**Guidance**

**\*\**Note each template should be extracted and added to the Trust’s Letter head document (below), sections highlighted or in bold should be appropriately amended based on the appropriate meeting and the information discussion during the meeting with the individual staff member.***

******

***Stages of the Policy cannot be skipped and must run concurrently as outlined in the Trust’s Wellbeing and Sickness Policy.***

***Business HR & Union Representative are not required to attend Wellbeing Discussions, Informal Confidential Advisory meetings, or were appropriate and in consultation First Formal Wellbeing Review Meetings.***

***Business HR are required to attend a Second Formal Wellbeing Review Meetings, and Final Wellbeing Review Meetings. Your Staff Members have the right to be accompanied by a Union Representative or a work-based Colleague.***

***The below templates are a guide to support you to accurately document the discussions and support agreed in the management of an individual absence management. However, can be adapted based on the information discussed during a meeting. It is important to, when populating an outcome letter that:***

* ***You are concise and accurate***
* ***Avoid detailing or expressing your opinion, keep it factual and positive***
* ***Detail any rationale for any decision reached or agreed***
* ***Detail any rationale for why a request cannot be accommodated***
* ***Detail any special considerations or reasonable adjustments***
* ***Make references to any of the Trust other policies explored, considered or agreed***
* ***Detail any support, or guidance offered***
* ***Signpost to relevant support services***

**Appendix 13A**

**Short Term Absence: First Formal Wellbeing Notice / Second Formal Wellbeing Notice**

**Private & Confidential**

<Name>

<Address line 1>

<Address line 2>

<City>

<Postcode>

<Date>

Dear <Name>

**Re: \*\**Delete were applicable*: First Formal Wellbeing Review Meeting Notice\ Second Formal Wellbeing Review Meeting Notice)**

Thank you for meeting with me on **(Date),** in relations to your **Informal Confidential Advisory Meeting regarding your sickness absence\ First Formal Wellbeing Review Meeting regarding your sickness absence \ Second Formal Wellbeing Review Meeting regarding your sickness absence)**, with myself and **\*\*(Delete were applicable** **(Insert Name of Business HR Representative)**. You were advised of your right to representation **\*\* Delete were applicable (In attendance was <Insert Name>, union representative / work-based colleague or however, you chose to attend unaccompanied).**

We discussed the outcome of our **\*\* Detail previous stage: Informal Confidential Advisory Meeting regarding your sickness absence\ First Formal Wellbeing Review Meeting regarding your sickness absence \ Second Formal Wellbeing Review Meeting)** on **(Insert Date),** Since then your absence has shown little or no improvement and amounted to a further \*\*\* **(Days / Episodes)** from work, which exceeds the trigger points detailed within the Trust’s Wellbeing & Sickness Policy, specific to:

\*\*Delete inapplicable

* **3 occasions of absence or**
* **10 working days (single or cumulative) sickness absence in a rolling 12-month period – this will be pro-rata’d for staff who are part time or for full-time staff who work less than 5 days per week (as per appendix 20)**
* **1 occasion of long-term sickness greater than 28 days**
* **an unacceptable pattern of absence\***

**\*\**If applicable:* We discussed the application of the trigger points of the Trust’s Wellbeing & Sickness Policy and I advised you that consideration had been given regarding your, \*\* Delete were applicable: your historical sickness record, / your personal circumstances or mitigation / any ongoing disability and reasonable adjustments in accordance with the Equality Act / your active engagement in your rehabilitation and accessing the appropriate support or assistance, the rational for this is due to: *Detail rational for decision.*  However, it was acknowledged that regular contact was maintained during your period of absence, \*\**Define agreed contact or occasions contact was established under a Wellbeing discussion.***

We discussedhow you were feeling during this period and the reason(s) for your sickness absence and you told me you **(Insert detail)**. **\*\*delete as appropriate** I referred to the Occupational Health report which was produced as a result of your attendance on **(Insert Date)**. As you are aware, the advice contained in the OH report stated that you **(Insert detail)**.

**(Insert any additional information which was discussed)**

We discussed the following adjustments or supportive actions taken during your period of absence: **\*\* *Were applicable: detail any adjustments or supportive actions taken by either management or staff member.***

***SUMMARISE ANY THE CONCLUSIONS REACHED AND ACTIONS AGREED***

You were advised this meeting was **(Informal\Formal)** in line with the Trust’s [Wellbeing & Sickness policy](https://staffhub.liverpoolft.nhs.uk/working-with-us/policies.htm?postid=185035), by clicking the link or available on the Staff Hub: <https://staffhub.liverpoolft.nhs.uk/working-with-us/policies.htm>. I advised that the decision had been made to issue you with a **(Confidential Advisory Notice / First Formal Wellbeing Notice / Second Formal Wellbeing Notice)** effective for a period of 12 months, effective from the date of the meeting.

I advised you that your sickness absence will be monitored throughout the duration of this period, and we agreed to review your record on at the next available opportunity. If you sickness absence shows little or no improvement, and you reach the either of the Trust’s trigger points it may be appropriate to meet and review your absence under a **(First Formal Wellbeing Review Meeting / Second Formal Wellbeing Review Meeting / Final Formal Wellbeing Review Meeting)**, in line with the Trust Wellbeing and Sickness policy.

Please do not hesitate to contact me on **(Insert Telephone Number)** if I can be of any assistance or can provide any additional advice or support.

Yours sincerely

<Signature>

<**Name**>

<Jot title>

<contact number

**Appendix 13B**

**Long Term Absence: Informal Confidential Advisory Notice / First Formal Wellbeing Notice / Second Formal Wellbeing Notice**

**Private & Confidential**

<Name>

<Address line 1>

<Address line 2>

<City>

<Postcode>

<Date>

Dear <Name>

**Re****: Confirmation of \*\**Delete were applicable* (Informal Confidential Advisory Notice \ First Formal Wellbeing Review Meeting Notice\ Second Formal Wellbeing Review Meeting Notice)**

I am writing further to our (**Informal Confidential Advisory Meeting Regarding Sickness Absence\ First Formal Wellbeing Review Meeting Regarding Sickness Absence\ Second Formal Wellbeing Review Meeting regarding your Sickness Absence)** on **(Insert Date)** with myself and **\*\* Delete were applicable** **(Insert Name of Business HR Representative)**. You were advised of your right to representation **\*\* Delete were applicable (In attendance was <Insert Name>, union representative / work-based colleague or however, you chose to attend unaccompanied).**

We discussed the outcome of our **\*\* Detail previous stage: Informal Confidential Advisory Meeting regarding your sickness absence\ First Formal Wellbeing Review Meeting regarding your sickness absence \ Second Formal Wellbeing Review Meeting)** on **(Insert Date),** when I informed you that your sickness absence record amounted to \*\*\* **(Days / Episodes)** which exceeds the trigger points detailed within the Trust’s Wellbeing & Sickness Policy.

**\*\**If applicable:* We discussed the application of the trigger points of the Trust’s Wellbeing & Sickness Policy and I advised you that consideration had been given regarding your, \*\* Delete were applicable: your historical sickness record, / your personal circumstances or mitigation / any ongoing disability and reasonable adjustments in accordance with the Equality Act / your active engagement in your rehabilitation and accessing the appropriate support or assistance, the rationale for this is due to: *Detail rationale for decision.*  However, it was acknowledged that regular contact was maintained during your period of absence, \*\**Define agreed contact or occasions contact was established under a Wellbeing discussion.***

We discussedhow you were feeling during this period and the reason(s) for your sickness absence, **(Insert Applicable Information)**. I asked if there were any concerns with work and if there was any additional support that you needed, **(Insert Applicable Information)**.

**\*\*delete as appropriate** I referred to the Occupational Health report which was produced as a result of your attendance on **(Insert Date)**. As you are aware, the advice contained in the OH report stated that you **(Insert detail)**.

**\*\* *Were applicable: detail any adjustments or supportive actions taken by either management or staff member.*** We discussed the following adjustments or supportive actions taken during your period of absence:

***SUMMARISE ANY THE CONCLUSIONS REACHED AND ACTIONS AGREED***

Choose relevant paragraph regarding return to OH and return to work:

**A. If anticipated return to work date given…**

The Occupational Health report advised an anticipated return to work date of

**(Insert Date)** and we discussed and agreed **(Insert Applicable Information i.e., phase return, alternative duties etc.)** to support your return to work in this timeframe. The details of the phased return are **(Insert Applicable Information)**.

**B. If anticipated return to work date not given and further consideration was agreed regarding the Trigger points of the Policy…**

You advised that you were not fit to return to work based on the following reasons: **(Insert reasons), \*\* if applicable:** it was agreed that the next trigger point would be extended to **(Insert Date),** The rational for this decision was **(Insert rationale).**

**Or if anticipated return to work date not given…**

As the Occupational Health report advised that an anticipated return to work date could not be given at this stage, a follow up appointment with Occupational Health has been arranged.

**C. If employee failed to attend OH…**

As you failed to attend the Occupational Health appointment, I had arranged for you on **(Insert date of OH Attendance)** due to **(Insert Reason)** I do not yet have medical advice to inform our discussions however, you informed me that **(Insert Applicable Information)**.

It is important that you attend Occupational Health as **(Insert Applicable Information)**. Therefore, you will be sent a further appointment and I would like to remind you of your contractual obligation to attend. If you foresee any difficulty attending, please let me know immediately.

**D. Employee has indicated an intention to return following expiry of their current medical certificate**…

You stated that you feel you will be fit to return to work following the expiry of your current medical certificate on **(Insert Date Fit Notes Ends)** therefore we have arranged for you to resume to duty on **(Insert Date of Return to Work)**.

You were advised this meeting was **(Informal\Formal)** in line with the Trust’s [Wellbeing & Sickness policy](https://staffhub.liverpoolft.nhs.uk/working-with-us/policies.htm?postid=185035), by clicking the link or available on the Staff Hub: <https://staffhub.liverpoolft.nhs.uk/working-with-us/policies.htm>. I advised that the decision had been made to issue you with a **(Confidential Advisory Notice / First Formal Wellbeing Notice / Second Formal Wellbeing Notice)** effective for a period of 12 months, effective from the date of the meeting.

I informed you that your sickness absence will be monitored throughout the duration of this period, and we agreed to review your record on at the next available opportunity. Please note that your sickness absence record will continue to be monitored during the 12-month period. If you fail to achieve the expected levels of attendance then we will have to meet again and it may be necessary to hold a **(First Formal Wellbeing Review Meeting / Second Formal Wellbeing Review Meeting / Final Formal Wellbeing Review Meeting)** regarding your sickness absence, in line with the Trust Wellbeing and Sickness policy.

I asked if you wished to provide any additional information regarding your state of health or personal circumstances and you replied **(Insert Applicable Information).**

**If planning to return -** I look forward to welcoming you back to work on **(Insert Date of Return to Work\** in the near future**)** but if I can be of any assistance in the meantime, please do not hesitate to contact me.

I will contact you again in due course to see how you are feeling, but if I can be of any assistance in the meantime, please do not hesitate to contact me.

Yours Sincerely,

**(Insert Signature)**

<**Name**>

<Job title>

**Appendix 13C**

**Long Term or Short-Term Absence: Final Formal Review Outcome Letter – Termination of Employment**

**Private & Confidential**

<Name>

<Address line 1>

<Address line 2>

<City>

<Postcode>

<Date>

Dear <Name>

**Re: Confirmation of Final Formal Wellbeing Review Meeting – Termination of Employment**

I write following your attendance at a Final Formal Wellbeing Review Meeting regarding sickness absence on **(Insert Date)**, (at which you were accompanied by **[Insert Union Representative’s Name] OR chose not to be represented).**

This meeting was held in accordance with the Trust’s Wellbeing & Sickness Policy. I chaired the panel supported by **(Insert Name)**, HR Business Partner, and **(Insert Name)** was in attendance in the role of Independent Manager. **(Insert Name)** Manager was also present to present the sickness management report, supported by **(Insert Name)**, HR Advisor.

We started the meeting with introductions, and I explained to you the purpose of the meeting. I also informed you that one of the potential outcomes could be termination of your contract of employment on the grounds of capability, which was advised in the invite letter to this meeting. You confirmed that you had received a copy of the invite letter and the sickness management report and that you were aware of the potential outcomes.

**(Insert Name)** presented the sickness management report that had been produced detailing your sickness absence. Your first episode of sickness absence began on the…**FULL DETAIL OF THE SICKNESS/OCC HEALTH VISITS/RISK ASSESMENTS ETC**

**\*\**If applicable:* We discussed the application of the trigger points of the Trust’s Wellbeing & Sickness Policy and I advised you that consideration had been given regarding your, \*\* Delete were applicable: your historical sickness record, / your personal circumstances or mitigation / any ongoing disability and reasonable adjustments in accordance with the Equality Act / your active engagement in your rehabilitation and accessing the appropriate support or assistance, the rationale for this is due to: *Detail rationale for decision.*  However, it was acknowledged that regular contact was maintained during your period of absence, \*\**Define agreed contact or occasions contact was established under a Wellbeing discussion.***

Following the presentation of the report I asked you if you agreed that this report was accurate to which you replied yes, I also asked you if you felt you had been given all the appropriate support to which you confirmed you had.

I asked if you had anything that you wanted to tell me in relation to your sickness absence. You stated that **(Insert Detail).**

You also added that you had been well support by your manager and your colleagues since your return to work in **(Date)**.

I adjourned the meeting to reflect upon the report and information provided by both **(Insert Name)** and you during the meeting.

After careful consideration of all of the information, I have taken the decision to terminate your contract of employment with immediate effect on the grounds that you have failed to attain and maintain a satisfactory level of attendance. You will receive x weeks’ notice paid to you in lieu.

You are entitled to appeal against this formal level of action. If you wish to exercise this right you need to compete the Registration of Appeal pro-forma, a copy of which can be forwarded to you on request, and submit this to the **Heather Barnett, Chief People Officer** within 14 days of the date of this letter.

Yours sincerely

<**Name**>

<Job title>

<Contact number>

**Appendix 13D**

**Long Term or Short-Term Absence: Final Formal Review Outcome Letter – Non-Dismissal**

**Private & Confidential**

<Name>

<Address line 1>

<Address line 2>

<City>

<Postcode>

<Date>

Dear <Name>

**Re: Confirmation of Final Formal Wellbeing Review Meeting Regarding Sickness Absence**

I write following your attendance at a Final Formal Wellbeing Review Meeting regarding sickness absence on **(Insert Date)**, (at which you were accompanied by **[Insert Union Representative’s Name] OR chose not to be represented).**

This meeting was held in accordance with the Trust’s Wellbeing & Sickness Policy. I chaired the panel supported by **(Insert Name)**, HR Business Partner, and **(Insert Name)** was in attendance in the role of Independent Manager. **(Insert Name)** Manager was also present to present the sickness management report, supported by **(Insert Name)**, HR Advisor.

We started the meeting with introductions, and I explained to you the purpose of the meeting. I also informed you that one of the potential outcomes could be termination of your contract of employment on the grounds of capability, which was advised in the invite letter to this meeting. You confirmed that you had received a copy of the invite letter and the sickness management report and that you were aware of the potential outcomes.

**(Insert Name)** presented the sickness management report that had been produced detailing your sickness absence. Your first episode of sickness absence began on the…FULL DETAIL OF THE SICKNESS/OCC HEALTH VISITS/RISK ASSESMENTS ETC

**\*\**If applicable:* We discussed the application of the trigger points of the Trust’s Wellbeing & Sickness Policy and I advised you that consideration had been given regarding your, \*\* Delete were applicable: your historical sickness record, / your personal circumstances or mitigation / any ongoing disability and reasonable adjustments in accordance with the Equality Act / your active engagement in your rehabilitation and accessing the appropriate support or assistance, the rationale for this is due to: *Detail rationale for decision.*  However, it was acknowledged that regular contact was maintained during your period of absence, \*\**Define agreed contact or occasions contact was established under a Wellbeing discussion.***

Following the presentation of the report I asked you if you agreed that this report was accurate to which you replied yes, I also asked you if you felt you had been given all the appropriate support to which you confirmed you had.

I asked if you had anything that you wanted to tell me in relation to your sickness absence. You stated that **(Insert Detail).**

You also added that you had been well support by your manager and your colleagues since your return to work in **(Date)**.

I adjourned the meeting to reflect upon the report and information provided by both **(Insert Name)** and you during the meeting.

After careful consideration of all of the information, I have taken the decision to re-issue a Second Formal Review Notice. Therefore, the notice will remain live and your sickness which will be monitored for a period of 12 months with effect from the date of the meeting. **(Insert or meeting date if LTS)**. The rationale for this decision was **(Summarise rationale).**

I informed you that your sickness absence will be monitored throughout the duration of this period, and we agreed to review your record on **(Insert Date)**. Please note that sickness absence record will continue to be monitored during the 12-month period. If you fail to achieve the expected levels of attendance then we will have to meet again and it may be necessary to hold a further Final Formal Review Meeting Regarding Sickness Absence, in line with the policy. Thereafter it may be necessary to consider your continued employment with the Trust.

If your attendance does not improve, or if such improvement is not sustained, then we will have to meet again, and consideration may be given to the viability of your continued employment with the Trust.

I hope that you will agree that this letter is an accurate summary of our meeting, but should you feel that there are any omissions or inaccuracies please let me know as a matter of urgency.

Please do not hesitate to contact me on **(Insert Telephone Number)** if I can be of any assistance or can provide any additional advice or support.

Yours sincerely

<**Name**>

<Job title>

<Contact number>