

Workstream	Initiative	Expected contribution	Source	Expected costs
Strengthen sickness absence management practice and improve consistency	Clarify the wording around thresholds for Stage 1 meetings within the short-term absence framework	Faster progression of cases where attendance is not improving	Ops manager feedback via sickness process mapping session	Low - Delivered through existing HR resource
Strengthen sickness absence management practice and improve consistency	Define a limited number of circumstances in which a Stage 1 trigger may be extended, including where this forms part of a reasonable adjustment	Greater consistency in the application of policy, clearer accountability for decisions to extend review periods and better distinction between supportive adjustments and avoidable delay	Ops manager feedback via sickness process mapping session	Low - Delivered through existing HR resource
Strengthen sickness absence management practice and improve consistency	Introduce an Early Support Conversation Guide to support timely, informal and supportive discussions	Earlier intervention and more supportive management conversations	Sickness Listening Session feedback	Low - Delivered through existing HR resource
Strengthen sickness absence management practice and improve consistency	Provide training for all managers on the application of the fundamental parts of the current attendance management policy and process	More consistent policy application and improved manager confidence and capability		Medium - Development of training delivered through existing HR resource. Likely to require additional resources to deliver training. Abstraction may be required for managers.
Strengthen sickness absence management practice and improve consistency	Establish an HR-led absence advice and escalation channel to improve the speed with which managers receive support	Reduced delays caused by managers being uncertain about the appropriate action and improved quality and consistency of case management	Ops manager feedback via sickness process mapping session	Medium - Likely to require additional resources depending on service offer
Strengthen sickness absence management practice and improve consistency	Clarify that the same trade union representative does not need to support an employee throughout the whole case	Fewer delays in formal case progression and improved continuity where individual representatives are unavailable	Ops manager feedback via sickness process mapping session	Low - Delivered through existing HR resource.
Strengthen sickness absence management practice and improve consistency	Schedule Stage 1, Stage 2 and Stage 3 meetings in advance and avoid moving the agreed dates	Fewer delays in formal case progression and more reliable case planning	Ops manager feedback via sickness process mapping session	Low - May require additional admin support to set up meetings in advance
Strengthen sickness absence management practice and improve consistency	Review samples of return-to-work discussions in all areas to identify challenges, learning and good practice	Improved quality of return-to-work conversations and better identification of underlying issues and support needs	Ops manager feedback via sickness process mapping session	Low - Delivered through existing HR resource
Rapid access to appropriate mental health MSK and wellbeing support	Review counselling and therapy provision for staff on long-term sick	Improved support for employees exposed to distressing or demanding work	Sickness Listening Session feedback	High - Likely to require external service provider. Costs may be significant depending on scope and how widely offered
Rapid access to appropriate mental health MSK and wellbeing support	Review physiotherapy support for staff reporting sickness for MSK-related issues and identify any gaps in service	Better identification of individuals who may benefit from preventative intervention to avoid further sickness	Sickness Listening Session feedback	High - Costs could be significant depending on contract variation required or if additional services required outside of current contract
Rapid access to appropriate mental health MSK and wellbeing support	Telephone referrals to in-house nurses or clinicians when staff report sickness.	Earlier assessment and treatment	Sickness Listening Session feedback	High - May require external service provider if in-house route is not possible
Change culture of ownership of sickness absence management	Require all team leaders to have an objective relating to sickness absence	Stronger local management accountability		Low - Delivered through existing HR resource
Change culture of ownership of sickness absence management	Include discussion on management of sickness absence cases within annual appraisal conversation.	More opportunities for reflection and learning around sickness absence management.		Low - Delivered through existing appraisal conversations
Change culture of ownership of sickness absence management	Introduce regular HR Business Partner-led sickness management discussions, using standardised data in all areas around high-level trends and high-risk cases	Increased visibility of delayed or high-risk cases and better alignment between HR support and operational action		Low - Delivered through existing HR resource
Change culture of ownership of sickness absence management	Include a quarterly sickness absence discussion at TEG, covering trends and insight around sickness and case progression	Greater consistency in executive-level oversight		Low - Delivered through existing HR resource
Rapid access to appropriate mental health MSK and wellbeing support	Implement a standard referral for all staff currently absent due to MSK issues.	Improves access to specialist support and advice with a view to returning staff quicker	MSK referral data	Delivered through existing contracts. May incur costs of service use as per contract.

Workstream	Initiative	Expected contribution	Source	Expected costs
Hyper-accessible Winter Flu Vaccination Programme	Build on the existing staff flu vaccination programme through additional investment to further increase accessibility and uptake, particularly for frontline and shift-working colleagues.	Maximise frontline flu vaccination uptake by removing practical barriers to access. Take vaccination directly to staff through roving vaccinators, station visits, shift-change clinics, night/weekend availability and targeted activity in areas with lower uptake. The aim is to increase vaccination coverage ahead of peak winter demand, reduce staff influenza infection and associated sickness absence, and protect workforce availability during the period of greatest operational pressure.		Low-Medium - Potential costs include additional vaccinator hours/bank shifts, travel/mobile provision, extended-hours clinics and targeted communications.
Therapeutic Return Programme.	Enable colleagues on longer-term absence to reconnect with the workplace before formally returning. This might include visiting their station/base, meeting colleagues, attending a team meeting, familiarising themselves with changes, checking equipment or spending a short period back in the environment without undertaking substantive work. This would be planned and voluntary.	Reduce anxiety and loss of confidence associated with returning after prolonged absence and help identify practical barriers before the formal return date. NHS Employers specifically recommends therapeutic return as a way of easing people back into the workplace after longer absence.		Low - Mainly manager/employee time. May require clear guidance and HR/OH governance.
Functional Recovery Rather Than "100% Fit" Approach	Develop clear guidance for managers, OH and staff that, where safe and clinically appropriate, return to work does not always require complete resolution of symptoms. Rehabilitation and work can occur together. This would need particularly careful application in safety-critical operational roles, with clinical advice and risk assessment determining what is appropriate.	Reduce unnecessary extension of sickness where someone has useful functional capacity but believes they must be completely symptom-free before returning. NHS guidance positions rehabilitation, phased return and therapeutic return as mechanisms for supporting a safe return before an immediate return to unrestricted normal duties is possible.		Low. HR time for development of guidance and communication, although it needs OH/clinical and HR input.
Enhanced Work-Focused Psychological Recovery Service	Commission a six-month specialist psychological support pathway for colleagues absent with stress, anxiety, depression or other common mental health conditions where standard OH, EAP or counselling provision is not sufficient. Support would combine evidence-based psychological treatment with explicit return-to-work rehabilitation, focusing on confidence, avoidance, work-related triggers, coping strategies and sustainable return planning.	Improve access to appropriate psychological treatment for colleagues with more complex or prolonged mental-health-related absence. Support faster recovery and return to work by addressing both the clinical condition and the psychological barriers to returning. Reduce the risk of recurrent absence following return.		Medium-high. Commissioned clinical/counselling psychology or accredited psychological therapy capacity for a defined cohort. Costs could be controlled through eligibility criteria, capped treatment pathways and a six-month pilot.
Mental Health Treatment Gap Review and Rapid Referral	Review the current cohort of colleagues absent with mental-health-related conditions to establish whether they are receiving active, clinically appropriate treatment, are waiting for treatment or currently have no active intervention. Where gaps are identified, provide an accelerated route into appropriate support.	Identify cases where absence is continuing while the underlying condition is effectively untreated or treatment is significantly delayed. Enable earlier intervention and potentially shorten avoidable periods of absence.		Low initially; medium if additional treatment is purchased. Initial cohort review could use existing HR/OH resource. Additional cost would depend on the treatment gaps identified.