

Handling Concerns (MHPS) Guidelines

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1. Purpose

The purpose of the Guidelines is to provide support and guidance to all employees responsible/ involved in MHPS Process as documented in the Trusts 'Handling Concerns' Policy (CORP/PROC/451). This document works in conjunction with that policy and should be read alongside the policy document.

2. What is a concern?

The management of performance is a continuous process which is intended to identify problems. Numerous ways now exist in which concerns about a practitioner's performance can be identified; through which remedial and supportive action can be quickly taken before problems become serious or patients harmed; and which do not necessarily require formal investigation or the resort to disciplinary procedures.

Concerns about a doctor or dentist's conduct or capability can come to light in a wide variety of ways, for example:

- Concerns and / or complaints expressed by other NHS professionals, health care managers, students and non-clinical staff;
- Review of performance against job plans, annual appraisal, revalidation
- Monitoring of data on performance and quality of care;
- Clinical governance, clinical audit and other quality improvement activities;
- Complaints about care by patients or relatives of patients;
- Information from the regulatory bodies;
- Litigation following allegations of negligence;
- Information from the police or coroner;
- Court judgments.

A member of staff may make an observation on the following and wish to raise their concerns in relation to:

- Inflammatory comments
- Poor communication with colleagues or patients
- Inappropriate verbal language
- Inappropriate body language
- Poor behaviour
- Clinical practice
- Fraud for example private practice concerns / timesheets

3. Who to tell?

A concern should be raised with the immediate Line Manager in the first instance who will then refer it to the Head of Department or Directorate Manager.

4. I (as the Line Manager of Head of Department) have received a complaint /concern what do I need to do?

If you receive a complaint or concerns are raised with you the first step is to 'establish the immediate facts' surrounding the complaint. This can include any documentary records such as timesheets/ written statements from the member of staff who raised concern and any other witnesses. At this stage, you are only seeking information that is **readily available**.

Important: There is **no** need at this stage to be inviting people to formal meetings as this would be part of any subsequent investigation process if needed.

You will also need to inform the individual who the received complaint is against advising that you are making them aware of the complaint as part of this process. Do this sensitively and reconfirm that you are establishing the facts and no formal process has been entered into at this time. Assure the individual you will keep them informed and the matter will be progressed at pace.

The purpose of this stage is to gather enough information to enable the case manager to assess the seriousness of the concern/complaint raised and help inform and rationalise whether this needs to be resolved through a more formal route or informally.

5. What is the difference between 'establishing facts' and a 'formal investigation'?

Establishing facts (Informal)	Investigation (Formal)
HoD gathering facts /information that has given rise to concern – readily available	Case investigator – trained in MHPS has been appointed by the case manager this would not ordinarily be the respective HoD
Information is gathered surrounding the concern/complaint	Investigation is directed by a terms of Ref established and agreed by case manager
The individual concerned has been made aware informally that there is an issue.	Individual would have been notified formally by Med Director /case manager to inform of the formal proceedings that will take place
Issue is only known div management team i.e. locally	Case has been discussed with NCAS
No notice is required i.e. no invite to formal meeting no right to rep	Right to notice to prepare following formal invite to a meeting in writing
No right of representation	Right of representation applies
Progress is being managed locally with HR support	Progress is being monitored by a nominated NED – Case manager/ Medical Director and HR/CEO
No formal process to follow	Any action must be in line with MHPS /Trust disciplinary procedure for medical staff

6. How do I handle a Bullying and Harassment complaint against a doctor/dentist?

Firstly, when you, as a line manager, receive a complaint of this nature, you must establish with the individual making the complaint if they want the issue handling

formally. If so, you will seek advice from HR, instigate an investigation, to be conducted in line with the Trust's Bullying & Harassment procedure (CORP/PROC/208) and inform the Medical Director.

The alleged perpetrator, who is a doctor/dentist, will be notified, in writing, by the Medical Director (Case Manager) that a fact finding is taking place in accordance with the Trust B&H procedure.

Once the investigation is completed, a report is submitted to the Medical Director who will decide what action needs to be taken in line with the Trust's Handling Concerns procedure (CORP/PROC/451). If, upon receipt of the B&H investigation, the findings are considered to show serious concerns, the Medical Director will lodge the concern with CEO and a Non-Executive Director will be assigned to the case. A Case Investigator may not necessarily need to be appointed, as the B&H investigation is likely to be sufficient, although the Medical Director may seek further advice from a clinical advisor to help inform whether this is a professional conduct issue.

7. Roles and responsibilities of those involved formally handling concerns

"Case Manager" is the person who has responsibility for overseeing investigations into concerns about a practitioner.

His/her duties are to:

- On first hearing about these concerns needing to decide whether they should be formally investigated.
- Liaise with and seek the advice of the NCAS as set out in the Trust's Handling Concerns policy.
- Notify the practitioner in writing of such investigation. Develop the Terms of Reference for the investigation to be undertaken by the Case Investigator
- Consider (usually with the HR Director and Chief Executive) whether to immediately restrict a practitioner's duties or exclude him/her from work or take some other form of protective action.
- Upon receipt of the case investigator's report consider whether a formal procedure should be started (for instance a disciplinary hearing). At this stage, he/she will also consider whether any immediate restrictions or exclusion should be continued.
- Review any exclusion (where applicable) and determine after careful thought whether it should be continued. Specialty advice should be sought as appropriate.
- Prepare reports on each exclusion (where appropriate) before the end of each four week exclusion period.

"Case investigator" is the person who is responsible for carrying out a formal investigation into concern(s) about a practitioner. He/she:

- Must carry out a proper and thorough investigation into the concerns as specified in the Terms of Reference from the Case Manager.
- Involve an appropriately qualified clinician to investigate clinical concerns if he/she does not have such qualifications.
- Ensure that appropriate witnesses are interviewed and evidence reviewed.

- Ensure that any evidence gathered is carefully and accurately documented.
- Keep a written record of the investigation, the conclusions reached and the course of action agreed with the Medical and Workforce Directors.
- Meet with the practitioner in question to understand the practitioner's case.
- Prepare a report at the conclusion of the investigation providing the case manager with enough information to decide how to take it forward.
- Provide updates and assistance to the Designated Board Member on the progress of the investigation, in cases where the practitioner is excluded.
- Provide factual information to assist the case manager in his/her review of any exclusion.
- Ensure that sufficient safeguards are in place to avoid breaches of confidentiality.

"Designated Board Member" is a non-executive director of the Trust appointed by the Chairman to ensure the processes set out in the Trust's Handling Concerns policy are being followed but does not make decisions on any of the issues, such as whether to exclude from work. This role is key in terms of credibility and integrity of the process.

He/she:

- Ensures that the investigation is being carried out promptly and in accordance with the Trust's Handling Concerns policy
- Acts as a point of contact for the practitioner, making him/herself available after due notice if the practitioner has significant concerns about the progress of the investigation or any exclusion from work.
- Reviews the progress of the case with the Case Manager

"Clinical Adviser" is the person who provides clinical advice and guidance to the case investigator if relevant where clinical issues arise.

He/she will have appropriate specialist skills to advise. Where no such person is available or is precluded from advising (for instance if he/she raises the concerns) the Trust will seek to identify a person outside its employment to advise.

"NCAS" - The National Clinical Assessment Service

There are a number of references within Trust's procedure to NCAS. Where the involvement of NCAS is appropriate they should be consulted at an early stage in the relevant procedure.

NCAS can be contacted at 1st Floor Market Towers 1 Nine Elms Lane London SW8 5NQ 0207 084 3850. Website: www.ncas.npsa.nhs.uk E-mail address: ncaa@ncaa.nhs.uk.

8. Support for the Practitioner during 'fact finding'

Line managers must consider the emotional welfare of individuals throughout this process and must not underestimate the impact this may have on an individual, so should be encouraged to seek assistance through the Occupational Health department. It may be worthwhile reminding individuals that support is also available

to them through their trade union representative, or in some cases by the Medical Defence Union.

9. What happens at the end of the fact-finding?

➤ Action in the event that minor shortcomings are isolated

Counselling

Minor shortcomings shall initially be dealt with informally. The practitioner's Line Manager will be responsible for discussing the shortcomings with a view to identifying the causes and offering help to the practitioner to rectify them. Such counselling will not in itself represent part of the disciplinary procedure, although the fact and date that counselling was given, but not the detail of the case should be recorded on a file note and retained on the practitioner's personal file.

Oral reprimand

In the case of minor infractions, the Line Manager may give an oral reprimand without a formal disciplinary investigation or hearing for the purpose of improving future performance and behaviour, and in order to assist the practitioner to meet the standards required. The reprimand should be confirmed in writing to the practitioner. Further advice and guidance on identifying and managing minor shortcomings is available from Human Resources. This is not a formal disciplinary sanction.

Situations in which ill health was a contributing factor

In situations where a person's ill health is a significant contributory factor to their conduct or performance then separate procedures for dealing with ill health and capability would be used. (Further guidance can be obtained from Part 6 of the Trust's Handling Concerns policy).

➤ Action in the event that serious shortcomings are isolated

Appointment of a Case Investigator

If the Case Manager considers a formal investigation is needed, the Medical Director, in discussion with the Chief Executive and the Director of Workforce & OD, shall decide whether to appoint a Case Investigator. When a Case Investigator is appointed, the terms of reference for the investigation should be determined by the Case Manager, usually in consultation with the Director of Workforce & OD.

10. Can the Practitioner see the Case Investigator's report?

The Case Manager will only share the Case Investigator's report with the Practitioner when the issues relate to capability. This enables the Practitioner to comment on the factual parts of the report and may lead to further external advice/clarification being sought in order to resolve any points raised prior to a capability hearing.

It is not considered appropriate to share the report in cases related to conduct, as it often leads to unnecessary dispute and 'testing' or 'examining' of evidence outside of the formal process. At this stage, it is more important to deal with the issues swiftly to reduce anxiety on the practitioner and others who may be involved in the process, such as witnesses.

11. Terms of Settlement on Termination of Employment

In some circumstances, terms of settlement may be agreed with a doctor or dentist if their employment is to be terminated. The following principles will be used by the Trust in such circumstances:

- Settlement agreements must not be to the detriment of patient safety.
- It is not acceptable to agree any settlement that precludes either appropriate investigations being carried out and reports made or referral to the appropriate regulatory body.
- Payment will not normally be made when a member of staff's employment is terminated on disciplinary grounds or following the resignation of the member of staff.
- Expenditure on termination payments must represent value for money. For example, the Trust should be able to defend the settlement on the basis that it could conclude the matter at less cost than other options. A clear record must be kept, setting out the calculations, assumptions and rationale of all decisions taken, to show that the Trust or authority has taken into account all relevant factors, including legal advice. The audit trail must also show that the matter has been considered and approved by the remuneration committee and the Board. It must also be able to stand up to district auditor and public scrutiny.
- Offers of compensation, as an inducement to secure the voluntary resignation of an individual, must not be used as an alternative to the disciplinary process.
- All job references must be accurate, realistic and comprehensive and under no circumstance may they be misleading.
- Where a termination settlement is agreed, details may be confirmed in a Settlement Agreement that should set out what each party may say in public or write about the settlement. The Settlement Agreement is for the protection of each party. It should comply with NHS Employers' guidance on the use of such agreements and it must not include clauses intended to cover up inappropriate behaviour or inadequate services and should not include the provision of an open reference. For the purposes of this paragraph, an open reference is one that is prepared in advance of a request by a prospective employer.

Appendix 1 Template for Raising Concern/Complaint

Name:
Position/Grade:
Location:
Ward/Dept/Team:
Contact number:
Date and time of :
Incident:
Statement/Account : Factual order of event/incident/observation
Describe period of duty and responsibilities at the time
Give a clear account of how you were involved, including actions of others and conversations held. State the sequence of events chronologically, giving dates and times.
If reporting a quote from another person use direct speech in inverted commas, e.g. Nurse Brown said 'I saw him fall.'
Only include factual details where you have direct knowledge. State observations, not opinions – e.g. "His breath smelt of alcohol" rather than "He was drunk"

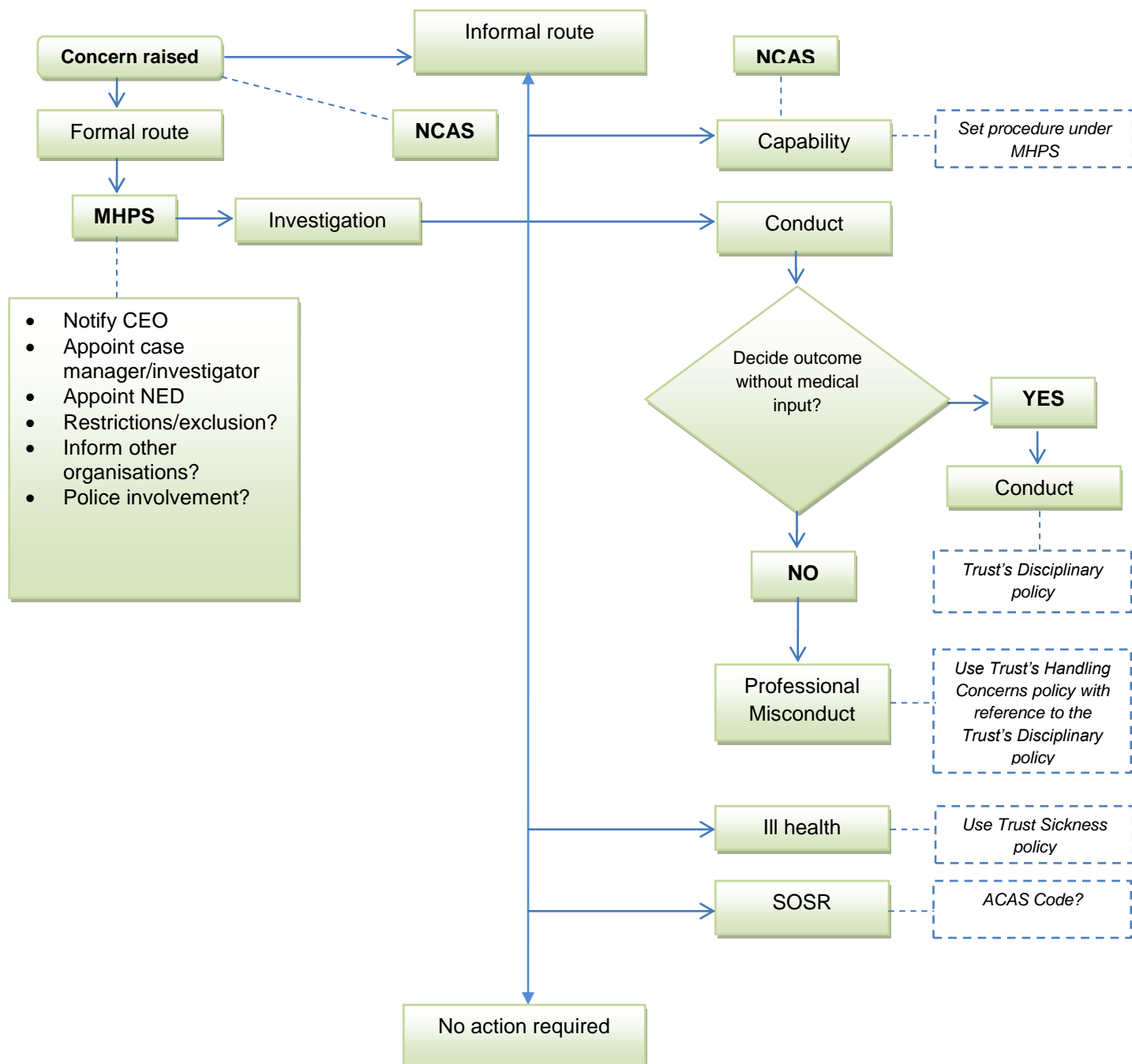
Other persons present:

Give names and roles. If persons were not present throughout, give details

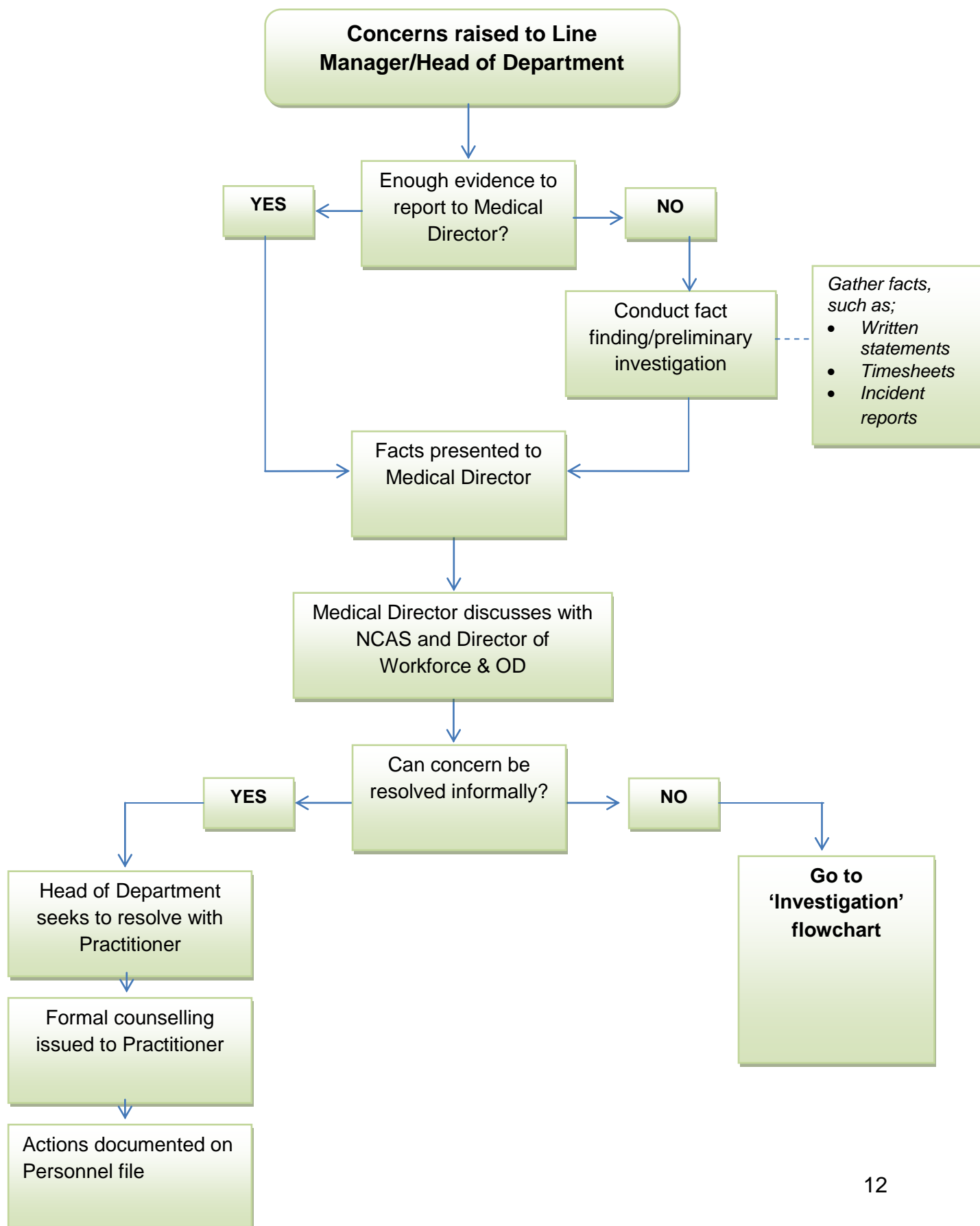
Indicate any written records made by yourself in relation to matters covered in this incident.

Any other relevant information

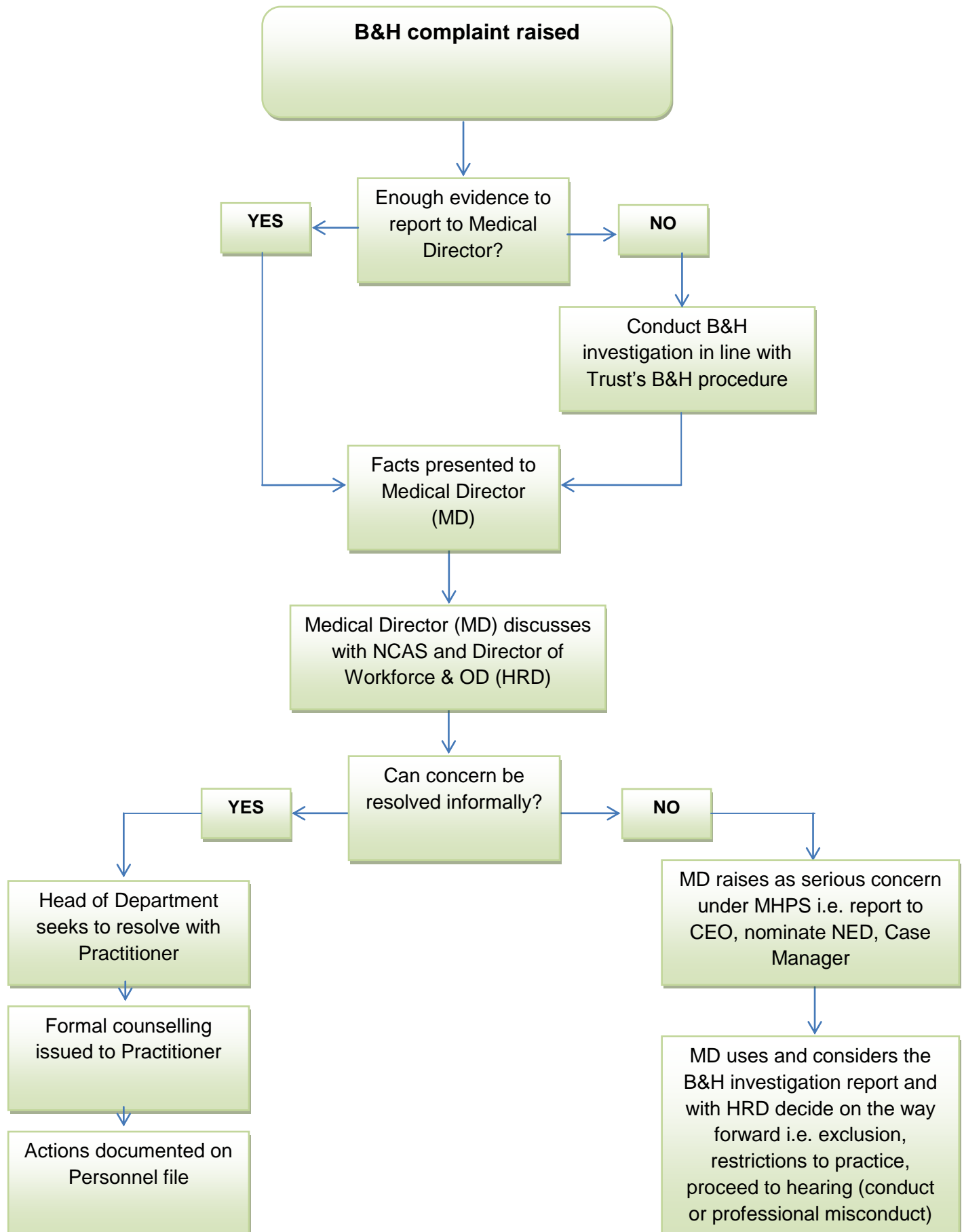
Appendix 2 Basics of MHPS – Process Map



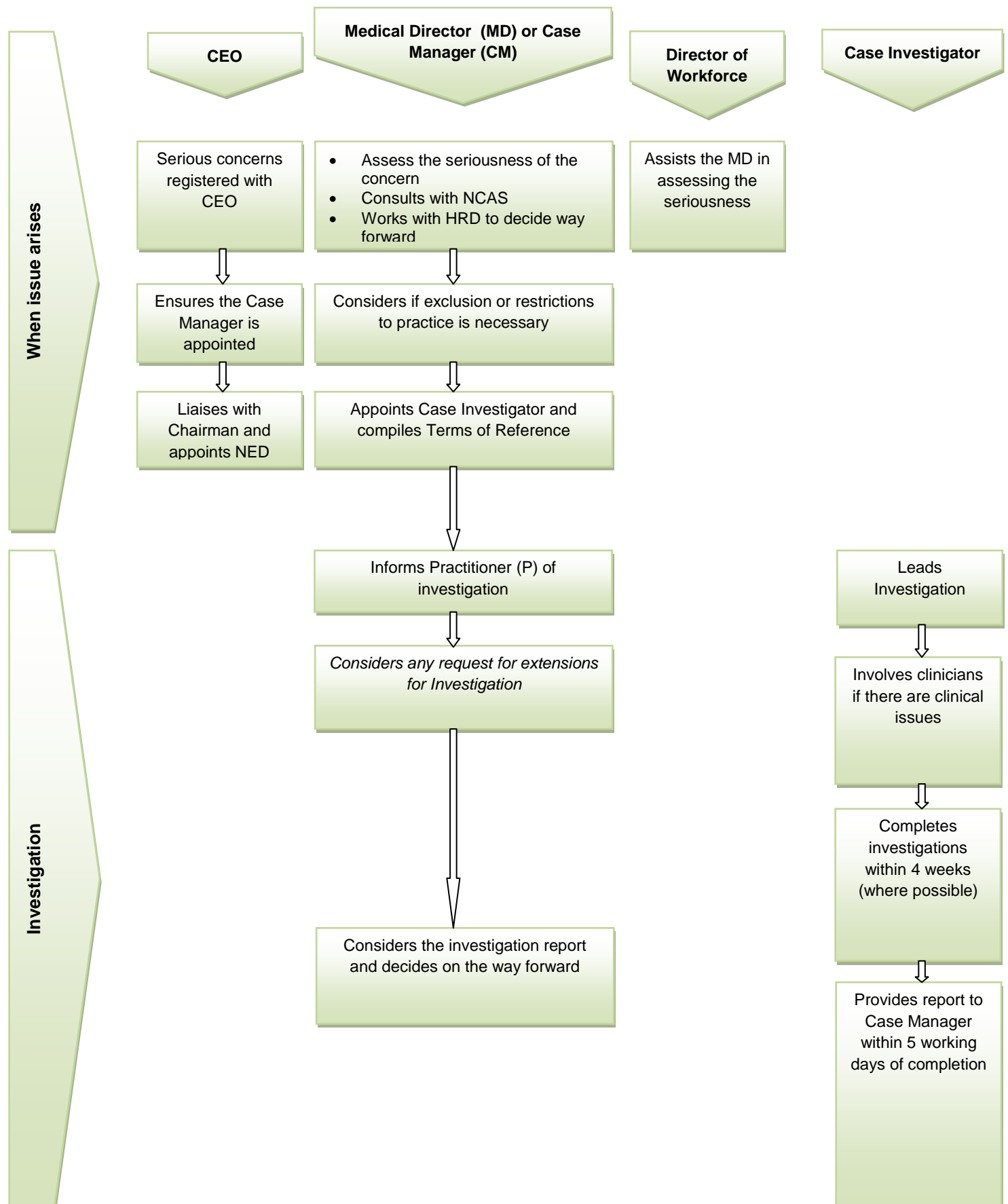
Appendix 3 Establishing the Facts Process to determine whether formal or informal resolution is required



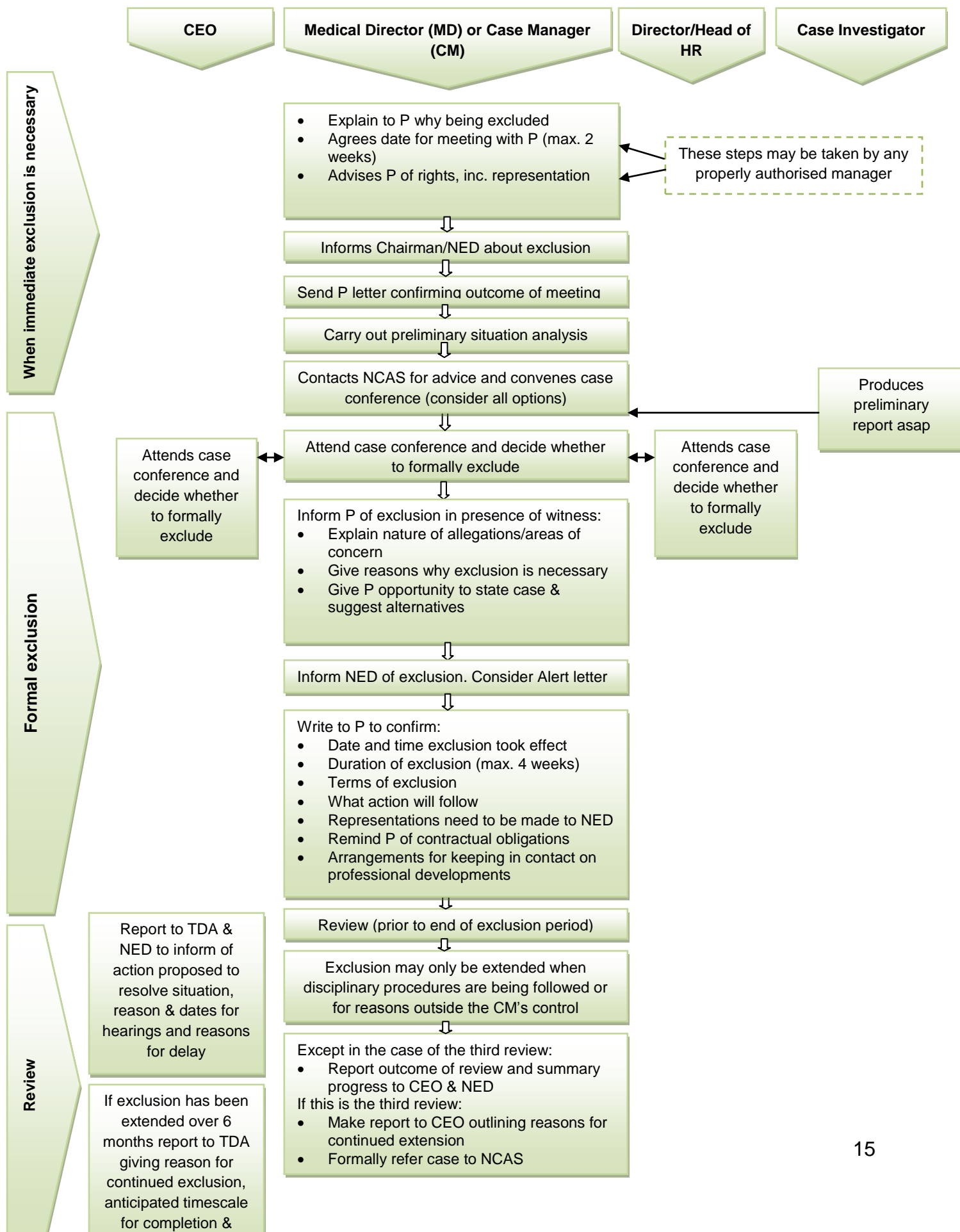
Appendix 4 Bullying & Harassment complaint



Appendix 5 Investigation Process

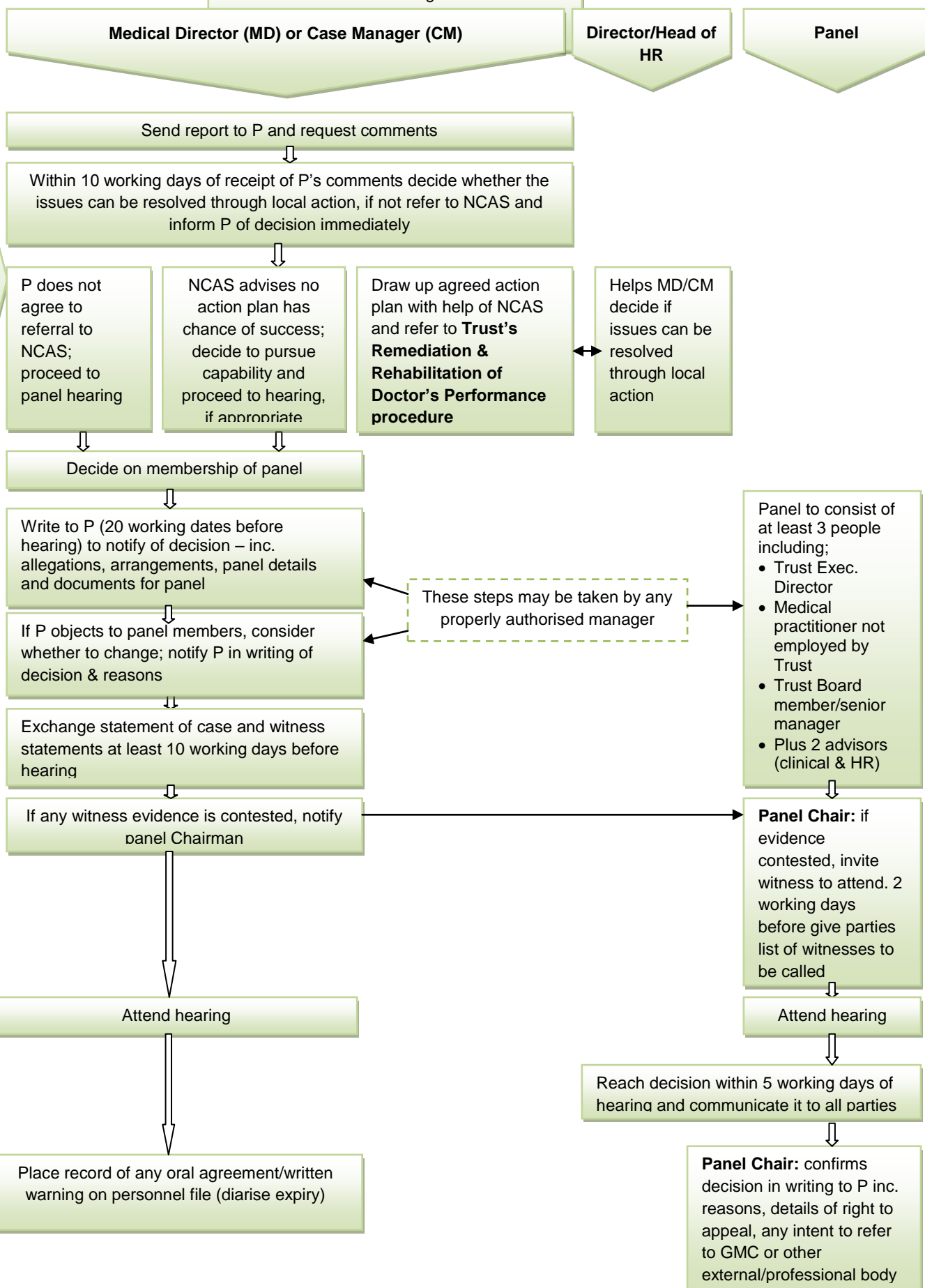


Appendix 6 Restriction on Practice and Exclusion process



Appendix 7 Cap

Either make formal arrangements for P to



Appendix 8 Template letter informing Practitioner of exclusion/restrictions to practice

INSERT DATE

INSERT NAME
INSERT ADDRESS

Dear INSERT NAME

Further to our recent meeting on INSERT DATE, I am writing to inform you that with effect from INSERT DATE & TIME, you are immediately excluded/ formally excluded from the Trust, or there will be restrictions on your practice for a period of 2 weeks (for immediate exclusion)/4 weeks.

The reason for this action is as a result of allegations/concerns INSERT BRIEF OUTLINE OF ALLEGATIONS/CONCERNS.

I informed you that the terms of the exclusion/ restrictions to practice are INSERT (e.g. exclusion from the premises, a need to remain available for work).

With the assistance of the Director of Workforce and Organisational Development, I have decided the allegations are serious enough to warrant formal investigation under the Trust's Handling Concerns policy (ref: CORP-PROC-451). I have included a copy of this procedure for your reference.

In line with the Trust's procedure, I have discussed the concern with the Chief Executive and sought advice from NCAS.

INSERT NAME, Non Executive Director, has been appointed to oversee the progress of the case and you or your representative are entitled to make representations about the exclusion/restrictions to practice or progress of the investigation to the designated Board member at any time after receipt of this letter.

You are required to attend a further meeting to review this decision to exclude/restrict your practice on INSERT DATE, TIME AND VENUE. *[NB 2 weeks in the case of immediate exclusion and max. 4 weeks from date of formal exclusion/restriction to practice.]*

You may be accompanied by a companion or representative. They may be a friend, partner or spouse, colleague or a representative from or retained by a trade union or defence organisation. The companion or representative may be legally qualified but they will not, however, be able to represent you formally in a legal capacity. Please let me know if you intend to be so accompanied and, if so, by who.

I understand that this may be a difficult time and would like to draw your attention to the Trust's free and confidential counselling service which can be accessed through Occupational Health on INSERT TEL NO

Yours sincerely

INSERT NAME AND TITLE OF CASE MANAGER

Appendix 9 Template letter informing Practitioner of fact finding exercise

Date

Name and Address

Dear Name,

I am writing to inform you that I have instructed/ am undertaking an initial enquiry/fact finding exercise in line with the Trust's Handling Concerns policy (ref: CORP-PROC-451). I have enclosed a copy of the procedure for your reference.

The purpose of the initial enquiry/fact finding exercise is to look into concerns raised that you (INSERT broad allegation) and provide me with enough information to enable the Case Manager (INSERT name and title) to identify the nature of the concern and the seriousness of the issue, and decide how this can potentially be resolved.

[If applicable] I can confirm NCAS have been approached in relation to this issue and, as this issue is currently at the stage of fact finding, the view of their senior advisor is (INSERT advice received).

Yours sincerely,

Name

Head of Department

Appendix 10 Template letter informing Practitioner of progression to formal investigation

DATE

PRIVATE & CONFIDENTIAL

INSERT NAME

INSERT ADDRESS

Dear INSERT NAME,

Further to my letter of INSERT DATE, I am writing to inform you that I have decided that based on the information provided to me as part of the initial fact finding into the above allegations, I have decided the allegations are serious enough to warrant formal investigation under the Trust's Handling Concerns policy (ref: CORP-PROC-451). You have previously been sent a copy of this procedure for your reference.

In line with the Trust's procedure, I have discussed the concern with the Chief Executive and sought advice from NCAS. Additionally, INSERT NAME, Non Executive Director, has been appointed to oversee the progress of the case.

INSERT NAME AND TITLE has been appointed as the Case Investigator to carry out the investigation in line with the Terms of Reference attached to this letter.

INSERT NAME will contact you directly to invite you to attend the initial investigatory meeting. You may be accompanied by a companion or representative. They may be a friend, partner or spouse, colleague or a representative from or retained by a trade union or defence organisation. The companion or representative may be legally qualified but they will not, however, be able to represent you formally in a legal capacity. Please let me know if you intend to be so accompanied and, if so, by who.

Yours sincerely,

INSERT NAME

INSERT TITLE OF CASE MANAGER

>INSERT PAGE BREAK<

*INSERT COPY OF TERMS OF REFERENCE AS AN ATTACHED DOCUMENT TO THIS
LETTER*

Appendix 11 Sample Terms of Reference for Case Investigator

STRICTLY PRIVATE AND CONFIDENTIAL

TERMS OF REFERENCE FOR INVESTIGATION REGARDING [INSERT NAME]

Case Investigator: [Insert name]

HR support: [Insert name]

Case Manager: [Insert name]

Date: [Insert]

Date on which investigation should be completed: [Insert]

Date on which Investigation Report should be produced to Case Manager: [Insert]

>INSERT PAGE BREAK<

1. Introduction

You are requested to act as Case Investigator in respect of serious allegations that have been made against [Insert name].

[Insert name], will provide human resources and assistance and advice in respect of the investigation.

You should carry out a full investigation into the issues of concern outlined below and produce a full investigation report confirming the evidence, your findings in accordance with Maintaining High Professional Standards in the Modern NHS ("MHPS") and Trust's Handling Concerns policy.

As Case Manager I have carried out an Initial Assessment of the issues of concern. This is an initial assessment and your investigation is not bound and should not be influenced by my initial conclusions and your investigation must not be limited to this information alone.

2. Issues to be investigated

I would like you to fully investigate the following concerns in order to determine the facts in relation to the concerns which have arisen and produce a full investigation report confirming the evidence and your conclusions and appropriate findings in accordance with MHPS:

(i) To ascertain if,

(ii) If.....

(iii) To further investigate whether

(iv) If.....

3. Methodology

We suggest:

Interviews take should take place with relevant witnesses and any relevant documentation relating to the issues to be investigated should be collated to establish the facts and to enable a report in the findings.

As Case Investigator, you should collect written statements where possible, and if any aspect of the investigation is not covered by a written witness statement you should ensure that the oral evidence is fully set out in the Investigation report.

You must ensure the investigation is conducted confidentially and that breaches of confidentiality are avoided as far as possible.

The Case Investigator has discretion as to how the investigation is carried out, but the purpose of the investigation is to ascertain the facts in an unbiased way.

All relevant Trust protocols for risk management, incident reporting, drug errors and maintaining of patient records should be considered by you, as Case Investigator.

Initial Witness identified:

Using your discretion, you should identify and interview any further relevant witnesses who it becomes evident need to provide information in order to establish the facts.

Please produce a statement for each witness, signed, and again attach these as appendices to the final investigation report.

4. Additional issues identified by the Case Investigator

Should you identify additional issues of concern outside of the issues identified at section 2 above you should inform me of these additional issues so that I can consider whether they should be included in the investigation.

5. Outcome

You should produce a report which includes a written record of the investigation, setting out the facts established by the investigation in respect of the issues to be investigated (set out above) and which reports the investigation findings.

The investigation report should provide sufficient information to allow me, as Case Manager to make a decision as to what further action, if any, should be taken.

You should not make a decision as to what action should be taken and should not set out any decision in the investigation report.

Insert name [of case manager]

Title

[Insert date]

Appendix 12 Case Investigation checklist

This checklist (taken from www.ncas.nhs.uk) suggests how a case investigation might be organised, following the process through from initial review to final report.

First review

- Who is making the complaint?
- Is it an isolated incident or are there linked incidents or issues?
- What are the key elements and which issues can be regarded as peripheral?
- What is the evidence, how is it presented and to what extent has it so far been corroborated?
- Could there have been a genuine misunderstanding of the facts? Should the inquiry be informal first?
- Does the complaint relate to staff, patients or both?
- Which trust procedures will need to be taken into account during the investigation – for example, the grievance procedure or policies on equal opportunities, or bullying and harassment?
- Are there any health issues to investigate?
- Has everyone who needs to know about the investigation been told about it? Should other department(s) be briefed? Should a second employer be told or contribute?
- What will the timescale be for the investigation?

Planning

- Who should undertake the investigation and how many investigators do you need? Two investigators working together will normally provide more objectivity and balance. You need investigators who are sufficiently senior and skilled, with no conflicts of interest and who will not be involved in any subsequent disciplinary proceedings, if disciplinary action turns out to be necessary.
- What evidence needs to be collected and who needs to be interviewed? You need a schedule detailing evidence needs, interviews, deadlines for completion of statements and dates for keeping the Trust and doctor informed of progress. The latter is especially important if the practitioner is on temporary or formal exclusion.
- What delays could occur and how can they be minimised? You need an accurate contacts list so that meetings can be arranged quickly by phone, including 'friends' or representatives of the practitioner under investigation or of witnesses.
- Where will interviews take place?
- How will the investigation be made known to people involved and what can be done to protect confidentiality?

Questioning

The investigation establishes the facts. It is not a search for support for a complaint or for evidence that a complaint is unfounded. Discussions should be framed around the original complaint rather than subsequent witness statements, with other witnesses and with the practitioner under investigation as well. The practitioner under investigation should have an opportunity to respond fully but on the same terms as other witnesses.

Discussions should be confined to the parties directly involved in the issue rather than second or third party accounts

- Witnesses and complainant should be made aware that the information provided may be shared
- Witnesses should be given the information necessary to provide a meaningful response and add to or corroborate facts, but no more
- Interviews with witnesses should be minuted to avoid misinterpretation of information provided
- Access to other information such as patient records should be undertaken in accordance with Trust procedures and protocols.

Reporting

The case investigator does not make decisions on what action should be taken but the report should provide sufficient information to make a decision as to whether:

- The matter is sufficiently serious to be referred to a conduct/capability panel
- There are health issues which require further investigation
- There are performance problems requiring advice from NCAS
- Immediate restrictions or exclusion from practice need to be considered
- Further information is required
- Further remediation should be offered by way of personal development
- The matter should be referred to the GMC/GDC
- No further action is required against the practitioner
- The Trust needs to develop an action plan to address identified systems, policy failure or other organisational issues.

Appendix 13 Template letter inviting to initial investigatory interview

DATE

Private & Confidential

Name

Address

Postcode

Dear

Investigatory Interview Allegations of XXXXXXXX

I am writing to inform you that I have been appointed to investigate an allegation that BRIEF DETAILS. I will investigate this issue in accordance with the Trust's disciplinary procedure for medical and dental staff and the national *Maintaining High Professional Standards* framework.

You are required to attend an investigatory meeting on DATE, TIME. Please report to LOCATION.

The purpose of this meeting is to enable me to obtain as much relevant information from you as possible and will provide you with a full opportunity to respond to this allegation prior to a decision being taken on any further action. This will include whether a formal disciplinary hearing will be arranged or whether it is decided that there is no case to answer or the matter can be dealt with informally.

If you are unable to attend this meeting for any reason please contact me on the above telephone number to make alternative arrangements.

You may be accompanied by a companion or representative. They may be a friend, partner or spouse, colleague or a representative from or retained by a trade union or defence organisation. The companion or representative may be legally qualified but they will not, however, be able to represent you formally in a legal capacity. Please let me know if you intend to be so accompanied and, if so, by who.

I must also remind you that this matter is strictly confidential and you must not discuss matters directly pertaining to this investigation with anyone other than your designated representative.

I also understand that this may be a difficult time and would like to draw your attention to the Trust's free and confidential counselling service which can be accessed through Occupational Health on TEL NO

Please do not hesitate to contact either [INSERT NAME OF HR REP] or myself if you wish to discuss this matter further.

Yours sincerely,

Name [of Case Investigator]

Appendix 14 Template No formal action letter

Date

Dr

Dear Dr

Thank you for meeting with myself and INSERT HR REP, on xxxx. You chose to represent yourself at this meeting/or were represented by.....

The purpose of the meeting was to discuss the findings of the case investigation into allegations that ...INSERT allegations.

I confirmed that following a review of the Case Investigation report, I have decided not to proceed formally with this case and consider this matter now closed.

OR

I confirmed that following a review of the Case Investigation report, I have decided not to proceed formally with this case and we have agreed to resolve the issues raised informally. INSERT specifics of informal actions

Yours sincerely

INSERT NAME AND TITLE OF CASE MANAGER

Appendix 15 Template Invite to Hearing letter (to be sent 20 working days before hearing)

DATE

INSERT NAME

INSERT ADDRESS

Dear NAME,

Hearing to Consider Your Conduct/Capability* delete as appropriate

I am writing further to the investigation which has been carried out by INSERT CASE INVESTIGATOR into concerns relating to your conduct/capability in respect of BRIEFLY STATE INCIDENTS/ALLEGATIONS/CONCERNS.

INSERT DETAIL OF INCIDENTS/ALLEGATIONS/CONCERNS.

For example,

The first matter involved a complaint.....

The second matter involved a separate complaint by

I am the Case Manager in respect of these matters and INSERT CASE INVESTIGATOR was appointed as the Case Investigator.

I have received a detailed Investigation Report from INSERT CASE INVESTIGATOR which I have carefully considered. I enclose a copy of that Investigation Report, together with a copy of all the Appendices referred to in that Report.

As Case Manager I have carefully read and considered the Investigation Report, and also STATE IF ANYTHING ELSE HAS BEEN CONSIDERED. Having done, I have reached the following decisions.

First, insofar as the complaint made against you INSERT BRIEF COMPLAINT, I have decided that no action should be taken against you under the Trust's Disciplinary Procedure. Rather, my decision is that this matter should be addressed informally throughINSERT ACTIONS AND HOW THIS WILL BE TAKEN FORWARD.

Secondly, insofar as the complaint made against you in relation to INSERT BRIEF COMPLAINT, I have decided that there is sufficient evidence to....

IF CONDUCT

....warrant allegations in relation to your conduct being considered at a Disciplinary Hearing convened under the Trust's Disciplinary Procedure (and/or Handling

Concerns policy - if related to professional conduct), a *copy/copies* of which I enclose.

IF CAPABILITY

....warrant concerns in relation to your capability being considered at a Capability Hearing convened under the Trust's Handling Concerns policy, a copy of which I enclose.

The allegations/concerns in relation to your conduct/capability which I believe should be considered at such a Hearing are as follows:-

INSERT NUMBERED LIST

A hearing has therefore been convened under the Trust's Procedure to take place on **INSERT DATE, TIME AND VENUE.**

IF RELATED TO PROFESSIONAL MISCONDUCT

As the allegations against you which will be considered at the Disciplinary Hearing include issues of professional conduct the case will be heard by a panel consisting of 2 Directors of the Trust plus a panel member who is medically qualified at consultant level and who is not currently employed by the Trust. The names of the panel members are:-

- List panel members and identify the Chair of the panel

The panel will be advised by INSERT HR REP, who has had no previous involvement in this matter.

At this moment in time, I anticipate that I will present the case on behalf of the Trust, supported by INSERT SENIOR HR REP (WHO SUPPORTED CASE MANAGER).

The supporting evidence which the Trust will present will consist of the enclosed Investigation Report.

The witnesses who the Trust intends to call will be:

- List witnesses

The Hearing will follow the format described INSERT SECTION of the Trust's INSERT Procedure.

The possible outcomes of the Hearing are as set out in the Trust's INSERT Procedure and will be decided upon by the panel.

IF GROSS MISCONDUCT MATTER

You should be aware that as the panel is being asked to consider allegations of Gross Misconduct against you, one possible outcome of the Hearing is that you will be summarily dismissed.

You may be accompanied by a companion or representative. They may be a friend, partner or spouse, colleague or a representative from or retained by a trade union or defence organisation. The companion or representative may be legally qualified but they will not, however, be able to represent you formally in a legal capacity. Please let me know if you intend to be so accompanied and, if so, by who.

You are required to let the Chair of the panel know if you intend to call any witnesses to the Hearing and, if so, the identity of those witnesses by no later than (INSERT DATE AT LEAST 10 WORKING DAYS BEFORE HEARING).

Finally please also let the Chair of the Panel know if you intend to rely on any documentary evidence at the Hearing and, if so, please provide copies of any such documentary evidence, along with your statement of case by no later than (INSERT DATE AT LEAST 10 WORKING DAYS BEFORE HEARING).

Yours sincerely,

INSERT NAME AND TITLE OF CASE MANAGER