**Appendix 8**

**Wellbeing Review Meeting Record**

**Please use this template to record discussions at Wellbeing absence review meetings. Where necessary, please use the Wellbeing Action plan template to record details of any agreed actions.**

**Please note that this does not replace the need to confirm the meeting in writing to the employee, but this record should be used to inform the contents of the letter.**

**Purpose of the meeting**

The purpose and style of the meeting should be a positive and constructive one. The employee should be helped and encouraged to understand that their absence levels present a problem to the Trust, and the discussion should then explore the reasons for the absence with the aim of identifying practical steps that might be taken to improve health and well-being and reduce absence levels in the future.

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| **Record of Review Meeting** *(to be completed by the Manager)* | | | | |
| **Section A: Employee Details** | | | | |
| Name: |  | Department / Ward: | |  |
| Job Title: |  | | | |
| **Section B: Nature of meeting** | | | | |
| Please state the nature and stage of this meeting: | | | | |
| First Formal Wellbeing Review Meeting  Wellbeing Discussion  Second Formal Wellbeing Meeting | | | | |
| **Section C: On-going Management of Sickness Absence** | | | | |
| **Show the employee their attendance record over (at least) the last 12 months. Discuss number of days/episodes/dates of absence and the reasons. Explore the reasons for absence** with the aim of identifying practical steps that might be taken to improve health and well-being and reduce absence levels in the future. Try to establish if there are any underlying reasons or other factors which may be affecting the employee’s attendance. (These may be things such as work-related concerns, lifestyle factors or domestic commitments).  **Ensure that you document any issues raised, for example, factors the employee says are affecting or contributing to the absence.** | | | | |
|  | | | | |
| **Have any of the absences been due to pregnancy related illness?** | | | Yes  No | |
| **Discuss with the employee any support measures or adjustments that you or they feel may be appropriate in supporting them to achieve satisfactory levels of attendance.** For example the manager may**:**   * suggest practical steps to take to help improve attendance * provide medical or other support to help improve attendance * encourage or support changes in lifestyle * provide any kinds of external support that might address, say, stress-related absence, for example financial or domestic advice or support   **Record details of the discussion below and ensure any actions agreed are included in an Sickness Absence Action Plan.** | | | | |
|  | | | | |
| Please ensure that appropriate consideration has been given to any reasonable adjustments that may support an employee with a disability. Please note that reasonable adjustment may also be considered for those employees who do not have a disability. | | | | |
| **Additional Comments:** *(Please provide any additional information / comments which you feel are relevant and appropriate to the management of the employee’s attendance.)* | | | | |
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| **Manager Declaration** | | | | |
| I confirm that the above record of the Review Meeting is accurate. | | | | |
| Manager Signature: |  | Date: |  |  |
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| **Employee Declaration** | | | | |
| I declare that all information provided to the Trust in relation to my absence is correct. I confirm that the above record of the sickness review meeting is accurate. | | | | |
| Employee Signature: |  | Date: |  |  |
|  |  | | | |