

Trust Board (in Public)
24 September 2026



Report Title	Sickness Absence Reduction: Overview of interventions	
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Accountable Director	Director of People and Organisational Development	
Lead Board Committee	People Committee	
Previous groups	Trust Executive Group, 20 January 2026 Trust Executive Group, 2 September 2026	
Recommended action	Assurance	
Purpose of the paper	This paper aims to provide the Board with assurance on the current sickness absence position, progress against the Absence Reduction Plan developed in January 2026, and the programme of short-, medium- and long-term interventions. It also seeks the Board's support for the strengthened short-term interventions and more direct approach required to improve attendance.	
Executive Summary		
Sickness absence has continued to rise despite implementation of the January 2026 Absence Reduction Plan, reaching 7.67% in August 2026 compared with 7.07% in August 2025. The evidence-led plan established important foundations, but review of delivery and outcomes identified gaps in case progression, oversight of long-term absence and timely access to specialist support. This is consistent with emerging NHS England guidance that sustainable improvement requires a whole-system approach. The established programme will continue, alongside strengthened immediate interventions. A dedicated Absence Reduction Oversight Work team will scrutinise cases where policy action has not progressed, initially reviewing all long-term absence cases to identify barriers and support sustainable returns. Targeted clinical investment will focus on the principal absence causes—musculoskeletal and mental health conditions—through increased physiotherapy and specialist clinical psychology capacity for trauma-related conditions. Medium- and long-term work continues through the Preventive and Recovery Pathway, Alternative Duties Framework, workplace adjustments and quality-improvement testing. Financial implications are not yet known; costings and approval requirements will follow established governance. Potential benefits include earlier returns to work, reduced repeat absence and lower temporary cover costs. The approach is intended to strengthen governance, accountability, policy compliance and equitable staff support. The Board is asked to take assurance from the programme and support the strengthened organisational response.		
Recommendation(s)	The Trust Board is asked to take assurance from the progress, governance and programme of interventions set out in the paper, and to support the strengthened approach to reducing sickness absence.	
Link to Board Assurance Framework Risks (board and board assurance committees only)	7. Support staff health and well-being effectively. 9. Develop and sustain improvements in leadership and staff training and development.	

Sickness Absence Reduction: Overview of interventions

1 INTRODUCTION

- 1.1 This paper aims to provide the Board with assurance on progress in delivering the Trust's programme to reduce sickness absence and sets out the next steps. Although a range of actions has been implemented, or are in progress, these have not yet delivered the required impact and sickness absence continues to rise. The Board's support is therefore sought for a strengthened approach combining more direct and targeted interventions, stronger management ownership and accountability, and sustained action to address the underlying cultural factors that influence attendance.

2 BACKGROUND

- 2.1 The Absence Reduction Plan was developed in January 2026 from the Trust's absence discovery work (See Appendix A). It drew on at least 12 quantitative and qualitative data sources, including two years of absence data, operational performance, leadership capacity, staff survey results, Occupational Health intelligence and sector benchmarking. Six station-level indicators identified three higher- and three lower-indicator locations for targeted and comparative learning.
- 2.2 Since January 2026, the Trust has reviewed delivery and outcomes against the Absence Reduction Plan. Although the programme has established important foundations, it has not yet translated into the required reduction in absence. Review of current performance identified three priority gaps: inconsistent progression of absence cases, limited systematic oversight of long-term absence, and insufficient timely access to specialist support for the principal causes of absence.
- 2.3 These findings were tested against local absence trends, case-management evidence, staff and stakeholder feedback, operational intelligence and emerging national practice. This confirmed the need to retain the established programme while adding more immediate scrutiny, targeted clinical support and clearer managerial accountability. The resulting short-term interventions are set out in section 3, with the continuing programme described in section 4.
- 2.4 The emerging findings are consistent with the draft NHS England National Sickness Absence Improvement Compendium, which indicates that sustainable improvement requires a whole-system response rather than a single intervention. Its emphasis on leadership accountability, prevention, manager capability, workforce intelligence, targeted support and wider organisational factors provides external validation for combining the continuing programme with the more immediate actions described in section 3.
- 2.5 Trust Integrated Performance Review data shows that sickness absence remains above the previous year, at 7.67% in August 2026 compared with 7.07% in August 2025. Similar pressures have been reported across the ambulance sector. Appendix B provides a sector comparison, taking account of differences in service provision, including Patient Transport Services and 111 call handling. The Trust will continue to collate sector intelligence and share learning and good practice.

3 SHORT-TERM INTERVENTIONS

- 3.1 The established absence reduction programme will continue. However, a review of current performance confirms that it has not yet delivered the required impact and sickness absence rates continue to rise. The additional short-term interventions set out below aim to provide an immediate response to the specific gaps identified through the review: case progression, oversight of long-term absence and access to targeted clinical support. Further detail is provided at Appendix C.
- 3.2 The most intensive of these interventions is a dedicated Absence Reduction Oversight Work team (AROW), comprising of five people professionals. Operating alongside the wider programme of preventative, clinical and manager-support measures, the team will provide systematic scrutiny of cases where attendance triggers have been reached but management action has not progressed in line with policy. This will strengthen oversight and accountability, enable earlier escalation and provide targeted support to managers to progress cases effectively.
- 3.3 The team will initially undertake a systematic review of all long-term absence cases to identify barriers to return, ensure appropriate clinical and workplace support is in place, and agree clear action and accountability with managers. This will provide greater assurance that opportunities for a safe and sustainable return to work are identified and progressed consistently.
- 3.4 Additional short-term interventions will comprise of:
- Working with the Emergency Operations Centre dispatch team to introduce an automated pathway that sends targeted messages to staff following potentially distressing and/or traumatic incidents. This will provide information on post incident care (PIC) and information on managing common reactions and sources of support. The incident criteria to be agreed before rollout.
 - The successful 999 South wellbeing dashboard will also be extended out to remaining operational areas to strengthen assurance of providing support at the point of need whilst ensuring managers follow NICE guidance when supporting staff exposed to difficult or traumatic incidents.
 - To ensure staff have access to immediate relevant support, a one-page communication will be produced, final format yet to be determined, however the development of individually issued Z-cards is currently under consideration.
 - The accessibility of physiotherapy and psychological support will also be reviewed to ensure that there are no barriers or delays where treatment is recommended.

4 MEDIUM AND LONG-TERM INTERVENTIONS

- 4.1 The established Absence Reduction Programme comprises three PMO-managed projects, supported by QI test-and-learn activity. The detailed PMO and QI plan is in Appendix D.
- 4.2 Preventive and Recovery Pathway: The Supporting Attendance training programme will strengthen manager capability. Developed around the colleague journey and a single case study, it covers warning signs, compassionate conversations, available support, consistent policy application, escalation and sustainable return-to-work decisions. Initial testing will target higher-need operational areas before wider rollout

in 2027/28. Initial pilot due to be tested at Team Leader investment day on 20 October 2026.

- **Alternative Duties Framework:** To support retention at work, or an earlier return from absence, a new policy has been agreed, and the testing of a digital application is nearly complete. It is expected to be launched in September, followed by wider communications.
- **Workplace Adjustments:** To support staff with long term conditions including neurodiversity, implementation of the revised policy is ongoing. Additional HR capacity is supporting equipment catalogues, procurement as well as a review of processes, communications and review of the Health and Wellbeing Passport.

4.3 The QI Absence Reduction Programme's workstreams are progressing through discovery, planning, structured testing and evaluation. Delivery and impact will be monitored through agreed measures covering case progression, long-term absence outcomes, access to specialist support and the sickness absence rate, with progress reported through the established governance routes.

4.3 Additional work that is underway and will have a positive impact on YAS staff, if proven successful is the policing trauma tracker. An automated system designed to monitor and record police officers' and staff exposure to potentially traumatic incidents and investigations. An evidence and data led tracker that has been successfully deployed in many police forces. This is currently in the development stages for pilot at London Ambulance Trust, with planned testing due to start in January. If successful, through support of AACE this will be rolled out across all ambulance trusts thereafter.

5 FINANCIAL IMPLICATIONS

5.1 The financial implications of increasing physiotherapy provision and procuring clinical psychologist support outside the existing Occupational Health contract are not yet known. Costings, affordability, benefit assumptions and any decisions requiring formal approval will be presented through the Trust Executive Group before expenditure is committed.

5.2 Additional investment could deliver measurable financial and operational benefits by enabling earlier, sustained returns to work and reducing repeat absence. For example, a return one week earlier could recover productive time and avoid overtime, bank, agency and abstraction costs. Value for money will be assessed by comparing intervention costs with recovered working days, avoided cover costs and sustained returns.

5.3 The other short-term interventions will require reprioritisation of resources in People and Organisational Development to deliver. Some interventions, e.g. training for managers, may require abstraction to be delivered.

6 EQUALITY IMPLICATIONS

6.1 There are no specific equality implications arising from the interventions described in this paper. The strengthened approach will continue to support staff health and wellbeing, recognising that socio-economic factors, health inequalities, disabilities and long-term conditions can affect attendance. Attendance will be managed compassionately, fairly and consistently, in line with policy and the Trust's equality responsibilities.

7 QUALITY IMPLICATIONS

- 7.1 There are no specific quality implications arising from the interventions described in this paper. The work is intended to improve compliance with the Trust's Attendance Management Policy so that staff are managed consistently, fairly and with clear expectations, with specific support for staff living with disabilities and long-term conditions.

8 RISKS

- 8.1 The wider sickness absence risk is already captured on the Trust's risk register. The work described is intended to reduce that risk through improved governance, policy compliance, earlier intervention and consistent staff support.

9 RECOMMENDATIONS

- 9.1 The Board is asked to take assurance from the progress, governance and short-, medium- and long-term interventions set out in this paper, and to support the strengthened approach and organisational focus required to reduce sickness absence.

10 APPENDICES

Appendix A – Absence Reduction Plan developed in January 2026 and supporting absence discovery work.

Appendix B – Comparison of sickness absence rates across the ambulance sector (as of August 2026).

Appendix C – Short Term Sickness Management Interventions

Appendix D – PMO and QI activity overview