeted support initiatives and improve data accuracy, management biannually review sickness absence data, particularly relating to mental health.

Our review of documented sickness absence episodes confirmed that, in all cases where documentation was available, line managers consistently signposted staff experiencing mental health-related illnesses to the Trust's support resources, and staff subsequently engaged with and utilised these resources.

Objective 3: To review the consistency of management practices in applying the Managing Attendance at Work policy, including return-to-work processes and use of adjustments	**Reasonable**

Overview / Summary of Observations

We tested an anonymous random sample of mental health-related sickness absence episodes to confirm that there was consistency in the approach taken by line managers. We saw inconsistencies in the application of the Managing Attendance at Work (MAAW) policy across these cases. Documentation was not provided for two of the twenty samples due to perceived confidentiality issues.

The completed Return to Work (RTW) forms indicated that reasonable workplace adjustments had been implemented and appropriate support was offered and received by staff.

Additionally, the People and OD team has limited access to sickness absence documentation for Trust staff as it is stored locally by the line managers. We understand that work is ongoing to consolidate these records into a secure SharePoint library which will improve accessibility and oversight.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Sample testing review** We reviewed a sample of 20 mental health-related sickness absence episodes which identified gaps in compliance with the Managing Attendance at Work policy: • Late recording: Four sickness episodes were entered on ESR between 23 and 140 days after absence began. • Missing or incomplete documentation: Two samples lacked supporting documents; five self-certification forms were missing or incomplete; one case had no RTW or self-certification forms. • Form Errors: Discrepancies between ESR and RTW/self-certification dates; unsigned or undated forms; one RTW form had an incorrect historical sign-off date. • GP Fitness Notes: Four samples missing notes; one sample had three notes without the staff member's name.	Inconsistency of management practices in applying the Managing Attendance at Work (MAAW) policy Delayed or inconsistent recording and documentation may compromise the accuracy of ESR data, affecting workforce reporting and planning.	**Agreed Action:** Management will ensure line managers undertake the MAAW training and strengthen compliance with the application of the MAAW policy by ensuring: • Communication to managers on the importance of appropriate certification for sickness absences. • Timely recording of sickness absence episodes on ESR. • RTW interviews conducted promptly. • Adequate completion and storage of related documentation. • Provision of regular training and refresher sessions for line managers. **Expected Evidence of Implementation:** • Communication to managers on the importance of appropriate certification for sickness absences. • Timely recording of sickness absence episodes on ESR • RTW interviews conducted promptly • Adequate completion and storage of documentation • Register of line managers to monitor training compliance

			• Regular training and refresher sessions for line managers.
		Medium Priority	**Officer:** Jenny Ansell (POD Operations Service Manager) **Target Implementation Date:** 30/06/2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	
3	**Standardised record-keeping for sickness absence documentation** The organisation has established a centralised repository for all personnel records, including sickness absence records, stored within a secure SharePoint library. However, not all Directorates have adopted this yet and therefore some personal records relating to sickness absence are retained locally by line managers. In some instances, the People and OD team have access to relevant documentation via SharePoint. As highlighted in Finding 2, two sample records that we requested were not provided, because the documents could not be located. Inconsistent record retention and accessibility may hinder the Trust's ability to demonstrate compliance with sickness absence procedures, provide support to staff and monitor workforce trends effectively.	Inability to access documents due to staff turnover or staff absence.	**Agreed Action:** The organisation has established a centralised repository for all personnel records, including sickness absence records, stored within a secure shared folder accessible to designated members of the People and OD team. This is expected to be adopted by all Directorates by 31 January 2026.
			Expected Evidence of Implementation: A centralised SharePoint library containing sickness absence documentation, accessible to designated People and OD staff has been created.
		Medium Priority	**Officer:** Jenny Ansell (POD Operations Service Manager) **Target Implementation Date:** 31/01/2026
	Theme: Information, Data Quality & Data Accuracy	Control Design	

Objective 4: To consider whether barriers exist to disclosing mental health-related absence, and how this may impact data quality and access to support	**Substantial**

Overview / Summary of Observations

There are several potential barriers which may impede staff from disclosing mental health-related absences. Management consider key factors could include:

- A lack of psychological safety, often driven by fears of stigma or judgment.
- Broader societal stigma associated with mental illness.
- The quality of the relationship between staff and their line managers, which significantly influences the willingness to disclose sensitive information.
- Operational challenges, such as reliance on administrative personnel to input personal absence data, where the team including their line manager work offsite.
- Concerns about how disclosure may affect others' perceptions, leading some staff to cite alternative reasons for absence.

Despite these factors, the People and OD team is equipped to monitor and report on mental health-related sickness absence, although, these factors may result in a degree of underreporting.

The Trust offers a range of internal and external resources to support staff, line managers, and the wider organisation. These resources are accessible via the staff intranet (SharePoint) and include guidance documents, wellbeing initiatives, and signposting to specialist support services.

Training for line managers, as outlined under Objective One, is designed to enhance their ability to support staff and foster open conversations around mental health. This training plays a key role in promoting early intervention and reducing stigma in the workplace.

Appendix A

Assurance Opinion

	**Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
	**Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
	**Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
	**Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
	**Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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