



Report Title	Sickness Absence Reduction Plan 2026/27
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Previous committees/groups	People Committee 20 January 2026 People and Culture Group 24 April 2026 Absence Reduction Delivery Group 24 April 2026 Trust Executive Group 20 May 2026
Recommended action(s) (assurance, approval, information)	Approval
Purpose of the paper	To request Board approval of the Trust's Sickness Absence Reduction Plan for 2026/27 and to provide assurance on how the plan will be implemented, governed and monitored during the year.
Executive Summary	
<p>This paper sets out the Trust's Sickness Absence Reduction Plan for 2026/27 and seeks Board approval of the approach and governance arrangements.</p> <p>Despite previous interventions, sickness absence worsened in 2025/26, averaging 7.56%, with mental health and musculoskeletal conditions the main drivers. Analysis of two years' data and staff listening activity identified consistent patterns and highlighted links between absence, morale and leadership, alongside ongoing corporate and employment tribunal risks with some linked to workplace adjustments for those living with disabilities.</p> <p>Recognising that no single intervention will deliver sustainable improvement, the plan combines three Trust wide projects, improving the quality of wellbeing/absence conversations, strengthening alternative duties arrangements, and improving the consistency and governance of workplace adjustments, with a targeted quality improvement programme in high-absence areas.</p> <p>Delivery will be supported by clear programme management, integrated governance and regular performance oversight, delivered within existing resources. The proposed approach provides a structured, evidence led framework to reduce sickness absence while supporting staff wellbeing and organisational resilience.</p>	
Recommendation(s)	<p>The Trust Board is asked to:</p> <ol style="list-style-type: none"> 1. NOTE the data analysis undertaken to design the plan. 2. APPROVE the Sickness Absence Reduction Plan for 2026/27, comprising three defined Trust wide projects supported by programme management. arrangements and a complementary programme of quality improvement activity. 3. SUPPORT the governance of this plan via the People and Culture Group with assurance through the People Committee.
Link to Board Assurance Framework Risks (board and level 2 committees only)	<ol style="list-style-type: none"> 6. Develop and sustain an open and positive workplace culture. 7. Support staff health and well-being effectively.

Sickness Absence Reduction Plan 2026/27

1.0 INTRODUCTION

- 1.1 This paper sets out the Trust's Sickness Absence Reduction Plan for 2026/27. It focuses on how the plan will be implemented and assured, rather than restating the detailed actions already described in the approved Trust Business Plan (Priority 3).
- 1.2 The paper seeks Board approval of the plan, with the progress overseen by the People and Culture Group with assurance through the People Committee. The Trust Board will receive updates via the Business Plan Quarterly updates.

2.0 BACKGROUND

- 2.1 The NHS People Promise sets out "**We are safe and healthy - We look after ourselves and each other. Wellbeing is our business and our priority – and if we are unwell, we are supported to get the help we need.**". Locally, the YAS 2024/29 Strategy, specifically the 'Our People' ambition, sets out that we aim to work towards "improving staff health, wellbeing and attendance, and reducing sickness absence rates to better than NHS average". This work also aligns with the YAS Together priority 'Care Together', which promotes a person-centred approach to supporting staff through absence. Hence, the Trust plans to reduce absence are central to meeting these plans, promises and ambitions.
- 2.2 The average Trust sickness absence for 2024-25 was 7.1% with higher rates in the call centres. The target for 2025-26 was to achieve a 0.5% reduction from a base line of 6.58% i.e. target of 6.08%. Despite efforts through the Health and Wellbeing plan and the 2025/26 Absence Reduction Plan, the average absence rate was 7.56% with mental health and musculoskeletal issues the leading causes.
- 2.3 A deep dive review of two years' data across 999 Operations undertaken in December 2025, confirms consistent patterns, and underlying reasons, for long-term and short-term absence. Discussions regarding the quantitative data analysis at the People and Culture Group led to assumptions there could be a causality between absence, morale and leadership. This was subsequently endorsed following a staff listening exercise at three 999 ambulance stations indicating the highest absence with comparative learning from the three lowest.
- 2.4 It should be noted that Sickness Absence remains on the Trust Corporate Risk register (16 - Major/Likely). An additional risk has also been recently added regarding the number of Employment Tribunals facing the Trust (12 – Likely/Moderate), this is relevant here due to the number of cases relating to disability discrimination and failure to make 'reasonable' workplace adjustments. The plan also therefore aims to address these risks.

3.0 PRIORITY 3: SICKNESS ABSENCE REDUCTION PLAN 2026/27

- 3.1 The Trust's experience has shown that reduction in sickness absence cannot be achieved through a single intervention or programme alone. Some areas require consistent, Trust-wide implementation of agreed policy and good practice, while others require a more detailed understanding of local context and variation. The delivery framework for 2026/27 has therefore been deliberately designed to address both requirements.

3.2 Trust-wide projects supported by programme management

- 3.2.1 The first component of the plan consists of three Trust wide projects that form the core of the Sickness Absence Reduction Plan for 2026/27. These projects are focused on strengthening how sickness absence is prevented and managed across the organisation, with support from corporate programme management arrangements, to ensure clarity, pace and assurance.
- 3.2.2 The first project focuses on improving the quality and consistency of absence/wellbeing conversations between managers and staff. This includes the first signs of poor wellbeing, first day absence, and the ongoing management of absence. The emphasis is on compassionate, timely and effective conversations that support early intervention and reduce avoidable escalation into long-term absence.
- 3.2.3 The second project is focused on strengthening the Trust's alternative duties framework. This work will establish a clearer and more consistent approach to enabling staff who are temporarily unable to undertake their substantive role, to remain in work safely, where appropriate. The intention is to support wellbeing and recovery while maintaining appropriate workforce capacity.
- 3.2.4 The third project addresses workplace adjustments. This project aims to improve the consistency, accessibility and governance of workplace adjustments for staff living with long term conditions, neurodiversity or disabilities, ensuring that staff receive appropriate support to remain in, or return to work, and that responsibilities for decision making and resourcing are clear. This also speaks to the Employment Tribunal risk.
- 3.2.5 Each of the above projects has a defined scope, executive/senior leadership and delivery milestones, with progress monitored through established programme governance and reported through the Trust's assurance routes.

3.3 Quality improvement programme

- 3.3.1 Alongside the Trust wide projects, the Sickness Absence Reduction Plan will be supported by a structured quality improvement programme. This element of the framework recognises that some drivers of sickness absence are multi-faceted, and variable and cannot be resolved solely through standardised solutions.
- 3.3.2 Quality improvement activity will focus on priority areas where sickness absence is highest or most persistent; namely Harrogate, Brighouse and Rotherham. Lower absence indicator stations such as Middlewood, Honley, and Keighley demonstrate more favourable patterns and will provide comparative learning. Through structured improvement methodology, teams will test changes, learn from data and staff insight, and adapt interventions to local context. From initial intelligence the focus is likely to be on addressing contributory factors such as fatigue, workload pressure, leadership visibility and perceived fairness. Imminent 'ideas generation and prioritisation' sessions with stakeholders will inform the plan. This work has a crossover with Priority 2; hence we will work with the leads from those workstreams to ensure a wellbeing lens is present.

- 3.3.3 Learning from quality improvement activity will inform both in-year refinement of the sickness absence programme and future planning, ensuring that improvement is evidence led and sustainable.

3.4 **Governance, integration and oversight**

- 3.4.1 The two work programmes will be delivered through the Sickness Absence Reduction Group, co-chaired by Deputy Director of People and Organisational Development and Associate Director of Quality Improvement and Safety. This group is a sub-group of the People and Culture Group, hence highlight reports are submitted with discussion on progress.
- 3.4.2 Programme management and quality improvement activity will be integrated through shared oversight arrangements. Progress, risks and emerging learning will be reviewed through the Trust Executive Group, with regular assurance reports to the People Committee and escalation to the Board as required.
- 3.4.3 Directorate level sickness absence performance will also be monitored through the Trust Executive Performance Forums, with operational service lines reviewed monthly and corporate functions quarterly. These forums play a central role in corporate performance management, with sickness absence a standing area of focus. They provide an opportunity for directorates to raise challenges and barriers to progress, while also enabling the sharing of good practice across the Trust.
- 3.4.4 This integrated approach ensures that the Board retains clear visibility of delivery against the Sickness Absence Reduction Plan throughout 2026/27.

4.0 **FINANCIAL IMPLICATIONS**

- 4.1 The Sickness Absence Reduction Plan for 2026/27 will be delivered within existing resources. There are no additional financial commitments requiring approval as part of this delivery framework. Any future investment requirements will be subject to separate approval through the appropriate governance routes.

5.0 **RISKS**

- 5.1 Key risks to delivery include ongoing operational pressures, variation in engagement and leadership capacity, and the challenge of sustaining consistency while allowing for local flexibility. These risks will be mitigated through strong executive ownership, programme governance, regular monitoring and timely escalation where required.

6.0 **RECOMMENDATION**

- 6.1 The Trust Board is asked to:

1. **NOTE** the data analysis undertaken to design the plan.
2. **APPROVE** the Sickness Absence Reduction Plan for 2026/27, comprising three defined Trust-wide projects supported by programme management arrangements and a complementary programme of quality improvement activity.
3. **SUPPORT** the governance of this plan via the People and Culture Group with assurance through the People Committee.