**Attendance**

Ensure you have read and are familiar with the details in the Attendance policy prior to any sickness absence meeting.

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Pre-Meeting Action** | | **Done/ discussed** |
|  | Invite letter sent to employee |  |
|  | Absence Record printed |  |
|  | Copy of recent Occupational Health (OH) report (if relevant) |  |
|  | Reviewed sickness record for any patterns of absence |  |

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| **Formal Review Meeting** | | **Done/ discussed** |
|  | Confirm employee received letter in relation to meeting. |  |
|  | Confirm attendees and representation |  |
|  | If no representative is present confirm with employee they are happy to continue without representation (must remember to confirm this in the letter to them) |  |
|  | Confirm meeting will be held under Attendance policy |  |
|  | Confirm employee has read through policy details in relation to the stage they have triggered.   * If not confirm they have a copy of the policy. |  |
|  | Confirm reasons for meeting (hit a trigger or not achieved standards during monitoring). |  |
|  | Confirm stage of meeting – Stage 1 or Stage 2 |  |
|  | Confirm trigger or standards not achieved as discussed in RTW;   * Stage 1 – 15 days or 4 instances or significant/unusual patterns * Stage 2 – 10 days, 3 instances * pattern or level which causes concern |  |
|  | Confirm sickness absences that hit trigger |  |
|  | Discuss sickness absences and return to work discussions |  |
|  | Discuss any patterns or levels of sickness absence if identified. |  |
|  | Identify any underlying causes e.g. personal, work related, social or domestic problems |  |
|  | Confirm what the employee has done to manage each sickness period e.g.visit GP, Medical Treatment, Physio, etc |  |
|  | If there has been a recent occupational health appointment discuss the report and recommendations |  |
|  | If there is an underlying medical condition – is it a disability? |  |
|  | * If so discuss reasonable adjustments needed |  |

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|  | If no recent OH report is an appointment required (where appropriate) |  |
|  | * If so confirm details for referral |  |
|  | Agree an action plan; |  |
|  | * What can employee do to try and reduce their sickness |  |
|  | * What support can NHSBT provide |  |
|  | Confirm EAP contact details (0800 716 017) or visit the website: [www.employeecare.com](http://www.employeecare.com) The code to enter in both password and access code boxes is 72992. |  |
|  | Confirm outcome of either; |  |
|  | 1. Remain on review for 12 months (from RTW date) |  |
|  | * + Standards required during monitoring period (e.g.10 days, 3 instances or where level or pattern of absence continues to cause concern) |  |
|  | * + OH appointment (if agreed) |  |
|  | * + Will be keeping in touch to offer support |  |
|  | * + Will be 12 month end review meeting **OR** |  |
|  | 1. Not placing on review but absence continue to be monitored |  |
|  | Confirm what will happen if do not achieve standards set for review period; |  |
|  | * Move to stage 2 **OR** Move to stage 3 (confirm an outcome at Stage 3 could be dismissal) |  |
|  | Questions? |  |

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| **Post Meeting Action** | | **Done/ Discussed** |
|  | Send outcome letter within 7 calendar days |  |
|  | If required, organise OH referral |  |
|  | Plan keeping in contact support |  |

NB. If you have any concerns about completing a sickness meeting please discuss with your line manager, another experienced manager or contact HR Direct on 2770