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Wales

Sickness Absence Overview (June 2024 - May 2025)

July 2025

People and OD Committee

People and OD

Sickness Absence

Purpose

To provide assurance to the Committee on sickness absence rates and trends.

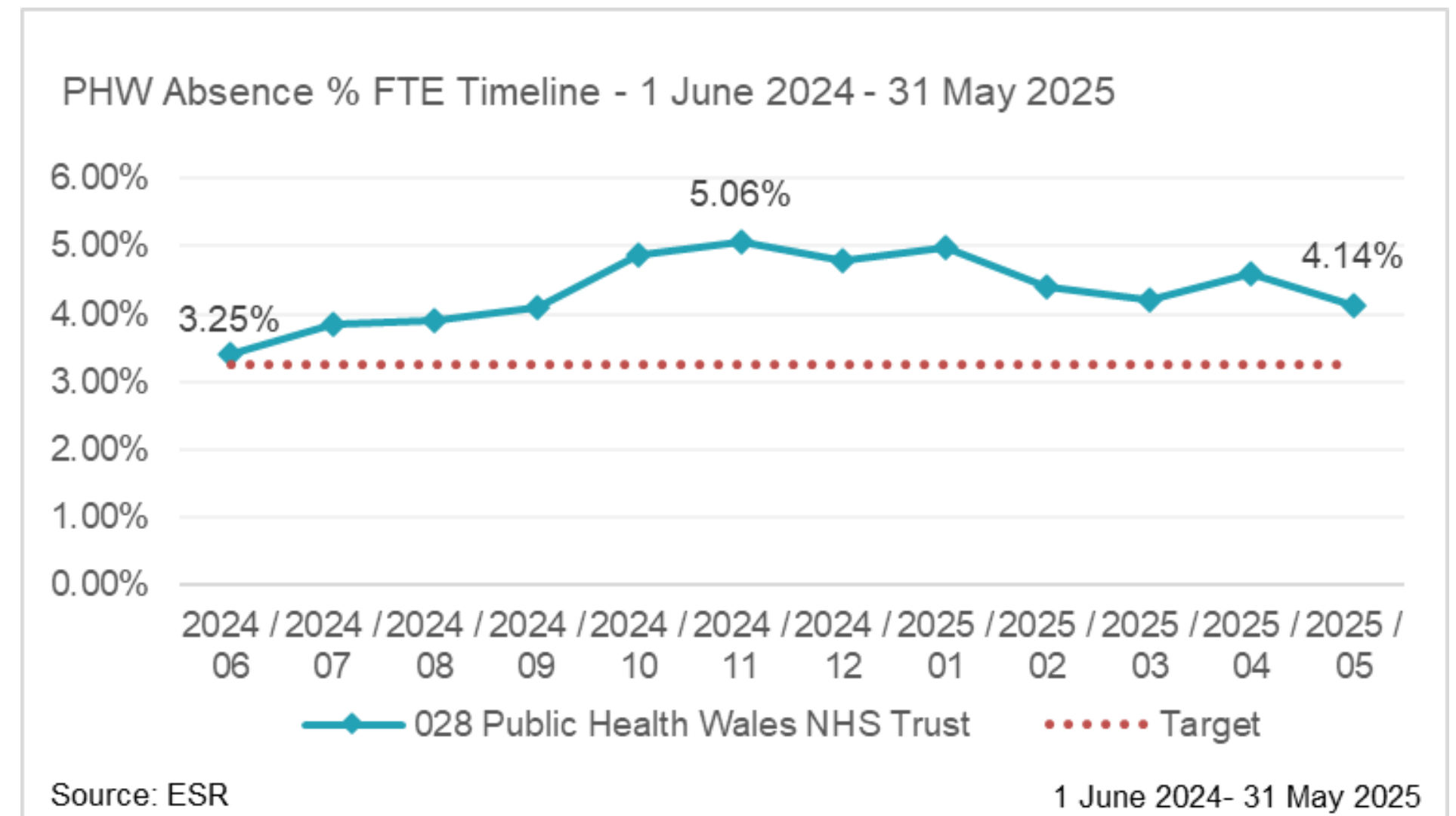
To discuss proposals to improve the quality of sickness absence data and seek input from the Committee on identified areas and proposed next steps.



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Sickness Absence – Current position

- For the 12-month period ending 31 May 2025, sickness absence was 4.73% FTE.
- This is above the national target of 3.25% FTE.
- Monthly sickness absence was 4.14% in May 2025.
- Stress, anxiety, and depression accounted for 780 days sickness in May 2025.
- Unknown reasons for absence accounted for 405 days in May 2025.



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Sickness Absence – Current position

- The All-Wales Managing Attendance at Work (MAAW) learning and development sessions for managers have been updated to reinforce the importance of understanding reasons for absence.
- Work is ongoing to encourage increased disclosure of reasons for absence to enable targeted support.
- People and OD colleagues are working with relevant managers to request disclosure where it has been missed from ESR and to understand any barriers to recording this information.
- People and OD team continue to engage directly with managers to support the management of long-term sickness absence, via People Support, on-site visits and HR clinics.

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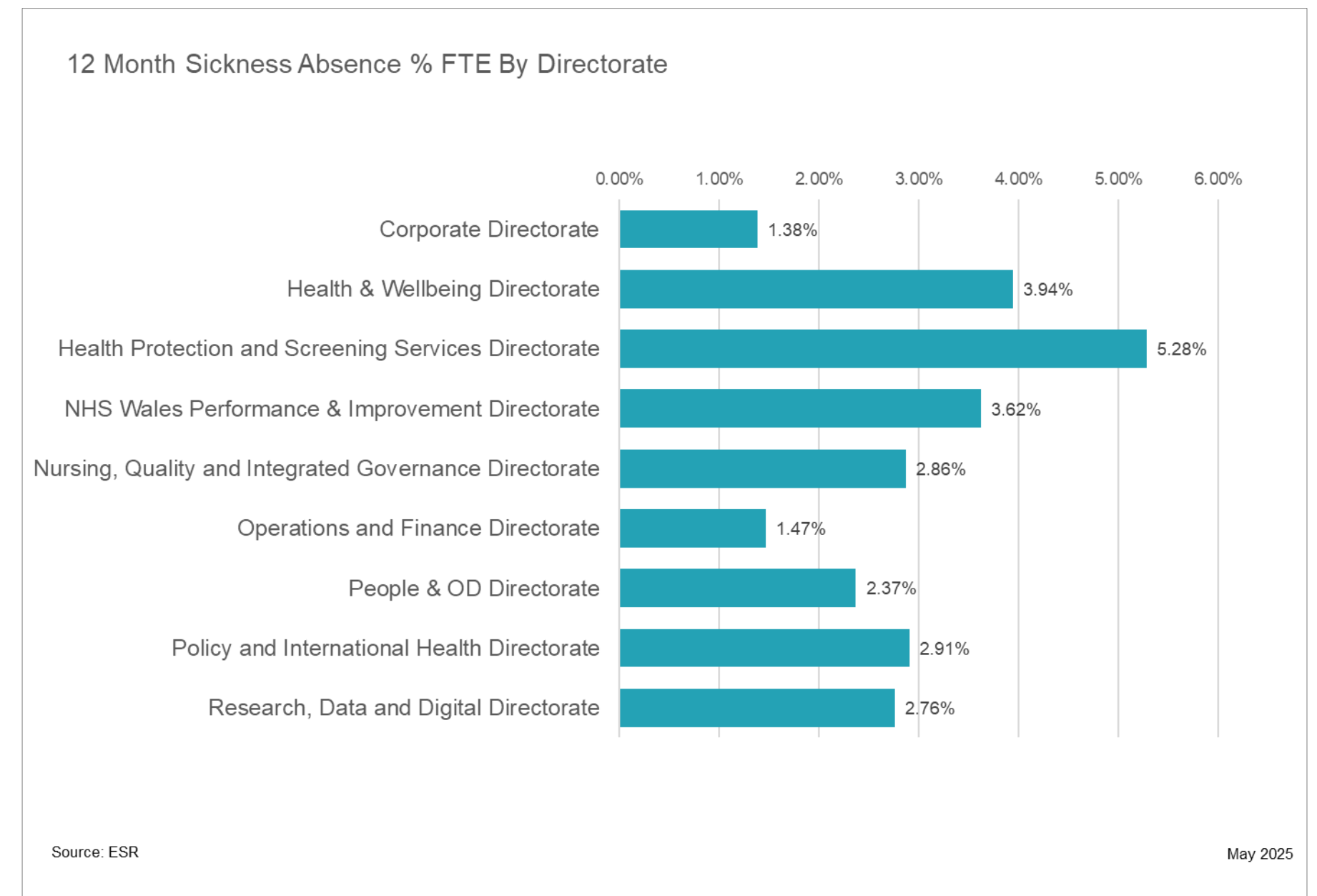
12 Month Sickness Absence – By Directorate

Directorates with Highest Absence FTE %:

- Health Protection and Screening Services: 5.28%
- Health & Wellbeing: 3.94%

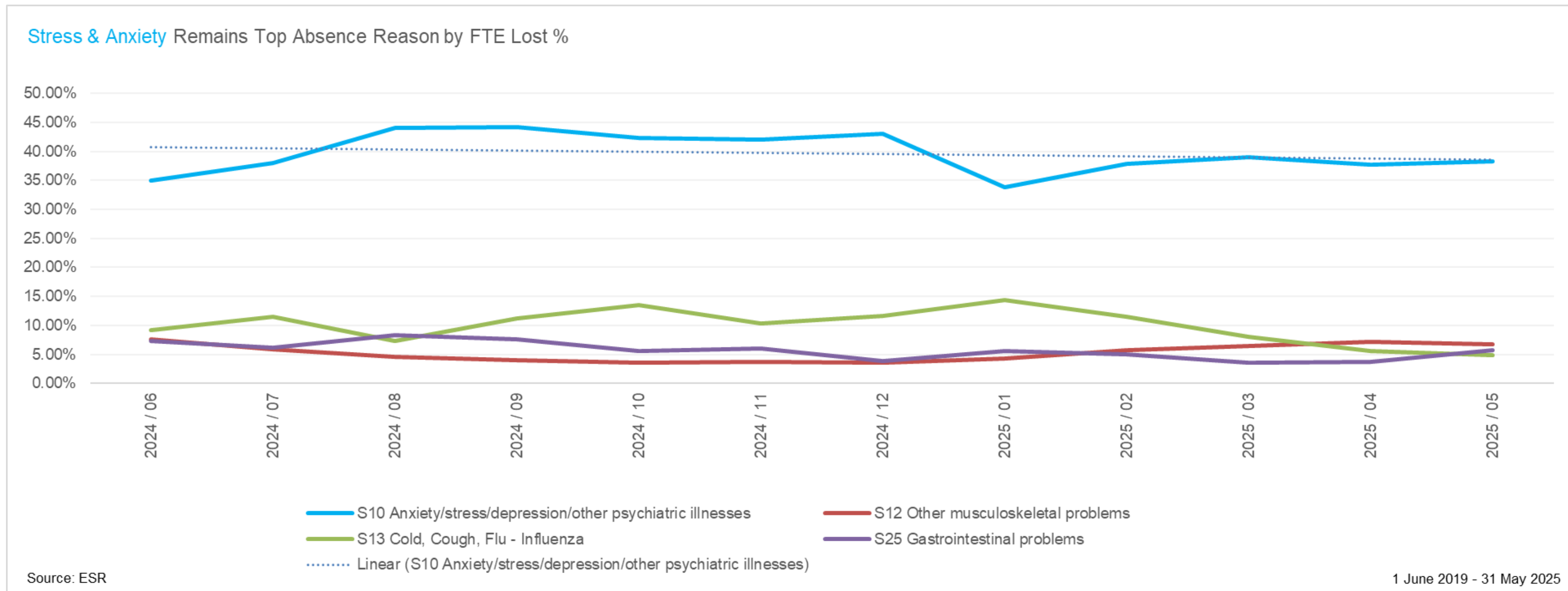
Directorates with Lowest Absence FTE %:

- Corporate: 1.38%
- Operations and Finance: 1.47%



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Sickness Absence – Focus Area: Anxiety, stress, and depression (S10)



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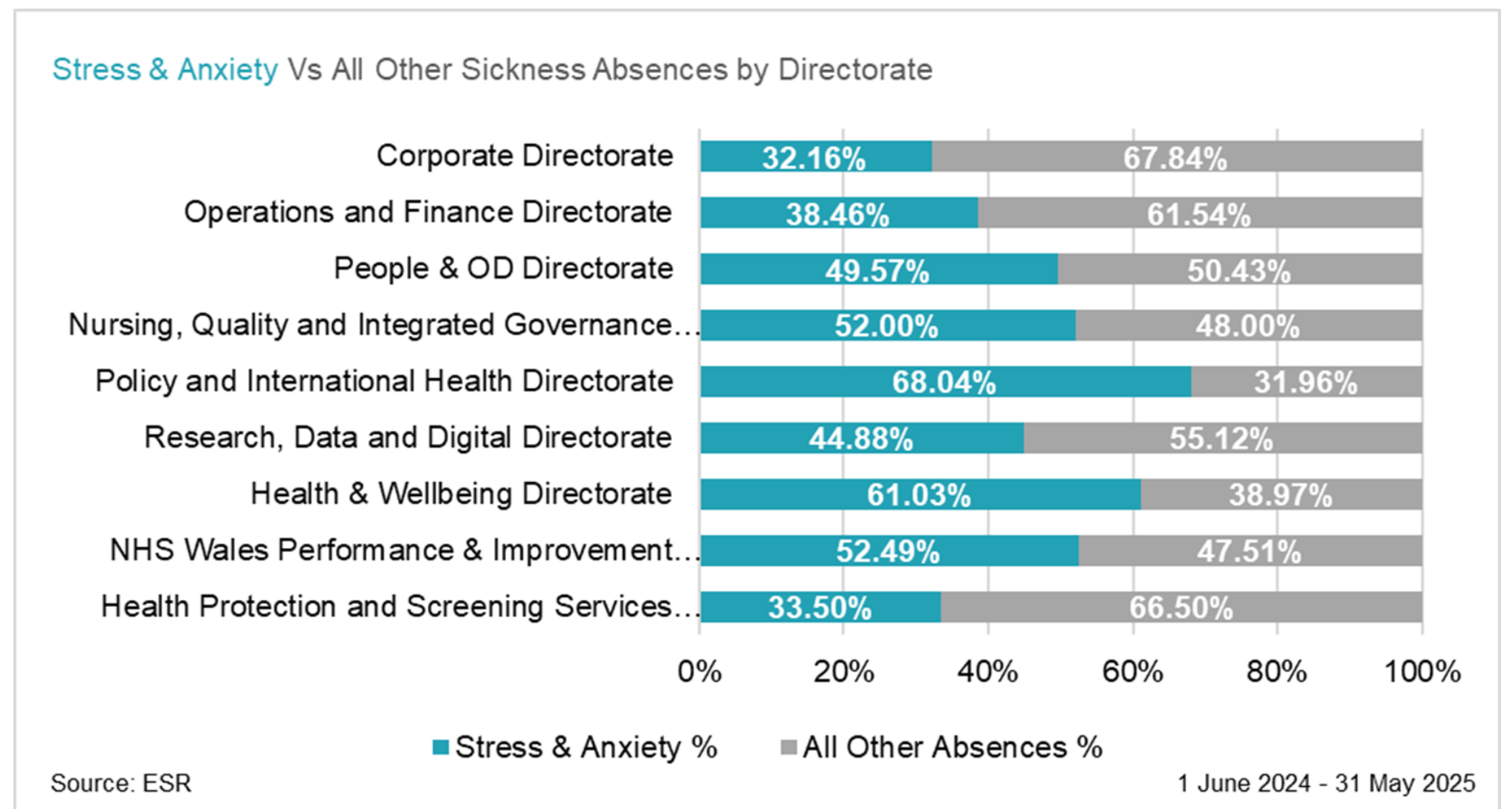
Proportion of staff absent due to S10 by Directorate

Highest proportion:

- Policy and International Health: 68.04%
- Health and Wellbeing: 61.03%

Lowest:

- Corporate and Board: 32.16%
- Health Protection and Screening Services: 33.5%



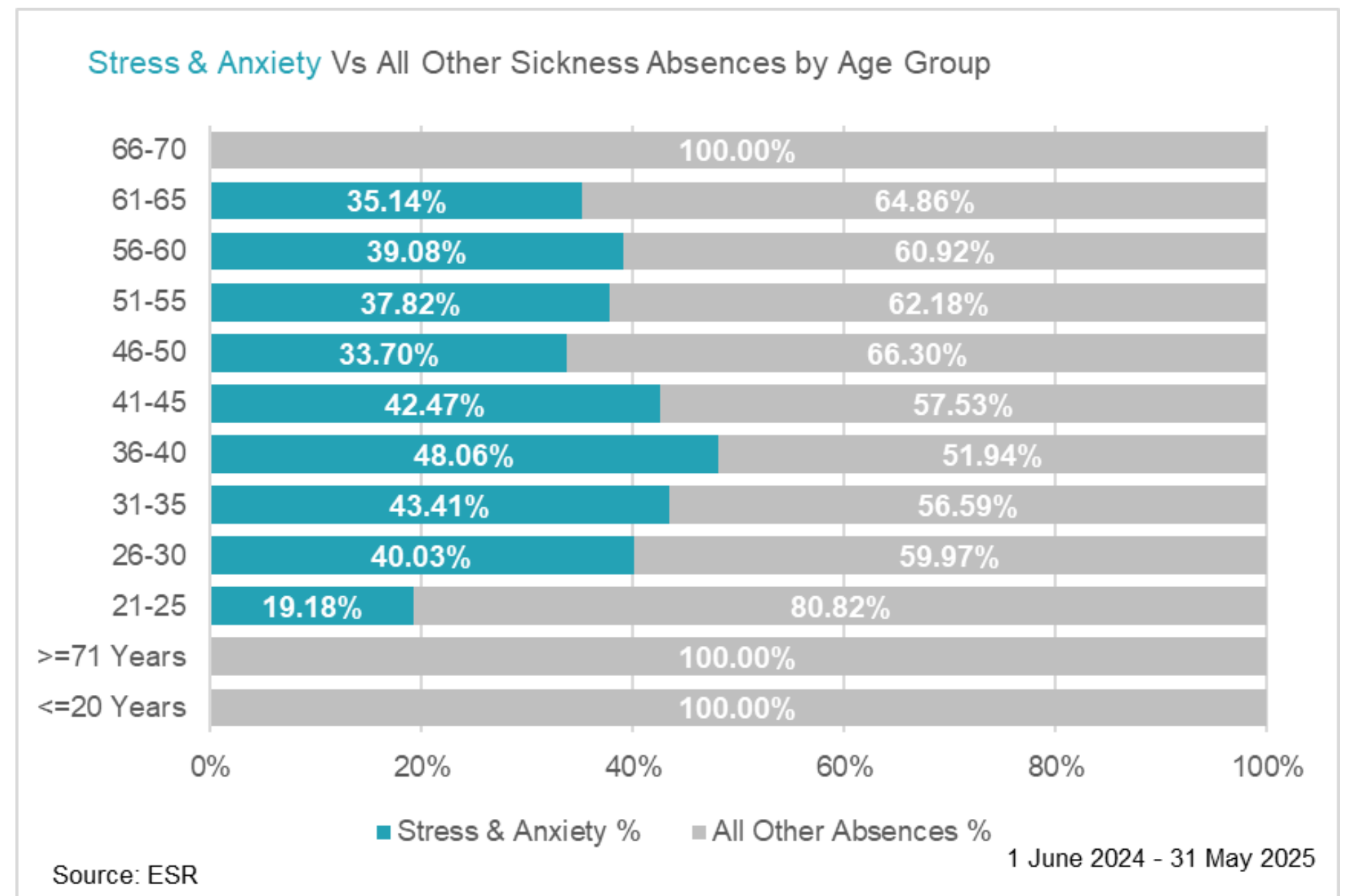
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Sickness Absence – Focus Area: Anxiety, stress, and depression (S10)

Proportion of S10 absences by age group:

Highest Levels:

- 36 - 40 age band: 48.06%
- 41 - 45 age band: 42.47%
- 31 - 35 age band: 43.41%
- Very low or no absences are recorded in the ≤ 25 and ≥ 66 age groups, which is attributed to much lower staff numbers in these categories.



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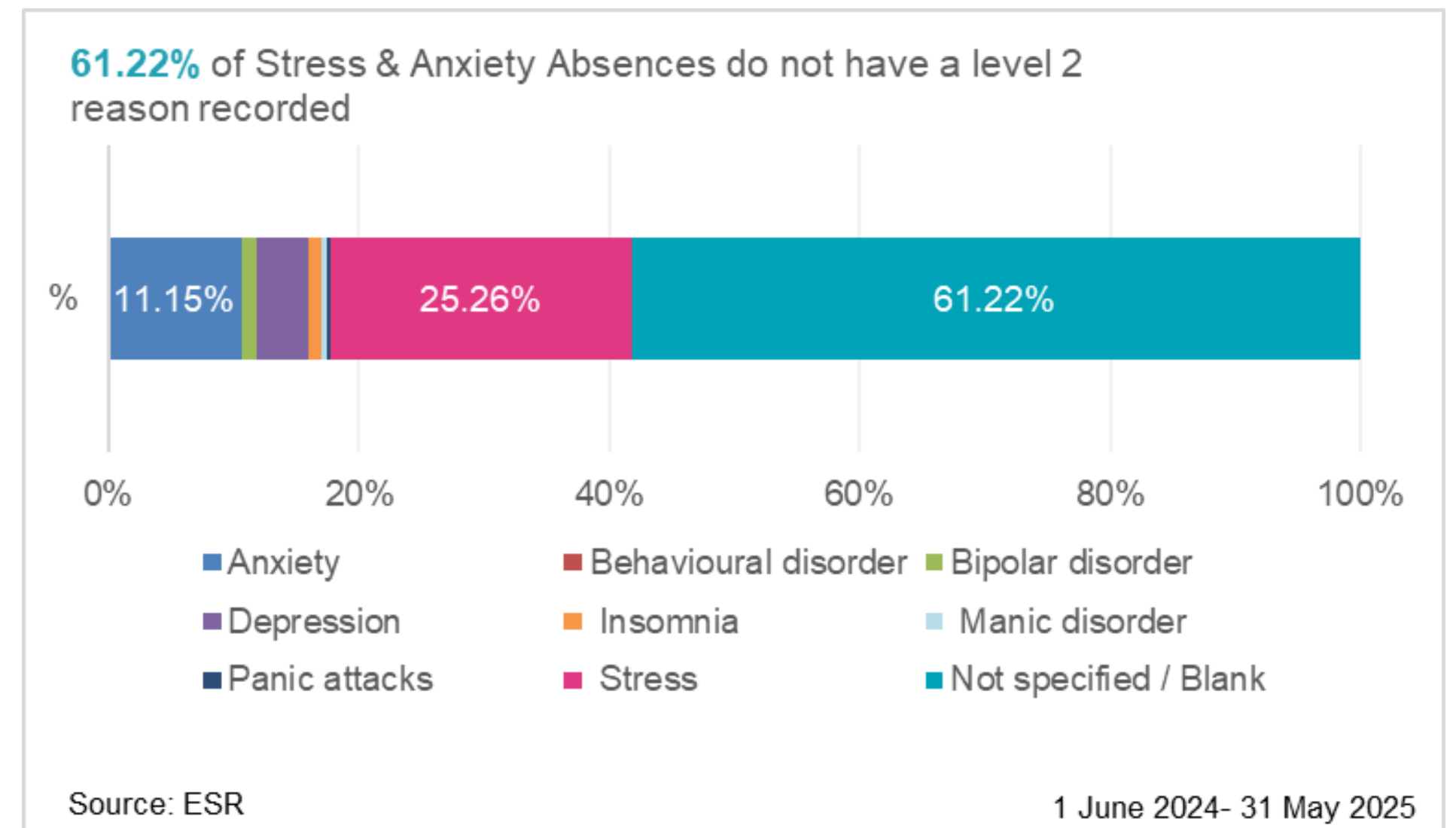
Sickness Absence – Focus Area: Anxiety, stress, and depression (S10)

‘Level 2’ Absence Reasons for S10:

- 61.22% of all ‘Anxiety/Stress/Depression’ absence reasons did not provide a Level 2 reason.

Level 2 reasons disclosed:

- Stress: 25.26%
- Anxiety: 11.15%
- Depression: 4.27%



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Sickness Absence – Focus Area: Anxiety, stress, and depression (S10)

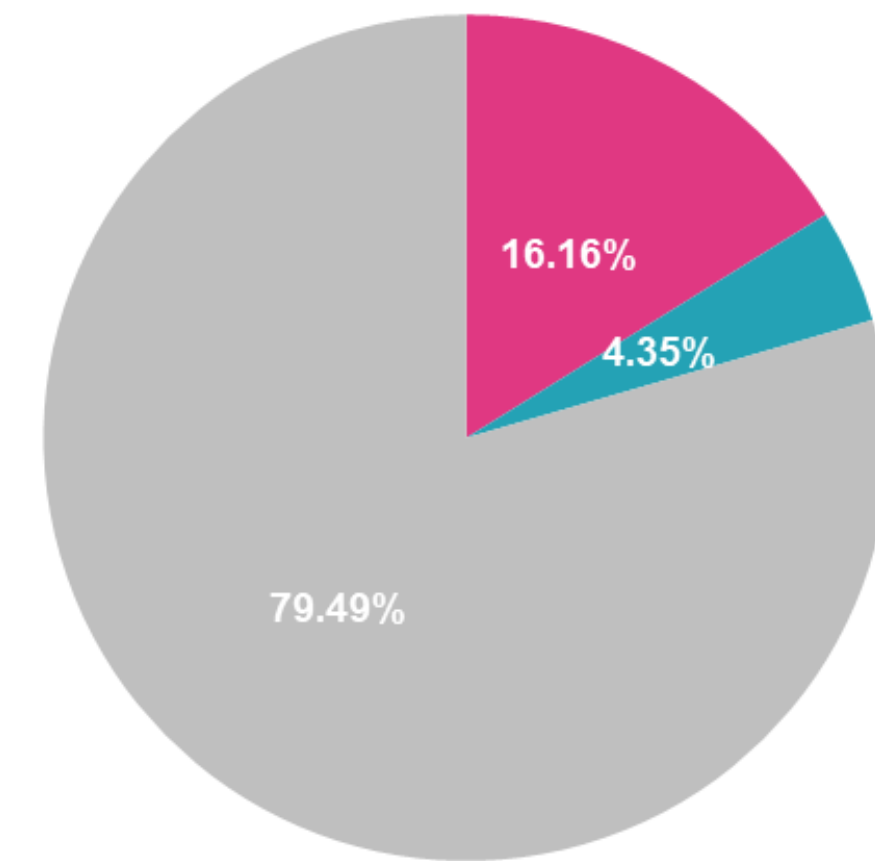
Work-related vs. Non-work-related sickness for S10:

- This is not a mandatory field in ESR, limiting comprehensive analysis.
- 79.49%% of FTE Days lost in 2024/2025 attributed to S10 were left blank for this question.

Of those that were recorded:

- 4.35% indicated it *was* work-related.
- 16.16% indicated it *was not* work-related.

4.35% of Stress & Anxiety Absence within Public Health Wales was Recorded as Being **Work Related**



■ Not Work Related ■ Work Related ■ Not Recorded

Source: ESR

1 June 2024 - 31 May 2025

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Sickness Absence – Unknown/'uncategorised' reasons for absence (S98 and S99)

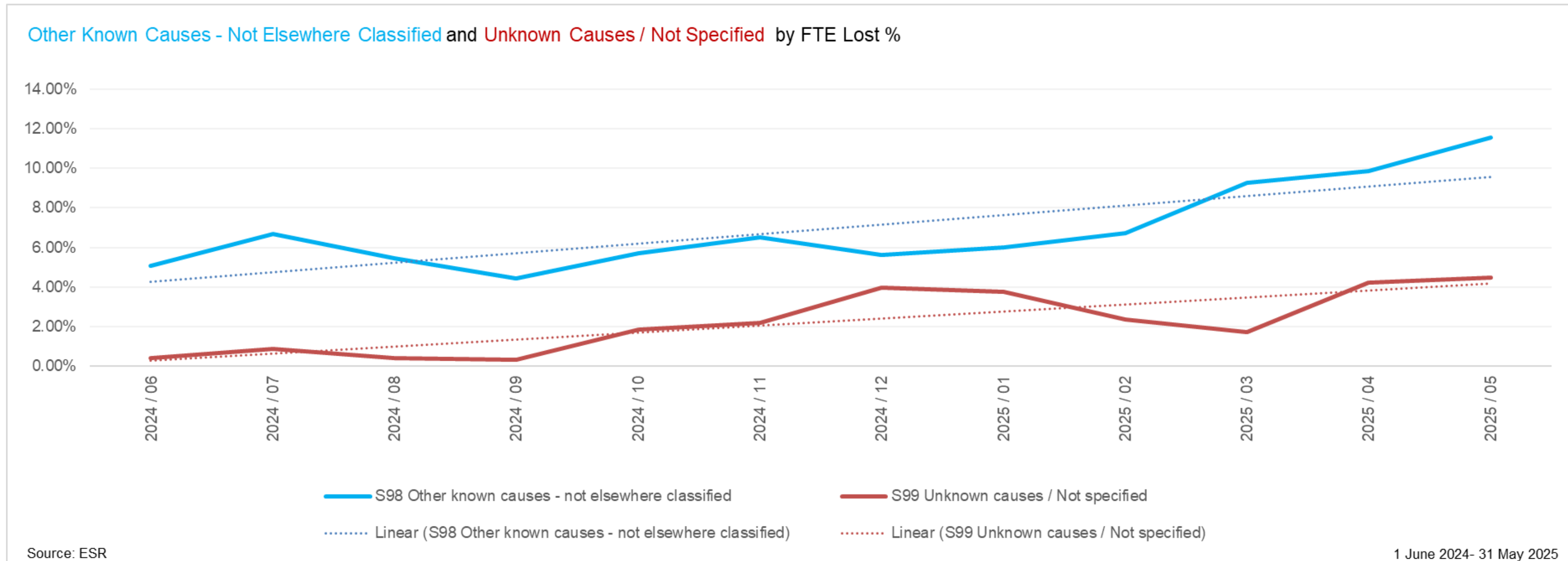
For the period 1 June 2024 to 31 May 2025:

- "Other known causes – Note elsewhere classified" (S98) accounts for 2,621.24 FTE days lost
- "Unknown causes / Not specified" (S99) accounts for 884.58 FTE days lost
- In total, this equates to 10.25% of total sickness absence for the year.

- Trust and psychological safety are critical for employees to feel safe disclosing mental health challenges.
- Interventions that improve psychological safety - inclusive leadership, open communication, and managerial support - can improve people's willingness to speak up about their mental health concerns.
- [Read more \(CIPD\)](#)

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Sickness Absence – Unknown/'uncategorised' reasons for absence (S98 and S99)



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Sickness Absence – Unknown/'uncategorised' reasons for absence (S98 and S99)

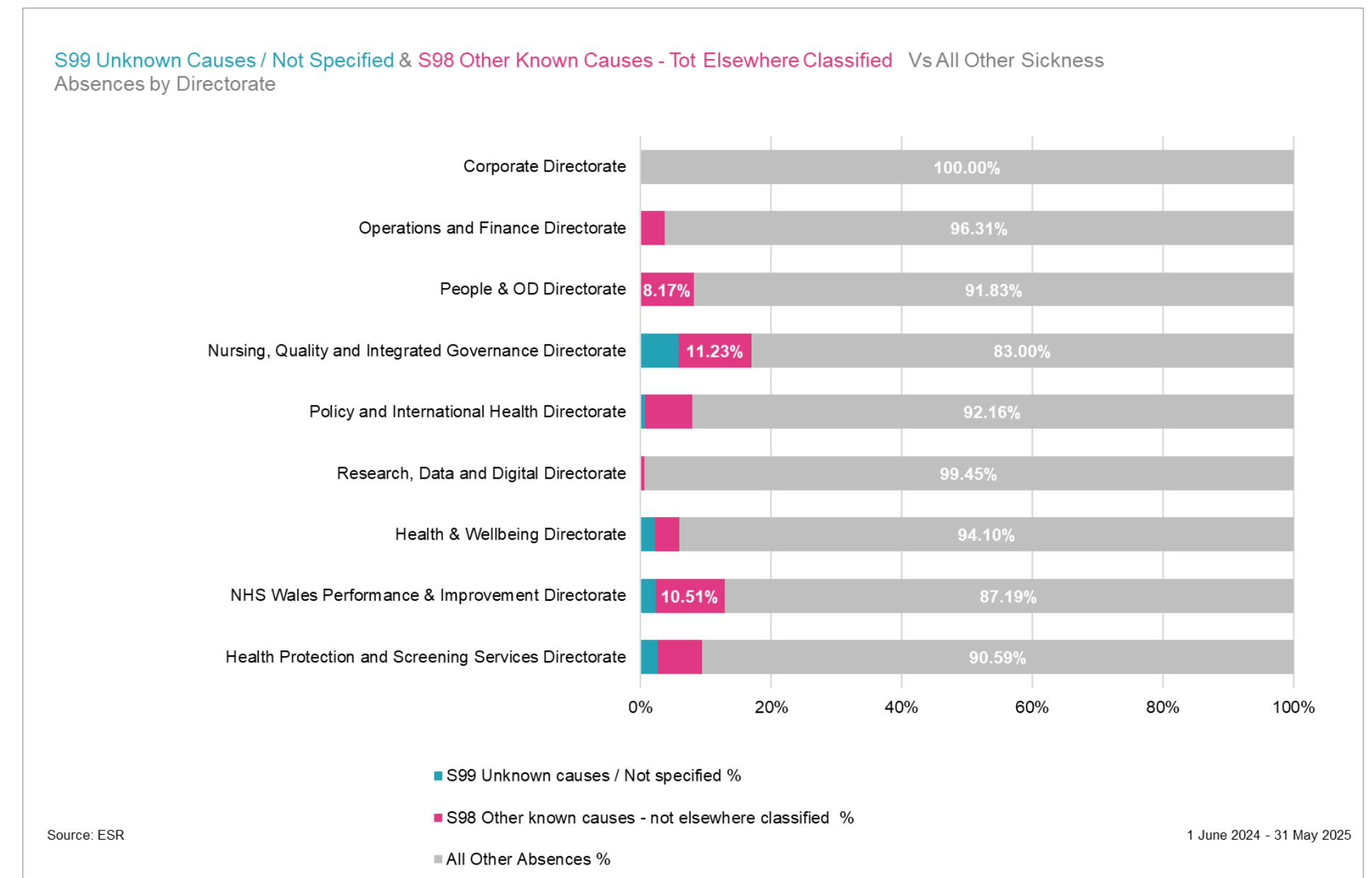
Proportion of staff absent due to S98 and S99 by Directorate

Highest proportion:

- Nursing, Quality and Integrated Governance: 17%
- NHS Wales Performance and Improvement: 12.81%

Lowest proportion:

- Corporate: 0%
- Research, Data and Digital: 0.55%



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Sickness Absence – Next steps

- **Internal Audit** - Monitoring, support, and interventions in place to manage mental health-related sickness absence. Will consider the accuracy and consistency of categorisation and consider whether barriers exist to disclosing mental health-related absence.
- **People and OD advice** - Continue with targeted support for areas with high proportions of 'Anxiety/Stress/Depression' absences.
- **Share best practice** - Identify and explore positive working practices from directorates with lower proportions of staff absent due to 'Anxiety/Stress/Depression' for wider application.
- **Data quality** - Implement approaches to improve data quality, particularly for Level 2 reasons and the work-related field.
- **Ongoing monitoring** - Regular monitoring of sickness absence trends to inform ongoing interventions.

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Sickness Absence – Data quality improvement

Summary

- Unknown and uncategorised absences may obscure trends or systemic issues, limiting the organisation's ability to respond effectively to workforce wellbeing needs.
- Further improvement is needed in the accuracy of sickness absence data, to enable more detailed reporting and appropriate, tailored interventions where needed.

Specific areas for improvement

- A high percentage of 'Anxiety, stress, and depression' absences lack Level 2 reasons.
- The field for work-related or non-work-related absence is often left blank.
- Individuals may not feel comfortable disclosing if an absence is work-related.
- Seeking to reduce overall number of unknown or uncategorised absences.

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Recommendation

The Committee is asked to receive assurance on sickness absence rates and trends for the period 1 June 2024 to 31 May 2025, and provide any input on plans for improving the quality and accuracy of sickness absence data.

