INSERT DATE

**STRICTLY PRIVATE AND CONFIDENTIAL**

**ADDRESSEE ONLY**

NAME

ADDRESS

Sent by Email to: (If applicable)

Dear

**Sickness Absence and Attendance at Work Procedure – Stage 1 Outcome Meeting**

I am writing with regard to our Stage 1 meeting held under the above procedure on INSERT DATE. You were accompanied by NAME, trade union representative/work colleague OR You were happy for the meeting to proceed unaccompanied. **(delete as appropriate).** You confirmed you have received a copy of the Sickness Absence and Attendance at Work Procedure.

I confirmed that the indicators specified in the procedure are:

4 periods of absence in a rolling 12-month period

75 working hours in a rolling 12-month period (or pro-rata for part time staff)

21 continuous calendar days (long term sickness)

This meeting was held due to your sickness absence as outlined below.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dates** | **Hours/Days Lost** | **Absence Reason** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  |  |  |

At the meeting we discussed the reasons for your absence INSERT DISCUSSION DETAILS. You confirmed that you do/do not require any additional support at this time OR INSERT DETAILS. Eg: We agreed that a referral to Occupational Health [is not required at this time]/[would be arranged, and this has since been done] **delete as appropriate.**

**PROMPTS FOR DISCUSSION USE WHERE APPROPRIATE (delete as appropriate):-**

* Enquire as to their current wellbeing
* Absence history
* Personal circumstances
* Disability or underlying health conditions
* Reasonable adjustments to support
* Exploration of any appropriate support or assistance
* Whether OH advice is required
* Outcome of any recent OH advice
* Discussion of redeployment or alternative work (applicable only to long term sickness)
* Consideration of ill health retirement where applicable

Your attendance must now be managed at Stage 1 for a period of six months. If you meet the required level of attendance you will be taken off Stage 1 review and I will confirm this in writing.

During the next six months review period should there be further sickness absence of: two further occasions or 37.5 working hours (pro rata for part time staff), or 5 months long term sickness absence, it will be necessary to arrange a Stage 2 final formal review meeting.

You were encouraged that if you wish to speak to anyone in confidence or in order to receive counselling during this period the Trust has a Staff Support Service who may be contacted on 0121 371 7170, alternatively you can email StaffCounselling.Services@uhb.nhs.uk. In addition to this, you can also access the staff wellbeing page from home by typing “*UHB Wellbeing*” into Google search.

You may also wish to speak in confidence with the Freedom to Speak up Guardian or Confidential Contacts who can be approached via email at FreedomToSpeakUpGuardian@uhb.nhs.uk or telephone on 0121 371 7221.

We agreed your attendance will be reviewed again by me in three months’ time on INSERT DATE or earlier if required.

If you have any queries regarding the contents of this letter please do not hesitate to contact me.

Yours sincerely

**NAME**

**TITLE**

**WARD/DEPARTMENT**

CC Personal File copy

 HR First Contact Team (FirstContact@uhb.nhs.uk )