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**LEAD EMPLOYER**

**LEVEL 2 TOOLKIT**

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**APPENDIX 1 REQUEST TO ATTEND LEVEL 2**

**MEETING**

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Re: Level 2 Attendance Management Review**

I am writing further to your attendance at the Level 1 Attendance Management Review Meeting that took place on **DAT,** during this meetingyou were placed on a Level 1 sickness absence trigger. Since this meeting took place, you have 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 in accordance with the Lead Employer’s Attendance Management Policy.

At your Level 1 Attendance Management Meeting you agreed a supportive resolution plan to assist you to ensure that your attendance reached the agreed level in the timescale that was set down. Our records indicate that you have not managed to make appropriate progress towards reaching the agreed level of attendance and I am writing to confirm that you are required to attend a Level 2 Attendance Management Reviewunder 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 review if any further reasonable adjustments can be implemented to help improve your attendance to reach the required level. Following consultation with you, we will agree a level of attendance to be achieved and maintained in the required timescale. I will also outline the next steps should this not be achieved and maintained which includes potential dismissal from your employment.

I would also advise that you read the Lead Employer’s Attendance Management policy which is available Lead Employer website [Lead Employer - MWL | Policies and Forms](https://leademployer.merseywestlancs.nhs.uk/online-policies) so that you are aware of this process and namely the triggers that are applicable.

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.

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 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 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 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 result in disciplinary action.

**Yours sincerely**

**NAME**

c.c. Lead Employer HR Business Partner and Advisory Team

Enc. Absence History  
 Level 1 Resolution Plan

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

**PRIVATE & CONFIDENTIAL**

**Level 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** |  | **Lead Employer Representative** |  |
| **GMC** |  | **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** | |  |
| **GMC** |  | | **Lead Employer HR Representative** | |  |
| **Date** |  | | **Location** | |  |
| Confirmation of absence record in the last 12 months 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 agreed with trainee and set Down by Reviewing Manager – *Inc. timescale* | | | | | |
|  | | | | | |
| Has the Trainee been informed of the prospect of a Level 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 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 2

**Strictly Private & Confidential**

**Full name**

**Email Address:**

**Date:**

Dear Dr …

**Outcome of Level 2 Attendance Management Review**

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 not improved. During your level 2 review meeting, we reviewed your current resolution plan to identify any additional support that may be required. 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 from employment.

Your resolution plan which was agreed 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).*

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 NHS England Education. 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 Management policy this is accessible via [Lead Employer - MWL | Policies and Forms](https://leademployer.merseywestlancs.nhs.uk/online-policies?policy=3)

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)

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.**

Yours sincerely

c.c. HOS/TPD as required

Lead Employer HR Business Partner and Advisory Team