INSERT DATE

**STRICTLY PRIVATE AND CONFIDENTIAL**

**ADDRESSEE ONLY**

INSERT NAME

INSERT ADDRESS

Sent by Email to: (If applicable)

Dear NAME

**Sickness Absence and Attendance at Work Procedure – Stage 2 Outcome Meeting**

I am writing with regard to our Stage 2 meeting held under the above procedure on INSERT DATE. NAME, (Senior) HR Advisor, was also present and 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 for Stage 2 are that in the six months following your first formal review meeting (Stage 1), if there was further absence amounting to 2 occasions or 37.5 working hours (pro rata for part-time staff), or 5 months since the start of long-term sickness absence, in accordance with the procedure you would progress to Stage 2.

Since your Stage 1 meeting held on INSERT DATE you have had been absent on the following occasions:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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:-**

* 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 2 for a period of twelve months and during this time we will arrange three monthly interim review meetings. If you meet the required level of attendance you will be taken off Stage 2 review and I will confirm this in writing.

During the next twelve months review period, if there should be further sickness absence of either two occasions or 37.5 working hours (pro rata for part time staff) or 10 months long term sickness absence it may be necessary to recommend a Stage 3 hearing which may lead to either an extension of review under Stage 2 or the termination of your contract of employment.

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](mailto: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](mailto: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

NAME, (Senior) HR Advisor

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