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 **LEAD EMPLOYER**

**LEVEL 1 TOOLKIT**

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**APPENDIX 1 REQUEST TO ATTEND LEVEL 1**

**MEETING**



**Strictly Private & Confidential**

**Full name:**

**GMC:**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 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. The trigger points are ***3 episodes in 12 months, 10 days or more over 2 occasions or 2 episodes of any length within 13 weeks***.

I am writing to confirm that you are required to attend a Level 1 Attendance Management Review 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. 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.

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

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 Management policy this is accessible via [Lead Employer - MWL | Policies and Forms](https://leademployer.merseywestlancs.nhs.uk/online-policies). The Policy includes details of this process and 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 if your absence record does not improve appropriately (i.e. you continue to reach ‘trigger points’ laid down in the policy) you will be required to attend a Level 2 Formal Review Meeting.

All Health, Work and Wellbeing 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.

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

The Lead Employer will continue to provide support to you in relation to your identified underlying health concern. A range of supportive and preventative interventions are also available to you via the Lead Employer Health, Work and Well-being department.

The Lead Employer has a wide variety of support services available to you and I would therefore encourage you to access the below link which has been designed by the Lead Employer to signpost our colleagues in training to external wellbeing support that is currently available to you as an NHS colleague. This document covers a range of resources and confidential support currently available and can be accessed here: [Lead Employer - MWL | Wellbeing Support](https://leademployer.merseywestlancs.nhs.uk/traineesupport)

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.

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

**Yours Sincerely,**

**NAME**

**CC. Lead Employer HR Business Partner and Advisory Team**

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

**PRIVATE & CONFIDENTIAL**

**Level 1 Interview Guidelines and Outline Transcript**

|  |
| --- |
| **To be completed at Management Conference with HR and Reviewing Manager prior to Formal Level Review** |
| **Colleague In Training Name** |  | **Reviewing Manager** |  |
| **Specialty** |  | **Lead Employer Representative** |  |
| **GMC Number** |  | **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** |
| **Colleague In Training Name** |  | **Reviewing Manager** |  |
| **Specialty** |  | **Trainee Representative** |  |
| **GMC number** |  | **HR Representative (Not mandatory at Level 1)** |  |
| **Date** |  | **Location** |  |
| Confirmation of absence record over the last 12 months and Trainee’s Views |
|  |
| Discussion of Resolution Plan including employee’s/reviewing manager/LE/HWWB (if required) views on requirements/restrictions/ support |
|  |
| Further adjustments 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 agreed with trainee and set Down by Reviewing Manager – *Inc. timescale* |
|  |
| Has the Trainee been informed of the prospect of a Level 2 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 NHS England Education |
| **NB**  The Lead Employer has a wide variety of support services available to you and I would therefore encourage you to access the below link which has been designed by the Lead Employer to signpost our trainees to external wellbeing support that is currently available to you as an NHS colleague. This document covers a range of resources and confidential support currently available and can be accessed here: https://leademployer.sthk.nhs.uk/traineesupport |
| **Reviewing Officer Signature** |  | **Date** |  |
| **Trainee Signature** |  | **Date** |  |



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# APPENDIX 3 CONFIRM PROGRESSION TO

# LEVEL 1



**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Outcome of Level 1 Attendance Management Review**

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 your level of attendance that is not at a level acceptable to the Trust and we agreed an achievable level of attendance for you to reach by**DATE**. If the agreed 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 required to attend a Level 2 Attendance Management Review.

To assist you in meeting this target a supportive resolution plan was completed during the meeting and a copy is enclosed for your information. This resolution plan details the reasonable adjustments, and these will be reviewed annually to ascertain whether they are still required. Please do let me know if your condition changes and the agreed adjustments need to be reviewed sooner.

If required, health advice and guidance will be provided to you by the Lead Employer Health, Work and Wellbeing Service in accordance with the Attendance Management 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 NHS England Education. Should you require further advice and support in the first instance please do not hesitate to contact your Training Programme Director.

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The Lead Employer has a wide variety of support services available to you and I would therefore encourage you to access the below link that has been provided by Lead Employer to signpost our colleagues in training to external wellbeing support that is currently available to you as an NHS colleague. This document covers a range of resources and confidential support currently available and can be accessed here: [Lead Employer - MWL | Wellbeing Support](https://leademployer.merseywestlancs.nhs.uk/traineesupport).

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

**CC. Lead Employer HR Business Partner and Advisory Team**