**Management Guidelines for Informal**

**Counselling Review Meeting**

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| **Meeting Preparation:**  Do you have the following details prior to the Informal Counselling Review meeting:   * Details of absence for the last 12 months * Copy of the welcome back to work discussion * Copy of the previous sickness review meeting outcome letter(s) * Any recent Occupational Health referrals * Copy of previous Wellbeing Action Plan | |
| **Who is in attendance**  **Employee:**  **Support:**  *(Are they a colleague, union rep)* | (inset outcome agreed at meeting and monitoring period) (inset outcome agreed at meeting and monitoring period).  .  **Manager:** |
| **Informal Counselling review guide:**   * Introductions made including explanation of the purpose of the meeting   *(Explain why we are here and what the aim of the meeting is and the impact of sickness absence)*  **Please be advised any formal recording of any meeting is not permitted without express permission of all present, and you do not have express permission.**   * Discuss sickness history in detail   *(Check sickness record is accurate on the letter – look at trends or links to long term conditions)*   * Complete Wellbeing Action Plan * Have any specialist referrals been made or any other support implemented for any of the episodes of absence? * What impact did they have? Did the employee benefit from them? * Are the absences linked? * Does the member of staff have a long term condition? * Are they protected by the Equality Act? * Does the member of staff also work bench/additional hours – could this be impacting? Does this need to be reviewed? * Will the member of staff benefit from any specialist referrals following this absence? * Is there anything further **you** could do to improve or maintain your attendance? * Is there anything further **we** could do to improve or maintain your attendance? | |
| **Reminder:** Take an adjournment to consider all the mitigation and facts presented. | |
| **Outcome:**   * Explain what the outcome is: * No further action * Set 12 month monitoring period   Date monitoring is **from………........................ to………........................**  Any other actions agreed (*E.g. OH referral, adjustments to shift pattern, or other actions details on Wellbeing Action Plan*)    * Explain they will receive the outcome letter in writing and a copy will remain on file * Explain if they have any further absence, what the next steps could be | |
| **Notes/details from discussion:**  *(Include here any details of the conversations regarding sickness history, support receiving, further support to be implemented etc.)* | |

**This is an accurate record of the discussion that has taken place**

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| **Employee Signature:** |  | **Date:** |  |
| **Manager Signature:** |  | **Date:** |  |