

**Lead Employer Health Education England (HEE)**

**LEAD EMPLOYER**

**ATTENDANCE MANAGEMENT TOOLKIT**

**August 2017 – August 2020 Version 9**

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**APPENDIX 1 RECORDING ABSENCE CHECKLIST**

**This form should be used when taking calls from members of staff calling in sick- all sections must be completed**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Trainee Details** | | **Name:** | | |  | | | |
| **Contact Telephone number(s):** | | |  | | | |
| **2. Department/Ward/Site:** | |  | | | | | | |
| **3. Manager’s Name:** | |  | | | | | | |
| **4. Date & Time of Call:** | | Date: | |  | | Time: | |  |
| **5. Reason for Absence:** | | **STATE REASON:**  (If stress or musculoskeletal inform the Trainee that you will contact the Lead Employer who may arrange an immediate referral into the Lead Employer Health, Work and Wellbeing Department at Whiston Hospital and must attend these appointments) | | | | | | |
| **6. Estimated length of absence:** | |  | | | | | | |
| **7. Updates** | | **If Trainee is unsure of the time period, tell them that they will be required to call daily to keep their manager informed of their condition. Advise that their Supervisor may also contact them to discuss their progress and get an update on their condition.** | | | | | | |
| **8. GP Consultation** | | Has the member of staff visited their GP?  Yes No | | | | | | |
| If not, will they be contacting their GP regarding their illness?  Yes No | | | | | | |
| **9. Certification** | | **Remind the Trainee that each period of sickness now requires them to complete a self-certificate from day 1. If they are absent for a week or more (7 days including weekends) they will need to provide a doctor’s note and inform the manager on the 8th day.** | | | | | | |
| **10. Annual Leave**  **Does the trainee have any leave planned in the near future? If so provide details** | |  | | | | | | |
| **Reiterate the importance to the trainee to follow the Lead Employer Attendance Management policy and procedures and the importance of keeping in touch with their Supervisor during this period of absence.**  **Signpost the trainee to the Lead Employer web page on the St Helens and Knowsley NHS Trust website for information as may be required.**  **This can be accessed by using the username and password: leademployer** | | | | | | | | |
| **Advise the trainee that a Return to Work Interview will be held with their supervising consultant/ designated person on their return to work** | | | | | | | | |
| **Please advise the trainee that they must inform the relevant absence contact on return from absence to avoid any impact on their pay.** | | | | | | | | |
| **Call taken by:** |  | | **Signed & Dated** | | | |  | |

# APPENDIX 2 LEAD EMPLOYER SERVICE - SELF CERTIFICATE

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This certificate is to be completed by the Trainee/ Student Physician associate to cover:-  1. Absences lasting 7 calendar days or less.  2. The first 7 days of any absence lasting 8 or more days (This form must be returned with your Certificate of Fitness).  **NB** If absence is expected to last longer than 7 days this form **MUST** be completed before your return to work  **NB** Failure to complete and submit this form to the designated person could result in the loss of sick pay and statutory sick pay, and may lead to disciplinary action being taken including a referral to the Trust's Local Counter Fraud Specialist where potential concerns are identified. | | | | | | | | | | | | | | | | |
| **Please Use Block Capitals** | | | | | | | | | | | | | | | | |
| **First Name** |  | | | **Surname** | | | |  | | | | | | | | |
| **Specialty** |  | | | **Placement** | | | |  | | | | | | | | |
| **Assignment Number:** *(this can be found on your payslip)* | | | |  | | | | | | | | | | | | |
| **National Insurance Number** | | | |  |  | |  | |  | |  |  | |  |  |  |
| **Commencement of Illness** | | | **Date:** | | | | | | | **Time: AM**  **PM** | | | | | | |
| **First Working Day of Absence** | | | **Date:** | | | | | | | **Time: AM**  **PM** | | | | | | |
| **Last Working Day of Absence** | | | **Date:** | | | | | | | **Time: AM**  **PM** | | | | | | |
| **Last Day of Sickness** | | | **Date:** | | | | | | | **Finish Time:** | | | | | | |
| **Actual Date of Return to Work** | | | **Date:** | | | | | | | **Start Time:** | | | | | | |
| **Total** | | | **Working Days:** | | | | | | | **Working Hours:** | | | | | | |
| **Absence Reason:**  Back Condition Skin Disorders Other (Mental Health) Swine Flu  Arms/Shoulders Condition Headache/Migraine Stress/Anxiety/Depression  Legs/Knees Condition Cold/Flu Gastric Condition  Respiratory Condition Disability Related  Other  **Please specify what other ……………………………………………………………..** | | | | | | | | | | | | | | | | |
| **Type of Absence:**  Work InjuryWork Related Sickness  Pregnancy Related Absence  Other Sickness  Accident Outside of Work  Did this accidentcause you to consult a medical practitioner or attend hospital?  Was your injury due to an accident involving a third party, e.g. road traffic accident  **NB** *If the answer is ‘yes’ and damages are received from third party you will not be entitled to occupational sick pay and would be expected to return the net pay to the Trust.* | | | | | | | | | | | | | | | | |
| **Trainee Declaration** | | | | | | | | | | | | | | | | |
| I confirm that the above information is accurate and that (tick as appropriate) | | | | | | | | | | | | | | | | |
| I confirm that during the period of being unfit for work I did not undertake any unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.  **or** | | | | | | | | | | | | | | | | |
| I confirm that during the period of being unfit for work I undertook unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.    Please provide details; | | | | | | | | | | | | | | | | |
| **NB** Failure to declare accurate and truthful information on this form may lead to disciplinary action and result in matters being referred to the Trust's Local Counter Fraud Specialist to investigate.  **NB** The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer web page on the St Helens and Knowsley NHS Trustand can be accessed using the username and password: leademployer | | | | | | | | | | | | | | | | |
| Trainee Signature | |  | | | | Date | | | | | | |  | | | |

**THIS FORM SHOULD BE SENT TO THE DESIGNATED PERSON WITHIN YOUR HOST TRUST WITHIN 3 DAYS OF YOUR RETURN FROM ABSENCE**

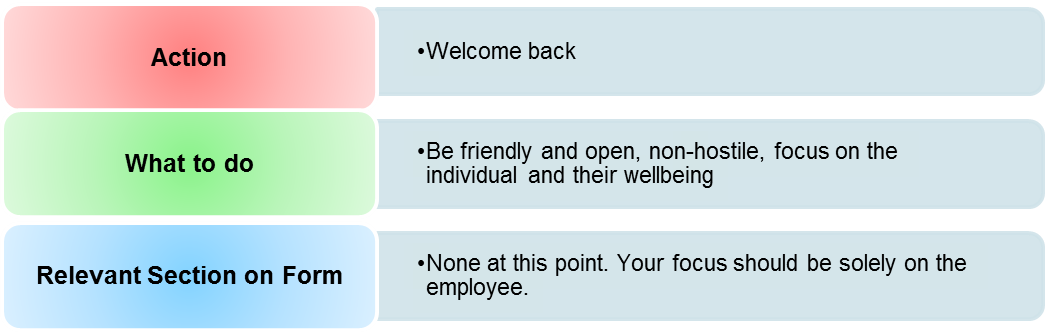
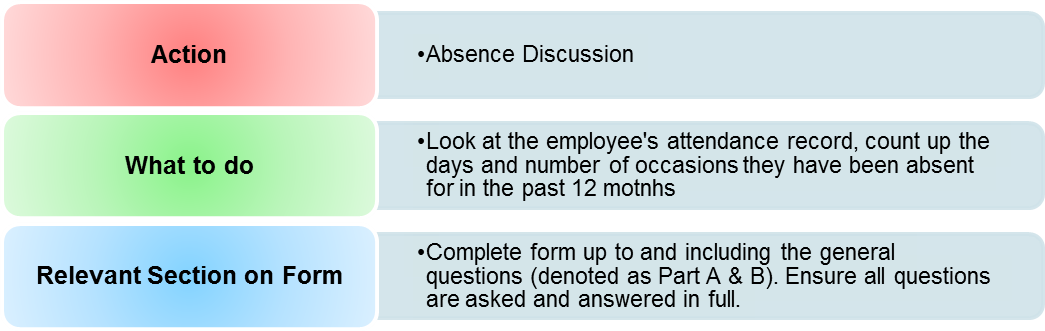
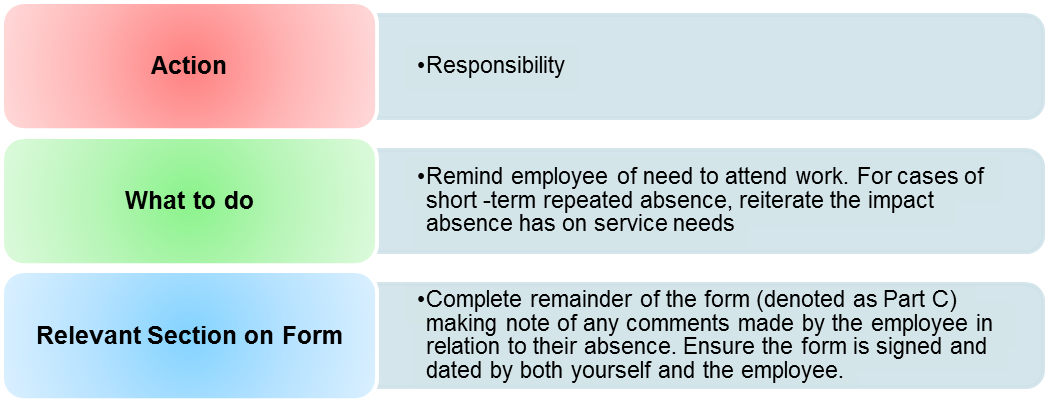
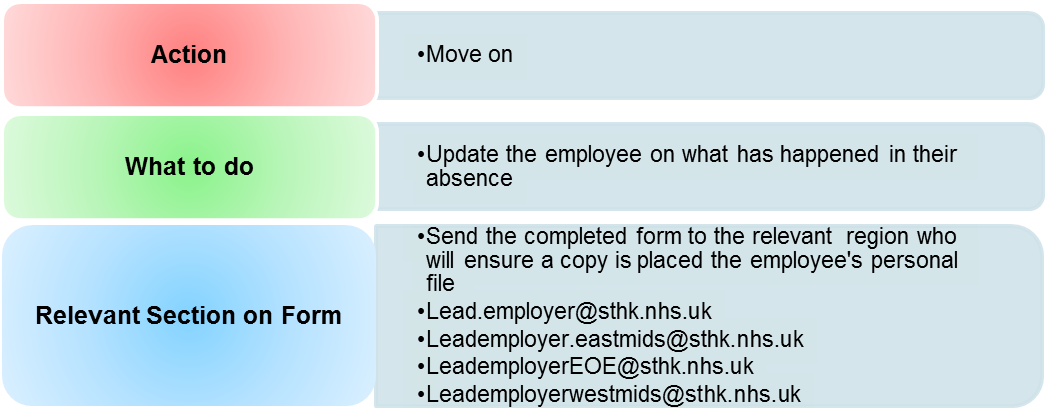
**DESIGNATED AUTHORITY SIGNATURE (Sign if form is satisfactory completed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**N.B DESIGNATED OFFICER:** A copy of this form should be sent to the Lead Employer by email.

# APPENDIX 3 RETURN TO WORK INTERVIEW FORM FOR DESIGNATED OFFICER

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| This form is to be completed by the Designated Officer and Trainee / Student Physician Associate as soon as possible following a return to work interview. On completion they must ensure the date of this interview is entered on ESR. By completing this form you are confirming that the Trainee/Student has fully completed and returned to you the Trust Self Certificate (Appendix 2). | | | | | | | | | |
| **Trainee Name** |  | | | **Reviewing Manager** | | |  | | |
| **Specialty** |  | | | **Date** | | |  | | |
| **Placement** |  | | | **Location** | | |  | | |
| **Absence Start date** |  | | | **Date returned to work** | | |  | | |
| **Specific Reason for Absence** | | |  | | | | | | |
| Total absence during last 12 months…………………….days on ………………… occasions | | | | | | | | | |
| **If you are a clinician explain that you are seeing the Trainee in your role as their manager not their clinician** | | | | | | | | | |
| Did the Trainee comply with the Sickness Absence Reporting and Certification Procedures? Yes/No (if No refer to HR) | | | | | | | | |  |
| Has the Trainee completed and signed the Trust Self Certificate to your complete satisfaction? Yes/No (If No ensure that this is done) | | | | | | | | |  |
| On the Trust Self Certificate has the Trainee declared that they have worked during their absence? Yes/No  (if Yes refer to HR) | | | | | | | | |  |
| Ensure that the absence triggers are explained to the Trainee so they are fully aware of policy implications.  *i.e. 3 instances in 12 months/since last review, 10 days or more since last review over 2 occasions or  2 instances in 13 weeks since last review.* Has this been done?Yes/No | | | | | | | | |  |
| Has the Trainee hit a trigger point? Yes/No N.B If yes do not discuss this in detail, refer to HR | | | | | | | | |  |
| Explain that any confidential information made known will be not be disclosed other than to the Trainee’s  line management and HR/ Health, Work and Wellbeing. Has this been done? Yes/No | | | | | | | | |  |
| **GENERAL QUESTIONS** | | | | | | | | | |
| Has the Trainee fully recovered? Yes/No If No what are the continuing effects of their illness (detail)? | | | | | | | | | |
|  | | | | | | | | | |
| Is the individual to continue to receive treatment for this problem (detail)? Yes/No | | | | | | | | | |
|  | | | | | | | | | |
| Does the Trainee need any support, e.g. referral to Wellbeing Service? Yes/No (If Yes please detail) | | | | | | | | | |
|  | | | | | | | | | |
| Does the Trainee consider it likely that they will have further absences due to their medical condition? Yes/No If yes detail below, discuss with HR & obtain advice from the Work, Health & Wellbeing Service | | | | | | | | | |
|  | | | | | | | | | |
| Does the Trainee consider themselves to have a disability under the Equality Act? Yes/No If yes detail & consult HR | | | | | | | | | |
|  | | | | | | | | | |
| Does the Trainee consider themselves to have an underlying medical condition? Yes/ No if yes detail and consult HR | | | | | | | | | |
|  | | | | | | | | | |
| Date for review (if appropriate) | | | | | |  | | | |
| **If absence was stress related, musculo-skeletal or pregnancy related has a risk assessment been completed? Yes/No** | | | | | |  | | | |
| If no, please complete a risk assessment, forward a copy of all risk assessments to the Lead Employer HR Team on leademployer.casemanagement@sthk.nhs.uk | | | | | | | | | |
| Additional notes or comments please put below *(including agreed action points from above)* | | | | | | | | | |
|  | | | | | | | | | |
| **NB: Please remind the Trainee that they can obtain further advice relating to the impact of their absence on their training programme and pastoral support from HEE.** | | | | | | | | | |
| **Interviewer Signature** | |  | | | **Date** | | |  | |
| **Trainee Declaration** | | | | | | | | | |
| I confirm that the above information is accurate and that (tick as appropriate) | | | | | | | | | |
| I confirm that during the period of being unfit for work I did not undertake any unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.  **or** | | | | | | | | | |
| I confirm that during the period of being unfit for work I undertook unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.    Please provide details; | | | | | | | | | |
| **NB** Failure to declare accurate and truthful information on this form may lead to disciplinary action and result in matters being referred to the Trust's Local Counter Fraud Specialist to investigate.  **NB** The Lead Employer also operates an Employee Assistance Programme (EAP), details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed by using the username and password: leademployer | | | | | | | | | |
| Trainee Signature | |  | | | Date | | |  | |

**APPENDIX 4 GUIDE TO CONDUCT RETURN TO WORK**



**APPENDIX 5 INVITE TO ATTEND WELFARE MEETING**

# 

**Private and Confidential**

Full name

Email address:

DATE

Dear Dr

I am contacting you further to my (delete as applicable) **letter dated XXX/phone conversation** on **(DATE)** in respect of your current absence from work due to **(REASON)** since **(DATE).**

I hope that you are making good progress and in line with the Lead Employer Attendance Management Policy, I wish to arrange a welfare meeting with you to discuss your current situation, provide any necessary support and explore how we can assist your return to work once you are fit to do so.

I would like to meet with you on **DATE** at **TIME** in **VENUE**. Alternatively, if you are medically unable to come in to see us we can arrange to visit you at home. Upon receipt of this letter I would be grateful if you could contact me on **NUMBER** to confirm your attendance or agree alternative arrangements as may be appropriate.

At the meeting you may wish to be accompanied by a trade union representative or workplace colleague.

I look forward to meeting you on **DATE** however in the meantime should you require any further information then please do not hesitate to contact me.

Please note while you are off sick you should not undertake additional hours and/or locum shifts. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

I would like to advise you that you can also obtain pastoral support and further advice relating to the potential impact of absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters including attendance management are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Management policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found on via the Lead Employer web page on the St Helens and Knowsley NHS Trust website and can be accessed using the username and password: leademployer.

If you require any further information then please do not hesitate to contact me.

Yours sincerely,

**c.c. Lead Employer HR Management team (for inclusion on personal file) via email to leademployer.casemangement@sthk.nhs.uk**

# 

# APPENDIX 6 CHECKLIST FOR WELFARE MEETING

**PRIVATE AND CONFIDENTIAL**

Please use the below checklist to obtain the following information while remembering that any disclosure must be on a voluntary basis.

**Having completed the form please scan and email a copy to Lead Employer.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **Welfare Meeting Date** |  |
| **Specialty** |  | **Date HWWB Report (if applicable)** |  |
| **Placement** |  | **Reviewing Manager** |  |
| **Date of Review** |  | **Trainee Representative** |  |
| **Venue** |  | **LE Representative (when required)** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Inform the Trainee about the purpose of the meeting** – **the meeting is conducted in accordance with the Lead Employer Attendance Management Policy. If no representation present – obtain confirmation that the trainee is happy to continue unrepresented? Yes/No** | | | | | | | |
| Review with Trainee: What is the length of current absence, reason for absence, estimated length of current absence, submission of Fit Notes *(have they been timely? If no reiterate reporting procedures)* | | | | | | | |
| Has the Trainee got any Medical problems/disability that may affect their future attendance at work, inclusive of this absence  reason? *Yes/No, if Yes provide details below* | | | | | | | |
| Is the trainee in receipt of any Treatment/Support (current or planned) and could a referral to HWWB provide additional support*? Yes/No, if Yes provide details below, if No consider HWWB referral. Is the Trainee continuing to take any medication?* | | | | | | | |
| Trainee’s own thoughts about his/her suitability to return to their training programme  *Can the following be considered: i.e. Phased return to work?* | | | | | | | |
| Can the Trainee anticipate any problems on return to work and would they require any adjustments or restrictions? Would a phased return be an option? *If yes please detail and also detail any support that may be offered.* *Trainee’s own thoughts about his/her suitability to return to their training programme. GP/Specialists thoughts about suitability to return to work? Can the following be considered: i.e. Phased return to work?* | | | | | | | |
| Any other comments  Inform Trainee of next steps including any further review meetings, expected contact dates for telephone updates and ensure that they are aware that HR may be present at future meetings if absence continues to look at alternative support and further options. **Please inform the Trainee of the support that HEE can provide particularly if they have concerns about their training (note any response here).** | | | | | | | |
| **Agree a date for next welfare** | | |  | | | | |
| **Agree timescale for continued telephone contact i.e. every 2 weeks** | | |  | | | | |
| Advise that a copy of the welfare meeting will be forwarded to the Lead Employer HR Management team [LeadEmployer.CaseManagement@sthk.nhs.uk](mailto:LeadEmployer.CaseManagement@sthk.nhs.uk)  and a copy will be maintained on their personal file | | | | | | | |
| **Reviewing Officer Signature** | |  | | | **Date** | |  |
| **Trainee Declaration** | | | | | | | |
| I confirm that the above information is accurate and that (tick as appropriate) | | | | | | | |
| I confirm that during the period of being unfit for work I did not undertake any unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.  **or** | | | | | | | |
| I confirm that during the period of being unfit for work I undertook unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.    Please provide details; | | | | | | | |
| Trainee Signature |  | | | Date | |  | |

# 



**APPENDIX 7 STAGE AND LEVEL CHART**

**Lead Employer Attendance Management Short Term Triggers:**

Two absences within 13 weeks

Two absences within 12 months spanning 10 days or more

Three absences within 12 months

**If a trainee hits a trigger – Stage 1 meeting required irrespective of whether had a notification letter from HR. This meeting should take place within 6 weeks.**

**.**

**If a further trigger is met (as above)**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Underlying condition disclosed**

**No underlying medical condition**

**Stage 1 meeting required, appendix 9, 10 and 11 to be completed (these templates can be found in the Lead Employer Attendance Management policy)**

**Transfer to level process. Contact Lead employer Case Management for further guidance regarding resolution plan and HWWB input**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Stage 2 meeting required supported by a member of the Lead Employer Case Management Team**

**If a further trigger is met (as above)**

**No further trigger met - review to take place at the end of the 52 week monitoring period regarding status of Stage 1 warning by member of the Lead Employer Case Management Team.**

**If a trainee is progressed to a Stage 2 they are monitored for a 12 month period. If a further trigger is met during this time a Stage 3 meeting is required and will be supported by a member of the Lead Employer Case Management Team**

**Level Two meeting required supported by a member of the Lead Employer Case Management Team. If a trainee is progressed to a Level Stage 2 they are monitored for a 12 month period. If a further trigger is met during this time a Level 3 meeting is required and will be supported by a member of the Lead Employer Case Management Team.**

**Resolution plan agreed and reviewed after a 6 month period. Further review to take place after 12 months**

**If a further trigger is met (as above)**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**If a trainee is progressed to a Stage 2 they are monitored for a 12 month period. If a further trigger is met during this time a Stage 3 meeting is required and will be supported by a member of the Lead Employer Case Management Team**

**If a trainee is progressed to a Stage 2 they are monitored for a 12 month period. If a further trigger is met during this time a Stage 3 meeting is required and will be supported by a member of the Lead Employer Case Management Team**

**If a further trigger is met (as above)**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

**Trainee progresses to Stage 1 and is monitored for a 12 month period.**

# APPENDIX 8 LETTER CONFIRMING TRAINEE HAS HIT SHORT TERM TRIGGER

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

Attendance Management Policy and Procedure – Short Term Trigger

Our records show that you have had **(delete as applicable) *two periods of sickness absence in the last 12 months within a 13 week period/two periods of absence over 10 days in length/three absences over a 12 month period*** (however if you believe that your record is incorrect please contact me as a matter of priority). I am therefore writing to bring to your attention the Attendance Management Policy and Procedure of the Lead Employer in relation to short term sickness absence.

The Lead Employer operates a ‘trigger point’ system which means that once you have had ***3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks***it is likely that you would be asked to attend a Stage 1 Review meeting. Trainees whose absences are caused by a significant underlying medical condition are dealt with under a separate level process. If you believe you have an underlying medical condition that has caused you to trigger under the Attendance Management Policy please get in touch with Lead Employer as soon as possible. Therefore, I will be writing to your Host sickness Champion to advise that a Stage meeting is due. You will shortly receive an invite to attend a Stage meeting direct from your Host Trust/GP Practice.

As your employer we will continue to provide support for Trainees with identified health problems and a range of supportive and preventative interventions are also available to you via our Health, Work and Well-being department.

If you do feel that you need assistance from the Trust, in the first instance please approach your Clinical Supervisor or a member of the Lead Employer Case Management team at **leademployer.casemangement@sthk.nhs.uk,** please include your speciality within the email subject header.

The Trust appreciates that where health concerns have been identified this could be a difficult time for you and would like to advise you that you can obtain further advice relating to the potential impact of absence on your training programme and pastoral support from the HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found at via the Lead Employer web page on the St Helens and Knowsley NHS Trust websit and can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Stage 1 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Stage 1 meeting, which will provide an opportunity to discuss your current absence record in greater detail. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

Please do not hesitate to contact the Lead Employer, with any questions in relation to this letter via our generic email address [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk), please include your speciality within the email subject header.

Yours sincerely,

**HR Advisor**

CC. Host Organisation

# 

# APPENDIX 9 REQUEST TO ATTEND STAGE 1 MEETING

# 

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage 1 Formal Review Meeting**

Further to your recent absence and letter sent by the Lead Employer to you dated **DATE**, our records indicate that you have hit the initial trigger point as laid down in the Lead Employer’s Attendance Management Policy namely ***(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks***which have not been caused by an underlying condition.

* Absence reason from and to
* Absence reason from and to

I am therefore writing to invite you to attend a Stage 1 Formal Review Meeting in accordance with the Lead Employer’s Attendance Management Policy. This is so we can review your absence history.

I would therefore like to meet with you on **DATE at TIME in VENUE**. You have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom by no later than the day before the meeting.

I would also advise that you read the Lead Employer’s Attendance Management policy which is available via the Lead Employer web page on the St Helens and Knowsley NHS Trust website so that you are aware of this process and namely the triggers that are applicable. You should note from paragraph 6.9.4 of the Attendance Management Policy that the potential outcome of this review is that you could be warned that if your absence record does not improve appropriately (i.e. you continue to reach ‘trigger points’ laid down in the policy) you will be asked to attend a Stage 2 Formal Review Meeting.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note until your Stage 1 review meeting has taken place you will be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service). The rationale for this is that if you are unable to maintain regular attendance at work additional work may exacerbate this problem. This will be reviewed as part of the Stage 1 meeting and shall form part of the outcome. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

If you have any queries in advance of the above meeting please do not hesitate to contact me.

**Yours Sincerely,**

**c.c. Lead Employer HR Management team (for inclusion on personal file) via email**

# APPENDIX 10 STAGE 1/2 CHECKLIST AND INTERVIEW RECORD

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **To be completed prior to Formal Stage Review** | | | | | | | | | | |
| **Trainee Name** | | |  | | | **HR Representative** | | | |  |
| **Specialty** | | |  | | | **Host Champion/Reviewing Manager** | | | |  |
| **Please indicate whether this is a Stage 1 or Stage 2** | | |  | | | **Date** | | | |  |
| Amount and frequency of sickness absence over the last 12 months including trigger point reached. Have any pattern/trends been identified that should be discussed at the Stage review? | | | | | | | | | | |
|  | | | | | | | | | | |
| Has there been any Medical Assessment by HWWB? | | | | | | | | | | |
|  | | | | | | | | | | |
| Has there been any assistance given and reasonable adjustments already made prior to this review? i.e. phased return, reduced hours | | | | | | | | | | |
|  | | | | | | | | | | |
| **Content at Formal Stage Review** | | | | | | | | | | |
| **Trainee Name** | | | |  | | | **Reviewing Manager** |  | | |
| **Trainee Representative** | | | |  | | | **HR Representative** |  | | |
| **Date of Meeting** | | | |  | | | **Location** |  | | |
| Confirmation of absence record as detailed above and Trainee’s views. Discuss any patterns or trends | | | | | | | | | | |
|  | | | | | | | | | | |
| Q1. Are there any factors affecting the Trainee’s absence? i.e. carer responsibilities, medical condition  Q2. Can the Trainee envisage any potential issues which may lead to further absence?  Q3. Is there any support that the Trainee requires to maintain Attendance at present and in future? i.e. surgery later in year  Q4. Does the Trainee feel that they have an underlying medical condition? **Yes/No** *If the answer is ‘Yes’ then advise the Trainee that they may be referred to HWWB for advice*  Q5. Does the trainee undertake additional hours or locum work? **Yes/No** *If the answer is ‘Yes’ please discuss the impact that this is having on their attendance and discuss whether as per the policy they should be stopped from doing locum work for a min period of 4 weeks, if attendance improves to an acceptable level then the restriction will be lifted.* | | | | | | | | | | |
| **Please provide details of discussion:** | | | | | | | | | | |
| Has the Trainee raised any significant mitigating circumstances? Yes/ No *If the answer is ‘Yes’ discuss with the Lead Employer HR Management team.* | | | | | | | | | | |
| **Outcome: Considering the above information has the Trainee Progressed to Stage 1 / 2?** | | | | | | | | | | |
| **Yes** | **No** | **If ‘No’ please adjourn meeting and see note below \*** | | | | | | | | |
|  |  |  | | | | | | | | |
| **Information to be supplied at the review meeting** | | | | | | | | | | |
| Has the Trainee been informed of the prospect of a Stage 2/ 3 review if another trigger point is hit in the next 12 months following this Stage 1/ 2 Review? **YES **  *Triggers are: 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks.* | | | | | | | | | | |
| Advise Trainee that they will receive a confirmation of outcome letter *(Appendix 9)* Has this been forwarded **YES ** | | | | | | | | | | |
| **NB:** Please remind the Trainee that they can obtain further advice relating to the impact of their absence on their training programme and pastoral support from HEE. | | | | | | | | | | |
| **NB** The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer | | | | | | | | | | |
| **Reviewing Officer Signature** | | | | |  | | **Date** | |  | |
| **Trainee Signature** | | | | |  | | **Date** | |  | |
| **Copy to be sent to the Lead Employer HR Management team** [LeadEmployer.CaseManagement@sthk.nhs.uk](mailto:LeadEmployer.CaseManagement@sthk.nhs.uk) | | | | | | | | | | |

\* If you feel that that there are very significant mitigating circumstances affecting all the absences, please adjourn the meeting and refer to point 6.9.3 of the Attendance Management policy and contact the relevant member of the LE HR team before making a decision.

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# APPENDIX 11 CONFIRM PROGRESSION TO STAGE 1

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage 1 Formal Review Meeting - OUTCOME**

I am writing to confirm the outcome of our recent Stage 1 Formal Review Meeting which was conducted in line with the Lead Employer’s Attendance Management Policy. The meeting took place on **DATE** and I note that you **were/ were not** accompanied at this meeting by **NAME**.

At this meeting, I considered your absence record which identified that you had hit *a* trigger point as laid down in the policy*.* I can confirm that I found that you had hit a trigger point namely ***(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks* as follows:-**

* Date and reason
* Date and reason
* Date and reason

In line with policy I advised that your current level of attendance does not meet the required standard as set out in the Attendance Management policy. As a consequence, you were progressed to Stage 1 of the Lead Employer Attendance Management Policy from **DATE.**

**You informed me at the meeting that you may have an underlying medical condition (DETAIL) which will need to be reviewed by the Lead Employer Health, Work & Wellbeing Department. It is important that you attend all HWWB appointments. Following receipt of the HWWB advice we will review your absences in line with the new information.** **(Please delete if not applicable).**

You will remain on Stage 1 of the Attendance Management Policy for a period of 12 months. I reiterated to you the importance of your attendance improving and informed you that if your absence record does not improve sufficiently (i.e. if you reach one of the ‘trigger points’ laid down in the policy) you will be asked to attend a Stage 2 Formal Review Meeting and the potential outcome of this meeting could result in the issue of a Final Warning. Please note that the term “warning” in this policy relates to attendance not misconduct. Such warnings will therefore be applied in accordance with the principles and procedures of the Attendance Management policy rather than the Disciplinary Policy and Procedure.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from the HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Stage 1 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will advise you that you are unable to undertake additional hours and/or locum work.**

If you have any queries in relation to the above please do not hesitate to contact me.

Yours Sincerely,**c.c. Lead Employer HR Management team (for inclusion on personal file) via email to** [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

# APPENDIX 12 REQUEST TO ATTEND STAGE 2 MEETING

**Strictly Private & Confidential**

**Full Name:**

**Email address:**

**Date:**

Dear Dr,

**Re: Stage 2 Formal Review Meeting**

As you are aware you attended a Stage 1 Formal Review Meeting held on **DATE** when you were placed on Stage 1 of the Lead Employer Attendance Management process, however your most recent absence has resulted in a further absence trigger being reached. In light of this, I am writing to invite you to attend a Stage 2 Formal Review Meeting in accordance with Lead Employer Attendance management Policy.

The purpose of this meeting is to review your absence record since your Stage 1 Formal Review Meeting and in particular to review your further period of absence/s which our records indicate that you have hit *a* further trigger point*(s)* as laid down in the policy i.e. ***(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks*** *as outlined below:-*

* Insert date and reason
* Insert date and reason

I would therefore like to meet with you on **DATE at TIME in VENUE**. Also present at this meeting will be **NAME, Job Title HR Representative.** You have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least a day before the meeting.

I would advise that you read the Lead Employer’s Attendance Management policy which is available via the Lead Employer web page on the St Helens and Knowsley NHS Trust so that you are aware of this process and namely the triggers that are applicable. You should note from paragraph 5.8.4 that the potential outcome of this review is that you could receive a final warning that if your absence record does not improve sufficiently (i.e. you hit one of the ‘trigger points’ laid down in the policy) you will be asked to attend a Stage 3 Formal Review Meeting where dismissal is an option.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Stage 2 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Stage 2 meeting, which will provide an opportunity to discuss your current absence record in greater detail.

If you have any queries in advance of the above meeting please do not hesitate to contact me.

Yours Sincerely

**c.c.** **Lead Employer HR Management team (for inclusion on personal file) via email to** [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

# APPENDIX 13 CONFIRM PROGRESSION TO STAGE 2

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**RE: Stage 2 Formal Review Meeting - OUTCOME**

I am writing to confirm the outcome of your recent Stage 2 Formal Review Meeting which was conducted in line with the Lead Employer’s Attendance Management Policy. The meeting was held on **DATE** and I note that you **were/ were notaccompanied at this meeting by NAME**.

During this meeting I reviewed your absence record since your Stage 1 Formal Review Meeting which identified that you have hit a further trigger point as laid down in the policy as follows:-

* Date and reason
* Date and reason

I can confirm that further to reviewing your absence, I concluded that you were currently on Stage 1 and that you did hit *a* further trigger pointsince being placed on Stage 1 i.e. **(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks** *as outlined above*. I therefore reiterated to you that your current level of attendance is unacceptable to the Trust and as a consequence you were issued a final warning and progressed to Stage 2 of the Lead Employer Attendance Management policy from **DATE**.

**You informed me at the meeting that you may have an underlying medical condition (DETAIL) which will need to be reviewed by the Lead Employer Health, Work & Wellbeing Department. It is important that you attend all HWWB appointments. Following receipt of the HWWB advice we will review your absences in line with the new information. (Please delete if not applicable)**

I informed you that if your absence record does not improve sufficiently (i.e. you reach the ‘trigger points’ laid down in the policy) you will be asked to attend a Stage 3 Dismissal Meeting the outcome of which could potentially result in your dismissal.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and

procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found at via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Stage 2 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will withdraw this approval to undertake additional hours and/or locum work.**

If you have any queries in relation to the above please do not hesitate to contact me.

Yours Sincerely,

**TITLE**

**c.c.** **Lead Employer HR Management team (for inclusion on personal file) via email** [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

**c.c. HEE Dean and Deputy Dean**

# APPENDIX 14 INVITE TO ATTEND STAGE 3 MEETING

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage 3 Review Meeting**

I am pleased to hear you have recovered from your recent period of ill health and you have now returned to your speciality training programme.

As you are aware you attended a Stage 2 Formal Review Meeting held on **DATE** when you were placed on Stage 2 of the attendance management process, however your most recent absence has resulted in a further absence trigger being reached. Therefore in accordance with the Lead Employer’s Attendance Management Policy I am writing to invite you to attend a Stage 3 Formal Review Meeting.

The purpose of this meeting is to review your absence record since your Stage 2 Formal Review Meeting and in particular to review your further period of absence/s which our records indicate that you have hit *a* further trigger point*(s)* as laid down in the policy i.e. **(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks** *as outlined below:-*

* Insert dates and reasons
* Insert dates and reasons

I would therefore like to meet with you on **DATE at TIME in VENUE**. Also present at this meeting will be **NAME, Job title** from the Lead Employer HR team. You have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least a day before the meeting.

I would advise that you read the Lead Employer’s Attendance Management policy which is available via the Lead Employer web page on the St Helens and Knowsley NHS Trust so that you are aware of this process and namely the triggers that are applicable. If you cannot gain access to the internet site please contact me for a copy of this policy. I would like to draw your attention to paragraph 8.5.5 of the policy and namely that the potential outcome of this meeting is dismissal from the service of the Trust with appropriate notice.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Stage 3 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Stage 3 meeting, which will provide an opportunity to discuss your current absence record in greater detail. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

Please find enclosed a copy of your absence record including previous stage outcome letters and a copy of the Lead Employer Attendance Management Policy.

If you have any queries in advance of the above meeting please do not hesitate to contact me.

**Yours Sincerely,**

**STAGE 3 HEARING OFFICER**

**NAME**

**Enc. Documentation from stage reviews  
 Absence History**

**c.c.** **Lead Employer HR Management team (for inclusion on personal file) via email to** [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

**c.c. HEE Dean and Deputy Dean**

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# APPENDIX 15 STAGE 3 CHECKLIST & INTERVIEW RECORD GUIDANCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **Reviewing Officer** |  |
| **Specialty** |  | **Trainee Representative** |  |
| **Date of Review** |  | **LE Representative** |  |
| **Venue** |  |  |  |
|  | |  | |
| Inform the Trainee about the purpose of the meeting – the meeting is conducted in accordance with the Lead Employer Attendance Management Policy. If no representation present – obtain confirmation that they are happy to continue unrepresented? Yes/No | | | |
| Confirm overview of absence history – Is the Trainee in agreement with the content of the summary? Yes/No | | | |
| **Has any circumstances changed since the stage 2 review meeting? Yes/No** | | | |
|  | | | |
| **Does the Trainee feel that there are any mitigating factors?** | | | |
|  | | | |
| **Does the Trainee feel that there are any issues or concerns outstanding?** | | | |
|  | | | |
| Does the trainee undertake additional hours or locum work? **Yes/No** *If the answer is ‘Yes’ please discuss the impact that this is having on their attendance and discuss whether as per the policy they should be stopped from doing locum work for a min period of 4 weeks, if attendance improves to an acceptable level then the restriction will be lifted.* | | | |
|  | | | |
| **ADJOURN TO MAKE DECISION Time adjourned;**  **Time reconvened;** | | | |
| **Outcome:** | | | |
| **Reasoning given:** | | | |
| Confirm with the Trainee that they will receive confirmation of the outcome and details of appeal process | | | |

*Please use continuation sheet if needed*

|  |  |  |  |
| --- | --- | --- | --- |
| **Reviewing Officer Signature** |  | **Date** |  |
| **Trainee Signature** |  | **Date** |  |
| **Copy to be sent to the Lead Employer HR Management team LeadEmployer.CaseManagement@sthk.nhs.uk** | | | |

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**APPENDIX 16 STAGE 3 OUTCOME CONFIRMATION**

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage 3 Review Meeting – OUTCOME Dismissal**

I am writing to confirm the outcome of your Stage 3 Attendance Management Review Meeting which took place on **DATE** in line with the Lead Employer’s Attendance Management Policy. In our invite letter you were offered the right to be accompanied at this meeting and note that you **were/were not** accompanied at this meeting by **NAME**. Also in attendance was **NAME** HR representative from the Lead Employer.

During this meeting I reviewed your absence record since your Stage 2 Formal Review Meeting which identified that you have hit a further trigger point as laid down in the policy as follows:-

* Date and reason
* Date and reason

I can confirm that after reviewing your current absence, I concluded that you were on a Stage 2 of the Lead Employer’s Attendance Management Policy and were therefore subject to a Final Warning which was issued to you on **DATE**. I also concluded that you did reach *a* further trigger pointfollowing the last Review Meeting i.e. **(delete as appropriate) 3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks** as outlined above. I therefore found that your level of attendance was unacceptable to the Trust and therefore it is with regret that as a consequence of this you were dismissed from your employment with the Trust with effect from the **DATE**. You will therefore receive **X** weeks’ pay in lieu of notice and also any outstanding annual leave.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

If you wish to appeal against the decision to terminate your employment with the Trust you should do so in writing within 7 days of receipt of this letter to Head of Human Resources, Lead Employer Service, St Helens and Knowsley Hospitals Trust, Alexandra Business Park, Second Floor, Court Buildings, St Helens, Wa10 3TP

Yours sincerely,

**STAGE 3 HEARING OFFICER**

**NAME**

**c.c. HOS/TPD**

**Dean and Deputy Dean**

**Lead Employer HR Management team (for inclusion on personal file) via email to** [**LeadEmployer.CaseManagement@sthk.nhs.uk**](mailto:LeadEmployer.CaseManagement@sthk.nhs.uk)

# APPENDIX 17 STAGE 3 OUTCOME CONFIRMATION (Non-Dismissal)

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**RE: Stage 3 Review Meeting - Outcome (Non Dismissal)**

I am writing to confirm the outcome of your Stage 3 Attendance Management Review Meeting which took place on **DATE** in line with the Lead Employer Attendance Management Policy. In our invite letter you were offered the right to be accompanied at this meeting and note that you were/ were *not* accompanied at this meeting by **NAME**.Also in attendance was **Name, Job Title** from the Lead Employer HR team.

During this meeting I reviewed your absence record since your Stage 2 and in particular the allegation that since this Review Meeting your attendance has not improved sufficiently over the agreed period as set down in your Stage 2 meeting.

I would confirm that currently your level of attendance is not at a level acceptable to the Lead Employer. However you showed to me a sufficiently high level of commitment to reach an acceptable level of attendance and it was satisfactorily demonstrated to me that

* **Provide details of mitigation/significant reasons**

I would confirm that I therefore decided not to dismiss you, but I still expect you to achieve an acceptable level of attendance by **DATE**. If the required level of attendance is not met by this date and maintained for a period of at least 12 months in total you will be re-invited to attend a Level 3 Attendance Management Review which could result in your dismissal.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain further advice relating to the impact of your absence on your training programme and pastoral support from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Stage 3 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will withdraw this approval to undertake additional hours and/or locum work.**

Should you need further assistance please do not hesitate to contact me.

Yours Sincerely

**STAGE 3 HEARING OFFICER**

**c.c.** HOS/TPD, Dean and Deputy Dean, Lead Employer HR Management team (for inclusion on personal file) via email to [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

# APPENDIX 18 INVITE TO APPEAL STAGE 3/ LEVEL 3

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage 4 - Appeal**

I am writing to you further to your letter of **DATE**, in which you stated you wished to appeal against your dismissal under the Lead Employer’s Attendance Management Policy.

I would therefore like to meet with you on **DATE at TIME in VENUE**. Also present at this appeal will be **NAME, HR REPRESENTATIVE**. You have the right to be accompanied by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least the day before the appeal.

Please find enclosed a copy of your absence record including previous stage letters and a copy of the Lead Employer’s Attendance Management Policy.

If you have any queries in advance of the meeting please do not hesitate to contact **Name, HR Service Manager on 0151 xxx xxxx**.

Yours sincerely

**APPEAL HEARING OFFICER**

**NAME**

**c.c.** Lead Employer HR Management team (for inclusion on personal file) via email to [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

**c.c. HEE Dean and Deputy Dean**

# APPENDIX 19 CONFIRMATION OF APPEAL OUTCOME

**Strictly Private & Confidential**

**Full name:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Stage/Level 4 Appeal - OUTCOME**

I am writing to confirm the outcome of your **Stage/Level** 4 appeal hearing which took place on **DATE** in line with the Lead Employer’s Attendance Management Policy. In your invite letter you were given the opportunity to be accompanied at this meeting and note that you **were/were not** **accompanied at this appeal by** **NAME***.* Also in attendance was **NAME** HR representative from the Lead Employer.

The purpose of this meeting was to consider the decision to dismiss you under Stage 3/Level 3 of the Attendance Management Policy.

*Delete as appropriate \**

1. I can confirm that I upheld the decision to dismiss you because your level of attendance since your Final Warning was unacceptable to the Trust and there were insufficient mitigating circumstances to overturn the decision. Please note that this is the concluding stage of the procedure and therefore this decision is final.

Or

1. I can confirm that I over turned the decision to dismiss you. I reached this decision due to the fact that …..(Detail reasons.) You are therefore reinstated with effect from the date of the original dismissal however as discussed during the meeting you will continue to be monitored on a Stage/Level 3 of the Attendance Management Policy until **DATE**. Should you have any absence in the 52 week monitoring period, another formal review meeting will take place, the outcome of which could be dismissal. Please note that this is the concluding stage of the procedure and therefore this decision is final.

If you have any queries in relation to the above please do not hesitate to contact me.

**(If Outcome 1 is given remove below paragraph. If Outcome 2 is given include below paragraph)**

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

Yours sincerely

**APPEAL HEARING OFFICER**

**NAME**

**c.c.** HOS/TPD, Dean, Deputy Dean, Lead Employer HR Management team (for inclusion on personal file) via email to [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

**APPENDIX 20 REQUEST TO ATTEND LEVEL 1**

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 1 Attendance Management Review**

**I am writing further to the letter sent to you dated XXX informing you that you had triggered under the Lead Employer Attendance Management Policy. I noted that your absences were all related and you have informed us that you have an underlying medical condition. Therefore, I am therefore writing to confirm that you should attend a Level 1 Attendance Management Review under the Intermittent or Short Term Absence Medical Capability Process of the Lead Employer Attendance Management Policy.**

**Or**

**I am writing further to your recent appointment with the Lead Employer’s Work, Health and Wellbeing Service. I have received the HWWB report (copy enclosed) and it is for this reason that I wish to meet with you.**

**In the report from NAME, they have confirmed that yourabsences over the last 12 months were caused by a significant underlying medical problem. I am therefore writing to confirm that you should attend a Level 1 Attendance Management Review with me under the Intermittent or Short Term Absence Medical Capability Process of the Lead Employer Attendance Management Policy.**

I would therefore like to arrange for your Level 1 Review on **DATE** at **TIME** in **VENUE**. Present at this meeting will be yourself, **NAME, Supervisor or relevant nominated person** and you have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least the day before the meeting.

The aim of this Level 1 Review is to produce a resolution plan to assist you in ensuring that your attendance reaches the required level. Once this resolution plan has been formulated I will be setting down the standard attendance to be achieved and maintained in the required timescales.

I would advise that you read the Lead Employer’s Attendance Management policy which is available via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust so that you are aware of this process and namely the triggers that are applicable. You should note from paragraph 5.9.1 that the potential outcome of this review is that if you don’t reach the standards set and your absence record does not sufficiently improve you will be asked to attend a Level 2 Attendance Management Review.

All occupational health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the Lead Employer Attendance Management policy.

I do appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found on the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Level 1 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Level 1 meeting, which will provide an opportunity to discuss your current absence record in greater detail. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

If you have any queries in advance of the above meeting please do not hesitate to contact me on **0151 xxx xxxx**

Yours sincerely

**CLINICAL SUPERVISOR**

**NAME** c.c. Lead Employer HR Management team (for inclusion on personal file) via email to [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

**APPENDIX 21 LEVEL 1/ 2 CHECKLIST AND INTERVIEW RECORD**

**PRIVATE & CONFIDENTIAL**

**Level 1 /2 Interview Guidelines and Outline Transcript**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed at Management Conference with HR and Reviewing Manager prior to Formal Level Review** | | | |
| **Trainee Name** |  | **Reviewing Manager** |  |
| **Specialty** |  | **LE Representative** |  |
| **Please indicate whether this is a Level 1 or Level 2** |  | **Location** |  |
| **Date** |  |
| Amount and frequency of sickness absence over the last 12 months | | | |
|  | | | |
| Medical Assessment – if applicable | | | |
|  | | | |
| Assistance given and reasonable adjustments already made prior to this review | | | |
|  | | | |
| Draft Outline Resolution Plan | | | |
|  | | | |
| **End of Management Conference** | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be completed at Formal Level Review** | | | | | |
| **Trainee Name** |  | | **Reviewing Manager** | |  |
| **Specialty** |  | | **Trainee Representative** | |  |
| **Please indicate whether this is a Level 1 or Level 2** |  | | **HR Representative (L2 only)** | |  |
| **Date** |  | | **Location** | |  |
| Confirmation of absence record and Trainee’s Views | | | | | |
|  | | | | | |
| Discussion of Outline Resolution Plan including employee’s/reviewing manager/LE/HWWB (if required) views on requirements/restrictions/ support | | | | | |
|  | | | | | |
| Further adjustment and other resolution possibilities requested/considered | | | | | |
|  | | | | | |
| Does the trainee undertake additional hours or locum work? **Yes/No** *If the answer is ‘Yes’ please discuss the impact that this is having on their attendance and discuss whether as per the policy they should be stopped from doing locum work for a min period of 4 weeks, if attendance improves to an acceptable level then the restriction will be lifted.* | | | | | |
|  | | | | | |
| **Adjournment** | | | | | |
| Resolution Plan – including outcome of consideration of requested/considered resolution possibilities and adjustments (NB HR must be consulted prior to any agreement being reached on a potential reasonable adjustment not considered at the management conference) HR (name) | | | | | |
|  | | | | | |
| Timescale for Resolution Plan- (max limit 6 months) | | | | | |
|  | | | | | |
|  | | | | | |
| Trainee Target Set Down by Reviewing Manager – *Inc. timescale* | | | | | |
|  | | | | | |
| Has the Trainee been informed of the prospect of a Level 2 /3 review if the required target level of attendance is not met by the date above and maintained for a total of 12 months or if insufficient progress is made to reach this required level prior to this date: YES | | | | | |
| Confirm that the Trainee will receive a copy of the Resolution Plan with Timescales and a confirmation of outcome letter (copy of plan will remain on personal file) | | | | | |
| **NB:** Please remind the Trainee that they can obtain further advice relating to the impact of their absence on their training programme and pastoral support from HEE. | | | | | |
| **NB**  The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer | | | | | |
| **Reviewing Officer Signature** | |  | **Date** |  | |
| **Trainee Signature** | |  | **Date** |  | |

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# APPENDIX 22 CONFIRM PROGRESSION TO LEVEL 1

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 1 Attendance Management Review - OUTCOME**

I am writing to confirm the outcome of our recent Level 1 Attendance Management Review Meeting which was conducted in line with the Lead Employer’s Attendance Management Policy. The meeting took place on **DATE** and I note that you **were/were not** accompanied at this meeting by **NAME**. (Delete if not applicable) Also in attendance was **Name, Job Title.**

The purpose of the meeting was to discuss that currently your level of attendance is not at a level acceptable to the Trust and that I expect you to achieve an acceptable level of attendance by**DATE**. If the required level of attendance is not met by this date and maintained for a period of at least 12 months in total or if insufficient progress is made to reach this required level prior to this date you will be asked to attend a Level 2 Attendance Management Review.

To assist you in meeting this target a resolution plan was drawn up during the meeting and a copy is enclosed for your information and guidance. This resolution plan includes reasonable adjustments as detailed and these will be reviewed annually to ascertain whether they are still required and still reasonable.

If required occupational health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the policy.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Level 1 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will withdraw this approval to undertake additional hours and/or locum work.**

Should you need further assistance please do not hesitate to contact me.

Yours sincerely

c.c. Lead Employer HR Management team LeadEmployer.CaseManagement@sthk.nhs.uk

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# APPENDIX 23 REQUEST TO ATTEND LEVEL 2

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 2 Attendance Management Review**

Further to your Level 1 Attendance Management Review Meeting held on **DATE** when you were placed on Level 1, you have since been absent from work on the following occasion/s:-

* Insert date and reason
* Insert date and reason
* Insert date and reason

In light of this, I am writing to invite you to attend a Level 2 Attendance Management Review Meeting with me in accordance with the Lead Employer’s Attendance Management Policy.

At your Level 1 Attendance Management Meeting you were provided with an agreed resolution plan to assist you to ensure that your attendance reached the required level in the timescale that was set down. Our records indicate that you have not managed to make appropriate progress towards reaching the level of attendance I set down at that review and I am therefore writing to confirm that you should attend a Level 2 Attendance Management Reviewwith me under the Intermittent or Short Term Absence Medical Capability Process of the Lead Employer Attendance Management Policy.

I would therefore like to meet with you on **DATE** at **TIME** in **VENUE**. Also present at this meeting will be **NAME, HR REPRESENTATIVE**. You have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least a day before the meeting.

The aim of this Level 2 Attendance Management Review is to review your absence record and your resolution plan to see whether any further reasonable assistance can be given you to help you to ensure that your attendance reaches the required level. Following consultation with you I will be resetting the standard to be achieved and maintained in the required timescale. I will also be outlining the next step should this not be achieved and maintained which regretfully includes the potentiality of dismissal.

I would advise that you read the Lead Employer’s Attendance Management policy which is available via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust so that you are aware of this process and namely the triggers that are applicable. If you cannot gain access to the internet site please contact the HR Case Management Team on 0151 430 1879 for a copy of this policy.

Any occupational health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the policy.

I do appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Level 2 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Level 2 meeting, which will provide an opportunity to discuss your current absence record in greater detail. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

If you have any queries in advance of the above meeting please do not hesitate to contact me on 0151 **xxx xxxx.**

Yours sincerely

**NAME**

c.c. Lead Employer HR Management team LeadEmployer.CaseManagement@sthk.nhs.uk

Enc. Absence History  
 Level 1 Resolution Plan

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**APPENDIX 24 CONFIRM PROGRESSION TO LEVEL 2**

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 2 Attendance Management Review - OUTCOME**

I am writing to confirm the outcome of our recent Level 2 Attendance Management Review Meeting which was conducted in line with the Lead Employer’s Attendance Management Policy. The meeting took place on **DATE** and I note that you **were/were *not*** accompanied at this meeting by **NAME**.Also in attendance was **Name, Job Title,** from the Lead Employer team.

The purpose of this meeting was to discuss your absence record and that since your Level 1 meeting which took place on **DATE,** your level of attendance has yet to improve. During your level 2 review meeting we reviewed your current resolution plan and tried to identify any additional support. You were informed at the Level 2 meeting that if your level of attendance has not improved by **DATE** then you may potentially be asked to attend a Level 3 Attendance Management Review which could result in your dismissal.

Your resolution plan which was set down at your Level 1 meeting was reviewed (but no further changes were considered necessary) or (*and following your Level 2 Review further amendments were made to your plan which were…..DETAIL. This revised resolution plan includes reasonable adjustments as detailed and these will be reviewed annually to ascertain whether they are still required and still reasonable).*

Occupational health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the policy.

I do appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Level 2 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifts (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will withdraw this approval to undertake additional hours and/or locum work.**

Should you need further assistance please do not hesitate to contact me on **0151 xxx xxxx**

Yours sincerely

c.c. HOS/TPD as required

Lead Employer HR Management team (for inclusion on personal file) [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

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# APPENDIX 25 REQUEST TO ATTEND LEVEL 3

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 3 Attendance Management Review**

Further to your Level 2 Attendance Management Review Meeting held on **DATE** when you were placed on Level 2, you have since been absent from work on the following occasion/s:-

* Insert dates and reasons

In light of this, I am writing to invite you to attend a Level 3 Attendance Management Review Meeting with me in accordance with the Lead Employer’s Attendance Management Policy.

The purpose of this meeting is to discuss your absence record which indicates that you have not managed to make sufficient progress towards reachingthe required level of attendance I set down at that review.

I would therefore like to meet with you on **DATE** at **TIME** in **VENUE**. Also present at this meeting will be **NAME, HR REPRESENTATIVE**. You have the right to be accompanied to this review meeting by a recognised trade union representative or a work based colleague. I would be grateful if you could inform me if you are to be accompanied and if so by whom at least a day before the meeting.

The aim of this Level 3 Attendance Management Review will be to review your current absence record since your Level 2 review and explore any reasonable adjustments suggested by either party. I will consider any fresh facts you present before adjourning to reach a decision. You need to be aware that at this level of the Attendance Management Policy, if it is found that you have not managed to makeappropriate progress towards reaching the required level of attendance, one of the potential outcomes is dismissal.

I would advise that you read the Lead Employer’s Attendance Management policy which is available on the Lead Employer’s internet site, so that you are aware of this process and namely the triggers that are applicable. If you cannot gain access to the internet site please contact me for a copy of this policy.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice relating to the impact of your absence on your training programme from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

As detailed above, due to your current levels of attendance causing you to trigger under the Lead Employer Attendance Management policy, please note until your Level 3 review meeting has taken place you should refrain from undertaking any additional hours and/or locum shifts (unless there is an emergency need for your service). This will be reviewed as part of the Level 3 meeting, which will provide an opportunity to discuss your current absence record in greater detail. If you do undertake additional hours and/or locum shifts this may lead to disciplinary action being taken.

If you have any queries in advance of the above meeting please do not hesitate to contact me on **0151 xxx xxxx**

Yours sincerely

**LEVEL 3 HEARING OFFICER**

**NAME**

CC. Lead Employer HR Management team (for inclusion on personal file)

HOS/TPD as appropriate

AD/PGD

Enc. Absence History   
 Resolution plan from Level 2

# APPENDIX 26 LEVEL 3 CHECKLIST AND INTERVIEW RECORD

**PRIVATE & CONFIDENTIAL Level 3 Interview Guidelines and Outline Transcript**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed at Management Conference prior to Formal Level Review** | | | |
| **Trainee Name** |  | **Reviewing Manager** |  |
| **Specialty** |  | **LE Representative** |  |
| **Level Number** |  | **Location** |  |
| **Date** |  |
| Amount and frequency of sickness absence over the last 12 months | | | |
|  | | | |
| Medical Assessment – review of HWWB report if required | | | |
|  | | | |
| Assistance given and reasonable adjustments already made prior to this review | | | |
|  | | | |
| Further adjustments and other resolution possibilities | | | |
|  | | | |
|  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **To be completed at Formal Level Review** | | | | | |
| **Trainee Name** |  | | **Reviewing Manager** | |  |
| **Specialty** |  | | **LE Representative** | |  |
| **Level Number** |  | | **Trainee Representative** | |  |
| **Date** |  | | **Has there been a previous Level 3 review? Yes/No** | |  |
| **Location** |  | |
| Confirmation of absence record since Level 2 review and Trainee’s views | | | | | |
|  | | | | | |
| Discuss medical advice received and Trainee’s views | | | | | |
|  | | | | | |
| Further adjustment and other resolution possibilities requested / to be considered | | | | | |
|  | | | | | |
| Does the trainee undertake additional hours or locum work? **Yes/No** *If the answer is ‘Yes’ please discuss the impact that this is having on their attendance and discuss whether as per the policy they should be stopped from doing locum work for a min period of 4 weeks, if attendance improves to an acceptable level then the restriction will be lifted.* | | | | | |
|  | | | | | |
| **Adjournment Time adjourned**  **Time reconvened;** | | | | | |
| Outcome Reached: | | | | | |
| Reasoning | | | | | |
|  | | | | | |
| Trainee Target Set Down by Reviewing Manager – *Inc. timescale. (If applicable)* | | | | | |
|  | | | | | |
| Confirm that the Trainee will receive confirmation of outcome letter  | | | | | |
| **I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice from HEE**.  The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer | | | | | |
|  | | | | | |
| **Reviewing Officer Signature** | |  | **Date** |  | |
| **Trainee Signature** | |  | **Date** |  | |

# 

# APPENDIX 27 LEVEL 3 OUTCOME CONFIRMATION (Dismissal)

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 3 Attendance Management Review – OUTCOME DISMISSAL**

I am writing to confirm the outcome of your Level 3 Attendance Management Review Meeting which took place on **DATE** in line with the Lead Employer’s Attendance Management Policy. In our invite letter you were offered the right to be accompanied at this meeting and note that you were/ were *not* accompanied at this meeting by **NAME**.Also in attendance was **NAME** HR representative for the Lead Employer.

During this meeting I reviewed your absence record since you being placed on a Level 2 and in particular your current absence record which indicates that since this Review Meeting your attendance has not improved appropriately over the agreed period as set down in your Level 2 meeting.

I can confirm that after reviewing your current absence, I concluded that you were on a Level 2 of the Lead Employer’s Attendance Management Policy and were in receipt of any reasonable adjustments and support we have provided for you. I therefore found that your level of attendance was unacceptable to the Trust and therefore it is with regret that as a consequence of this you were dismissed from your employment with the Trust with effect from the **DATE**. You will therefore receive **XX** weeks’ pay in lieu of notice and also any outstanding annual leave.

If you wish to appeal against the decision to terminate your employment with the Trust you should do so in writing within 7 days of receipt of this letter to Head of Human Resources, Lead Employer, St Helens and Knowsley Hospitals Trust, Alexandra Business Park, Second Floor, Court Buildings, St Helens, Wa10 3TP

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain pastoral support and further advice from HEE. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

Yours sincerely

**LEVEL 3 HEARING OFFICER**

**NAME**

c.c. Lead Employer HR Management team LeadEmployer.CaseManagement@sthk.nhs.uk

PGD

HOS/TPD

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# APPENDIX 28 LEVEL 3 OUTCOME CONFIRMATION (Non-Dismissal)

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Attendance Management Review Level 3 Outcome – Non Dismissal**

I am writing to confirm the outcome of your Level 3 Attendance Management Review Meeting which took place on **DATE** in line with the Lead Employer’s Attendance Management Policy. In our invite letter you were offered the right to be accompanied at this meeting and note that you were/ were *not* accompanied at this meeting by **NAME***.* Also in attendance was **NAME** HR representative for the Lead Employer.

During this meeting I reviewed your absence record since your Level 2 and in particular your current absence record which indicates that since this Review Meeting your attendance has not improved sufficiently over the agreed period as set down in your Level 2 meeting.

I would confirm that currently your level of attendance is not at a level acceptable to the Trust. However you showed to me a sufficiently high level of commitment to reach an acceptable level of attendance and it was satisfactorily demonstrated to me that

* There has been some significant but nevertheless insufficient improvement since your Level 2 Review
* The medical opinion is that an acceptable level of attendance is medically possible for you to attain.

I would confirm that I therefore decided not to dismiss you but I still expect you to achieve *an acceptable level of* attendance by **DATE**. If the required level of attendance is not met by this date and maintained for a period of at least 12 months in total you will be re-invited to attend a Level 3 Attendance Management Review which could result in your dismissal.

Occupational health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the policy.

I appreciate that this may be a difficult time for you and I would wish to remind you that you can obtain further advice relating to the impact of your absence on your training programme and pastoral support from HEE.

Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

All employment matters are managed by the Lead Employer in accordance with agreed policy and procedures; should you wish to review the Lead Employer Attendance Manager policy this is accessible via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

The Lead Employer also operates an Employee Assistance Programme (EAP) and details of this can be found via the Lead Employer’s web page on the St Helens and Knowsley NHS Trust and can be accessed using the username and password: leademployer

Please note as we discussed in your Level 3 review meeting you will **(Delete as applicable) be unable to work additional hours and/or locum shifs (unless there is an emergency need for your service) for a period of 3/6/9/12 months OR be able to work additional hours and/or locum shifts but should you have further absence we will withdraw this approval to undertake additional hours and/or locum work.**

Should you need further assistance please do not hesitate to contact me.

Yours Sincerely

**LEVEL 3 HEARING OFFICER**

**NAME**

c.c. Lead Employer HR Manager Team [leademployer.casemanagement@sthk.nhs.uk](mailto:leademployer.casemanagement@sthk.nhs.uk)

HOS/TPD as appropriate

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# APPENDIX 29 FAILURE TO MAINTAIN CONTACT / PROVIDE CERTIFICATES

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Failure to adhere to the Lead Employer sickness absence reporting procedures**

I am writing to you further to your current absence from work. According to our records you notified your Host Trust on **DATE** that you were unable to attend work due to sickness. As you will be aware the Lead Employer Attendance Management Policy places a responsibility on you to ensure your absence is reported in line with our sickness reporting procedures and all sickness absences must be covered by valid fit notes.

Since you reported your absence on **DATE** your Host Trust nor the Lead Employer have received any further notification or contact from you. This matter is therefore being considered as a failure to adhere to the Lead Employer sickness reporting procedures for the following reason/s *(DELETE AS APPROPRIATE)*

* You have failed to produce a self-certification certificate covering your absence since xxxxx and are therefore being classified as on a period of unauthorised absence.

Or

* You have failed to produce a Statement for Fitness to Work form (fit note) from your GP covering your absence since xxxxx and are therefore being classified as on a period of unauthorised absence.

Or

* You have failed to notify your [REFER TO HOST MATRIX] of you absence from work and have failed to maintain contact with your manager since xxxx; you are therefore being classified as on a period of unauthorised absence.

It is extremely important that the above concerns are addressed as a matter of urgency. Therefore upon receipt of this letter I would be grateful if you could contact me immediately on 0151 **xxx xxxx.** If I have not heard from you within 7 days from the date of this letter your current absence will be notified to Payroll as a period of unauthorised absence which will result in your salary for the being stopped. I have also enclosed a copy of the Attendance Management Policy for your information.

I must advise you that as you have failed adhere to the sickness absence reporting procedures you are failing to follow the Lead Employer Attendance Management Policy. Any further failure to follow the policy may result in disciplinary action being taken and a copy of the policy is enclosed for your information. You may also wish to review the Lead Employer Disciplinary Policy which is accessible via our Lead Employer’s web page on the St Helens and Knowsley NHS Trust

I would therefore be grateful if upon receipt of this letter you contact me immediately on 0151 **xxx xxxx** in order that this matter can be discussed in greater detail.

Yours sincerely

**NAME**

**HR Service Manager**

CC. TPD & Host Organisation

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# APPENDIX 30 Outcome of 52 Week Review of Stage or Level

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Review of your sickness record**

I am contacting you further to the meeting you attended with (**insert name and job title)** on **DATE** when you were placed onto the Short Term Absence Procedure – Stage 1/2/3 or Level 1/2/3 *(DELETE AS APPLICABLE)* as part of the Lead Employer’s Attendance Management Policy and Procedure. At the meeting you were informed that there needed to be a marked and sustained improvement in your attendance or further action may be taken.

Your absence record since you being placed on Stage 1/2/3 or Level 1/2/3 *(DELETE AS APPLICABLE)* has continued to be reviewed over the last 52 week period in line with policy. During this period you have had (insert number) of episodes totalling (insert number) days of absence.\*

OR – Since the last meeting you have had no further sickness absence.

*(DELETE AS APPROPRIATE)\**

It is noted that there has been a substantial improvement in you attendance and it is hoped that it can be maintained. Having considered all the relevant information it has been decided that on this occasion that you will be ….*(DELETE AS APPROPRIATE)*

1. Removed from the short term absence procedure (no underlying medical condition).
2. Monitored at a lower level/stage of the procedure (include details)
3. Monitored at the current stage of the procedure for an extended period if improvement in attendance has deteriorated in the latter half of the monitoring period and this will be until *insert date* (no more than 12 months).

Should you require any further information or would like to discuss the above in greater detail please do not hesitate to contact me on 0151 430 1879.

Yours sincerely,

**Name**

**HR Advisor**

CC. Lead Employer HR Management Team (for inclusion on personal file)

# APPENDIX 31 LONG-TERM ABSENCE CONSULTATION REVIEW GUIDANCE

(Section 5.18)

|  |  |  |  |
| --- | --- | --- | --- |
| **Trainee Name** |  | **Reviewing Manager** |  |
| **Specialty** |  | **HWWB Representative** |  |
| **Current Placement** |  | **LE Representative** |  |
| **Date** |  | **Location** |  |

**Current absence information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start date of current absence** |  | **Reason** |  |
| **Date of latest welfare meeting** |  | **Date of latest HWWB report** |  |

**Details of absence history in last 12 months**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date** | **End Date** | **Total Number of Days** | **Reason** |
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**Details of Discussion:**

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| --- | --- | --- | --- |
| **Matters arising from previous review/s** | | | |
|  | | | |
| **Update on current situation** | | | |
|  | | | |
| **Discuss latest Health, Work & Wellbeing report** | | | |
|  | | | |
| **Barriers impacting on return to work** | | | |
|  | | | |
| **Outcome of any adjustments and any alternative options to a return to work, which were discussed at previous reviews *i.e. OOP, Access to Work*** | | | |
|  | | | |
| **Is there anything further that you feel the Lead Employer can do to support you and to facilitate a return to work?** | | | |
|  | | | |
| **Are there any outstanding queries or concerns which you feel need to be addressed?** | | | |
|  | | | |
| **Discuss any further actions to be taken and timescales** *(i.e. this meeting commences a formal consultation period for potential termination of contract for reasons of ill health capability)* | | | |
|  | | | |
| **Agree date for next and final meeting (minimum of 1 week)** | | | |
|  | | | |
| I agree that the above is an accurate reflection of the meeting | | | |
| **Manager Signature:** |  | **Date:** |  |
| **Trainee Signature:** |  | **Date:** |  |
| **LE Rep Signature:** |  | **Date:** |  |

# APPENDIX 32 EQUALITY ACT, REASONABLE ADJUSTMENT CHECKLIST GUIDANCE

Prior to completion please liaise with a member of the Lead Employer HR Management team   
(Section 5.9.1 and 5.9.2)

|  |  |
| --- | --- |
| **Trainee Name** |  |
| **Specialty** |  |
| **Current Placement** |  |
| **Date** |  |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **INITIAL QUESTIONS** | | | |
| Detail the underlying medical condition that is to be considered | | | |
|  | | | |
| Is the condition deemed a disability, e.g. certified visual impairment, HIV infection, multiple sclerosis, cancer? Yes/No | | | |
|  | | | |
| Which of the day-to-day activities are affected? (Detail) | | | |
|  | | | |
| Is the effect substantial? What is the nature and effect of the disability? (Detail) | | | |
|  | | | |
| If the effect is minor, is it likely to become substantial in the future? Yes/No/Unknown at this stage | | | |
|  | | | |
| Is the substantial adverse effect long-term (12 months) or recurrent? | | | |
|  | | | |
| **Reasonable Adjustments Considered** | | | |
| When considering adjustments, focus on what the Trainee cannot do or can only do with difficulty or tiredness, as opposed to what the Trainee can do. | | | |
|  | | | |
| Consider the effect on normal activities. Are there any areas which need to be adjusted or that can/not be adjusted? | | | |
|  | | | |
| Consider when the effects of the underlying medical condition start and how long they are likely to last. Are there any time specific areas which need to be adjusted or that can/not be adjusted? | | | |
|  | | | |
| If necessary, consider the deemed effect without any medication or aid i.e. if medication is temporary will there be a time when adjustments need to be amended? | | | |
|  | | | |
| Consider the medical advice from HWWB and/or Specialist/GP. Have any recommendations been made that can/not be implemented? | | | |
|  | | | |
| Have training needs been considered? If believe that underlying medical condition will impact on training need to discuss with Training Programme Director (TPD) and HEE. | | | |
|  | | | |
| Consider the impact on service needs – cost, patient safety etc. Are the considered adjustments suitable for the service? | | | |
|  | | | |
| **If absence related to stress a Stress Risk Assessment must be completed** | | | |
| **Print Name** |  | **Signature** |  |
| **Title** |  | **Date** |  |
| **Relationship with Trainee** | |  | |

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**APPENDIX 33 Physiotherapy Service**

[](http://www.physiomed.co.uk/)

**Do you suffer from musculoskeletal pain?**

**Are you aware of the external PhysioMed service the Trust provides?**

**What is PhysioMed?**

Employees of the Trust have access to the services of PhysioMed who work closely with the Trust’s Health, Work and Well Being Department to promote staff health and wellbeing, improve productivity and reduce sickness absence.

A range of services and advice is available to all staff and is funded by St Helens and Knowsley Teaching Hospitals NHS Trust.

**Any** employee who suffers a work related musculoskeletal injury or disorder (MSD) can be referred to PhysioMed.

**What can you expect from PhysioMed?**

For further information on this service or a referral please contact: Health, Work and Wellbeing on 0151 430 1985.

**Please note, no referral can be made if you are already under the care of a Professional**

**APPENDIX 34 RISK ASSESSMENT FORM**

Risk Assessment Form

**Ref.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Severity** | **Probability** | | | | | | **Probability grading** | **Severity grading** |
|  | 5 | 4 | 3 | 2 | 1 | 1 Very remote/Improbable | 1. Trivial injury/loss |
| 5 | **H** | **H** | **H** | **M** | **M** | 2. Unlikely but Possible | 2. Minor injury/loss |
| 4 | **H** | **H** | **M** | **M** | **M** | 3. Foreseeable that it could occur | 3. Major injury /loss |
| 3 | **H** | **M** | **M** | **M** | **L** | 4. Likely to occur | 4. Severe injury /loss |
| 2 | **M** | **M** | **M** | **L** | **L** | 5. Certain to occur | 5. Death |
| 1 | **M** | **M** | **L** | **L** | **L** |

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| HIGH RISK | The level of risk is intolerable and immediate action is required. |
| MEDIUM RISK | The level of risk needs to be reduced to a level that is as low can be reasonably practicably achieved. |
| LOW RISK | The risk is broadly acceptable and further actions may not be necessary. |

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| **Assessment for:** | | | **By:** | | **Date:** | | | | **Reviewed:** | | | |
| **Reviewed by Manager** | | | |
| **Description of the Hazard** | **Persons in danger** | **Potential Harm** | **Existing Safe Systems/ Controls**  **References** | **Existing**  **P x S = R** | | | | **Suggested Safe Systems Required and Actions** | | **Complete**  **P x S = R** | | |
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**Risk Assessment Review**

**Ref:**

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| --- |
| **Supervisor/ GP Practice Manager/ University Lead Review of the Risk Assessment** |
| Reviewed by: |
| Date: |

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| --- | --- | --- |
| **Action** | **Person Responsible** | **Completion date** |
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**ACTION PLAN**

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| **Action** | **Person Responsible** | **Completion date** |
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