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**HUMBER AND NORTH YORKSHIRE ICB**

**ATTENDANCE MANAGEMENT POLICY**

**LETTERS AND PROCESS SUPPORT DOCUMENTS**

**Appendices**

**Appendix 1 - Stages of Absence Management and Improvement Notification**

**Appendix 2 - Self Certification of Sickness Form**

**Appendix 3 - Return to Work Interview Form**

**Appendix 4 - Letter Templates**

**L1 - Receipt of Statement of Fitness Note**

**L1a - Fitness to work note**

**L2 - Initial Meeting Letter**

**L3 - Failure to Attend Occupational Health Letter**

**L4 - Invite to Formal Stage 1 Meeting**

**L5 - Outcome of Formal Stage 1 Letter**

**L6 - Invite to Formal Stage 2 Letter**

**L7 - Outcome of Formal Stage 2 Letter**

**L8 - Invite to Formal Stage 3 Letter**

**L9 - Outcome of Formal Stage 3 letter**

**L10 - Invite to Formal Review Hearing Letter**

**L11 - Outcome of Final Review Hearing Letter**

**L12 - Confirmation of arrangements for Appeal Hearing**

**L13 - Outcome of Appeal Hearing**

**Appendix 1 - Stages of Absence Management and Improvement Notification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Period of Absence** | **Improvement Target** | **Action** | **Decision** |
| **Informal Advisory**  **Stage**  (Employee advised at return to work meeting) | Following 2 occasions in any 12 month period, employees will be reminded of formal process below. | Maintain attendance or next occasion of absence during the 12 month period will trigger progress to formal Stage 1. | Employee reminded of absences during Return to Work Meeting. It may not be possible to invoke informal stage if the employee has 12 days absence in 1 occasion. | Noted on Return to Work Form and support discussed to maintain attendance. |
| **Stage 1**  **Formal Notification** | If the employee has had 3 occasions in 12 months or 12 days absence in any 12 month period they will be issued with Stage 1 notification.  Letter to employee sent with 5 working days notice | During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 2 | Attendance meeting:  Review absence record and reasons for absence. Agree standard of attendance and support if necessary. Possible OH referral if needed  Review period agreed | Decision in writing within 5 working days, copy kept on personal file  Will remain on file for 12 months  Right of appeal |
| **Stage 2**  **First Written Warning** | From the date of the Stage 1 meeting. If the employee has had 3 further occasions or 10 further days absence in total, they will progress to Stage 2.  Letter to employee sent with 5 working days notice | During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 3 | Attendance meeting:  Review absence record and reasons for absence. Agree standard of attendance and support if necessary.  Refer to Occupational Health  Review period agreed | Decision in writing within 5 working days, copy kept on personal file  Will remain on file for 12 months  Right of appeal |
| **Stage 3**  **Final Written Warning** | From the date of the Stage 2 meeting. If the employee has a further 3 occasions or 10 further days absence in total during, they will progress to the Stage 3.  Letter to employee sent with 5 working days notice | During the next 12 months, If the employee has a further 3 occasions or 10 days absence in total, they will progress to Stage 4, final review panel | Attendance meeting:  Review absence record, reasons for absence and medical advice. Agree standard of attendance and support if necessary.  Possible consider alternatives if necessary, adjustments  Review period agreed | Decision in writing within 5 working days, copy kept on personal file  Will remain on file for 2 years  Right of appeal |
| **Stage 4**  **Final Review Panel** | During the next 12 months, if the employee has a further 3 occasions or 10 further days absence in total, in any 12 month period, they will progress to Stage 4, final review panel.  Letter to employee sent with 5 working days notice | If the employee hasn’t met the improvement notification issued at Stage 3 consider review or reissuing of improvement targets | Final Review hearing:  Individual is invited to attend Hearing in front of impartial panel. Including Line Manager/ Director / HR.  Review absence record, actions taken to date to support improvement and any supporting medical advice. Any alternatives’ to dismissal will be discussed including redeployment | Decision in writing within 5 working days, copy kept on personal file  Possible outcome Dismissal  Right of appeal |

\*Please note:

Note:

\* An ‘occasion’ of absence as referred to above can be any number of days of one working day or more.

^ A ‘day’ of absence refers to working days.

**Illness over Weekends and Non – Working Days**

If staff illness starts, continues or ends over a weekend or non-working day this needs to be communicated to the employees’ line manager during the return to work interview and within sickness self-certification forms. For example, an employee who is absent on a Friday, ill on Saturday and Sunday and then returns to work on the following Monday is absent for 3 days.

The non-working days and weekends will be counted towards sickness absence where the staff member is not physically able to attend work. The Attendance Management Policy is clear on this point referring to absence being calculated in “**calendar days”** not “**working days**”.

Line Managers must ensure that they include all dates of illness including weekends and non-working days where applicable when completing the absence reporting documentation.

**Appendix 2**

**SELF CERTIFICATION OF SICKNESS ABSENCE FORM**

This form must be completed for any sickness absence of up to 7 calendar days in a row, including weekends and/or bank holidays. Absence lasting 8 calendar days or more require you to submit a Fit Note (fitness to work certificate) .

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Surname** |  | **First Name** |  |
|  | | | |
| **Payroll Number** |  | **Department** |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | |
| **About Your Sickness** | |  | | |
| **Date you became unfit for work** | |  | | |
| **Date fit for work** | |  | | |
| **Reasons for absence** | | | | |
| **Notification made to (name)** |  | | **Date** |  |
|  |  | |  |  |

|  |  |
| --- | --- |
|  |  |
| **Have you consulted a GP or visited a hospital?** | Yes / No |
| **Have you been prescribed medication?** | Yes / No |
| **Were you issued with Fitness to Work Certificate?** | Yes / No |
|  |  |

|  |  |
| --- | --- |
|  |  |
| **Was the absence a result of an accident at work or as a result of industrial disease?** | Yes / No |
| **If yes, please give details** | |
| **Have you reported the accident?** | Yes / No |
| **Please provide any additional information** | |
| **Was the absence as a result of an accident outside work?** | Yes / No |
|  |  |

|  |  |
| --- | --- |
|  | |
| **I declare that the information given is correct. I understand that giving false information could result in the loss of sick pay benefits and/or disciplinary action and/or action by the Department of Work and Pensions** | |
| **Employees Signature** |  |
| **Date** |  |
|  |  |

**Appendix 3**

**Return to Work Meeting Form**

All employees should answer sections A and B. If the employee has been off with a physical illness they should also complete section C also and if they have been off with an illness relating to their mental health they should complete section D.

It may be appropriate to answer both sections C and D.

**Section A:**

|  |  |
| --- | --- |
| Employee Name: | Employee Job Title: |
| Return to Work Manager Name: | Return to Work Manager Job Title: |
| Absence start date: | Absence end date: |
| Reason for absence: | |
| Total number of days sick (including weekends): | Total number of days sick in the last 12 months: |
| Total number of sickness occasion in the last 12 months: | Has the employee hit any sickness absence trigger points? |
| If the employee has not hit a sickness trigger will they on their next occasion of absence? | Was the correct reporting procedure followed? |
| Has the employee completed a self-certification form? | Additional comments. |

**Section B:**

|  |
| --- |
| How are you feeling now? Are you fit enough to be back at work?  (Is this subject to any reasonable adjustments such as a phased return? If so please detail) |
| How do you feel about being back at work? Do you have any worries? |
| Did you attend a hospital, clinic or GP practice? |
| Are you taking any medication? If so, will this affect you at work have any side effects I should be aware of? |
| Are there any follow up appointments needed? |
| Are there any problems relating to your illness/injury that may affect your ability to perform your job? |
| Do you need an occupational health referral? |
| Are there any adjustments we can make to help you in your return to work and maintain your attendance? |
| Do you feel the absence is connected to work in any way? |
| Are there any activities you have been undertaking to maintain your health which you need to continue now you are back at work? |
| Is there any extra support you need from your manager? |
| If absence is sensitive agree what to communicate to the team regarding the absence if they wish to disclose anything. |

**Section C:** *Physical Illness (see guidance at the top of page)*

|  |
| --- |
| Is the condition one which is ongoing? |
| If the condition is not ongoing – are you fully recovered? |
| Was the absence an infectious illness? If so have they had sufficient time off in line with infection prevention? (This would be absences such as diarrhoea and vomiting, chicken pox, influenza) |
| Is the absence a musculoskeletal illness? If so discuss an occupational health referral for advice and a work place assessment. |
| Was the absence related to an accident at work? If so does it need reporting? |

**Section D:** *Mental health (please see guidance at the top of page)*

|  |
| --- |
| How does your mental health affect you so we can look out for signs? Discuss how this may affect their work and agree how you will work together to manager that.  (Consider completing a Wellness Action Plan together, you can find one [HERE](https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/) or ask the HR department) |
| Are there any issues at work which are causing you stress or worry? Agree what support will be put in place if so. |
| Are there any difficulties outside of work that are contributing to your absence that you wish to discuss? Signpost to any support that may be available. |
| Are there any workplace triggers that cause you to have poor mental health or stress? Agree how the triggers will be managed if so. |
| Is there anything you can do at work to support your own mental health? |
| Remind the employee that there are mental health first aiders within the ICB who they can speak to and also that counselling is available through occupational health. |

|  |
| --- |
| **Additional Comments:** |

Employee Signature: Date:

Return to Work Manager Signature: Date:

Appendix 4

Hull Domestic Abuse Partnership (DAP)

<http://www.hulldap.co.uk/>

Tel – 01482 318759

Hull DAP Male Victim support service

Tel - 01482 613978

**Appendix 4**

|  |  |
| --- | --- |
| Ref: L1  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear ...

**Receipt of Fitness to Work Note**

I am writing to acknowledge receipt of your Statement of Fitness to Work which I received on [date]. *\*As your GP has stated that you may be fit for work, I would like to meet with you to discuss the advice provided by your GP and how we might be able to accommodate a return* to work*. The meeting will be held on…at….*

Please continue to keep me updated with regards to your sickness and continue to forward on any Statement of Fitness to work forms as and when applicable.

I hope that you are beginning to feel better and if there is anything further you need from me in please do not hesitate to contact me.

Yours sincerely

Name

Job Title

|  |  |
| --- | --- |
| Ref: L1a  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear ...

**Statement of Fitness to Work**

Further to our meeting on \*\*\*\*\* to discuss receipt of the fit note issued by your GP, I am writing to confirm our discussions.

Your GP stated that you may be fit for work with a *phased return/altered hours/amended duties/workplace adaptations.*

\*It was agreed at the meeting that you would return to work taking account of this advice and that you would…. *(GIVE DETAIL OF THE ADJUSTMENTS THAT HAVE BEEN MADE TO ENABLE A RETURN TO WORK OR THE ALTERED WORK PATTERN/PHASED RETURN)*. *IF THERE IS AN EXPIRY DATE ON THE FIT NOTE THE EMPLOYEE MAY NEED TO REVISIT THEIR GP FOR FURTHER ADVICE.*

\*\*Unfortunately we were unable to accommodate the options set out by your GP because …… and therefore your fit note will be treated as if it stated not fit for work. Please continue to keep me updated with regards to your sickness and continue to forward on any Statement of Fitness to work forms as and when applicable. If you receive another fit note I will again discuss this with you.

If there is anything further you need from me in please do not hesitate to contact me.

Yours sincerely

Name

Job Title

|  |  |
| --- | --- |
| Ref: L2  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear ...

**Sickness absence**

I am writing to you in accordance with the Attendance Management Policy.

As you have been absent from work due to sickness since [date] I would like to meet with you informally to discuss any help or assistance that Humber and North Yorkshire ICB can offer you.

I would be grateful if you could call me on [number] to arrange an appropriate time and location.

In the meantime if there is anything further you need from me in relation to your sickness please do not hesitate to contact me.

Yours sincerely

Name

Job Title

|  |  |
| --- | --- |
| Ref: L3  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Failure to Attend Occupational Health**

I have been notified by Occupational Health that you failed to attend your appointment that had been arranged for you on [Date, Time] and had not contacted them to inform them that you would not be attending.

Please note that the current Attendance Management Policy states that *‘e*mployees must make themselves available to attend Occupational Health referrals as a contractual obligation*’* and I have enclosed a copy of this policy for your information.

I have therefore arranged for a further appointment for you at Occupational Health on [date, time and location].

Please inform Occupational Health if this date is not suitable so they can organise an alternative date.

Yours sincerely

Name

Job title

|  |  |
| --- | --- |
| Ref: L4  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Invite to Formal Attendance Monitoring Meeting - Stage 1**

I am writing to invite you to a Formal Attendance Monitoring Meeting – Stage 1 to discuss your sickness absence and this will take place as follows:

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |

This meeting follows on from our informal meeting on (date) regarding your sickness absence as it has been noted that you have now hit the trigger points detailed in the policy.

The purpose of this meeting is to provide support and assistance to help you maintain attendance at work and to identify any issues that you may be having. An action plan for improvement will be agreed at the meeting.

The dates which we have recorded over the last \*\* months for you being absent due to sickness are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Reason | Total Calendar Days |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

You have the right to be accompanied by a trade union representative or a work colleague, not acting in a legal capacity. I would be grateful if you can confirm your attendance at the meeting by [date] and also whether you will be accompanied.

I shall be chairing the meeting and will be supported by [name], [job title].

I have enclosed a copy of the policy for your information. In the meantime if you have any questions in advance of the meeting please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L5  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Outcome of Formal Attendance Monitoring Meeting - Stage 1**

I am writing to advise you of the outcome following the Formal Attendance Monitoring Meeting at Stage 1 which was held on [Date]. In attendance at the meeting were [name, Job titles of all attendees]. The purpose of the meeting was to discuss your attendance record and your high level of sickness absence. [If no rep/support attended] You confirmed that you had had the opportunity to bring a trade union representative or Humber and North Yorkshire ICB work colleague with you to the meeting and were happy to proceed without.

We discussed each absence period and the reasons for absence which you confirmed were correct. It was confirmed that you remained in contact with the relevant manager throughout the sickness periods and no further support was necessary in respect of absence.

You were formally issued with a stage 1 formal notification of unsatisfactory attendance as per the Attendance Management Policy. This notification will be held on your file for 12 months from the date of this meeting [Date].

The target for improvement was discussed at the meeting and I advised you that during the next 12 months if you have a further 3 occasions or 10 days absence then you will be referred to Stage 2 of the Attendance Management Policy.

I would like to arrange a review meeting in 3 months to review how you are doing against the plan and this meeting will be arranged in due course.

\*\* We agreed that an Occupational Health referral will be made to support you and to identify any adjustments that can be made to help you to sustain your attendance at work. Please note that it is a contractual obligation that you attend Occupational Health.

You have the right to appeal against this decision and this needs to be made in writing to [name, job title] within \*\* days of this letter.

In the meantime if you have any questions please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L6  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Invite to Formal Attendance Monitoring Meeting - Stage 2**

I am writing to advise you / confirm that a further meeting has been arranged under the Attendance Management Policy to discuss your level of absence at Stage 2. This is following your Stage 1 meeting held on [date] where you were issued with a formal notification of unsatisfactory attendance. Since [date] you have been absent on a further 3 occasions / 10 days which we have recorded as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Reason | Total Calendar Days |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We have therefore arranged a Formal Attendance Monitoring Meeting at Stage 2 to discuss your absences and this will take place as follows:

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |

The purpose of this meeting is to provide support and assistance to help you maintain attendance at work and to identify any issues that you may be having. An action plan for improvement will be agreed at the meeting.

You have the right to be accompanied by a trade union representative or a work colleague, not acting in a legal capacity. I would be grateful if you can confirm your attendance at the meeting by [date] and also whether you will be accompanied.

I shall be chairing the meeting and will be supported by [name], [job title].

I have enclosed a copy of the policy for your information. In the meantime if you have any questions in advance of the meeting please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L7  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Outcome of Formal Attendance Monitoring Meeting - Stage 2**

I am writing to advise you of the outcome following the Formal Attendance Monitoring Meeting at Stage 2 which was held on [Date]. In attendance at the meeting were [name, Job titles of all attendees]. The purpose of the meeting was to discuss your attendance record and your high level of sickness absence.

As I explained at the meeting you have had a further 3 occasions **or** 10 days absence over the last \*\* months and due to this you were formally issued with a First Written Warning as per the Attendance Management Policy. This warning will be held on your file for 12 months from the date of this meeting [Date].

The target for improvement was discussed at the meeting and I advised you that during the next 12 months if you have a further 3 occasions or 10 days absence then you will be referred to Stage 3 of the Attendance Management Policy.

I would like to arrange a review meeting in 3 months to review how you are doing against the plan and this meeting will be arranged in due course.

I advised that I would be making a management referral to Occupational Health to support you and to identify any adjustments that can be made to help you to sustain your attendance at work. Please note that it is a contractual obligation that you attend Occupational Health.

You have the right to appeal against this decision and this needs to be made in writing to [name, job title] within \*\* days of this letter.

In the meantime if you have any questions please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L8  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Invite to Formal Attendance Monitoring Meeting - Stage 3**

I am writing to advise you / confirm that a further meeting has been arranged under the Attendance Management Policy to discuss your level of absence at Stage 3. This is following your Stage 2 meeting which was held on [date] where you were issued with a First Written Warning. Since [date] you have been absent on a further 3 occasions / 10 days which we have recorded as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Reason | Total Calendar Days |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We have therefore arranged a Formal Attendance Monitoring Meeting at Stage 3 to discuss your absences and this will take place as follows:

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |

The purpose of this meeting is to provide support and assistance to help you maintain attendance at work and to identify any issues that you may be having. An action plan for improvement will be agreed at the meeting

You have the right to be accompanied by a trade union representative or a work colleague, not acting in a legal capacity. I would be grateful if you can confirm your attendance at the meeting by [date] and also whether you will be accompanied.

I shall be chairing the meeting and will be supported by [name], [job title].

I have enclosed a copy of the policy for your information. In the meantime if you have any questions in advance of the meeting please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L9  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Outcome of Formal Attendance Monitoring Meeting - Stage 3**

I am writing to advise you of the outcome following the Formal Attendance Monitoring Meeting at Stage 3 which was held on [Date]. In attendance at the meeting were [name, Job titles of all attendees]. The purpose of the meeting was to discuss your attendance record and your high level of sickness absence.

As I explained at the meeting you have had a further 3 occasions **or** 10 days absence over the last \*\* months and due to this you were formally issued with a Final Written Warning as per the Absence Management Policy. This warning will be held on your file for 24 months from the date of this meeting [Date].

The target for improvement was discussed at the meeting and I advised you that during the next 24 months if you have a further 3 occasions or 10 days absence in total in any 12 month period then you will be referred to a Final Review Panel, Stage 4 of the Attendance Management Policy.

We discussed what alternatives would be available to you in terms of \*reduced hours\*relocation\*redeployment and also any adjustments that could be made to support you to sustain your attendance at work.

I would like to arrange a review meeting in 3 months to review how you are doing against the plan and this meeting will be arranged in due course.

You have the right to appeal against this decision and this needs to be made in writing to [name, job title] within \*\* days of this letter.

In the meantime if you have any questions please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L10  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Invite to Final Review Hearing - Stage 4**

I am writing to advise you / confirm that a hearing has been arranged under the Attendance Management Policy at Stage 4. This is following your Stage 3 meeting which was held on [date] where you were issued with a Final Written Warning. Since [date] you have been absent on a further 3 occasions / 10 days which we have recorded as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date | End Date | Reason | Total Calendar Days |
|  |  |  |  |
|  |  |  |  |

We have therefore arranged a Final Review Hearing at Stage 4 to discuss your absences and this will take place as follows:

|  |  |
| --- | --- |
| **Date** |  |
| **Time** |  |
| **Location** |  |

The panel will be chaired by [name, job title] supported by [name, job title]. Also in attendance will be {name, Job title} who will be supported by [name, job title].

The purpose of this hearing is to review your absence record and the actions that have been taken to date to support your improvement and also any supporting medical information. You will have an opportunity to present your case and submit any supporting evidence.

Please note that the hearing could ultimately result in dismissal *although every effort will be made to look at alternatives including redeployment.*

You have the right to be accompanied by a trade union representative or a work colleague, not acting in a legal capacity. I would be grateful if you can confirm your attendance at the meeting by [date] and also whether you will be accompanied.

I have enclosed a copy of the policy for your information. In the meantime if you have any questions in advance of the meeting please let me know.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L11  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Outcome of Final Review Hearing - Stage 4**

I am writing to advise you of the outcome following the Final Review Hearing at Stage 4 which was held on [Date]. In attendance at the meeting were [name, Job titles of all attendees]. The purpose of this hearing was to review your absence record and the actions that have been taken to date to support your improvement and also any supporting medical information.

The outcome of the meeting was that it was that a redeployment option would be considered. Can you please liaise with [name, job title] with regards to the process and the options that are currently available to you.

**OR**

Due to your continuing absences and failure to achieve satisfactory improvement in your attendance you employment with Humber and North Yorkshire ICB was terminated.

Your employment was terminated on [date] and you are entitled to \*\* days outstanding annual leave which will be paid in your final salary.

I can confirm that you are entitled to \*\* weeks pay in lieu of notice and I will ensure this is included within your final salary.

You have the right to appeal against this decision and this needs to be made in writing to [name, job title] within \*\* days of this letter.

In the meantime if you have any further queries please do not hesitate to contact [name, job tile]

**OR**

On behalf of Humber and North Yorkshire ICB may I express my regret that your employment has ended in these circumstances.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L12  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Confirmation of arrangements for Appeal Hearing**

I am writing to confirm the arrangements for the Appeal Hearing that has been set up to consider the appeal against [please insert] that you lodged on [insert date]

The Appeal Hearing will take place as follows:

**Date:**

**Time:**

**Venue:**

The Panel will be chaired by [insert name, job title] who will be supported by [insert name] Workforce Representative. Also present will be [insert name and job title] and [insert name] Workforce Representative] who will present the case for the decision you are appealing against being made. You are entitled to be accompanied by an accredited representative of a recognised Trade union or a Humber and North Yorkshire ICB colleague not acting in a legal capacity. Please can you advise me of your companion and their contact details at least 6 working days prior to the meeting.

You should submit copies of your case for appeal and any documentation you wish to be considered, to the panel and to management side at least 5 working days prior to the hearing. You and your companion, if applicable, will receive a copy of the management side statement of case 5 days prior to the hearing.

I understand you have already got a copy of the Attendance Management Policy, however further copies are on the intranet and if you are not able to access the intranet please request additional copies through me.

Please confirm your attendance at the hearing to me by [insert date] and in the meantime if you have any queries about this letter or the process to be followed please do not hesitate to contact me or a Workforce Representative.

Yours Sincerely

Name

Job title

Cc: Personal file

Workforce representative

|  |  |
| --- | --- |
| Ref: L13  Date .....  Address ..... | Address Line 1  Address Line 2  Address Line 3  Address Line 4  Postcode  Telephone: (0300) XXXXXX  E-mail: forename.surname[@nhs.net](mailto:firstname.surname@.nhs.net) |

Dear

**Outcome of Appeal Hearing**

I am writing to confirm the outcome of the appeal hearing held on [insert date]. I chaired the panel and was supported by [insert name] , workforce representative. Also present was [insert details of all present]. The purpose of the hearing was to consider your appeal against the decision to [insert details].

After carefully considering all of the information presented I confirmed that the decision [insert details] should be upheld and this is due to [insert rationale].

Or

After carefully considering all of the information presented the decision [insert details] was not up held on the basis of [insert rationale]. [also insert details of alternative arrangements].

Please be advised that this is the final decision in relation to the appeal and you have no further internal right of appeal.

Yours sincerely

Name

Job title

Cc: Personal file

Workforce representative