**Workforce Investigations**

**Guide to Initial Assessment**

In order to carry out an Initial Assessment, the following questions should be considered:

1. **Event**

* What happened/what is alleged?
* Were there any witnesses?
* Have staff been asked to write statements or handed written statements to their managers?
* Clarification of dates, times; confirmation with rota to ensure validity.
* Should they reasonably have known to behave differently, have they been trained, informed of correct expectations?
* Have they acknowledged the incident, shown insight or remorse?

1. **Documentation**

* What evidence is available, consider as sources:
  + Supervision
  + Appraisal
  + Support/care plans
  + IMR/IMA
  + Team Meeting notes

Could these be provided if requested?

**3. Policy**

* Has a policy been breached?
  + If so which policy is this
  + What is the nature of the breach
  + Could such a breach amount to an act of misconduct or gross misconduct

**4. Assessment of impact**

* What was the impact on:
  + The service
  + The individual
  + The service user
  + Is the employee a member of a professional body?
  + Did the actions, or could they have caused harm to a service user?
  + Is a referral to a professional body or the DBS be a potential outcome of the circumstance?
  + Is a referral to safeguarding required? Please contact Southern Health’s Safeguarding Team for support/advice should it be necessary.

**5. History**

* Has it happened before?
* Are there any live warnings?
* Was it managed informally using a conduct action plan?
* Was it managed informally using a performance improvement plan? (if yes, is an investigation the correct route?)

**6.** **Risk**

* Is there a risk of further repeat behaviour?
* Is there a risk to service users, staff, the Trust or other stakeholders?
* Could it be considered gross misconduct? (View lists in disciplinary policy)

**7.** **Should precautionary action to be considered;**

* ROP:- for example no lone working, temporary redeployment, role restrictions (i.e. no clinical duties), no night shifts, no manual handling etc.
* Exclusion (SHRBP’s must be made aware of all exclusions via the SHRA).

From the above a judgement can be made on whether an Investigation is warranted or whether other routes such as Conduct, Performance or Development Plans may be more appropriate.