

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
THURSDAY 6 FEBRUARY 2014

Title:	APPROVAL OF POLICIES
Responsible Director:	David Burbridge, Director of Corporate Affairs
Contact:	Ian Billington, Senior Manager, Corporate Risk and Compliance ext 13654

Purpose:	To seek approval for the following policies: Equality and Diversity in Employment Policy Maintaining High Professional Standards in the Modern NHS Policy
Confidentiality Level & Reason:	None
Annual Plan Ref:	None
Key Issues Summary:	<p>Two existing policies have been reviewed and are submitted for approval, as amended, by the Board of Directors.</p> <p>The purpose of the Equality and Diversity in Employment Policy is to promote equality and remove unlawful discrimination so that everyone can fulfil their full potential in an environment of fairness, dignity and respect where decisions are based on merit. It describes the broad framework for arrangements that are in place and reflect the provisions of the Equality Act 2010.</p> <p>The Maintaining High Professional Standards in the Modern NHS Policy sets out the Trust's policy for handling concerns about doctors and dentists conduct and capability. It describes the broad framework for arrangements that are in place and reflects the Trust's commitment to operate in a fair, consistent and non-discriminatory way in relation to all its employees.</p>

Recommendations:	The Board is asked to consider, and if thought fit, approve: the Equality and Diversity in Employment Policy; and the Maintaining High Professional Standards in the Modern NHS Policy.	
Approved by:	David Burbridge	Date: 6 February 2014

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

BOARD OF DIRECTORS

THURSDAY 6 FEBRUARY 2014

APPROVAL OF POLICIES

PRESENTED BY DIRECTOR OF CORPORATE AFFAIRS

1. Equality and Diversity in Employment Policy

1.1. Purpose & Scope

1.1.1. The policy is a reviewed document which promotes equality and removes unlawful discrimination so that everyone can fulfil their full potential in an environment of fairness, dignity and respect where decisions are based on merit.

1.1.2. The Policy applies to all staff working in the Trust.

1.2. Consultation/Review

The Director of Human Resources is the author of the document. It was presented to the Policy Review Group for discussion and amendment in 2013. The Policy will also have undergone consultation and review with the Trust Partnership Team and the Local Negotiating Committee (LNC).

1.3. Framework/Duties

1.3.1. The Policy describes the broad framework for arrangements that are in place and reflects the provisions of the Equality Act 2010. The Policy provides details for recruitment, selection and promotion. The policy also contains details on training and development, highlighting the Trust's position on discipline and grievance.

1.3.2. Specific duties are outlined for:

1.3.2.1. Director of Partnerships

1.3.2.2. Equality and Diversity Steering Group

1.3.2.3. Director of Human Resources

1.3.2.4. Managers

1.4. Implementation/Monitoring

Section 5 describes the methods of monitoring the Policy. The Policy will be published on the intranet following approval by the Board.

2. **Maintaining High Professional Standards in the Modern NHS Policy**

2.1. Purpose & Scope

2.1.1. The policy is a reviewed document which sets out the Trust's policy for handling concerns about doctors and dentists conduct and capability.

2.1.2. The broad framework of the policy is that the Trust will adopt a positive approach to ensure attitudes, working practices, skills and knowledge are kept up to date. The Trust will also support an open approach to reporting and tackling concerns about a practitioners practice. The Trust policy has been drafted and discussed with the LNC having regard to the national framework document, Maintaining High Professional Standards in the Modern NHS.

2.1.3. This policy replaces all previous disciplinary conduct and capability policies from the date of approval by the Trust Board. This includes any local or national policies and associated procedures.

2.1.4. The Policy applies to all Medical and Dental staff.

2.2. Consultation/Review

2.2.1. The Head of Medical Resourcing is the author of the document. It was presented to the Policy Review Group for discussion and amendment in 2013. The LNC have approved the policy with the amendments.

2.3. Framework/Duties

2.3.1. The Policy describes the broad framework for arrangements that are in place and reflects the Trust's commitment to operate in a fair, consistent and non-discriminatory way in relation to all its employees. The Trust's aim is to ensure that practitioners feel valued and have a fair and equitable quality of working life, providing an aim to seek a culture of openness and continuing development.

2.4. Specific duties are outlined for:

2.4.1. Executive Medical Director

- 2.4.2. Director of Delivery
- 2.4.3. Head of Medical Resourcing
- 2.4.4. All Medical and Dental Staff

2.5. Implementation/Monitoring

Section 7 describes the methods of monitoring the Policy. The Policy will be published on the intranet following approval by the Board.

3. Recommendations

- 3.1. The Board is asked to consider, and if thought fit, approve:
 - 3.1.1. the Equality and Diversity in Employment Policy; and
 - 3.1.2. the Maintaining High Professional Standards in the Modern NHS Policy.

David Burbridge
Director of Corporate Affairs

January 2014

Equality and Diversity in Employment Policy

CONTROLLED DOCUMENT

CATEGORY:	Policy
CLASSIFICATION:	Human Resources
PURPOSE	Outlines the Trust's commitment and responsibilities to Equality and Diversity in employment.
Controlled Document Number:	
Version Number:	
Controlled Document Sponsor:	Director of Partnerships
Controlled Document Lead:	Director of Human Resources
Approved By:	
On:	
Review Date:	This policy will be reviewed after 3 years of the approval date.
Distribution:	
<ul style="list-style-type: none"> • Essential Reading for: Executive Directors Directors of Operations Divisional Directors Heads of Service Line Managers HR Team • Information for: Trade Union Representatives All employees 	

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1. Policy Statement

- 1.1. The purpose of the Policy and any related procedural documents is to promote equality and remove unlawful discrimination so that everyone can fulfil their full potential in an environment of fairness, dignity and respect where decisions are based on merit. This is in keeping with the Trust values of respect and responsibility.
- 1.2. The Trust aims to create an organisation that values diversity and promotes equal opportunities regardless of age, disability, ethnic origin, sex, sexual orientation, gender reassignment, race, religion or belief, marriage or civil partnership, pregnancy or maternity.

2. Scope

This policy covers all staff working for the Trust including employees, contractors, volunteers, students, locum and agency staff and honorary contract holders.

3. Policy Framework

This section gives an overview of the relevant legislation and describes the key principles in relation to equal opportunities within the Trust.

3.1 Legislation

This Policy reflects the provisions of the Equality Act 2010.

3.2 Protected Characteristics

3.2.1 The Equality Act covers the following protected characteristics:

- Age
- Disability
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion or Belief
- Sex
- Sexual Orientation

3.3 Definitions

Direct Discrimination is where someone is treated less favourably because of a protected characteristic.

Indirect Discrimination is where there is a rule, condition or policy that applies to everyone but disadvantages a particular protected characteristic.

Discrimination by Association is the direct discrimination of someone because they associate with someone with a protected characteristic.

Discrimination by Perception is direct discrimination where an individual is discriminated against because someone thinks they have a protected characteristic. It applies regardless of whether the person has the protected characteristic or not.

Harassment is unwanted conduct related to a protected characteristic which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual.

Victimisation is where someone is treated badly because they have either made or supported a complaint under the Equality Act.

The Equality Delivery System (EDS) is a tool kit to help NHS organisations improve the services they provide for their local communities, consider health inequalities in their locality and provide better working environments, free of discrimination, for those who work in the NHS. The purpose of the EDS is to drive up equality performance and embed it into mainstream NHS business.

Positive Action is the where an employer can take steps to encourage people from groups with different needs or with a past track record of disadvantage or low participation to apply for jobs.

3.4 Recruitment, Selection and Promotion

3.4.1 With the exception of Executive Director, Non-Executive Director and Senior posts, all recruitment and selection, including promotion, will take place in accordance with the Recruitment and Selection Policy and associated procedures. This is to ensure that all appointments are made on the basis of the best candidate for the job.

3.4.2 For Executive Director, Non-Executive Director and Senior posts, recruitment will be subject to a separate process based on national standards.

3.4.3 If a particular group is under represented in the workforce or at a particular level, positive action may be considered to encourage/promote applications from such groups but appointments will still be made on merit.

3.4.4 Pre and post employment checks are consistently applied across all groups and are undertaken in line with NHS Mandatory Employment Checking Standards, UK Border Agency stipulations and relevant legislation i.e. Asylum and Immigration Act 1996.

3.5 Training and Development

3.5.1 All staff will have access to training and development opportunities based on the requirements of their role.

3.5.2 Training materials will not stereotype, prejudice or discriminate in any way.

3.5.3 Reasonable adjustments to training will be made for staff with disabilities/conditions that affect their ability to learn e.g. training materials provided in vision friendly formats on request.

3.6 Organisational Change

Any decisions regarding organisational change will be made on the basis of service need and skills/experience, not protected characteristics.

3.7 Policies and Procedures

3.7.1 In line with the Controlled Documents Policy and Procedure all policies must be equality impact assessed prior to their implementation. This will assess whether a policy affects any group more or less favourably than another on the basis of a protected characteristic.

3.7.2 Where a group is affected more or less favourably there must be valid, legal and/or justifiable reasons.

3.8 Cultural and Religious Needs

The Trust will try, where possible, to accommodate particular cultural or religious needs e.g. observing prayer time or wearing specific clothing. However, service needs, health and safety and infection control considerations will take priority as detailed for example in the Dress Code and Uniform Policy.

3.9 Disability

3.9.1 Where possible, the Trust will make reasonable adjustments for disabled staff or staff who become disabled during their employment with the Trust.

3.9.2 Where it is not possible for a staff member to remain in their current job, the Trust will look for alternative jobs and/or retraining. Dismissal will be as a last resort.

3.10 Disciplinary and Grievance

3.10.1 Discriminatory behaviour of any kind will not be tolerated and any breach of this policy will be dealt with using the Disciplinary Policy and Procedure.

3.10.2 Where a member of staff feels that they have been treated less favourably than someone else in the same circumstances, they can use the Grievance Procedure to seek redress. Any such complaint will be thoroughly investigated and dealt with fairly and consistently.

4. Duties

4.1. Director of Partnerships

The Director of Partnerships will:

4.1.1 Sponsor this policy;

4.1.2 Ensure equality and diversity data is reported both to the Board and publicly on an annual basis in line with the Public Sector Equality Duty of the Equality Act;

4.1.3 Chair the Equality and Diversity Steering Group;

4.1.4 Ensure that equality and diversity are promoted throughout the organisation.

4.2 Equality and Diversity Steering Group

The Equality and Diversity Steering Group will:

4.2.1 Ensure that the Trust is compliant with the Equality Delivery System;

4.2.2 Provide assurance to the Board that equality and diversity is integrated into all Trust business, including service delivery and the treatment of staff.

4.3 Director of Human Resources

The Director of Human Resources will ensure that:

- 4.3.1 All human resources policies, procedures and practices are consistent with legislative requirements and equality and diversity best practice;
- 4.3.2 Workforce equality and diversity statistics are reported to the Board on an annual basis;
- 4.3.3 Formal employee relations cases and diversity statistics are reported to the Strategic Delivery Group (SDG) on a monthly basis;
- 4.3.4 Job applicant diversity statistics are reported to SDG on a monthly basis.

4.4 Managers

Anyone who has responsibility for staff must ensure that:

- 4.4.1 They and their team are fully aware of and understand this policy by attending relevant training provided by HR;
- 4.4.2 They apply all Trust policies fairly, consistently and without discrimination;
- 4.4.3 All complaints of discrimination are properly investigated and dealt with quickly, sensitively and confidentially;
- 4.4.4 They challenge any incidence of discrimination.

4.5 Staff side and Trade Union representatives

Staff side and Trade Union representatives will:

- 4.5.1 Be familiar with this policy in order to provide advice and support to their members if requested to do so;
- 4.5.2 Assist in raising awareness and communication of the policy.

4.6 Staff

Staff must:

- 4.6.1 Treat all colleagues with dignity and respect and ensure that they do not intentionally discriminate;
- 4.6.2 Challenge and/or report any discrimination that they witness;

- 4.6.3 Co-operate with any measures introduced to ensure equality of opportunity.

5. Implementation and Monitoring

5.1 Implementation

- 5.1.1 This policy will be available on the Trust's Intranet site. It will also be disseminated through the management structure within the Trust.
- 5.1.2 Human Resources will provide consistent advice and guidance to managers and staff on the application of this policy.
- 5.1.3 All new starters to the Trust will be trained in equality and diversity at Corporate Induction.
- 5.1.4 Equality and Diversity training is available for all staff and managers via the Learning and Development Department.

5.2 Monitoring

Please see Appendix A for the Monitoring Matrix.

6. References

- 6.1 ACAS
- 6.2 Equality Act 2010
- 6.3 Equality and Human Rights Commission
- 6.4 NHS Equality Delivery System
- 6.5 Terms of Reference Equality and Diversity Group

7. Associated Policy and Procedural Documentation

- 7.1. Consultant Recruitment Procedure
- 7.2. Controlled Documents Policy and Procedure
- 7.3. Disciplinary Policy and Procedure
- 7.4. Dress Code Policy
- 7.5. Flexible Working Procedure
- 7.6. Grievance Policy and Procedure
- 7.7. Maintaining High Professional Standards in the Modern NHS

- 7.8. Managing Poor Performance Policy and Procedure
- 7.9. Organisational and Workforce Change Policy and Procedure
- 7.10. Prevention of Harassment and Bullying at Work Policy and Procedure
- 7.11. Recruitment and Selection Policy
- 7.12. Retirement Procedure
- 7.13. Sickness Absence and Attendance Policy and Procedure
- 7.14. Employment Checking Procedure

MONITORING MATRIX

MONITORING OF IMPLEMENTATION	MONITORING LEAD	MONITORING PROCESS	MONITORING FREQUENCY	REPORTED TO PERSON/GROUP	ACTION PLAN LEAD
Annual Workforce Report	Human Resources Department	Workforce statistics: Age Disability Sexual orientation Ethnicity	Annually	Board of Directors	Director of Human Resources
KPI Reports	Human Resources Department	All formal cases of sickness, harassment, discipline, grievance and performance management recorded via KPI reports and if cause for concern action plan developed	Monthly	Executive Director of Delivery via Strategic Delivery Group	Director of Human Resources
KPI Reports	Recruitment	Job applicant statistics based on: Ethnicity Disability	Monthly	Executive Director of Delivery via Strategic Delivery Group	Director of Human Resources
Staff Survey	Human Resources Department	Feedback from Staff Survey regarding equal opportunities analysed and if cause for concern action plan developed	Annually	Executive Director of Delivery at Strategic Delivery Group	Director of Human Resources

MONITORING OF IMPLEMENTATION	MONITORING LEAD	MONITORING PROCESS	MONITORING FREQUENCY	REPORTED TO PERSON/GROUP	ACTION PLAN LEAD
Equality Impact Assessments (EIAs) for policies	Corporate Affairs	EIAs for policies presented at Policy Review Group.	Monthly	Policy Review Group	Director of Corporate Affairs
Attendance at Equality and Diversity mandatory training for new starters	Learning and Development Department	Attendance levels for new starters at Equality and Diversity mandatory training reported via KPI report and if cause for concern action plan developed.	Monthly	Executive Director of Delivery via Strategic Delivery Group	Head of Education

CONTROLLED DOCUMENT

Policy for Maintaining High Professional Standards in the Modern NHS

(Incorporating the Disciplinary Policy for Medical & Dental Staff)

CATEGORY:	Policy
CLASSIFICATION:	Human Resources
PURPOSE	To set out the Trust's policy for handling concerns about doctors and dentists conduct and capability.
Controlled Document Number:	341
Version Number:	4
Controlled Document Sponsor:	Executive Medical Director
Controlled Document Lead:	Head of Medical Resourcing
Approved By:	Board of Directors
On:	
Review Date:	November 2016
Distribution:	<ul style="list-style-type: none"> • All Senior Managers
<ul style="list-style-type: none"> • Essential Reading for: • Information for: 	<ul style="list-style-type: none"> • HR Staff • All Medical & Dental Staff

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1 Policy Statement

- 1.1 The purpose of this policy and its associated documents is to encourage all doctors and dentists to achieve and maintain the standards of conduct and performance required within the University Hospitals Birmingham Foundation Trust (“the Trust”).
- 1.2 This policy is a commitment by the Trust to operate a fair, consistent and non-discriminatory procedure in relation to all its employees. The Trust’s aim is to ensure that practitioners feel valued and have a fair and equitable quality of working life.
- 1.3 This policy will ensure that the management of all concerns about a practitioners conduct and capability are addressed in a fair and consistent manner.
- 1.4 This policy replaces all previous disciplinary conduct and capability policies from the date of approval by the Trust Board. This includes any local or national policies and associated procedures.

2 Scope

- 2.1 This policy applies to all medical and dental staff employed by the Trust (including those with honorary contracts) and should be read in conjunction with all appropriate codes of conduct/rules for professional bodies.
- 2.2 This policy covers primarily conduct and capability issues relating to medical and dental staff.
- 2.3 In respect of health issues, the health section of the policy and associated procedures will need to be followed in conjunction with the Trust’s Sickness Absence and Attendance Procedure which outlines the processes involved in dealing with such matters.

3 Framework

- 3.1 The broad framework of the policy includes:-
 - Seeking a culture of openness and continuing development.
 - A positive approach to ensure attitudes, working practices, skills and knowledge are kept up to date.
 - Supporting an open approach to reporting and tackling concerns about a practitioners practice.
 - Tackling performance issues through training and remedial action where appropriate.
 - Taking formal action when required including as a necessary tool to secure an improvement to safety and accountability.
 - A recognition that honest failure about a practice or developmental needs should not be responded to primarily by blame and

retribution but by learning and a drive to reduce risk for future patients.

- 3.2 Clinical Service Leads and Divisional Directors should discuss with a practitioner ways of achieving identified goals to address any concerns or developmental needs within a jointly agreed plan.
- 3.3 For many minor lapses of conduct or job performance, counselling may achieve the required improvement in performance or conduct.
- 3.4 No formal action for conduct or capability will normally be taken against a practitioner until all the facts have been fully established or investigated.
- 3.5 When serious concerns are raised about a practitioner, the Trust will urgently consider whether it is necessary to place temporary restrictions on their practice. This might be to amend or restrict their clinical duties, obtain undertakings or provide for the exclusion of the practitioner from the workplace.
- 3.6 The practitioner should be informed of any concerns or issues relating to them as soon as reasonably possible.
- 3.7 The practitioner has the right to be accompanied to any formal meeting convened under this policy and associated procedure by a colleague or an official of a registered trade union/defence organisation. It is for the practitioner to arrange to be accompanied should they choose to do so.
- 3.8 No legal representation or representation by a legally qualified individual is normally allowed (except if a union/defence body official who are, in addition to their main role with that organisation, legally qualified).
- 3.9 If a formal hearing is warranted, due process will be followed with notification and disclosure by all parties to assure a fair hearing occurs.
- 3.10 There is a right of appeal against all formal decisions if the practitioner believes the process or the decision has been unfair or unjust.
- 3.11 A practitioner who admits to misconduct or a failure of performance may agree an appropriate sanction without recourse to a formal hearing through a “fast track” process. The Trust is not obliged to offer a fast track process and the practitioner is not required to accept a fast track process. Where a case to answer is identified for a formal process the practitioner may elect to have their case heard through a formal hearing.
- 3.12 Detailed processes are outlined in the Procedure for Maintaining High Professional Standards in the Modern NHS.
- 3.13 The Executive Medical Director shall approve all procedure documents associated with this policy and any amendments to such documents and is also responsible for ensuring such documents are compliant with this policy.

4. Definition of Issues and Classification

4.1 **Conduct** can cover many areas but misconduct will generally fall into one (or more) of the following categories:

- A refusal to comply with reasonable requirements of the employer.
- An infringement of the employer's disciplinary rules including conduct that contravenes the standard of professional behaviour required by doctors and dentists by their regulatory body.
- The commission of criminal offences outside the place of work which may, in particular circumstances, amount to misconduct.
- Wilful, careless, inappropriate or unethical behaviour likely to compromise standards of care or patient safety, or create serious dysfunction to the effective running of a service.
- Failure to fulfil contractual obligations such as regular non-attendance at clinics or ward rounds, not taking part in clinical governance activities and instances of failing to give proper support to other members of staff including doctors or dentists in training.

4.2 **Capability** is defined as a clear failure by an individual to deliver an adequate standard of care, or standard of management, through lack of knowledge, ability or consistently poor performance.

Examples include:

- out of date clinical practice
- inappropriate clinical practice arising from a lack of knowledge or skills that put patients at risk
- incompetent clinical practice
- inability to communicate effectively
- inappropriate delegation of clinical responsibility
- inadequate supervision of delegated clinical tasks
- ineffective clinical team working skills

4.3 Behavioural concerns or disruptive behaviour is a type of behaviour which occurs when the use of inappropriate words, actions or inactions by a practitioner interferes with his/her ability to function well with others to the extent that the behaviour infers with, or is likely to interfere with quality health care delivery. Such behaviour may fall within a conduct or capability heading dependant upon the issues.

4.4 Any examples given above are not an exhaustive list but examples of areas normally falling within the various headings.

5 Duties

5.1 Executive Medical Director

5.1.1 The Executive Medical Director is responsible for the policy implementation.

5.1.2 The Executive Medical Director will report any significant concerns with compliance to the Board of Directors.

5.2 Director of Delivery

The Director of Delivery will ensure all Senior Managers are aware of the policy and that appropriate training is available for all staff.

5.3 Head of Medical Resourcing

The Head of Medical Resourcing will

- (i) Provide advice, support and guidance to all staff on the policy and associated procedures.
- (ii) Ensure training is available to all staff who undertake managerial responsibilities under the policy.
- (iii) Monitor the application of the policy on an ongoing basis and report annually to the Medical Director on compliance with the policy.

5.4 HR Staff

All HR Staff will ensure they have detailed knowledge of the policy and associated procedures to provide advice, guidance and support to all managers undertaking responsibilities in accordance with this policy.

5.5 Senior Managers

All Senior Managers will ensure they are aware of the requirements of this policy and its associated procedures and will undertake any required training to follow the processes fairly and reasonably.

5.6 Medical and Dental Staff

5.6.1 All Medical and Dental Staff should be aware of their roles and responsibilities under this policy and its associated procedure.

5.6.2 All concerns should be raised with the appropriate clinical managers as soon as possible and serious concerns must be registered with the Medical Director.

5.6.3 All staff must comply fully with any processes identified as required by the Trust under this policy including any investigations against them or any colleagues.

5.6.4 Clinical Managers have specific responsibilities under the procedures and must undertake appropriate training to ensure they are fully aware of their roles and responsibilities.

6 Implementation

- 6.1 This policy will be available on the Trust's Intranet site. Information on the policy and its implementation will be disseminated through the management structure within the Trust.
- 6.2 Training workshops will be organised by the Head of Medical Resourcing and staff will be informed of dates by email.

7 Monitoring

- 7.1 The Head of Medical Resourcing will monitor the application of the policy on an ongoing basis and report annually to the Medical Director on the compliance with the policy.
- 7.2 The Medical Director will report any significant concerns with compliance to the Board of Directors.
- 7.3 Appendix A provides details on the monitoring of the policy.

8 References

- National Clinical Assessment Service – website and various documentation.
- Maintaining High Professional Standards in the Modern NHS national framework for information purposes.

9 Associated Policy and Procedural Documentation

- 9.1 UHB Procedure for Maintaining High Professional Standards in the Modern NHS.
- 9.2 Sickness Absence and Attendance Procedure.

Appendix A

Monitoring Matrix

MONITORING OF IMPLEMENTATION	MONITORING LEAD	REPORTED TO PERSON/GROUP	MONITORING PROCESS	MONITORING FREQUENCY
Policy and Procedural documents	Head of Medical Resourcing	Medical Director	Check intranet documents are up to date.	Annually
Compliance by staff	Head of Medical Resourcing	Medical Director	Ongoing reports from case workers as and when with annual report.	Ongoing and annually
Trained Managers	Head of Medical Resourcing	Medical Director	Updated list of trained managers sent to Medical Director and HR staff.	Following each training workshop
Serious Concerns	Medical Director	Board of Directors	Serious concerns over clinical performance and conduct	Monthly
Overall compliance	Medical Director	Board of Directors	Overall concerns with compliance	When required