

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:	<p>STATE REASON:</p> <p>(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)</p>			
6. Estimated length of absence:				
7. Updates	<p>If Trainee is unsure of the time period, tell them that they will be required to call <u>daily</u> to keep their manager informed of their condition. Advise that their Supervisor/GP Trainer/Practice Manager may also contact them to discuss their progress and get an update on their condition.</p>			
8. GP Consultation	<p>Has the member of staff visited their GP?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
	<p>If not, will they be contacting their GP regarding their illness?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
9. Certification	<p>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.</p>			
10. Annual Leave Does the trainee have any leave planned in the near future? If so provide details				
<p>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/GP Trainer/Practice Manager during this period of absence. Signpost the trainee to the Lead Employer page on the St Helens and Knowsley NHS Trust Website in for further information as may be required.</p>				
<p>Advise the trainee that a Return to Work Interview will be held with their supervising consultant/ designated person on their return to work</p>				
<p>Please advise the trainee that they must inform the relevant absence contact on return from absence to avoid any impact on their pay.</p>				
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 <input type="checkbox"/> PM <input type="checkbox"/>
First Working Day of Absence	Date:	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
Last Working Day of Absence	Date:	Time: AM <input type="checkbox"/> PM <input type="checkbox"/>
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	<input type="checkbox"/>	Skin Disorders	<input type="checkbox"/>	Other (Mental Health)	<input type="checkbox"/>	Swine Flu	<input type="checkbox"/>
Arms/Shoulders Condition	<input type="checkbox"/>	Headache/Migraine	<input type="checkbox"/>	Stress/Anxiety/Depression	<input type="checkbox"/>		
Legs/Knees Condition	<input type="checkbox"/>	Cold/Flu	<input type="checkbox"/>	Gastric Condition	<input type="checkbox"/>		
Respiratory Condition	<input type="checkbox"/>	Disability Related	<input type="checkbox"/>				
Other	<input type="checkbox"/>	Please specify what other					

Type of Absence:

Work Injury Work Related Sickness Pregnancy Related Absence Other Sickness

Accident Outside of Work

Did this accident cause 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 GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

Trainee Signature		Date	
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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>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.</i> 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 <i>(including agreed action points from above)</i>			
<p>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.</p>			
Interviewer Signature		Date	
<u>Trainee Declaration</u>			
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. <input type="checkbox"/>			
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. <input type="checkbox"/>			
Please provide details;			
<p>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.</p> <p>NB GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice</p>			
Trainee Signature		Date	

APPENDIX 4 GUIDE TO CONDUCT RETURN TO WORK

Action	<ul style="list-style-type: none"> •Welcome back
What to do	<ul style="list-style-type: none"> •Be friendly and open, non-hostile, focus on the individual and their wellbeing
Relevant Section on Form	<ul style="list-style-type: none"> •None at this point. Your focus should be solely on the employee.
Action	<ul style="list-style-type: none"> •Absence Discussion
What to do	<ul style="list-style-type: none"> •Look at the employee's attendance record, count up the days and number of occasions they have been absent for in the past 12 months
Relevant Section on Form	<ul style="list-style-type: none"> •Complete form up to and including the general questions (denoted as Part A & B). Ensure all questions are asked and answered in full.
Action	<ul style="list-style-type: none"> •Responsibility
What to do	<ul style="list-style-type: none"> •Remind employee of need to attend work. For cases of short-term repeated absence, reiterate the impact absence has on service needs
Relevant Section on Form	<ul style="list-style-type: none"> •Complete remainder of the form (denoted as Part C) making note of any comments made by the employee in relation to their absence. Ensure the form is signed and dated by both yourself and the employee.
Action	<ul style="list-style-type: none"> •Move on
What to do	<ul style="list-style-type: none"> •Update the employee on what has happened in their absence
Relevant Section on Form	<ul style="list-style-type: none"> •Send the completed form to the relevant region who will ensure a copy is placed in the employee's personal file •Lead.employer@sthk.nhs.uk •Leademployer.eastmids@sthk.nhs.uk •LeademployerEOE@sthk.nhs.uk •Leademployerwestmids@sthk.nhs.uk

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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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
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

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.

Underlying condition disclosed

No underlying medical

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

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

Level Two meeting required supported by

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 further trigger is met (as above)

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/GP Trainer/Practice Manager or a member of the Lead Employer Case Management team at **leademployer.casemanagement@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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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, 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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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 <i>If the answer is 'Yes' then advise the Trainee that they may be referred to HWWB for advice</i>			

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 GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website

www.england.nhs.uk/gphealthservice

Reviewing Officer Signature		Date	
Trainee Signature		Date	

Copy to be sent to the Lead Employer HR Management team 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.

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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 website 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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 not accompanied 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 point since 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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 website 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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

c.c. HEE Dean and Deputy Dean

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			

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 point following 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**

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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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

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

- 2) 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

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 your absences 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/GP Trainer/Practice Manager 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 website 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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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/GP Trainer/Practice Manager

Name c.c. Lead Employer HR Management team (for inclusion on personal file) via email to 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 GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

Reviewing Officer Signature		Date	
Trainee Signature		Date	

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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 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 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 regrettably 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 website 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 Sophie Derbyshire, HR Advisor 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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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

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 reaching the 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 make appropriate 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 website. We advise you to familiarise yourself with the policy and the support that is available via the HWWB website.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website

www.england.nhs.uk/gphealthservice

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 <i>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.</i>	
Adjournment	Time adjourned Time reconvened;
Outcome Reached:	
Reasoning	
Trainee Target Set Down by Reviewing Manager – <i>Inc. timescale. (If applicable)</i>	
Confirm that the Trainee will receive confirmation of outcome letter <input type="checkbox"/>	
<p>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.</p> <p>GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice</p>	

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

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 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.

GP Trainees can now access the GP Health Service which offers support for trainees suffering mental ill-health and addiction. Further information about this service can be found by visiting the website www.england.nhs.uk/gphealthservice

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 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

**LEVEL 3 HEARING OFFICER
NAME**

c.c. Lead Employer HR Manager Team leademployer.casemanagement@sthk.nhs.uk

HOS/TPD as appropriate

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 web page on the St Helens and Knowsley NHS Trust website.

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

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 your 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

Details of Discussion:

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			

APPENDIX 33 Physiotherapy Service



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?

- A call from the PhysioMed triage team within 4 hours
- A comprehensive assessment from a Senior Physiotherapist within three working days
- Further face-to-face treatment, if required, via our in-house physiotherapist, at either Whiston or St Helens Hospital

For further information on this service or 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

Trainee progresses to

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										

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.

Assessment for:			By:	Date:	Reviewed:			
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

Risk Assessment Review

Trainee progresses to Stage

Supervisor/ GP Practice Manager/ University Lead Review of the Risk Assessment

Reviewed by:

Date:

Action	Person Responsible	Completion date

