NHS Resolution

8th Floor,
10 South Colonnade
Canary Wharf
London
E14 4PU
Telephone: 020 7811 2700

August 2025
FOI_7328

The following information was requested on 18 July 2025:

I would like to request copies of all current sick pay policies applicable to employees of your organisation. Specifically, I am seeking:

Copies of any documents, handbooks, or guidance outlining entitlement to sick pay (including occupational sick pay schemes).

Details of eligibility criteria, rates of pay, and duration of sick pay entitlement.

Any separate policies or variations that apply to different staff groups, grades, or types of employment (e.g., permanent, temporary, agency, or casual workers).

Our Response

We are subject to the national terms and conditions that are set out in the Agenda for Change Handbook at Section 14 and at Annex 26, which allows for us to set out our own policy on sickness processes and entitlements. You can find the Handbook published here: NHS Terms and Conditions of Service Handbook | NHS Employers.

Our current *Sickness absence and promoting attendance policy and procedure* is also attached.

Section 40 refusal notice

We have removed the names of staff from the attached *Sickness Absence and Promoting Attendance Policy and Procedure (HR09)*.

We believe that disclosure of this information is exempt under Section 40(2) by virtue of section 40(3A) (i) of the FOI Act, where disclosure to a member of the public would contravene one or more of the data protection principles. The data protection principles are set out in Article 5 of the General Data Protection Regulation. We take the view that it would not be fair or lawful to disclose such information, and any disclosure would therefore contravene the first data protection principle.

The likelihood exists that individuals who are the subject of this information may be identified either from this information alone, or in combination with other available information. NHS Resolution believes it has a greater responsibility to protect those individuals' identities,' as disclosure could potentially cause damage and/or distress. to those involved.

The individuals have not consented to their information being used in this way and we do not believe they would have a reasonable expectation that their personal data. would be released in this way.

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to Joanne Appleby, Deputy Data Protection Officer for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

https://ico.org.uk/

NHS Resolution

Sickness Absence policy and procedure

HR09

Beware when using a printed version of this document. It may have been subsequently amended. Please check online for the latest version.

Applies to:	All employees
Version:	9
Date of JNC review	May 2025
Date of ODG review	May 2025
Date of SMT approval:	
Date of People Committee approval:	
Review date:	June 2028
Author:	HR Policy Group
Owner:	HR&OD

NHS Resolution

Contents

1. Introduction

1.1. NHS Resolution is committed to promoting a healthy workplace and recognises that your health and wellbeing is a key priority for the organisation.

1.2. This policy encourages all of us to clearly identify and understand the causes of sickness absence and initiate timely, appropriate and responsive interventions which facilitate a return to work at the earliest opportunity.

1.3. NHS Resolution acknowledges that sickness absence may result from a disability. At each stage, consideration will be given to whether reasonable adjustments could be made.

1.4. If you consider that you are affected by a disability or any medical condition which affects your ability to undertake your work, you should inform your line manager.

1.5. Any information you provide will be handled confidentially and in accordance with our Data Protection Policy.

2. Equality impact assessment (EIA)

2.1. NHS Resolution aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It is a requirement that we conduct equality impact assessments on all policies and services within the organisation.

2.2. The purpose of the assessment is to minimise and, if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, pregnancy and maternity, marriage and civil partnership, gender reassignment, sexual orientation, religious or other belief. As part of its development, this Policy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with NHS Resolution ’s equality impact assessment tool (Appendix 1).

3. Scope

3.1. This policy applies to all employees, including those on fixed-term contracts. Employees seconded to NHS Resolution from outside organisations are required to act in accordance to NHS Resolution’s notification of sickness absence procedure (section 6.1). This policy will not apply to agency workers and contractors. Please refer to the HR20 Probation Policy and Procedure for managing sickness absence for employees who are in their probation period.

3.2. NHS Resolution is committed to promoting health, safety and well-being. This is helped by:

- Ensuring resources and support are available to employees through the Occupational Health Service and other supporting programs such as the Employee Assistance Program (EAP).
- Effective monitoring and management to identify situations where attendance is falling below agreed standards or situations which may have an impact on the physical and mental health wellbeing.
- Dealing with the circumstances empathetically and fairly, providing advice and guidance on available support.
- Providing robust procedures, that are communicated and understood by all employees.
- Ensuring compliance with relevant legislation (Equality Act 2010) to ensure reasonable adjustments are made, or other suitable employment is offered through redeployment if necessary.
- Providing a fair, non-discriminatory and consistent framework for managing unsatisfactory attendance at work due to sickness.
- Ensuring managers communicate regularly and openly with employees and, where possible, offer appropriate support.
- Assisting managers in effectively monitoring attendance levels with advice, support and assistance from the Human Resources Advisory team.

4. Definitions

Term	Explanation
Sickness Absence	Absence from work because of sickness/illness. If the days absent are consecutive, this is classed as one episode.
Short-term Absence	Episodes of absence or occasions of sickness lasting 1 day and up to 4 weeks. This may also include where an employee has 'odd days' off occasionally, which may or may not suggest a pattern. This may often result from several unrelated minor ailments, which may or may not require a medical certificate.
Long-term Absence	A continuous period of absence of 4 weeks or more could be because of, but not limited to, a long-term health condition, an accident resulting in a serious injury and recovery from medical procedures. Similarly, where an employee has two episodes of sickness in quick succession for the same or an associated condition that equates to 4 weeks or more.
Unauthorised Absence	Any sickness absence that has not been reported as outlined in the policy or is not covered by a medical fit note will be treated as an unauthorised absence. Unauthorised absences including failure to report for work without authorisation or failing to follow the formal or agreed local reporting procedures will be managed under NHS Resolution's Disciplinary policy and procedure.

Permanent Redeployment	This is appropriate where there is a clear indication from Occupational Health or your GP/Consultant that you will not be able to return to your substantive post at any time in the future due to ill health.
The Equality Act (2010)	The Act defines a disability as a "physical or mental impairment that has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities". The definition covers physical, mental or sensory impairments.
RIDDOR	Stands for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 and refers to the duty placed on NHS Resolution under RIDDOR which requires the reporting of some worker related accidents, diseases and dangerous occurrences.
Self-Certified Absence	When returning to work after a period of sickness absence of 7 calendar days or less,
Fit Note	It refers to the Statement of Fitness for Work or an overseas medical certificate containing the same information as is required on a UK Fit Note and issued by an eligible healthcare professional. An employee must obtain a medical certificate to cover any absence beyond seven calendar days and it must begin on the eighth calendar day of absence (including weekends and rest days), regardless of your working pattern. Fit notes can be certified and issued by Doctors, Nurses, Occupational Therapists, Pharmacists at GP Surgeries, and Physiotherapists.
Phased return	This enables you to work towards fulfilling all your duties and responsibilities within a defined and appropriate period of time through interim flexible working arrangements (up to 4 weeks) whilst receiving your regular pay. In exceptional circumstances, this period may be extended by a further 2 weeks (bringing the total period to 6 weeks) but only where it is likely that you will return to your full contracted hours immediately following the extended period.

5. Roles and responsibilities

5.1. Your responsibilities

- Comply with all aspects of this policy and procedure and attend all sickness absence review meetings and OH appointments.
- Maintain regular attendance at work to fulfil your contract of employment.

- Ensure that you provide your line manager with an accurate reason for absence so that this is recorded correctly on ESR, and the proper support is provided.
- Ensure that personal details such as emergency contact details are kept up to date on ESR and reviewed regularly.
- Inform the line manager of the nature of the sickness, anticipated length of absence and forward any self or medical fit note on time Maintain regular contact with your line manager during any absence.,
- Inform your line manager of any material changes in your health or conditions that may impact or affect upon your ability to fulfil your duties effectively.
- Notify your line manager or nominated manager of any change of circumstances or changes to contact or emergency details throughout the period of absence in order to maintain effective communication.
- Ensure they follow the local procedures for reporting sickness absence including notifying their line manager or designated manager within the department/team when they are not able to work due to sickness.
- Report work-related accidents to your line manager in line with the Incident Reporting Policy and Procedure.
- Take responsibility for your own health and wellbeing, identifying any necessary and relevant wellbeing interventions with the manager's input and OH advice to enable you to maintain satisfactory levels of health and fitness to ensure you can fulfil your duties effectively.

5.2. Your responsibilities as the line manager

- Actively implement this policy within your area, ensuring that your team members regularly attend work and follow the correct notification procedures if unable to attend.
- Offer relevant guidance and support to assist in managing their health and remaining fit for work.
- Where appropriate, signpost the health and wellbeing toolkit which includes the Employee Assistance Programme (EAP), a confidential free counselling service and other well-being support.
- Ensure clear absence reporting arrangements are in place to fulfil the needs of this policy.
- Maintain regular contact with your team members when they are absent from work due to sickness.
- Maintain accurate, up-to-date records of each employee's attendance on ESR and promptly complete and submit return to work forms to avoid over and under payments.
- Conduct a return-to-work meeting with your team member on their first day back from sick leave.
- Ensure risk assessments are undertaken, where appropriate, to demonstrate commitment and support to a team member's well-being and health and safety standards including wellbeing action plans (WRAP) are in put in place.

- Comply with the requirements of the Equality Act and the duty to consider and make reasonable adjustments to the workplace or how work is done to enable employees to work or continue working.
- Be aware of work-related absences, such as stress-related illness, ensuring that such absences are correctly recorded on ESR and take the necessary action to alleviate workplace stressors, in line with NHS Resolution's Health, Safety and Well-being Policy (ITFA04).
- Liaise with the HR Advisory team when seeking Occupational Health ("OH") advice and guidance on managing a team member's sickness absence or where there are concerns about attendance.
- Ensure that referrals to OH are discussed and consent is obtained prior to making the referral. A copy of the OH report is given to them.
- Report work-related accidents to the Health and Safety Lead at work.
- Monitor presenteeism to support an employee's wellbeing and assessing whether alternative options such as special leave, temporary or permanent flexible working and adjusted duties could reduce it.
- Identify with HR and OH advice, any necessary and relevant wellbeing interventions to enable your team member to maintain a satisfactory level of health and fitness.

5.3. Human Resources

- Support and advise managers in the application of this policy, ensuring consistency is applied.
- Review workforce data and provide relevant workforce metrics.

5.4. Occupational Health (OH)

- Provide expert, confidential, and impartial advice to NHS Resolution on health-related matters and attendance which may affect an individual's ability to undertake their role and return or remain in work.

6. Reporting and Recording Sickness Absence

6.1. Notification of sickness absence

6.1.1. If you are unwell and unable to work, you have a responsibility to contact your line manager or designated manager - at least one hour before the time you are due to start work.

6.1.2. If you are unable to contact your line manager, you will be expected to contact the designated manager on duty.

6.1.3. You must advise them of the following so that the relevant ESR records are updated:

- The reason for your absence. It is important to note pregnancy related illness still needs to be recorded.

- How long you are likely to be off work.
- Where possible details of any urgent or outstanding work that needs to be picked up while you are off.
- Your contact details so that your line manager is able to maintain regular contact.

6.1.4. We do not accept texts/WhatsApp, emails, messages on social media or messages from another person unless you really can't call yourself.

6.1.5. If it is not possible to make direct contact with your line manager or designated manager for any reason (e.g. emergency hospital admission), then a relative, partner, spouse or friend, can make contact on your behalf.

6.1.6. Working from home should not be used as an alternative to taking sick leave. If you are unwell and unable to work, then you should immediately inform your line manager. You must also inform your line manager if you have any planned sickness absence (i.e. an hospital admission for surgical procedures or full day outpatient procedures). The absence will be counted as sickness absence although absence for one off medical/dental appointments that may only last several hours will not.

6.1.7. If the likely duration of your absence is unknown, then you should try and maintain daily contact with your line manager unless you have already confirmed that you will not be working the next day. You should expect to be contacted during your absence by your line manager to enquire after your health and for you to advise, if possible, your expected return date.

6.1.8. If your period of sickness absence exceeds, or is likely to exceed 7 calendar days, you must produce a fit note to cover your sickness absence. This should be provided to your line manager by (at the latest) day nine of your absence.

6.1.9. It is your duty to ensure that fit note(s) are submitted to your line manager or designated person on a timely basis. It is also your responsibility to ensure fit notes are continuous, where necessary, to cover long-term absence.

6.1.10. Failure to provide regular fit notes and updates may be classed as unauthorised absence and sick pay may be suspended.

6.1.11. Saturdays, Sundays, public holidays as well as bank holidays and non-working days count towards a continuous period of absence irrespective of whether you are scheduled to work.

6.1.12. Where there is a reasonable belief that you are claiming to be sick when you are not sick, occupational sick pay will be suspended, and action may be taken in line with the NHS Resolution Disciplinary policy and procedure. The line manager must first contact the HR Advisory team for advice if they have concerns that your absence is not genuine.

6.2. **Recording sickness absence**

6.2.1. All sickness absences should be recorded accurately and promptly by your line manager on ESR to ensure your pay is correct. Details on how to record sickness on ESR are available on Connect.

6.3. **Sickness and annual leave**

6.3.1. If you become unwell whilst on annual leave and the period of illness seriously interrupts the period of leave, then the absence may be amended to sick leave provided you:

- Notify your line manager by telephone at the earliest opportunity, and no later than the fourth continuous day of illness;
- Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.

6.3.2. An overseas medical fit note (or equivalent certificate) will only be accepted if it provides the following minimum information:

- the contact's name and email address of a qualified medical practitioner;
- the diagnosis and date of the examination and the opinion of your capability for any type of work.

6.3.3. In addition, we will also require evidence of your original return flight to the UK.

6.3.4. NHS Resolution reserves the right to make contact with your overseas medical practitioner to clarify any information that is provided, and your sick pay may be withheld if the above information is not provided. If the medical fit note is not in English, you should provide an authorised translation.

6.3.5. If fraud is suspected, then formal action may be taken against the individual.

6.3.6. If you cannot take annual leave due to long-term sickness, you can carry over your annual leave. Carry over is limited to four weeks (equivalent to 20 working days and pro-rata for part-timers). Any annual leave not taken within 18 months of the end of the holiday year in which it accrues (whether or not you have returned to work) will be lost.

6.3.7. Any outstanding statutory accrued annual leave can be used to facilitate an agreed phased return.

6.4. **Sickness and statutory public holidays**

6.4.1. You will not be entitled to an additional day off if you are sick on a statutory public holiday.

6.5. **Sick pay allowances**

6.5.1. If you are absent from work owing to illness, you are entitled to receive contractual sick pay in accordance with the table below:

Period of NHS Resolution continuous service	Sick pay entitlement
1st year of service	1 month's full pay and 2 months' half pay
2nd year of service	2 months' full pay and 2 months' half pay
3rd year of service	4 months' full pay and 4 months' half pay
4th and 5th years of service	5 months' full pay and 5 months' half pay
After completing 5 years of service	6 months' full pay and 6 months' half pay

6.5.2. NHS Resolution has the discretion to extend the period of sick pay on full or half pay beyond the scale set out above under exceptional circumstances. Any extension to the period of sick pay will be firstly at the line manager's discretion who will then be required to submit a business case to the Workforce Development Group (WDG) for approval. In considering a request for extension of sick pay, WDG will consider the following:

- Where an extension is being requested, NHS Resolution expects you to use your accrued annual leave entitlement in the first instance.
- Where there is an expectation of a return to work and an extension would materially support a return and/or assist recovery, particular consideration would be given to those employees without full sick pay or accrued annual leave entitlements.
- If you have reasonably complied with the policy and management requests throughout the period of their absence.
- In any other circumstance, NHS Resolution deems reasonable, which may include but is not limited to:
  - The nature of the health condition(s) and / or reasons for the absence
  - Consideration of the recent advice received from occupational health.

6.6. **Non-work-related injury**

6.6.1. Occupational sick pay is only paid to you if you are off work because of sickness absence. It is not normally payable for an absence caused by an accident due to active participation in any activity that is deemed to be high risk, for example, any form of sport activity, either as a hobby or as a profession, or in any circumstances where contributory negligence is proved

6.6.2. If you are absent from work as a result of an accident, you will not be entitled to sick pay if you are receiving damages from a third party. NHS Resolution will advance to you a sum not exceeding the amount of sick pay payable

under this scheme, providing that you repay the full amount of sickness allowance to NHS Resolution, when damages are received.

6.7. **Pregnancy related sickness**

6.7.1. Pregnancy-related sickness absence will be dealt with separately within NHS Resolution's Parenting Policy and Procedure.

6.7.2. If you are absent due to a pregnancy related illness, you are still required to follow the sickness absence notification and certification procedure. Sickness absence related to pregnancy will be recorded but will not count towards absence triggers. Ongoing absence may affect your maternity leave dates.

6.8. **Medical Appointments including hospital and dental appointments and procedures**

6.8.1. Medical appointments, including hospital and dental appointments should, if possible, be made on a non-working day, or at the beginning or end of a normal working day, based on the practicality and reason for the appointment. Managers should seek guidance and advice from the HR Advisory team where the appointments may be linked to an illness or condition that may fall under the Equality Act.

6.8.2. You should provide as much notice as possible of any medical or dental appointment to your line manager once these appointments are made. Permission will be granted for you to take reasonable paid time off to attend medical/dental appointments. You may not be required to make up the hours for attending these appointments depending on the duration.

6.8.3. Where there are routine appointments over a period of time, the time off should be discussed and agreed with your line manager. This also includes time off for medical assessments, treatment or a rehabilitation period to support a return to work or to maintain attendance at work.

6.8.4. If you have any planned sickness absence (i.e. an hospital admission for surgical procedures or full day outpatient procedures). The absence will be counted as sickness absence although absence for one off medical/dental appointments that may only last several hours will not.

6.8.5. Your line manager may ask to see your appointment letters or cards for confirmation of appointments.

6.8.6. You may be required to take annual leave for any absence related to a purely elective cosmetic procedure. However, if you are required to undertake cosmetic surgery for medical reasons for which you will be absent from work, any entitlement to occupational sick pay (as set out in section Sick pay allowance section) will be subject to receipt of satisfactory medical evidence. This medical evidence will need to be in the form of a report from your doctor

or a specialist confirming that you are undergoing the procedure on medical advice.

6.8.7. Complications and sickness absences arising from undergoing cosmetic surgery or procedures will not be covered by NHS Resolutions occupational sick pay scheme.

6.8.8. Transgender employees undergoing treatment or surgery as part of the preparation for their transition will receive paid time off.

6.8.9. Pregnancy (i.e. antenatal) and In Vitro Fertilisation (IVF) and other assisted conception related appointments are dealt with separately under NHS Resolution's Parenting policy and procedure. However, if you become ill as a result of IVF and other assisted conception treatment and have to take time off, then you will be entitled to sick leave and paid sick pay, subject to complying with the notification and certification (where applicable) requirements.

6.9. **Medical suspension from work**

6.9.1. Medical suspension is a supportive action which applies when there is a health-related concern that may mean that you are a risk to yourself or others. This can relate to physical or mental health issues.

6.9.2. If by being at work we believe you pose a risk to yourself or others, we may suspend you on medical grounds. This is to allow us to obtain medical advice to confirm if you are or aren't fit to be at work. This is not a sanction against you, it is a precautionary measure, and you will receive your normal pay.

6.9.3. If the medical advice received is that you are not fit to return to work, then the medical suspension should end with immediate effect and the whole period of absence, including the medical suspension, will be recorded as sickness absence. You will need to provide medical certificates in accordance with the normal reporting arrangements, and it will count towards your contractual sick pay entitlement.

6.9.4. If you fail to submit a medical certificate in these circumstances it will be recorded as unauthorised, unpaid absence for this period.

7. Returning to work after a period of absence

7.1. Following a period of sickness absence (regardless of the length of absence) your line manager, or an alternative manager (if your line manager is unavailable) will arrange a return to work meeting with you on your first day back to find out how you are and if there is any support and adjustments required.

7.2. The purpose of the return-to-work meeting is to:

- Discuss the reasons for absence;
- Offer guidance and support to assist you in managing your health and remaining fit for work;
- Be assured of your fitness for work;
- Consider whether the cause of absence may recur and discuss any mitigating actions which may be necessary;
- Consider a possible referral to OH or reasonable adjustments (where appropriate)
- Remind you of the sickness absence trigger points detailed in section 9 of the policy.
- Confirm whether or not you have triggered the sickness absence policy and next steps.
- Where appropriate remind you of the Employee Assistance Programme, which includes a confidential free counselling service and other support resources contained within the health and wellbeing toolkit. For more information on EAP, visit the Employee Assistance Programme page on Connect.
- Where appropriate, discuss phased return arrangements, including temporary working patterns, hours, duties.
- Agree wellbeing check in calls as deemed necessary if they need to be held separately from the 1-2-1s and to discuss any temporary adjustments that may need to be put in place.
- Provide updates on any important information you may have missed whilst you were off work.

7.3. Following a long-term sickness absence, your line manager will meet you to discuss your phased return and to find out how you are and if there is any further support or adjustments are required.

8. Occupational health

Prior to making an Occupational Health referral, your line manager must obtain verbal consent from you outlining the reason for the referral and what you can expect from the process. In seeking independent advice from the OH provider, NHS Resolution's primary concern is your well-being.

8.1. The purpose of the referral is to obtain some or all of the following information:

- The nature and extent of your illness or medical condition and advice on your current health and fitness status.
- The likely duration of your absence.
- What effect, if any, the illness or medical condition has on your ability to fulfil the key requirements of the role.
- An indication of your fitness for the role.
- What supportive measures could be considered to help facilitate a successful return to work.

8.2. If you are off sick due to mental health related illness or work-related reasons, your line manager should immediately seek verbal consent to make an early referral to Occupational Health.

8.3. If you refuse or fail to attend scheduled OH appointments and cannot provide a satisfactory reason for non-attendance, then you will be advised that any further non-attendance may result in your line manager proceeding on the basis on the information made available at the time.

8.4. If you are currently engaged in any HR processes, these will be dealt concurrently with the sickness absence procedure. Your line manager will consult with Occupational Health to seek advice and guidance on reasonable adjustments and supportive measures that need to be considered to support you.

9. Sickness absence triggers

9.1. If you meet the initial trigger points detailed below, a 'First Formal Meeting (Stage 1) should be held in accordance with section 11 of this policy.

9.2. Where you have two episodes of sickness in quick succession for the same or an associated condition, consideration should be given to whether the episodes of sickness absence should be considered as related and counted as a single episode for the purposes of the trigger points detailed below. The sickness episodes must still be recorded as separate episodes for the purposes of occupational and statutory sick pay.

9.3. **Short-term sickness absence triggers:**

- A total of 10 calendar days or 4 episodes of sickness absence within a 12-month rolling period (whether self-certified or medically certified).

- A regular pattern of sickness absence causing concern, for example:
  - regular Fridays or Mondays
  - absences regularly occurring on a particular day
  - pre or post annual leave
  - Other identifiable patterns of absence, which cause concern.

9.3.1. Trigger points for if you work fewer than five days in a week will be pro-rata. The number of days will be pro-rata, but not the number of occasions. We calculate this using ten days divided by five, multiplied by the number of working days. When necessary, we use the average working days.

For example, if you work

One day per week	trigger point is two working days' absence
Two days per week	trigger point is 4 working days' absence
Three days per week	trigger point is 6 working days' absence
Four days per week	trigger point is 8 working days absence

Five days per week	trigger point is 10 calendar days' absence

9.3.2. We apply this formula irrespective of the number of hours you work in a day. This is important if you condense your working weeks. For example, if you worked 37. 5 hours over four days, the trigger point would be eight working days' absence.

9.4. **Long-term sickness absence triggers:**

9.4.1. An episode of continuous absence lasting 4 weeks or more. Two episodes of sickness absence in quick succession for the same or an associated condition equating to 4 weeks or more.

9.4.2. Where it is identified that the health condition is likely to be covered under the Equality Act, it may be necessary to consider reasonable adjustments.

10. Informal procedure for managing short-term sickness absence

10.1. **Informal sickness absence review**

10.1.1. If your attendance is starting to cause concern, i.e. if you are approaching the triggers (Section 9), at the return-to-work discussion, your line manager should discuss:

- Your absence and explain that you are approaching the short-term absence triggers
- what, if any, adjustments and/or support are in place, and if this needs to be reviewed
- additional adjustments and/or support you may need
- Discuss if OH referral should be considered (if applicable)
- Explain the potential consequences if there is no improvement with your absence record.

11. Formal stages in the management of short-term sickness absence

11.1. If your sickness absences trigger a short-term sickness review, it may be necessary to initiate the formal stages of this policy. Your line manager should speak to the HR Advisory Team before moving to the formal stage.

11.2. There are three formal stages under this procedure:

- **Stage 1 - First formal meeting**
- **Stage 2 - Second formal meeting**
- **Stage 3 - Formal sickness absence hearing**

11.3. Each stage of the procedure should be applied sequentially and involve the application of absence trigger points.

11.4. At all formal sickness review meetings, you have the right to be accompanied by an accredited trade union representative or a workplace colleague not acting in a legal capacity, and an HR representative from the HR Advisory team will also attend.

11.5. You will be given at least seven calendar days' written notice of the formal sickness review meetings.

11.6. Within 14 calendar days of the meeting, a letter confirming the outcome and outlining the key points covered and agreed in the meeting will be sent to you, and a copy will also be placed on your HR file.

11.7. **Stage 1 – First formal meeting**

11.7.1. If your sickness absence reaches the trigger levels shown in section 9, after consultation with HR, your line manager will arrange a formal stage one meeting. Short-term sickness absence meetings are usually held once you have returned to work.

11.7.2. Your line manager will discuss the following with you:

- your absences that have given cause of concerns
- what, if any, adjustments and/or support are in place, and if this needs to be reviewed
- Discuss the option of an OH referral where appropriate;
- Explain the impact the absence has on service delivery and the team and the expected level of attendance.

11.7.3. After you and your line manager have had a full discussion, the meeting will be adjourned. This gives your line manager time to decide what the outcome of the meeting should be. The meeting can have one of two outcomes.

11.7.4. Possible outcome of the first formal meeting:

- You will be placed on a 12-month monitoring program with a sickness absence target of no more than the following:
  - Eight calendar days or three episodes of sickness absence within 12 months (This could vary depending on whether you have a disability or if the line manager feels it is appropriate)
  - A regular pattern of sickness absence (e.g. before or after weekends, annual leave or public holidays
  - Other patterns of absence, which cause concern.
- No further action

11.8. **Stage 2 – Second formal meeting**

11.8.1. A second formal meeting will be arranged when you have failed to meet the targets set out in the first formal Stage 1 meeting, and your absence remains a cause for concern.

11.8.2. Your line manager will discuss the following with you:

- your absences that have given cause of concerns
- what, if any, adjustments and/or support are in place, and if this needs to be reviewed
- OH report (if applicable)
- Explain the impact the absence has on service delivery and the team and the expected level of attendance.

11.8.3. After you and your line manager have had a full discussion, the meeting will be adjourned. This gives your line manager time to decide what the outcome of the meeting should be. The meeting can have one of two outcomes.

11.8.4. Possible outcome of the second formal meeting:

- You will be placed on a further 12-month monitoring program with a sickness absence target of no more than the following:
  - Eight calendar days or three episodes of sickness absence within 12 months (This could vary depending on whether you have a disability or if the line manager feels it is appropriate)
  - A regular pattern of sickness absence (e.g. before or after weekends, annual leave or public holidays
  - Other patterns of absence, which cause concern.
- No further action

11.8.5. If there is no improvement and you are not able to meet the new target, it may be necessary to progress matters to a Formal Stage 3 hearing, where the outcome could be dismissal.

11.9. **Satisfactory attendance during the monitoring period**

11.9.1. If at the end of the monitoring period your attendance level has been sustained, your line manager will meet with you to advise you that you have met the standard of attendance expected.

11.9.2. However, if your sickness improves during the monitoring period but deteriorates within six months of the monitoring period lapsing, your line manager will restart the formal process at the next stage, i.e. not restarting at stage 1. Your line manager will seek guidance and advice from the HR Advisory team.

11.10. **Stage 3 –Formal sickness absence hearing**

11.10.1. If you fail to meet the targets set out in the stage 2 meeting, you will be required to attend a stage 3, formal sickness absence hearing.

11.10.2. Before arranging a formal sickness absence hearing (stage 3), your line manager will be required to complete a management statement of the case.

11.10.3. The senior manager (8c or above e.g. head of service or equivalent accountability) will chair the hearing and will be accompanied by an HR representative.

11.10.4. You will be given at least seven calendar days' written notice of the formal sickness absence hearing.

11.10.5. The chair will make every effort to reschedule the hearing within seven calendar days if you or your representative is not able to attend the hearing through circumstances outside of your control. However, the hearing will not be unreasonably delayed.

11.10.6. If you are not able to attend the hearing or do not wish to participate in formal proceedings, then the hearing can go ahead in your absence as a last resort and make a decision based on the information made available at the hearing.

11.10.7. Possible outcome of the formal sickness absence hearing:

- Dismissal with paid contractual notice in lieu on the grounds of capability due to ill health and/or unacceptable absence patterns and attendance levels
- Consideration of actions short of dismissal such as permanent redeployment with or without adjustments; consideration of a further review period specifying a monitoring period of no more than two months and review date, etc.

11.10.8. The chair of the hearing should verbally confirm the outcome of the hearing on the same day whenever possible, but usually within two working days of the hearing.

11.10.9. The hearing will be confirmed in writing within 14 calendar days of the date of the meeting. If dismissal is the outcome, the reason(s) must be provided together with details of the date of termination, appropriate period of notice (including accrued untaken annual leave), payment in lieu and the right of appeal. A copy will be filed on your HR file.

11.10.10. The hearing will be digitally recorded for the purpose of producing a verbatim transcript of the meeting, professionally produced by a third party. The digital recording will be stored securely by the HR representative until the verbatim transcription has been produced, then the recording will be deleted. Our policy is to provide the verbatim transcript to the attendees when requested.

12. Procedure for managing long-term sickness absence

12.1. This procedure provides guidance for managing long-term sickness absence (a period of 4 weeks or more with no immediate prospect of your return to work). Your line manager will need to manage your absence consistently, sensitively and in a supportive manner. It is essential to seek input from OH at an early stage and, where appropriate, to seek updated information from OH at regular points during the process.

12.2. Your line manager will agree on the monitoring provisions and actions that you will be expected to be maintained when you are absent from work for a period of long-term sickness. This is a joint responsibility, and there is an expectation for you and your line manager to agree how this contact will be made and how frequent it will be

12.3. If you have exhausted your sick pay entitlement, there is a requirement for you to continue to provide up-to-date fit notes, be available (health permitting) to attend meetings, and adhere to NHS Resolution's relevant policies and procedures.

12.4. If there has been a combination of short-term and long-term absence in quick succession, action should be taken under the provisions relating to the long-term absence procedure.

12.4.1. There are three formal stages under this procedure:

- Stage 1 - First Formal Sickness Review meeting
- Stage 2 - Formal Review meeting(s)
- Stage 3 - Formal Sickness Absence Hearing

12.4.2. At all formal sickness review meetings, you have the right to be accompanied by an accredited trade union representative or a workplace colleague not acting in a legal capacity, and an HR representative from the HR Advisory team will be in attendance.

12.4.3. You will be given at least seven calendar days' written notice of the formal sickness review meetings.

12.4.4. Within 14 calendar days of the meeting, a letter confirming the outcome and outlining the key points covered and agreed in the meeting will be sent to you, and a copy will also be placed on your HR file.

12.4.5. Your line manager should carefully consider the location and timings of the meeting to ensure you are well enough to attend the meeting.

12.5. **Stage 1 – First formal sickness review meeting (after 4 weeks sickness absence)**

12.5.1. If you are not well enough to return after four weeks, and there is no indication of a date of return to work, then your line manager should arrange a formal review meeting with you. Prior to the meeting, your line manager may

consider making a referral to OH. The referral should be made sooner if there is an indication that the health issue may be related to work.

12.5.2. Your line manager will discuss the following with you:

- your health conditions and what progress you are making
- what, if any, adjustments and/or support are in place, and if these need to be reviewed
- OH report (if applicable)
- the anticipated length of absence, including the likelihood of you returning to work in the foreseeable future
- Arrangements for a further review meeting (if applicable)

12.6. **Stage 2 –Formal Review meeting**

12.6.1. If there is no indication of when you will be fit enough to return to work and the medical condition remains inconclusive/ongoing, you will be invited to a stage 2 meeting with your line manager and an HR representative.

12.6.2. These meetings will follow a similar format to the stage 1 meeting.

12.6.3. Within 14 calendar days of the meeting, a letter confirming the outcome and outlining the key points covered and agreed in the meeting will be sent to you, and a copy will also be placed on your HR file.

12.6.4. At each formal review meeting, the following options may take into consideration the advice and recommendations from OH and other medical professionals including your GP or Consultants:

- Reasonable adjustments if they can be accommodated
- Phased return to work plan
- Temporary redeployment with or without adjustments

12.7. **Reasonable Adjustments**

12.7.1. Your line manager will make every effort to consider any reasonable adjustments (which may be permanent or temporary) to your working environment or duties and responsibilities and where it's practicable, affordable and appropriate. The agreed reasonable adjustments should enable you to return to work, subject to review.

12.8. **Phased Return to Work**

12.8.1. If a phase return has been recommended by OH or your GP, this will usually be for a period of four weeks. For the first four weeks, you will be paid your full contracted hours, however in exceptional circumstances, the duration of the phased return may be extended by a further two weeks (bringing the total period to six weeks). In these circumstances, your full contracted hours will be paid to you, if you are likely to work your full contracted hours immediately after the extended phased return plan has been completed.

12.8.2. If you continue to work reduced hours after 6 weeks, you will either:

- continue to receive payment for your contracted hours but would have to take the un-worked hours as annual leave.
- reduce your contracted hours for the period of the phased return.

12.8.3. If you are not able to return to your full contracted hours after the four-week period, it may be appropriate to consider a further referral OH to assess your fitness to be at work or fulfil the full requirements of the role.

12.9. **Return to work following a long-term absence**

12.9.1. Your line manager is required to have a return-to-work meeting and a further review meeting one month later or at the end of the phased return to discuss developments and assess the success of any adjustments.

12.10. **Redeployment**

12.10.1. Permanent redeployment may be appropriate if OH confirms that you are not able to return to your substantive post in the future, but you are able undertake other duties. Pay protection does not apply if the role is at a lower band.

12.10.2. Temporary redeployment may be suitable for you if you are fit to return to work in some capacity but need a period of transition before resuming back to your substantive post. This may include a reduction of hours and restricted duties. Temporary redeployment may be within the same department/team for a maximum period of three months, and you will be paid at the salary, band, and hours for that post.

12.11. **Terminal illness**

12.11.1. If you have been diagnosed with a terminal illness, NHS Resolution will ensure you are given practical and compassionate assistance.

12.11.2. Your line manager will make every effort to ensure that you and your family members are given support and advice appropriate to your circumstances with the input and advice from OH and the HR Advisory team.

12.11.3. Your line manager will agree the appropriate arrangements to maintain regular contact with you.

12.11.4. Your right to confidentiality will be maintained and all matters relating to the matter will be addressed efficiently and sensitively.

12.12. **Ill-health Retirement and the NHS Pension Scheme**

12.12.1. You must be a member of the NHS Pension Scheme with a minimum of two years' contributions to apply for retirement on the grounds of ill health.

12.12.2. Retirement on the grounds of ill health may occur:

- If you decide to apply for ill health retirement and you are supported by Occupational Health or by your GP/Consultant.
- If you cannot return to work for the foreseeable future due to ill health and Occupational Health recommends that you should apply for ill health retirement because you are permanently incapable of carrying out your duties.

12.12.3. Occupational sick pay does not necessarily have to be exhausted before you decide to pursue ill-health retirement.

12.12.4. If you have a terminal illness, an application for ill health retirement can be made at any time. Where life expectancy is 12 months or less, your incapacity pensions could be commuted so that the value of your benefits is paid as a single lump sum.

12.12.5. Approval for ill-health retirement rests solely with the NHS Pension Scheme Medical Advisers, and the decision can take up to three months. NHS Resolution may consider dismissal on grounds of capability before you have been notified whether the Pensions Agency has approved your application for ill health retirement. However, the dismissal will not affect the Pensions Agency's decision. For further information, please contact NHS Pensions Agency.

12.13. **Dismissal on the grounds of capability due to long term ill health**

12.13.1. If the options above have been explored with you and/or OH have advised your line manager that you are not able to fulfil the duties of your role or you cannot return to work in the foreseeable future, then a formal sickness absence hearing will be arranged. The outcome of the formal hearing is likely to be dismissal on the grounds of capability.

12.14. **Stage 3 – Formal Sickness Absence hearing**

12.14.1. Before arranging a formal sickness absence hearing (stage 3), your line manager will be required to complete a management statement of the case.

12.14.2. The senior manager (8c or above e.g. head of service or equivalent accountability) will chair the hearing and will be accompanied by an HR representative.

12.14.3. You will be given at least seven calendar days' written notice of the formal sickness absence hearing.

12.14.4. The chair will make every effort to reschedule the hearing within seven calendar days if you or your representative is not able to attend the hearing through circumstances outside of your control. However, the hearing will not be unreasonably delayed.

12.14.5. If you are not able to attend the hearing or do not wish to participate in formal proceedings, then the hearing can go ahead in your absence as a last resort and make a decision based on the information made available at the hearing.

12.14.6. Possible outcome of stage 3 hearing:

- Dismissal with paid contractual notice in lieu on the grounds of capability due to ill health
- Consideration of actions short of dismissal such as explore or confirmed permanent redeployment (with or without adjustments) on the grounds of ill-health
- Consideration of ill health retirement

12.14.7. The chair of the hearing should verbally confirm the outcome of the hearing on the same day whenever possible, but usually within two working days of the hearing.

12.14.8. The outcome of the hearing will be confirmed in writing within 14 calendar days of the date of the meeting but in complex cases this may be longer. If dismissal is the outcome, the reason(s) must be provided together with details of the termination date, appropriate period of notice (including accrued contractual annual leave), payment in lieu and the right of appeal. A copy will be filed on your HR file.

12.14.9. The hearing will be digitally recorded for the purpose of producing a verbatim transcript of the meeting, professionally produced by a third party. The digital recording will be stored securely by the HR representative until the verbatim transcription has been produced, then the recording will be deleted. Our policy is to provide the verbatim transcript to the attendees when requested.

13. Right to be accompanied at formal meetings

13.1. You have the right to be accompanied by a companion during a formal meeting. A companion could be an accredited representative from a trade union or a workplace colleague not acting in a legal capacity. The right to be accompanied will not apply during the informal stage of this process.

13.2. The companion is allowed to:

- take notes
- set out the case of the employee
- respond to any comments or points made at the meeting
- talk with you during the meeting

13.3. The companion cannot:

- answer questions put to you
- prevent anyone else at the meeting from explaining their side of things
- Record the meeting on phone or other device

13.4. You should confirm in writing the name and status of the companion to your line manager at least two calendar days before any formal meeting.

13.5. There is no duty on a workplace colleague to accept your request to accompany you to a formal meeting and there should be no pressure put on the individual if they do not wish to act as a companion.

13.6. A companion employed by NHS Resolution, who has agreed to accompany you to a formal meeting is entitled to take a reasonable amount of time off to fulfil their responsibility. The time off should not only cover the formal meetings but also allow a reasonable amount of time off for the accompanying person to familiarise themselves with the case and confer with you before and after the meeting.

13.7. If the chosen companion cannot attend on the proposed date, you can offer an alternative time and date as long as it is reasonable and convenient for their line manager and within seven calendar days from the original date.

14. Right of appeal

14.1. You have the right to appeal against the decision to be dismissed.

14.2. An appeal should be submitted in writing to the HR Advisory team within 14 calendar days from the date the decision was communicated to you verbally or in writing.

14.3. The purpose of an appeal under this procedure is not to re-hear the case but for the Appeal chair to consider the decision taken by the chair of the original hearing. As such the grounds of appeal under this procedure should be for one or more of the following:

- The outcome of the hearing was disproportionate given the evidence
- The evidence was inadequately considered by the hearing chair. You must specify which evidence you believe was inadequately considered.
- New evidence that should have been available at the time the original outcome was issued has now come to light and that evidence would have affected the decision if it was available at the time. In this case, you must explain why the evidence was unobtainable or not submitted to the original hearing chair.
- NHS Resolution's procedures were incorrectly or unfairly applied or not followed by the hearing chair. You must state which NHS Resolution procedure you believe was not followed or incorrectly/unfairly applied.

14.4. If the appeal is not based on these grounds or does not provide the specifics outlined above, NHS Resolution reserves the right to reject your appeal.

14.5. The Appeal chair will either be the same band or senior in authority to the chairperson of the original hearing. An HR representative will also be present to advise the Appeal chair.

14.6. Appeals will always be dealt with as soon as possible and will usually be held within six weeks of being received.

14.7. At least 14 calendar days prior to the hearing, you must provide the HR representative with your statement of case, including copies of all relevant documentation you wish to rely on at the hearing. This will be shared with the original hearing chair and the HR representative who will compile the management response to the stated grounds of appeal. The management statement and documentation should be forwarded to all parties within seven calendar days in advance of the appeal hearing so all parties have the same information prior to the hearing.

14.8. The appeal hearing will be digitally recorded for the purpose of producing a verbatim transcript of the meeting, professionally produced by a third party. The digital recording will be stored securely by the HR representative until the verbatim transcription has been produced, then the recording will be deleted. Our policy is to provide the verbatim transcript to attendees when requested.

15. Related policies and documents

	NHS Resolution's vision and values
	NHS Resolution's Health and Wellbeing toolkit
HR01	Equality, diversity and inclusion policy
HR05	Drug and Alcohol policy
HR10	Disciplinary policy and procedure
HR22	Flexible working policy and procedure
HR27	Retirement policy and procedure
HR34	Code of Conduct
HR38	Leave from work policy and procedure
ITFA0	Health safety and wellbeing policy and procedure
CG09	Anti-Fraud, bribery and Corruption policy and procedure
CG11	Incident reporting policy and procedure
CG16	Records management policy

16. External References and associated documentation

- The ACAS Statutory Code of Practice on Disciplinary and Grievance (March 2025) ACAS: https://www.acas.org.uk/holiday-sickness-leave
- CIPD: https://www.cipd.org/en/knowledge/factsheets/absence-factsheet/
- Equality Act 2010
- Data Protection Act 1998
- Employment Rights Act 1996
- Government website: https://www.gov.uk/browse/working/time-off
- NHS Agenda for change: https://www.nhsemployers.org/publications/tchandbook
- NHS Counter Fraud Authority: https://cfa.nhs.uk/

17. Document Control

Date	Author	Version	Reason for change
05/12/2016	[redacted]	7	Introduction of triggers Standard template and forms Flowchart
18/11/2019	[redacted]	8	Introduction of Tailored Adjustment Guidance and Plan Three stage short term sickness procedure along with trigger points remains in place without formal warnings issued. Ability to extend formal sickness monitoring beyond 12 months under short term absence procedure
April 2025	HR Policy Group	9	Renamed the policy Recording sickness on ESR Included a section on medical suspension from work Introduced sickness absence triggers based on working patterns Outlined the role of the companion Provided further clarification for the grounds of appeal Flowchart on the sickness process Flowchart on reporting sickness absence Updated the Return to work form Flowchart on the Occupational Health Process Flowchart for the short-term sickness absence procedure Removed the Tailored Adjustment guidance and plan

Appendix A

Equality Impact Assessment tool

To be completed and attached to any procedural document as part of main document sited between version control sheet and contents page

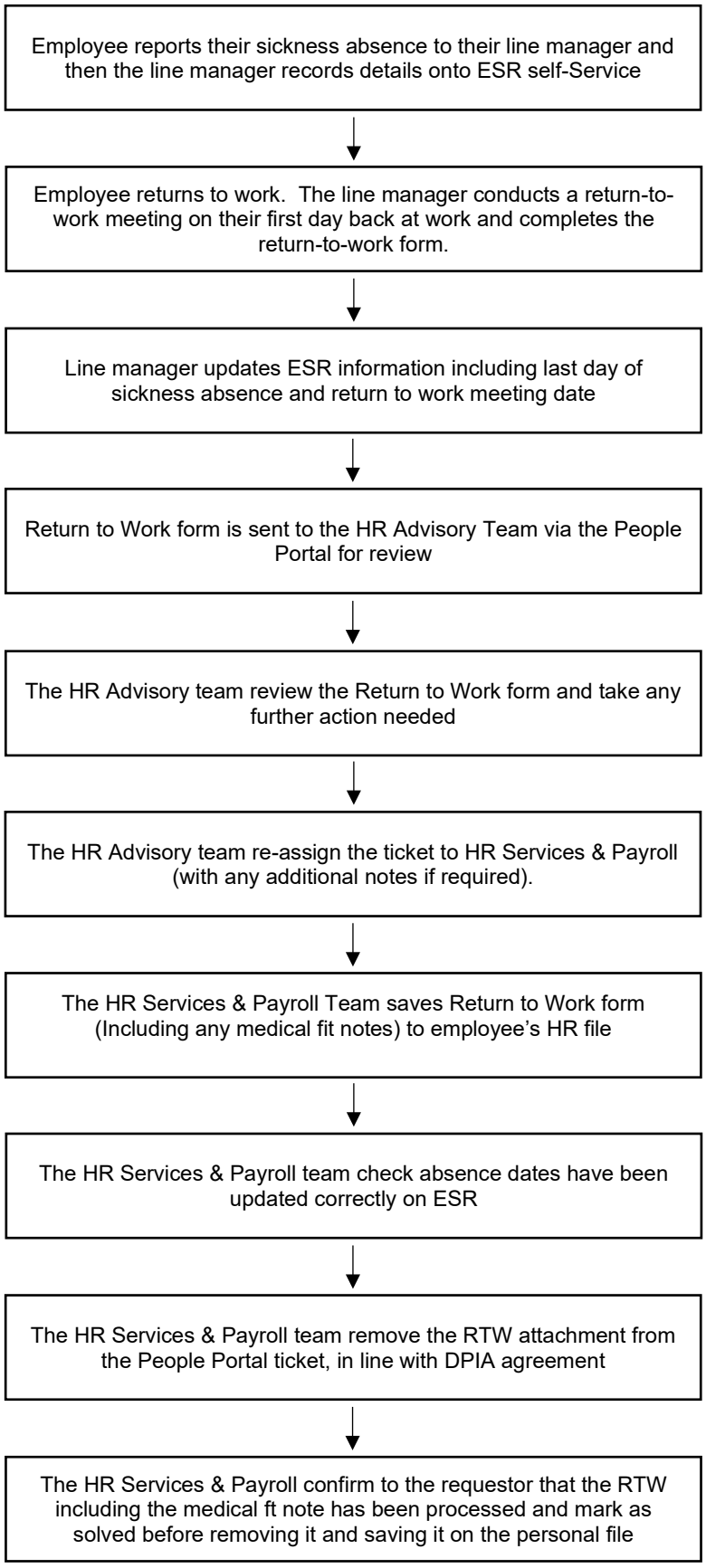
No.	Does the document/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
1.	Race		
2.	Ethnic origins (including gypsies and travellers)		
3.	Culture		
4.	Nationality		
5.	Age		Appropriate resources can be accessed on connect and within the wellbeing kit including employees who may suffer from menopause and andropause symptoms. The information should be read in conjunction with this policy to support individuals
6.	Disability - learning disabilities, physical disability, sensory impairment and mental health problems		Employees with disabilities may take more sickness absence than those without a disability and will be supported. Consideration of reasonable adjustments may need to be given
7.	Gender		
8.	Gender reassignment		Employees undergoing gender reassignment may take more sickness absence than those without a disability and will be supported. Consideration of reasonable adjustments may need to be given. Managers need to be aware of the impact and discussions need to be conducted in a sensitive and empathetic manner.
9.	Marriage or civil partnership		
10.	Pregnancy and maternity		Support is available under the parenting policy and procedure
11.	Religion or belief		
12.	Sex		Appropriate resources can be accessed on connect and within the wellbeing kit including employees who may suffer from menopause and andropause symptoms. The information should be read in conjunction with this

			policy to support individuals
13.	Sexual orientation including lesbian, gay and bisexual people		
14.	Is there any evidence that some groups are affected differently?		
15.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
16.	Is the impact of the document/guidance likely to be negative?		
17.	If so, can the impact be avoided?		
18.	What alternative is there to achieving the document/guidance without the impact?		
19.	Can we reduce the impact by taking different action?		

Names and Organisation of Individuals who carried out the Assessment: Please give contact details	Date of the Assessment
HR Policy group	April 2025

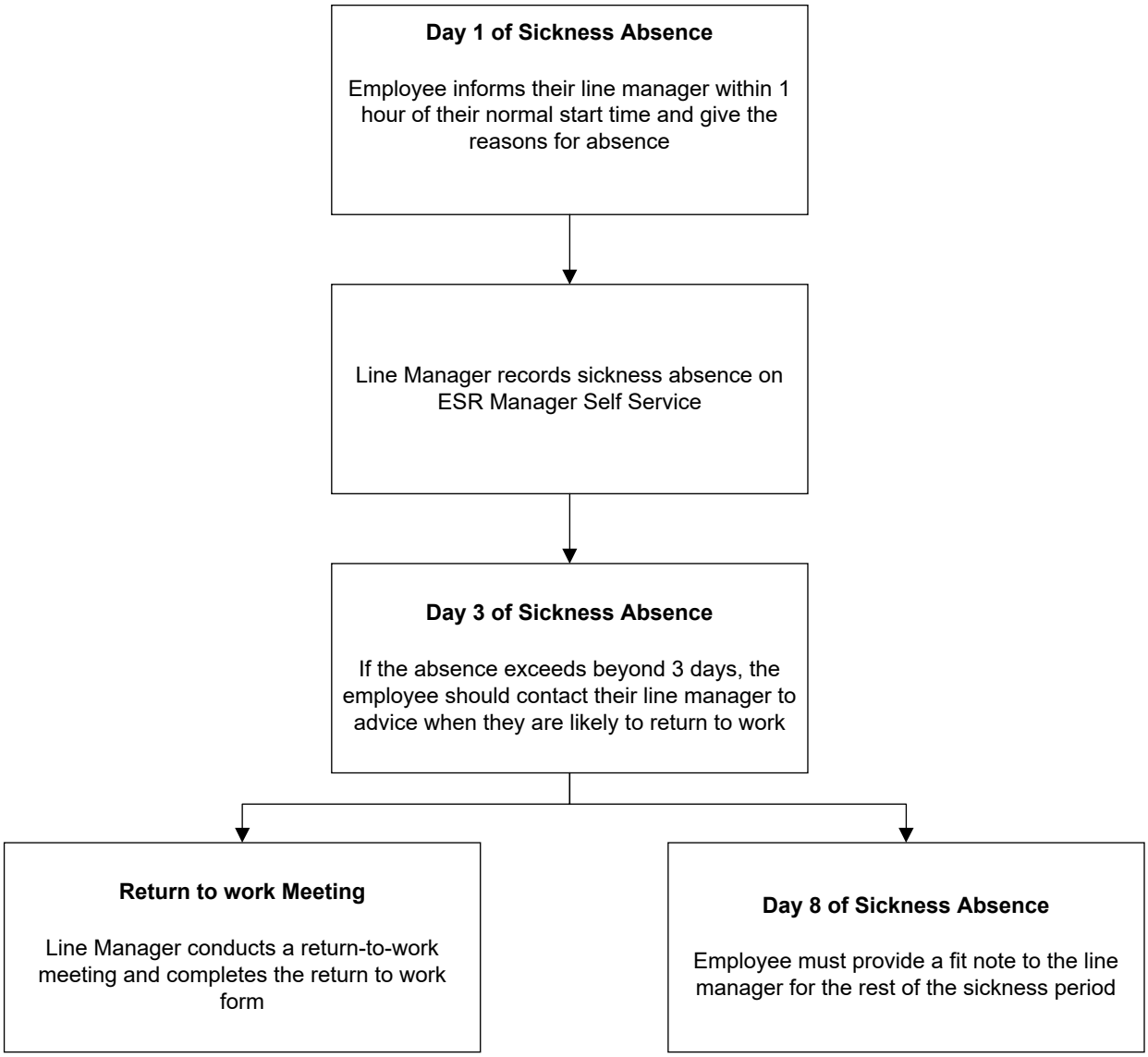
Appendix B

Flowchart on the Sickness Process



Appendix C

Flowchart on Reporting Sickness Absence



Appendix D

Return to work meeting form

This form should be completed after each episode of sickness absence by the Line Manager

Please ensure that the sickness absence is opened on ESR at the point an employee goes off sick and only closed on ESR when the employee returns to work.

ESR must be checked for absence levels in the last 12 rolling months before any RTW meetings take place, so that employees are reminded if they are approaching any absence triggers or if there is any cause for concern.

Before completing any forms on Connect please save a copy to your computer first by clicking on Editing > Open on Desktop > File > Save As

General information			
Employee Name:			
Employee Number:			
Job title:			
Department:			
Name of Line Manager:			
Name of manager informed of absence (if different):		Day manager was informed:	Click or tap to enter a date.
Sickness start date: (First full day of absence)	Click or tap to enter a date.	Sickness end date: (Last day of absence)	Click or tap to enter a date.
Return to work date:	Click or tap to enter a date.		
If the employee attended work, what time did they leave?	Select the nearest time or Not Applicable		
Duration of absence in full calendar days: Sick note from doctor required if more than 7 calendar days			
Reason for absence:	Please select		

Further absence details:	
Was the absence linked to disability, pregnancy or was it work-related?	Please select
If yes, please provide details	
Questions	
How are you feeling now?	
Are you still suffering from any symptoms?	
Did you consult a doctor?	Please select
Was the absence caused or made worse by work?	Please select
If yes/partly, please provide details	
Was the absence a result of an incident at work? If yes /partly, please provide details in the comments section.	Please select
If yes, have you completed and returned an incident form?	Please select
If your absence was a result of an accident, are you claiming via insurance?	Please select
Are there any supportive measures that could be considered for you? Please provide details.	
Would you like to complete a stress risk assessment?	Please select

Would it be helpful to discuss the reason(s) for your absence with Occupational Health? *	Please select

* Employees who are absent for more than four weeks will be referred to Occupational Health, with their consent, either during their absence or on their return to work. **Speak to your HR representative to arrange a referral**,

Further action	
Are there any modifications/restrictions, well-being action plans, risk assessments or reasonable adjustments required for the employee's return to work? Please provide details.	
Has the employee hit any sickness absence triggers?	Please select
Will a formal sickness absence meeting be required relating to the triggers?	Please select
Is the employee already under a review?	Please select

Any other comments (This may include triggers, monitoring, phased return, patterns, need for review, flexible working discussions, and updates on changes while the employee has been away from work).
Note: If the absence has been for 30 days or more, the network and email access may have been put on hold. The line manager may need to create a ticket with the IT Service Desk to request reinstatement of the access.

Section 6: Declaration (To be completed by the employee and Manager)			
Employee name:			
Employee signature:		Date:	
Manager name:			
Manager name:		Date:	

This completed and signed form must be returned to the HR Advisory team via the People Portal

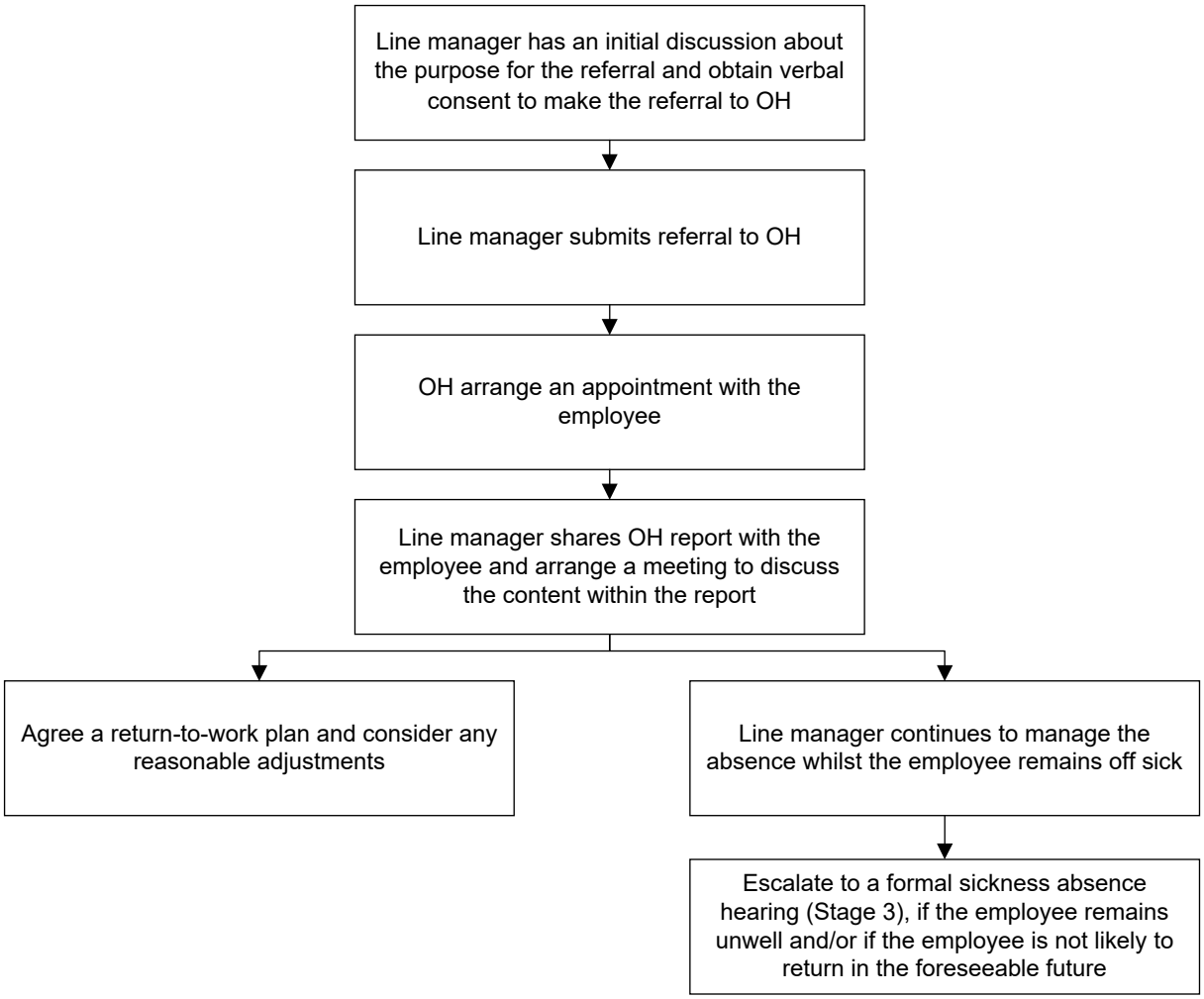
For further guidance, please refer to the latest "Sickness Absence policy and procedure" on Connect.

If further support is required, please reach out to the HR Advisory team via the People Portal, particularly if sickness triggers have been met and formal meetings are required.

For support on updating the absence dates in ESR Self Service, please contact the HR Services and Payroll team via the People Portal.

Appendix E

Flowchart for the Occupational Health (OH) Process



Appendix F

Flowchart for the Short-Term Sickness Absence procedure