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 1 (or 2) Interim Review Meeting**

I am writing with regard to the Interim review meeting held under Stage 1 (or 2) of 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.

We discussed your current health (INSERT DETAILS IF APPROPRIATE). Since we last met on INSERT DATE it is reassuring to note that you have achieved full attendance at work without any further episodes of sickness therefore at this point in the review period no further action is necessary OR you have had further sickness absence from work but at this point you have not met the sickness indicators as outlined in the procedure.

**DELETE Stage 1 or Stage 2 AS APPROPRIATE**

Your attendance will continue to be monitored at Stage 1 until the end of the initial six month review period. If you meet the required level of attendance you will be taken off Stage 1 review and I will confirm this to you in writing.

Whilst your improved level of attendance at work is encouraging it is my duty to inform you that should you have further sickness absence within six months from INSERT DATE OF FIRST STAGE 1 MEETING of two occasions or 37.5 hours (pro rata for part time staff) or 5 months from the start of long term sickness absence it will be necessary to arrange a Stage 2 final formal review meeting.

**OR**

Your attendance will continue to be monitored at Stage 2 until the end of the initial 12 month period. If you meet the required level of attendance you will be taken of Stage 2 review and I will confirm this in writing.

Whilst your improved level of attendance at work is encouraging it is my duty to inform you that should you have further sickness absence within 12 months from INSERT DATE OF FIRST STAGE 2 MEETING of two occasions or 37.5 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 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

[firstcontact@uhb.nhs.uk](mailto:firstcontact@uhb.nhs.uk) (HR First Contact) **(For Stage 1)**

NAME, (Senior) HR Advisor **(For Stage 2)**