**Appendix 1**

**Professional Challenge/Outcome Resolution Notice**

**This document MUST be sent and stored securely on the adults electronic records**

|  |  |
| --- | --- |
| **Date of Notification** |  |
| **Name of Adult** |  |
| **Identification number/NHS number** |  |
| **DOB** |  |
| **Details of the professional challenge** |
| **Name of person raising the challenge** |  |
| **Role** |  |
| **Agency/Team** |  |
| **Name of Line/Team Manager** |  |
| **Contact details of person and Line Manager** |  |
| **Summary of Disagreement** |
| **Details of the professional challenge** |  |
| **Desired outcome** |  |
| **Evidence of action taken** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Stage** | **Date of discussion** | **Evidence of discussion to resolve dispute.** | **Date outcome resolved.** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **Achieved outcome**  |
| **Please state the achieved outcome to the dispute.** |  |