NPCC National Police Chiefs' Council

The National Police Wellbeing Service

College of Policing

Reforming police occupational health:

Purpose, Performance, People

This document describes an action plan to support police reform and the workforce health and wellbeing strategy.

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"The past we inherit. The future we build." [1]

1. Executive summary

This document builds on *A prospectus for change*, which sets out the issues facing police occupational health and lays the foundations for effecting change. *Reforming police occupational health: purpose, performance, people* updates the case for change, presents a road map to achieving a new occupational health function and sets out an action plan. Since the earlier publication, there have been significant developments in thinking about police reform and the publication of a UK government white paper on this is awaited. This document frames a new vision for occupational health within the ambition of police reform to serve local communities better. This will be achieved through the implementation of the new national police health and wellbeing strategy and optimising the wellbeing, and therefore the performance, of the police workforce. Occupational health should be an integral part of the wellbeing lifecycle: helping to recruit a talented and diverse workforce, supporting the transition from civilian life, the health risk management of people at work, including promoting healthier lifestyles and work ability, and supporting people who leave either as a planned exit or because this becomes necessary because of ill health.

Policing is changing and occupational health needs to change with it. Leading and managing change across 43 different police forces will have its challenges. The strategic approach to change will use a systemic change toolkit that will provide the framework for change. This framework acknowledges that change will take place in different ways and at different speeds. Change begins with discovery. What are the actual problems to be addressed, rather than the assumed problems. What is the relevance of the problems with respect to the vision for future occupational health delivery? How can we reframe the problems with respect to the vision so that we can find solutions? How do we try the proposed solutions before scaling them up?

Change in police occupational health must be transformational change. This will not be easy and challenges to be addressed are set out. In general, police occupational health services have not had high visibility and have struggled to make a business case for change within their host forces. A new national approach offers an opportunity to escape from the silos and to implement systemic changes that will break the shackles. Examples are a national approach to procurement and the adoption of a national strategic approach to data and analysis, in line with the new *National Policing Digital Strategy.* Such change will take time.

How will this be achieved? There will be leadership at three levels: occupational health, people directorates, and national leadership (NPCC, NPWS, Police CIPD Forum, Home Office). The occupational health managers' forum will drive change. Networks, such as the Occupational Health Practitioners' Network, OHNAPS (Occupational Health Nurse Advisors in Police Services) and the Police CIPD forum will coordinate activity. NPWS will lead and coordinate surveys and small group work, as well as working with and supporting stakeholder groups.

Larger scale systemic change will need national support in terms of expertise, access to decision-making bodies and, ultimately, funding. Support from relevant NPCC portfolios, the College of Policing and the Police CIPD forum will be essential. A new occupational health change management group has been proposed to drive systemic change and to develop business cases. It will report to the Clinical Governance Group.

[1] National Union of Mineworkers

2. Introduction

Policing is changing. Police leaders are working with the government to deliver far reaching reforms that will deliver capability to address new crime threats and help restore the public's trust and confidence. Headline announcements of change include a national policing body with legal status, that can lead the policing response to national threats and drive efficiencies and an ambition to draw together national policing data to identify and intercept criminal activity quicker. Details of the proposed changes will be set out in a white paper ahead of legislation. It is expected that the police workforce wellbeing will be a key element of the white paper.

In a speech at the annual conference of the National Police Chiefs' Council (NPCC) and the Association of Police and Crime Commissioners (APCC) the Home Secretary announced additional central government funding to support the government's Safer Streets Mission. Notwithstanding this announcement, the financial settlement for policing is expected to be challenging. The efficient and effective management of the police workforce will be a prerequisite to deliver this mission. Dr Rick Muir, former Director of the Police Foundation has been quoted as saying:
"Too often in the past, officers at the frontline have been let down by outdated technology, inadequate training and inefficient support services. Until these issues are addressed, the public won't get the quality of policing they deserve."[2]

The chair of NPCC, Chief Constable Gavin Stephens has said:
"We are united in our ambition to serve local communities better. We have to increase the pace of change in policing, driving improvement so that we can deliver a better service and improve public trust and confidence. To deliver this, we have to follow the evidence of what will genuinely improve policing for the public and how and where we can make the biggest impact."[3]

2.1 Purpose

Police effectiveness, efficiency and legitimacy (PEEL) is contingent on promoting and maintaining a fit and healthy workforce. Effective policing is dependent on having the right people at the right place at the right time. This is undermined if police personnel are present but not fully functioning or not present at all. Presenteeism refers to the lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition. The 2025 NPWS annual survey found that 35% respondents often or always came to work when they did not feel well enough to perform their duties. 55% felt fatigue or physically exhausted by work. Sickness absence occurs when people take time off work for a variety of reasons, often short-term or long-standing health problems. The national absence rate for officers and staff in 2022 was 9.4%.[4]

[2] 'Home Secretary announces major policing reforms' (UK Government, 19 November 2024) < https://www.gov.uk/government/news/home-secretary-announces-major-policing-reforms>
[3] 'Police leaders set out vision for new era of policing' (NPCC, 19 November 2024) < https://news.npcc.police.uk/releases/police-leaders-set-out-vision-for-new-era-of-policing>
[4] 'Update on the national police absence rate and Coronavirus FPNs issued by forces in England and Wales' (NPCC, 10 January 2022)

Occupational health has a key role to play in supporting the mission to serve communities better. Over 77% of forces' expenditure is on staff and officer costs. Occupational health services promote people performance through health and fitness. There is a need for a nationally agreed occupational health proposition to underpin a consistent approach to delivery and performance management.

2.2 Performance

Police reform must include change to the delivery of occupational health. *A prospectus for change* has described an occupational health proposition, linked to the national health and wellbeing strategy, that will support police reform. It has also highlighted inconsistencies in service delivery and significant risks to business continuity.[5] Interviews with police leaders suggest a very mixed picture of occupational health performance with contrasting examples of valued services with effective performance management linked to agreed key performance indicators (KPIs) and of forces who have significant concerns about their services linked to attitudes to service delivery, lack of strategic approaches and poor execution.

The inability to collect and analyse health-related workforce data is a considerable impediment to driving improvement in workforce optimisation, as well as hindering occupational health performance. Some police occupational health services do not have appropriate dedicated software. Some forces have purchased software but do not use its capability sufficiently. The absence of a national initiative to procure and implement digital tools to facilitate process efficiency is counter intuitive against the backdrop of the *National Policing Digital Strategy*.[6] This strategy recognises that police reform and advancements in technology offer a "once-in-a-generation opportunity" to deliver significant tangible changes across policing. The vision for police occupational health must be to equip services with necessary interoperable digital solutions and training to optimise support for both forces and individual officers and staff. Subsequent process efficiencies will free specialist occupational health clinicians from routine tasks, promote seamless working within forces and maximise their value-added impact.

2.3 People

Recruitment and retention of occupational health talent is an increasing challenge. New ways of thinking about the human resourcing of multidisciplinary occupational health teams is required. The NPWS target operating model is the starting point, which links to police occupational health standards. Streamlined recruitment platforms will facilitate rapid and consistent filling of vacancies. Against the backdrop of police reform, the model of 43 bespoke, and often isolated, occupational health services is anachronistic. Improved efficiency and effectiveness will result from greater inter-force collaboration and links to regional leadership groups. The creation of regional or sub-regional hubs of expertise functioning within a national framework of standards and guidance will be explored to address the need for a more strategic approach aligned to business objectives. However, the need to maintain local relationships and delivery is recognised, as is the appreciation that a one-size-fits-all model is inappropriate for policing.

[5] '*A Prospectus for Change*' (NPWS, April 2025) https://www.oscarkilo.org.uk/media/8490/download?inline

[6] '*National Policing Digital Strategy 2025 – 2030*' (NPCC, 2025)

2.4 Challenges to change

Changing police occupational health will not be easy. A number of challenges must be addressed. In many ways they mirror those set out in the *National Policing Digital Strategy*.

2.4.1 Prioritisation

In some forces occupational health is a Cinderella service. The concept of occupational health as a **core operational capability** is not fully recognised. Against a plethora of competing force priorities, occupational health lacks visibility and a compelling business case. However, there are examples of forces prioritising their occupational health function and they could act as exemplars in the change management process.

Nationally occupational health has lacked champions and an ability to influence. Since the creation of the National Police Wellbeing Service (NPWS), part of the College of Policing, this is changing. There is now high-level engagement within the NPCC and support for change.

2.4.2 People and skills

There is a national shortage of specialist occupational health nurses and doctors. Policing must compete with other industry sectors and many forces carry vacancies within occupational health. Market factors and the sometimes-poor national reputation of police occupational health may be barriers to recruitment. Working in police occupational health is demanding; not all practitioners enjoy the work or can cope with work pressures. Morale in some force occupational health services is low, and some may feel threatened by the proposed changes.

The culture of policing is unique. Mental ill health is now the predominant concern. Practitioners require supplementary training in trauma-related mental ill health to supplement their occupational health expertise.

2.4.3 Legacy systems

Every force has its own occupational health staffing model, systems and processes. Remodeling occupational health will require a willingness to agree to changes that may have associated costs. E.g., a new staffing model or a new IT system. However, a national approach to procurement could lead to efficiencies.

2.4.4 Finance

Although approximately 77% of force budgets are spent on staffing only a small proportion is spent on occupational health. The percentage spend, as described in *The Policing Productivity Review* ranged from 0.08% to 0.75%. Estimates of the costs of occupational health vary. Figures from a survey by NPWS, in 2021, suggest a total annual spend in England and Wales of approximately £32 million. A more recent estimate of expenditure combines the pay budget for officers and staff - £44 million – and the non-pay budget - £20 million – for the financial year 2024/25. (Gary Ridley personal communication)

There is a need for a benefits realisation analysis to inform future expenditure. This

will be contingent on clarity about the anticipated benefits associated with the occupational health function and on good data collection and analysis. The financial pressures on the police will be intense following the 2025 government spending review and the announced settlement for the police.[7] Benefits include organisational workforce performance indicators as well as measures of wellbeing. Development of optimal and cost-efficient occupational health delivery should follow this analysis.

2.4.5 Data

The *National Policing Digital Strategy* states that "after our people, data is our second most important asset". There is an apparent "catch-22" scenario whereby the lack of health-related workforce data undermines the ability to develop an evidence-based business case for investment in occupational health and to demonstrate the benefits of such investment. Without a national incentive to invest in occupational health IT, and procurement solutions, health needs assessments will be inadequate, and the functioning of occupational health services will remain opaque.

There is a need to prioritise the development of the collection of health-related workforce data and to recognise that investment in occupational health digital capability is an important component of this.

2.4.6 Business change

Police occupational health lacks a national profile. It is an asset that needs to be managed from a national perspective. The NPWS has started a process of business change with the promotion of national occupational health standards and the creation of an occupational health practitioner network, bringing together representatives of all 43 police forces.[8] However, the challenges described mean that effective change management support will be needed. A national approach to modernising local ways of working can unlock opportunities to deliver cost-effective services and address recruitment and retention challenges.

A Prospectus for Change has introduced a systemic change toolkit that will be the strategic framework for change. This recognises the complexities of driving change within a police ecosystem. Success will require national direction and guidance and a willingness to embrace alternative approaches to key enablers, such as procurement and data and analytics.

Business change will require the development of an occupational health narrative that clearly articulates the benefits associated with agreed occupational health deliverables against a backdrop of legal, moral and financial imperatives. Working

[7] 'UK Politics: Police Chiefs say funding "falls far short" of what is needed to meet government's ambitions – as it happened' (The Guardian, 11 June 2025) < https://www.theguardian.com/politics/live/2025/jun/11/rachel-reeves-investment-labour-spending-review-keir-starmer-pmqs-kemi-badenoch-conservatives-uk-politics-live-news>

[8] 'Occupational Health' (NPWS, 2025) < https://www.oscarkilo.org.uk/services/clinical-governance-group/occupational-health>

with and through networks to understand problems, devise solutions and implement change necessitates strong and effective leadership and followship. The establishment of a national occupational health change group will be a key element of business change.

A Prospectus for Change described the many issues facing police occupational health. It should be read as a foundation document that enables decision makers to have a better understanding of occupational health.

3. Road map and Action Plan

Effecting change in occupational health is both complicated and complex. The systemic change toolkit is useful because it promotes a mindset that sees the world of police occupational health as interconnected, complex and continually changing. A high-level methodology is required that is comfortable with elements of chaos and which accepts that change is likely to occur in small non-linear steps. A road map for change will be developed, setting out the steps to be taken. This will be high level. (See appendix 1)

An initial action plan is included. (See appendix 2) This sets out the structures to be created to lead and oversee change. Actions focus mainly on a current state assessment which will inform the strategic options to be considered and the subsequent design of the road map and an implementation plan. Actions have been categorised into purpose, performance, delivery and resourcing, and leadership and governance. Notwithstanding this, some large-scale structural changes will be required to underpin future effective delivery. Recruitment and retention of key occupational health expertise is a critical business challenge that will need a regional or national approach to procurement and delivery. Similarly, the development and procurement of appropriate occupational health IT systems should be a *sine qua non* of occupational health delivery and will necessitate a national project to equip all occupational health services in England and Wales.

3.1 Purpose

What does a good occupational health service look like? The primary function of police occupational health is to support police officers and police staff to do their jobs and, thereby, serve local communities better. *A Prospectus for Change* made clear that there is a demand for business-focused occupational health delivery that recognises and adapts to the needs of organisations. Thus, what good looks like might be an occupational health service that:

- is configured according to a health needs analysis of the working population
- is accessible and equitable to all
- can be accessed in a timely manner, contingent on risk assessment
- is professional and ethical
- has suitably qualified practitioners working in accordance with the guidance from relevant regulatory bodies
- is able to perform quality-assured clinical assessments
- is able to provide evidence-based advice to individuals and managers about fitness for work and workplace adjustments
- is able to communicate effectively and responsively
- is accepted and valued by the workforce
- is integrated into force systems and processes

- is accountable to forces via agreed KPIs and service level agreements

There is a need for a national consensus that will underpin future occupational health delivery. This will reframe the occupational health standards as the basis for service level agreements or contracts.

3.2 Performance

There is a need for a landscape review of occupational health in relation to the national consensus. The occupational health standards are not an accreditation system and participation is voluntary. Our understanding of compliance is via self-report. The NPWS standards tracker enables all forces to report on progress with the implementation of occupational health standards. A more detailed internal analysis of occupational health performance will inform proposed changes.

3.2.1 Internal analysis

A model of internal examination has been proposed in *A Prospectus for Change.* This examines:

- Knowledge systems and analysis
- Performance – where are occupational health services succeeding and why?
- Attitudes – Are we all on the same page regarding change? Where are the leaders and how can we harness this potential?
- Strategy – Are occupational health services strategic? Where does occupational health fit with force people and health and wellbeing strategies and policies? Examples of inter-force and/or external collaboration
- Execution – How well are occupational health systems working?
    - Responsiveness
    - Speed
    - Quality
    - Meeting KPIs

This will comprise a mixture of surveys, focus groups and interviews.

Stakeholder groups will include the occupational health managers' forum, the Police CIPD forum, staff associations (PFEW and PSA) and Trades Unions (UNISON, GMB, UNITE), relevant NPCC portfolios (Disability and Neurodiversity) and support groups, such as the Disabled Police Association.

3.2.2 Problem-oriented discovery

A pragmatic approach to discovery, which may deliver some quick wins for forces, is to identify current issues that would benefit from a root-cause analysis. This approach will put the performance of occupational health services in the spotlight. However, importantly, this systematic approach will uncover the degree of integration of occupational health functioning with other force systems.

3.2.2.1 Regulation 28 notices (Prevention of future death)

Suicide is an emotive topic. Recently Regulation 28 notices have been served on police forces, the NPCC and the College of Policing by HM coroners. They have raised questions about how forces risk manage people who express both suicide thoughts and intentions. For forces that have received such notices it should be possible to review the subsequent internal investigations and to understand better the overall approach to managing mental ill health and the role of occupational health.

3.2.2.2 Management of sickness absence

The Policing Productivity Review was critical of the management of sickness and absence. It produced evidence of wide variations in sickness absence statistics between forces. It concluded the following:

"If……forces were able to reach the performance of the top quartile, and reduce their hours lost, then this would create **a national gain of 2,044,813 officer hours (l,156 full time police officers) and 1,179,348 police staff hours (721 full time police staff)**"

Northumbria Police was cited as an exemplar. Analysis of sickness absence statistics also highlighted Leicestershire Police and the City of London Police with sickness absence percentages less than 3%. A project looking at the likely contributory reasons for this success, including the role and performance of occupational health should inform future planning of occupational health delivery and resourcing.

These projects will be delivered by setting up task and finish groups with membership from the Police CIPD Forum and the Occupational Health Practitioner Network. (Please see Appendix 3.)

4. Delivery and resourcing

4.1 National procurement frameworks

Survey data shows that most medical input into occupational health and ill health retirement process is contracted in. Sourcing appropriate medical expertise and ensuring that medical input is optimised is a challenge. A national procurement framework would assist forces to go to market and should achieve greater consistency in delivering outcomes. The national procurement framework for selected medical practitioners (SMPs) has been successful. This might be the forerunner of a national hybrid staffing model with in-house nursing expertise supported by contracted in medical provision. There is the potential to improve clinical governance with the development of national job description templates for force medical advisors and associated person specifications.

There may be opportunities to consider frameworks for physiotherapy services and for psychological support. The network of emergency services therapists (NEST) established by

Police Care Uk is an example of a national approach to the provision of therapists.[9] This initiative, funded by the Royal Foundation of The Prince and Princess of Wales, provides an easy way of accessing suitably qualified and experienced therapists for the treatment of mental health issues.

This work will be taken forward in collaboration with Blue Light Commercial.

A nurse bank has been created by Surrey and Sussex Police. This has created a pool of nursing expertise, vetted and available at short notice, that could be used across policing, not just within Surrey and Sussex Police. Working with OHNPAPs, the potential for this model to assist forces will be explored.

4.2 Competitive analysis

How does the occupational health delivery model compare with other industry sectors with similar autonomous or devolved structures? Similar public service comparators are the fire service and the ambulance service. BT is a former public service that now comprises autonomous business units, including Openreach. Compass is a global company with a central group with an advising and resourcing function. ITV covers broadcasting and the production of programmes from around 100 labels. Interviews with HR leads will explore the approach to people services, including occupational health, in these respective devolved business environments. Interviews with senior occupational health commercial providers will gather information about the business imperative for workplace wellbeing, current practice and service innovation.

This work will be led by the CMO.

4.3 Rationalising occupational health delivery

Delivery of the police occupational health function within a national clinical governance framework is the vision that underpins reform. We now have a fledgling national clinical governance framework. The NPCC Clinical Governance group is responsible for occupational health standards and the production of clinical guidance for occupational health services. This is supported by the national occupational health practitioner network and sub-groups, including the occupational health managers' forum and specific practitioner groups. Whilst each force has a unique culture, it should be possible to tailor delivery based on a national framework to align with local ways of working contingent on compliance with ethical, legal, moral and financial constraints.

Most police forces are too small to recruit and retain the critical mass of occupational health expertise that can be proactively effective in health risk management. Only an estimated 16/43 Home Office-affiliated forces have a working population (police officers and staff) greater than 5000. For context, NHS guidance is that a consultant occupational physician might be employed, full time, for working populations of between 10,000 and 20,000, depending on their role and the health needs of the NHS Trust. In addition, guidance for employing occupational health nurses uses a ratio of one nurse per 1000 employees. The NPWS Target operating Model postulates a force with a workforce of 5000 employing one senior occupational health nurse, two occupational health nurses and two general nurses.

[9] 'NEST' (Police Care UK, 2023) < https://nest.policecare.org.uk/>

A hub and spoke model of delivery that will utilise IT to make some aspects of occupational health provision location-independent, is a possible way to deliver the occupational health function. Inter-force collaboration to share expertise and support occupational health delivery should be the first step towards developing regional or sub-regional occupational health hubs that will create critical masses of expertise. There are already examples of inter-force collaboration, via informal regional groups regarding clinical governance or formal force alliances. Linking regional occupational health groups to regional COG and HR groups will facilitate a strategic and collaborative approach to improving force performance by addressing business-related health needs.

These examples are in keeping with the business case for police reform. The establishment of a National Centre of Policing could further national leadership of occupational health and establish a quality assurance framework and oversight of occupational health practice in policing.

This work will be overseen by the Reform OH task and finish group.

5. Leadership and Governance

The systemic design framework that will govern change management emphasises the importance of the vision, the narrative surrounding change and connectivity with all stakeholders. Policing is a complex ecosystem with many formal and informal networks.

5.1 National structures

Reforming police occupational health is a product of the Occupational Health Workforce Strategy that has been endorsed by the NPCC Workforce Coordination Committee. (WCC) It is an extension of an early priority of the Police Covenant Oversight Board which led to the creation of occupational health standards and the appointment of a national Chief Medical Officer (CMO). The CMO role sits within the College of Policing and is supported by the NPWS.

Part of the action plan is the establishment of an occupational health change delivery group, which will report to the WCC. This will be a task and finish group under the auspices of the NPCC Clinical Governance Group (CGG), which is a sub-committee of the Health, Safety and Wellbeing Board. The CMO chairs the Clinical Governance Group. It has strategic oversight of the clinical practice of occupational health and the clinical governance arrangements within forces. Changes to clinical policies and procedures will be monitored and approved by this group.

The Health, Safety and Wellbeing Board has oversight of the national police health and wellbeing strategy. The five delivery areas are all relevant to occupational health. This key national framework will shape occupational health delivery and, consequently, the occupational health proposition.

Occupational health reform is part of the WCC workforce plan, progress of which will be reported to the NPCC Chiefs' Council. There will also be reporting to the Police Covenant Oversight Board.

5.1.1 Data and analytics

"The National Policing Digital Strategy 2025-2030 stems from policing's ambition to embrace digital capability in support of tangible, positive and measurable outcomes for both law enforcement and the public in achieving the Policing Vision 2030 by having the most 'trusted and engaged policing service in the world by working together to make communities safer and stronger'".

Police occupational health also has a mission-critical role in achieving the Policing Vision 2030 through delivering a workforce that is fit for purpose. (**Right person, right place, right time**) Ambition 3 of the *National Policing Digital Strategy* applies to occupational health.

5.1.2 Vision

5.1.2.1 Digital tools

Equip occupational health staff with necessary fully interoperable digital solutions and training to fully carry out their role to the best of their abilities. Integration of occupational health and other relevant force systems will fully embed occupational health functionality to optimise outputs and outcomes.

5.1.2.2 Process efficiency

Provide every opportunity for occupational health staff to focus on critical, value-added tasks, making greater use of their specialist skills and knowledge.

5.1.2.3 Digital leadership

Continuously enhance the skills of all levels of leadership to ensure consistency and quality in critical digital decision making and governance.

The occupational health IT market is relatively immature, although there are market leaders of bespoke occupational health systems. There is a clear need for the acquisition of a data and analysis system, or systems, that support occupational health functioning and performance monitoring, and which contribute to the understanding of health needs at both a local and national level. A national approach to securing suitable and sufficient IT resources should align with the national strategy and the enabling pillars.

Provision of occupational health IT systems has, to date, been piecemeal and, often, under resourced. Systemic change will require both local and national support. Chief Constables and Police and Crime Commissioners should see this issue as a local priority and part of their local strategy alignment. National support via the relevant NPCC portfolios (E.g., Digital, Data and Technology Coordination Committee (DDaTCC) and the Workforce Coordination Committee) and the Police CIPD forum will also be required.

5.2 Other networks

Each force has an occupational health service. The precise local governance arrangements differ although most are part of people directorates and thus, ultimately report to Heads of People.

An Occupational Health Practitioners' Network (OHPN) is hosted by the NPWS and has good representation from all 43 Home Office-affiliated forces, plus some other non-affiliated forces. Each force has two members. The Network forms a useful channel for communication, as well as being a forum for discussion. There are linked special interest groups (Occupational Health Technicians, Occupational Health Managers, Mental Health Nurses, Physiotherapists, and Force Medical Advisors). The occupational health managers' forum is an important driver of change and is ideally suited to leading on small projects involving a small number of forces.

Many force occupational health nurses are members of OHNAPS (Occupational health Nurse Advisors in the Police). There is a good working relationship between OHNAPS and OHPN. Many doctors working in policing are members of ALAMA (Association of Local Authority Medical Advisors). ALAMA has a police section. The CNO has established a CMO Medical Forum which meets virtually every three months.

The Heads of Profession meetings of the Police CIPD Forum brings together Heads of People and others from Human Resources to discuss workforce issues. The CMO is a regular presenter at these meetings.

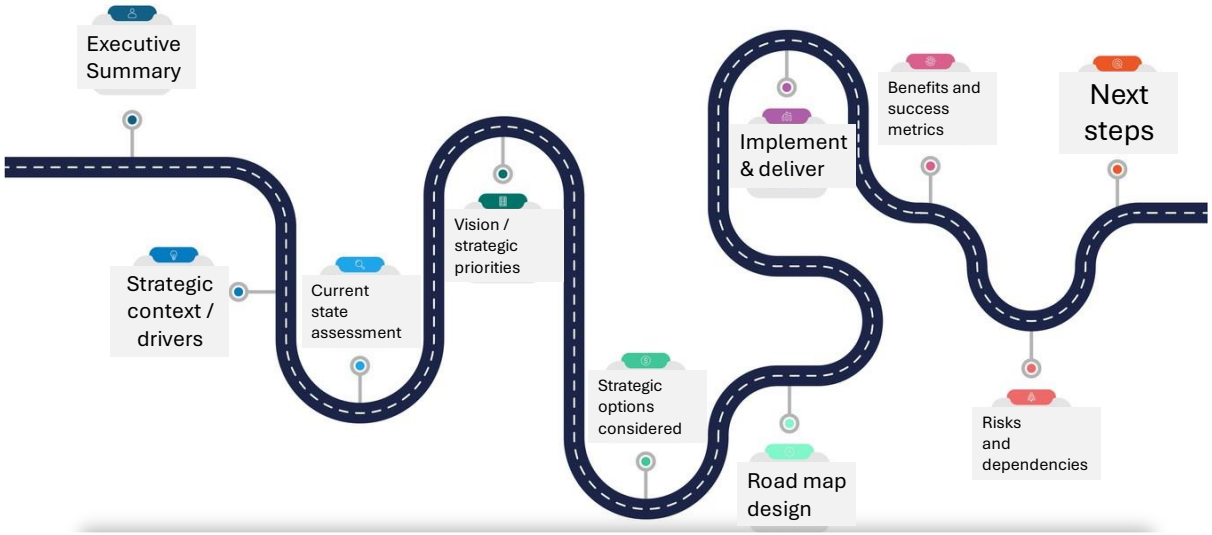
Engagement with and involvement of staff associations and Trades Unions, as well as staff support groups will be important. Most are members of national governance structures.

5.3 Communications strategy

Messaging to ensure that the correct communication to the right people takes place is an essential component of the action plan. Stakeholder engagement and management will be critical to the success of the change process. A communications strategy will be developed with the NPWS communications team.

Appendix 1

Road Map for change



Road map

Appendix 2 – Detailed action plan

Theme	Action	Activity	Description	Milestone	Completion date	Owner / lead
Project Set Up	Road map Reform OH T&F group.			• Project Initiation Document Completed	Dec 25	CMO/CL
Purpose	Agree a police occupational health proposition	Consensus statement for police occupational health	Public statement setting out a joint commitment and intent for police leaders and representatives to work together to support the delivery of good occupational health.	• Draft consensus statement • Publish final statement	Nov 25 Mar 26	CMO / OH change group
Performance	Internal analysis	Strategic assessment of OH: • IT • Core processes • KPIs	Survey of OH IT systems and integration with Force IT systems Survey of OH successes and why	• Develop survey • Data gathering • Analysis • Report	Dec 25 Mar 26 May 26 Sept 26	CMO/LE/CL
		Attitudes to change	Survey and focus groups; Use of Prochaska – DiClemente model	• Develop survey • Data gathering • Focus groups • Report	Jan 26 Jan 26 Feb/Mar 26 April 26	CMO/LE/CL

Theme	Action	Activity	Description	Milestone	Completion date	Owner / lead
	Problem-orientated discovery	Regulation 28 notices (Prevention of future death)	Root-cause analysis of force support systems and role of OH.	• Develop T&F group • Design process • Data gathering • Analysis • Report	Nov 25 Jan 26 May 26 Jun 26 July 26	Police CIPD / NPCC OH change management group
		Management of sickness absence	Landscape review of force sickness absence processes and role of OH.	• Develop T&F group • Develop assessment • Data gathering • Analysis • Report	Nov 25 Jan 26 May 26 Jun 26 July 26	Police CIPD / NPCC OH change management group
Delivery and resourcing	National procurement frameworks	Recruitment of FMAs	Develop a national framework for onboarding Force Medical Advisors and associated clinical governance	• Engage BLC • Create job descriptions and person specifications • Develop and agree national recruitment process • Produce guidance re clinical governance	Jan 26 Mar 26 Jun 26 Jun 26	NPCC OH reform group / BLC
	Competitive analysis	benchmarking	Interviews HR leaders from other industries	• Interviews completed	Dec 25	CMO

Theme	Action	Activity	Description	Milestone	Completion date	Owner / lead
	Rationalising OH delivery	Creation of focus groups	Work with OH leads to: - SWOT analysis of regional collaborations. - Use of IT in developing centres of expertise	• Establish regional OH groups and TOR. • S.W.O.T. analysis of current / previous force alliances • Report • Feasibility study re hub and spoke models of OH delivery • Report	Jun 26 Dec 25 March 26 Oct 26 Jan 27	CMO/LE LE LE LE / CMO
Leadership and governance	National structures	Develop OH reform group and Endorsement of action plan	Identify key personnel to be involved in the project and request support Present action plan to key stakeholders/bodies for sign off	• Formation of OH Reform Group • Sign off by Police CIPD Forum, NPCC, HS&WB • Presentation to Heads of Profession	Nov 25 Jan 26 Mar 26	CMO CMO / Chris Curtis CMO

Theme	Action	Activity	Description	Milestone	Completion date	Owner / lead
	Data and analytics	Develop a digital first OH vision in line with the national police digital strategy and the Policing Vision 2030.	Exploration of new ways of working via process mapping, research, benefits realisation	• Map OH processes including recommendations for automation • Report • Establish an expert IT task and finish group • Undertake analysis re common OH IT platform • Report with Benefits realisation analysis • Develop draft business case • Completed business case	Mar 27 May 27 Jun 26 Oct 26 May 27 Oct 27 Dec 27	CMO / LE / NPCC OH change management group
	Communications strategy		Agree messages for target audiences, means of communication and scheduling of messaging for respective areas of the plan.	• Meet with Head of communications following sign off of the plan. • Finalise communications strategy and implementation plan.	Dec 25	CMO / NPCC OH change management group.

Appendix 3

Delivering change: organisational leadership