Clinical Board Adherence to the Managing Attendance at Work Policy

Final Internal Audit Report

2025/26

Cardiff & Value University Health Board

Limited Assurance

Contents

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Audit Committee	19 May 2026
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Executive Summary

Purpose

The overall purpose of this audit was to review how requirements of the All Wales Managing Attendance at Work Policy are implemented within Clinical Boards to ensure that sickness absence is being effectively managed.

Sickness absence represents a significant cost to the Health Board both directly and indirectly and has an adverse effect upon employees and on the level and quality of service that the organisation provides. Effective monitoring of all forms of absence, and a consistency of approach, are essential if absence levels are to lower and be maintained at, or below, the target levels set by Welsh Government. The All Wales Managing Attendance at Work Policy provides the framework for the consistent management of absence across all staffing groups in all NHS Wales organisations.

The Welsh Government has set all NHS organisations a performance measure to reduce their sickness absence percentage rates over a 12-month period. The Health Board has set itself a target of below 5.5% for 2025-26, with measures being put in place to support the achievement of this goal. Sickness Absence is reported under 'Quadruple Aim 3: People and Culture' within the Integrated Performance Report. In the January 2026 report it was stated that 'the monthly sickness rate for December 2025 was 6.43%. The 12-month cumulative rate has risen slightly during the past year.'

A multi-disciplinary team (MDT) approach has been adopted, bringing together People Services, Wellbeing, Organisational Development (OD) & Culture, Employee Wellbeing and Occupational Health to drive improvements in wellbeing and attendance. A high-level action plan has been developed, and a task and finish group has been established to oversee its implementation. In addition, each Clinical/ Service Board has developed an individual, detailed and targeted action plan to reduce sickness absence in their respective areas. Updates are provided to the People and Culture Committee to show progress against the overall sickness absence target.

Overview

We have concluded **Limited assurance** on this area. The significant matters requiring management attention include:

- Guidance for managers on how to record an absence in the system has not been consolidated with the digitalised Managing Attendance training, leading to uncertainty for managers in how these records should be processed and errors in sickness recording.
- Supporting documentation for justification of an absence (self-certifications / Fit notes) are not routinely provided and system fields designed to capture this information have not been made mandatory.
- Review prompts are actioned irregularly with a significant number outstanding for all trigger points defined by the policy.
- A significant number of return-to-work meetings had not been completed and of those that had, the majority were not held within a reasonable period from return.

Full details of matters arising are included within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- A training needs analysis should be formalised to provide detail on the level of training required by differing levels of management in respect of Managing Attendance. This analysis should include guidance on when training should be refreshed.

Scope & Assurance Summary

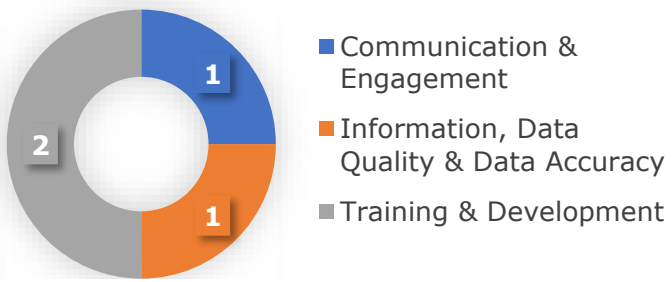
Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	Appropriate policies and procedures for managing sickness absence are in place, with training and guidance available for those managers who have a responsibility for managing sickness absence.	1	**Reasonable**
2	Sickness absence is appropriately recorded in ESR or other systems that feed into ESR.	1, 2	**Limited**
3	Sickness absence is appropriately managed in line with the All Wales Managing Attendance at Work policy, with mechanisms in place to promote and support staff wellbeing and minimise absence.	3, 4	**Limited**
4	Monitoring and reporting of sickness absence is undertaken at appropriate levels within the Health Board	-	**Substantial**

Management Actions

4

High Priority

Themes



Risk Types

Financial Loss

Findings & Agreed Action Plan

Objective 1: Appropriate policies and procedures for managing sickness absence are in place, with training and guidance available for those managers who have a responsibility for managing sickness absence.	**Reasonable**

The Health Board has adopted the All Wales Managing Attendance at Work Policy, which is supported by locally developed guidance and standardised forms owned by People and Culture. The policy is comprehensive, clearly structured and includes procedural guidance with embedded hyperlinks, enabling managers to access relevant information efficiently. During site visits, managers were able to locate the policy and associated documentation on the Health Board's SharePoint site with ease, indicating that the policy framework is well embedded operationally.

Training is delivered primarily through a digital "Managing Attendance" module, with refresher training and targeted face-to-face support provided where required, including sickness panel sessions led by People and Culture. Managers sampled during the audit were able to evidence completion of relevant training through ESR records or supplementary records, demonstrating a generally good level of awareness and understanding of policy requirements. However, there is no documented training needs analysis to formally define which roles require training or the frequency of refreshers.

Guidance on how to record sickness absence within ESR and Health Roster is not consolidated within the main policy. These guides are instead held as separate documents in ESR and on SharePoint respectively. This lack of alignment has resulted in some uncertainty among managers and has contributed to inconsistent sickness recording, as detailed under Objective 2. Consolidation and clearer signposting of system-specific guidance would strengthen overall control design.

Objective 2: Sickness absence is appropriately recorded in ESR or other systems that feed into ESR	**Limited**

The All Wales Managing Attendance at Work policy confirms that a period of sickness should be recorded to run inclusively from the first day of absence to the last and, that this record should be recorded "as soon as practicable". To establish that sickness was being recorded accurately and appropriately in line with the Managing Attendance at Work policy, we sample tested 64 sickness records across four wards – two each in the Surgical and Medicine Clinical Boards, as agreed with the People and Culture Department.

From this testing, we noted the following issues:

- There were eight cases where a single instance of sickness had been recorded as multiple instances. This arose as the Ward Manager had recorded the sickness in line with the dates provided on self-certifications or fit notes instead of starting on the first day of sickness and ending on the last.
- In six of the eight instances noted above, where one instance of sickness had been recorded as multiple instances, the recording had also resulted in gaps in the sequence. Across these six cases, this amounted to a total of 20 unrecorded sickness days with the highest gap being 13 days of unrecorded sickness for a single employee.
- 44 of the sampled 64 sickness records were supported by either a fit-note or self-certification. The remaining 20 records (31% of the total) had no supporting documentation.

In addition to the above issues, systems administrators for ESR and Health Roster confirmed that whilst it was possible to record receipt of a self-certification on Health Roster, the field to do so was not mandatory and therefore, was sporadically used.

Key Findings		Risk & Impact	Management Action
1	**Guidance on recording an absence** The Managing Attendance at Work Policy is supported by a range of procedural guides and supplementary guidance available to managers via the Health Board's SharePoint site. However, specific guidance on how to record sickness absences within ESR and Health Roster are not included within the digital "Managing Attendance" training module. Instead, these are held as separate documents on ESR (ESR User Manual – Recording a Sickness Absence) and SharePoint (Add an Unavailability to Roster). This fragmentation has resulted in uncertainty among Ward Managers regarding the correct process for recording absences. As a result of this ambiguity, testing identified eight cases where single episodes of sickness absence were incorrectly recorded as multiple instances. In these cases, managers aligned the absence periods to dates shown on self-certifications and/or fit notes rather than recording the full absence period from the first to the last day. This resulted in the eight episodes being recorded	Inaccurate recording of absence could result in increased absenteeism, overpayment of sickness entitlement or breach of policy **High Priority**	**Agreed Action:** ESR and Health Roster guidance on how to record an absence will be consolidated within the Managing Attendance training to ensure all managers are trained in this aspect of the process. **Expected Evidence of Implementation:** Updated Managing Attendance training containing guidance on how to record an absence. A link to the guidance will be incorporated into the Managing Attendance at Work Toolkit. Guidance and signposting will be included in the current Managing Attendance At Work Training.

	as 21 separate instances and, in six cases, created gaps totalling 20 days of unrecorded sickness absence.		
	Theme: Training & Development	Control Design	**Officer:** Katrina Griffiths **Target Implementation Date:** March 2026
2	**Missing or unrecorded documentation** Review of 64 sickness absence records identified weaknesses in the retention and recording of supporting documentation. Of the total sample, 20 records (31%) were not supported by either a fit note or self-certification. In the absence of appropriate documentation, assurance cannot be obtained that sickness absence has been appropriately justified or managed in accordance with policy requirements. The policy states that "for any period of sickness absence between 1-7 calendar days an employee must complete a self-certification form unless already certified by a Fit Note or hospital certificate. Employees must submit doctors Fit Notes certificates for sickness from the 8th calendar day of sickness absence onwards." In addition, systems administrators confirmed that while Health Roster includes functionality to record receipt of self-certifications, this field is not mandatory when creating a sickness record and is therefore used inconsistently. This increases the risk that required documentation is not obtained, recorded, or retained, and contributes to reduced data quality	If fit-notes and self-certifications are not provided, absence is unjustified	**Agreed Action:** Management will ensure that ward managers comply with the requirement under the policy to ensure all absences are supported with appropriate documentation. This will be highlighted as part of the MAAW training. We will discuss with Allocate Healthroster team about making mandatory system fields designed to capture self-certification/fit notes. This will be limited only to the field "Self-certification/Fit note received: Y/N" and the associated "date of certification" field. **Expected Evidence of Implementation:** Health Roster Self-certification/Fit-note field will be mandatory.
	Theme: Information, Data Quality & Data Accuracy	**High Priority** Control Operation	**Officer:** Katrina Griffiths **Target Implementation Date:** March 2026

Objective 3: Sickness absence is appropriately managed in line with the All Wales Managing Attendance at Work Policy, with mechanisms in place to promote and support wellbeing and minimise absence	**Limited**

Ward Managers maintain personnel files for all staff members and all paperwork relating to sickness absences is maintained in these files. Any period of absence is also recorded on Health Roster and data from this system is interfaced to ESR once a month.

As part of our sample testing, we considered the application of manager's discretion. This is an exemption made within the policy where managers are able to decline progressing an employee through review stages based on understanding of an individual's specific circumstances for being absent. Across the sample of 64 sickness records, 20 should have resulted in a review prompt being triggered and of these, manager's discretion had been recorded in seven cases. Where discretion was recorded, this was appropriate, clear and well documented on correct paperwork.

Of the remaining 13 records that should have triggered review prompts, there was evidence of a meeting or discussion on file for three of them. Where a meeting had been recorded, appropriate paperwork had been completed to capture a documentary record of the meeting in line with guidance provided by the policy and, the paperwork had been signed by both the manager and member of staff.

Of our sample, there were 58 records where the absence required a return-to-work meeting. Of these, 40 (69%) had been completed. Where the meetings had been held and recorded, they had been done so using the appropriate return-to-work forms and these were generally completed to a high standard and where applicable, included notes regarding stage escalation.

During our departmental visits, we did not note visible promotion of wellbeing initiatives. However, the ward managers all displayed a sound knowledge of initiatives available and could evidence discussions with staff and referrals made on their behalf as these had been recorded in personnel files. As well as seeing completed stress risk assessments and physiotherapy referrals, we also noted referrals to the following:

- Employee well-being service – multiple referrals made across the four departments;
- Occupational Health – multiple referrals made across the four departments;
- My Health Passport; and
- Canopy.

	Key Findings	Risk & Impact	Management Action
3	**Unactioned Review prompts** Excluding absences that should have triggered review prompts but were mitigated by management discretion, there were 13 absences where a review prompt was triggered. Of these, three (19%) had been addressed. These can be summarised as follows: • Seven informal discussion review prompts triggered – Two (20%) were actioned; and • Six Formal meeting review prompts triggered – One (17%) was actioned. Of the five formal review prompts that had not been actioned: • Two should have been at the first formal meeting stage;	Incorrect application of procedure may risk policy non-compliance and increased absenteeism	**Agreed Action:** Regular People Services reviews in 'hot spot' areas to monitor compliance or review prompts noting 'managers discretion' part of the Managing Attendance at Work Policy. Ensure conversations and reasons are appropriately recorded where progression through the Policy is not applied. Communication to the Clinical Board Triumvirates around monitoring and expectations. **Expected Evidence of Implementation:** Updated Return to Work Form to capture review prompt discussions and reasons.

	• Two should have been at the second formal meeting stage; and • One should have been at the final meeting stage. In all cases above, Ward Managers were unable to provide a		Targeted training to be provided in identified areas.
	Theme: Training & Development	**High Priority** Control Operation	**Officer:** Leanne Morris **Target Implementation Date:** April 2026
4	**Return to Work Meetings** Of our total sample of 64 sickness records, 58 required a return-to-work meeting with the remaining six not due as the member of staff was still absent at the time of the audit. Of the 58 records that required a return-to-work meeting, only 40 (69%) had been completed. The policy states "the return-to-work meeting is conducted on the first day of return or if that is not possible, as early as possible after their return." Of those completed: • 16 (40%) were completed within seven or less days from return to work; • 10 (25%) were completed between 8 and 28 days from return to work; and • 14 (35%) took 29 days or longer to complete.	Incorrect application of procedure may risk policy non-compliance and increased absenteeism	**Agreed Action:** Communications will be sent out emphasising the importance of return-to-work meetings with context of employee well-being. The importance and timeliness of these meetings will also be emphasised in the digitalised Managing Attendance Training and refresher modules. We will discuss with the Allocate Healthroster team about making mandatory the system fields designed to capture that a return to work meeting has taken place and the date that the meeting occurred. **Expected Evidence of Implementation:** Communications issued emphasising importance of return to work meetings.
	Theme: Communication & Engagement	**High Priority** Control Operation	**Officer:** Leanne Morris **Target Implementation Date:** April 2026

Objective 4: Monitoring and reporting of sickness absence is undertaken at appropriate levels within the Health Board	**Substantial**

Sickness absence reporting is well-established across the Health Board with monthly reports generated from ESR in both management and People and Culture appropriate redacted formats, ensuring information is available to those who require it and that confidentiality is maintained. Additional self-serve reporting is available from Health Roster and the Nursing dashboard, providing comprehensive and granular data to support monitoring by ward and departmental managers. Sickness information is also routinely shared with Local Partnership Forums as part of regular agenda items.

At an operational level, sickness information is reviewed during monthly Clinical Board and directorate performance meetings. The People and Culture team conducts monthly hotspot monitoring to identify trends and areas of concern, engaging directly with managers to support remedial action and provide targeted coaching. Standard monthly reports provide detailed snapshot analyses and month-by-month performance trends, enabling active monitoring at individual, departmental and organisational levels.

Sickness absence information is presented through the quarterly People & Culture Committee papers. Committee feedback during 2025 highlighted the need for a clearer structure, transparency in linking actions to outcomes, and enhanced predictive and demographic reporting. Subsequent November papers demonstrated improvements made in response to that feedback. Sickness updates are also provided to the Board within the Integrated Performance Report at every meeting.

Overall, sickness absence information is widely disseminated, consistently monitored and subject to ongoing improvement, supporting both operational management and strategic oversight.

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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