**Welfare Meeting Document**

The following document is a record of your welfare meeting.

**PART A***Completed prior to the meeting*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | Zakk Yang | **Employee email** | zakk.yang@entaingroup.com |
| **Employee No.** |  | **Date of meeting** | Click or tap to enter a date. |
| **Job title** | Commercial Insights Manager | **Meeting location** |  |
| **Base location** | London | **Meeting Chair** |  |
| **Contract hours** |  | **Chair job title** |  |

|  |  |
| --- | --- |
| **First date of absence** | 11/03/2024 |
| **No. of weeks absent** | About 24 weeks |
| **Last Welfare Meeting date** | Click or tap to enter a date. |
| **Current Fit Note/Sick Certification expiry date** |  |
| **Fit Note/Sick Certification reason for absence**  [please note any additional condition/ change to previous reason] | Stage 4 metastatic bowel  Cancer (liver metastasis) |

**PART B***Meeting Introduction*

Thank you for attending today.

Welfare meetings are essential for us to enquire after your welfare and to keep in regular contact regarding your absence to understand how as a business, we are best placed to support you.

During the meeting I’ll ask you some questions about your current situation so I can understand the reasons for your absence further, and to help us identify if there are any reasonable adjustments that can be considered, in order to aid your return to work If you need a break at any point, please ask.

|  |  |  |
| --- | --- | --- |
| **Do you understand the purpose of this meeting?** | | Yes  No |
| **Do you have any questions before we commence?** | | Yes  No |
| **Colleague questions:** |  | |

**PART C***Complete if first Welfare meeting*

Your current Fit Note/Sick Certification states your reason for absence as [review on p1]

|  |
| --- |
| 1. **What symptoms are you experiencing?** |
| Chemo session side effects |
| 1. **How does your diagnosis impact your everyday activities?** |
| * Stoma bag management * Post-surgery chemo sessions |
| 1. **How do you believe your condition would impact your ability to complete your role?** |
| My body needs time for the side effects of this new round of chemo after surgery. The purpose of this new round of sessions is to reduce the recurrence rate. |
| 1. **When did you first start to notice the symptoms?** |
| About Sep or Oct last year. |
| 1. **Have you had this condition previously?** [If yes, has the colleague been absent from work previously – OH appointment, Any RTWs completed?] |
| **No.** |
| 1. **Is there anything we can do at this stage, to support your return to work?** |
| **My work VISA expires on October 12th, 2024. A 3-year renewal would ensure continuity and avoid any disruption to my therapy. ( There is a 3-day gap between the issue date and the valid until date which can be problematic to renew it again after two years if the VISA is renewed in a 2-year period)** |

**PART D**   
*Complete, if appropriate to ask*

|  |
| --- |
| 1. **Is this Absence work related?** |
| Yes  No |
| 1. **If Yes – Discuss in what way?**   [Gather information on what circumstances have contributed to the absence] |
|  |
| 1. **Discuss options for resolution, if appropriate**   [Mediation, Grievance – both informal and formal] |
|  |

*[Manager N.B. If any elements of absence are related to work, contact your ER Advisor after the meeting and inform the Colleague that you will follow up on the points raised.]*

**PART E**   
*Complete if second/additional welfare meeting*

Your current Fit Note/Sick Certification states your reason for absence as [review on p1]

|  |
| --- |
| 1. **You previously stated you were experiencing the following symptoms:** |
| [Manager to complete prior to meeting] |
| 1. **Have you seen any improvements? Will these assist you in carrying out your role?** |
| * According to the procedures, despite that the surgery is successful, it is still recommended by my oncologist that chemo sessions are required to prevent it from recurrence. Additional 5 rounds of chemos are booked and is expected to finish the sessions in Nov/Dec. * After finishing the chemo sessions, reverse ileostomy surgery will be happening in Dec this year. Some additional time is needed to get recovered after it. * By the end of the year, the main treatment will be finished, and chemo sessions are expected to be stopped. * Close imaging track will be every 3 months after the reverse surgery is done. |
| 1. **Have you had any appointments or have there been any significant developments since we last spoke?** |
| Yes. New chemo sessions started Sep 6th. |

**PART F***Complete at all Welfare meetings*

|  |
| --- |
| 1. **Are you under the care of a GP or Hospital for your condition? If so, when was the last appointment?** [Please note any upcoming appointments] |
| Currently under the AXA policy, with LOC hospital.  The last consultation with my stoma nurse was on Aug 28th. |
| 1. **Are you currently receiving any other treatment or support? If so when was your last interaction with them?** [Please note any upcoming appointments] |
| With Care Oncology Clinic which is not covered by AXA. The last interaction is Jul 26th. They provide me additional medicines to block the cancer pathways. |
| 1. **What advice have they given to support your recovery, and have you discussed a timescale to return to work with them?** |
| Return to work is very promising. Yes, doctors suggested to wait until my reverse surgery is done to see the recovery. |

**PART G***Complete at all Welfare meetings*

|  |
| --- |
| 1. **What support can the business provide to you at this time and are there any adjustments that can be made to help support you back to work?** 2. **[If applicable] Has your medical support suggested any adjustments?**   [Options to consider; phased return to work, reduced hours, temporary/permanently, flexible working. |

**PART H – Occupational Health***Complete at all Welfare meetings*

|  |  |
| --- | --- |
| 1. **OH Referral required? Please discuss with your ER Advisor if you are unsure if this is needed.** | Yes  No  Re-refer |
| 1. **OH report already received and discussed?** | Yes  No |

**PART J – Occupational Health Continued**  
*Complete if ‘yes’ or ‘re-refer’ selected in Q17*  
  
To help us fully understand the nature of your condition, I’d like to refer you to our Occupational Health provider Health Partners. Health Partners will discuss your current circumstances with yourself and advise us the nature of your absence. Occupational health is a type of medical service organised by the business in order to understand your absence more and to advise us on how best we can support you with a view to helping you return back to work.

We might want to use occupational health to help:

* when an employee is struggling with their physical or mental health
* make the right reasonable adjustments for people with disabilities at work
* when an employee has been off sick for a long time or is returning to work after sickness absence
* reduce the amount of time people need to take off sick
* keep to other health and safety regulations
* control risks to mental health, such as too much pressure at work or at home

Health Partners will contact you on the number provided to arrange an appointment, and you will receive an email from them directly to confirm it. **Please note – this call will likely come from an unknown or withheld number.** You will have the opportunity to speak with them and agree a convenient time prior to it being scheduled.

If you do not wish to provide me with your consent to make a referral, or should you do so and fail to attend an appointment, this may mean that any decisions about your absence may have to be made on the information we have available to us. If you do not attend the appointment, then one further attempt will be made. If you do not attend an appointment on two occasions, then the process will proceed with the information we have available. Exceptions will be made to this in special circumstances.

In addition, should you fail to attend or provide appropriate notice that you are not able to attend, the business will be subject to additional costs and these costs may vary dependant on appointment type.

To re-arrange please contact Health Partners directly, responding to your confirmation email, with greater than 48 hours’ notice prior to the appointment. To withdraw consent or cancel the meeting entirely, please discuss this with your line manager with at least 72 hours’ notice.

To proceed with an assessment, we require your verbal consent.

|  |  |
| --- | --- |
| 1. **Has this section been covered** | Yes  No |
| 1. **Is verbal consent given?** | Yes  No |
| 1. **Colleague email address** |  |
| 1. **Colleague mobile number** |  |
| 1. **Availability – Are there any days, dates or times on which you will be unavailable for a call from Occupational Health?** |  |
| 1. **Concerns – Are there any concerns that you have which may result in you being unable to attend or answer the call from Occupational Health?** |  |

**PART H – Ill Health Capability***Cover only if discussed with ER Advisor as relevant*

As a result of little or no improvement in your overall health during our welfare meetings, it may be necessary to review your employment with our business and the impact of your continued absence. I will consider all possible options to ensure we have supported you to secure a return to work. However, it should be acknowledged, that there is a possibility, that the business may no longer be able to continue your employment, and as per our ‘Life outside of work’ Policy you may be dismissed on the grounds of ill health capability.

I will review your case with a view to determining whether we need to progress to a formal setting to discuss your employment with the business.

If that is necessary, the meeting will take place as soon as possible after I’ve completed the necessary investigation.

|  |
| --- |
| 1. **Do you understand, have any questions or suggestions regarding this?** |
| Yes. Understood. I believe I will be get recovered and get back to work. |

**PART I – Next Steps**  
*Complete at all Welfare meetings*

|  |  |
| --- | --- |
| 1. **Have all your questions been answered?** | Yes  No |
| 1. **List below any agreed actions or any other business:** | |
|  | |
| 1. **Reminded colleague of their responsibility to submit fit notes/Sick Certification in a timely manner, and the impact on pay and possible disciplinary action for not doing so** | Yes |
| 1. **Discussed EAP and Unmind and provided details** | Yes |
| 1. **Time and date of next welfare meeting (MANDATORY):** |  |
| 1. **Confirmed that a copy of this document will be sent to the colleague** | Yes |