STRICTLY PRIVATE AND CONFIDENTIAL

[Recipient’s Name and Address]

Dear <Title, Surname>,

Stage 3 hearing outcome

Further to the Stage 3 hearing held on <DD/MM/YYYY >, I now write to confirm the outcome.

This hearing was convened in line with NHSScotland Attendance Policy. I was supported at the hearing by <Name, Job Title of HR Representative>.<You were accompanied at the hearing by<add Name, Union or Job Title>. OR <You were unaccompanied at the hearing and happy to proceed on that basis>.

### In reaching a decision about the appropriate outcome of the hearing, the following was considered:

* + Your attendance record: <insert detail of absence>
  + The content and outcome of the supportive discussions and formal management of your absence<s>.
  + Current occupational health reports, including any other health professional’s advice.
  + What adjustments have been considered and put in place, and if any requested adjustments were not supported, the rationale for this <insert detail>.
  + What opportunity has been given to improve.
  + The likelihood of improvement in the foreseeable future.
  + The needs of the service and work difficulties created by the absence.
  + <Insert any addition information considered>.

After considering carefully all of the information and evidence that has been presented, I confirm that

**[Delete as appropriate]**

<I considered that you will be able to achieve and maintain the expected standard of attendance within your current role within a reasonable period of time. An action plan will be agreed, implemented, and reviewed. The Stage 3 hearing will reconvene on <DD/MM/YYYY> to assess whether the expected standard of attendance has been achieved.>

**OR**

<I considered that you are unlikely to achieve and maintain the expected standard of attendance. However, guidance from occupational health suggests that permanent redeployment may assist you in achieving this. On that basis, redeployment to a suitable alternative role will be considered in line with the provisions of the Redeployment Policy. The Stage 3 hearing will be reconvened if suitable alternative employment is not secured within the defined period within the redeployment policy. The reconvened hearing will give consideration as to whether termination of employment is appropriate at that stage.>

**OR**

<I considered that you will be unable to achieve and maintain the expected standard of attendance in your current or other roles and that all reasonable adjustments, including redeployment, had been considered and implemented where appropriate. On that basis, I concluded that termination of your contract on the grounds of capability is the only remaining option.

You are entitled to payment for your notice period of <number of weeks notice> weeks, which will be paid on full pay.

**[Delete as appropriate]**

If decision is given at the hearing, then insert paragraph below:

Your period of notice will commence from the day following our meeting, such as <date> until <date>. This date is your last date of employment. You are also entitled to receive payment for any outstanding annual leave. Your entitlement is calculated on:

* Outstanding contractual annual leave entitlement in the current leave year up to the final day of notice.
* The number of days leave carried over from the previous leave year based on the statutory maximum entitlement minus any leave taken.

This amounts to <number of days>. Please note that your date of termination will therefore be <date> to facilitate payment of annual leave however, your P45 will reflect your last working day of <date – same date as end of period of notice>.>

If decision is made after the hearing, then insert paragraph below:

Your period of notice will commence from the day after the assumed date of receipt, which is the third day after mailing, such as <date> until <date>. This date is your last date of employment. You are also entitled to receive payment for any outstanding annual leave. Your entitlement is calculated on:

* Outstanding contractual annual leave entitlement in the current leave year up to the final day of notice.
* The number of days leave carried over from the previous leave year based on the statutory maximum entitlement minus any leave taken.

This amounts to <number of days>. Please note that your date of termination will therefore be <date> to facilitate payment of annual leave however, your P45 will reflect your last working day of <date – same date as end of period of notice>.>

If you are dissatisfied with the outcome of the Hearing, you have the right of appeal under the NHSScotland Attendance Policy. Should you wish to do so, you should write to <manager’s name, job title> detailing your reasons for appeal within 14 calendar days of receipt of this letter.

In the meantime, if you have any queries, please do not hesitate to contact me.

Yours sincerely

**<Hearing Chair’s Name>**

**<Insert Job Title>**

cc: <HR Representative to the Hearing>

<Trade Union Representative>

<Presenting Manager>

<HR representative supporting Presenting Manager>