INSERT DATE

**STRICTLY PRIVATE AND CONFIDENTIAL**

**ADDRESSEE ONLY**

NAME

ADDRESS

Sent by Email to: (If applicable)

Dear

**Sickness Absence and Attendance at Work Procedure – Long Term Absence (Stage 1)**

Thank you for meeting with me on DATE; also in attendance were NAME, (Senior) HR Advisor. You were accompanied at the meeting by NAME, trade union representative/work colleague OR You were happy for the meeting to proceed unaccompanied. **(Delete as appropriate).**

The purpose of the meeting was to discuss your current long term absence from work and agree any appropriate support you require. I confirmed that this meeting is being held in accordance with the Trust’s Sickness Absence and Attendance at Work procedure. A copy of the procedure is enclosed with this letter.

I have detailed below your current absence episodes over the last rolling 12 month period and dates of meetings held with you till present:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Dates** | **Hours/Days Lost** | **Absence Reason** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

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. E.g: 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:-**

* 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

I confirmed to you that the indicators for Stage 1 absence management in accordance with the procedure are as follows;

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)

As you have been absent for 21 continuous calendar days, your attendance will now be managed at Stage 1. The Stage 1 will be live for a period of six months if you return to work within this time. If you meet the required level of attendance at the end of the six month period you will be taken off Stage 1 review and I will confirm this in writing.

During your long term absence, I will continue to meet with you on a monthly basis to review your health and wellbeing and fitness to return to work. Further indicators for the management of long term absence are as follows;

* Stage 2 - 5 continuous months since the start of the current absence
* Stage 3 – 10 continuous months since the start of the current absence

You will be advised of the necessary stages at the appropriate time throughout your current period of long term absence.

I confirmed that you will receive full sick pay until DATE. At this point your pay will reduce to half and nil pay will take effect from DATE. The Payroll department will write to you nearer the time to confirm your sick pay entitlements.

It is important that you familiarise yourself with your sick pay entitlements. The contractual sick pay entitlements are detailed further in Section 23 of the Trusts Sickness Absence and Attendance procedure.

Please ensure that you check your payslips regularly for accuracy of pay. If you have identified an unexpected change to your pay, you have a duty to inform the Payroll department at the earliest opportunity. This is to enable prompt action to be taken to prevent any under or overpayment of salaries. Where there is an overpayment that has been identified, the Trust reserves the right to recover any owed monies through an agreed repayment plan which will be confirmed with you prior to any deductions taking place.

In addition to the support we have discussed and agreed, the Trust also offers a wide range of health and wellbeing initiatives which I would encourage you to access. For further information please visit the Health and Wellbeing site via the link provided: [Health and well-being (uhb.nhs.uk)](https://www.uhb.nhs.uk/coronavirus-staff/health-and-well-being.htm). You can also access the staff wellbeing page from home by typing “*UHB Wellbeing*” into Google search.

You are also 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.

You may 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 by telephone on 0121 371 7221.

Finally, it has been good to meet you today and I wish you a speedy recovery **(AMEND AS APPROPRIATE**). Your next wellbeing review meeting will take place on DATE at TIME held in VENUE or teams link.

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

 NAME, (Senior) HR Advisor (If applicable)

 NAME, Trade Union Representative (if known/if applicable)

Enc: Sickness Absence and Attendance at Work Procedure