# Quality Recording Form

Raising Dignity Concerns

This form is to be completed by the First Listener; a copy of the completed form is to be sent to the NHSE NW Quality Team at: england.quality.nw@nhs.net

#### First Listener Information

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | First Name |  |
| Specialty |  | Trust |  |
| E-Mail |  | Grade |  |

#### Trainee Information

|  |  |  |  |
| --- | --- | --- | --- |
| Specialty |  | Grade |  |
| Trust |  |

#### Details of Concern

|  |
| --- |
| Summary of concern (Agreed with trainee) |
|  |
| Are there any sexual safety concerns? | Yes |[ ]  No |[ ]
| Is there any potential discrimination (conscious or unconscious)? | Yes |[ ]  No |[ ]
| Do you have any concerns for the trainee’s wellbeing? | Yes |[ ]  No |[ ]
| If you have concerns for the trainee’s wellbeing, please provide further details: |
| Does the trainee feel able to discuss with their ES/CS or TPD? | Yes |[ ]  No |[ ]
| Does the trainee want to raise a formal allegation? | Yes |[ ]  No |[ ]
| Has the concern been escalated? | Yes |[ ]  No |[ ]
| Please provide the date and details of who the concern was escalated to: |
| If the concern has not been escalated, what actions have been agreed (e.g. will the trainee address this, has the line manager been informed etc.)? |
|  |
| What pastoral and/or wellbeing support has been offered? |
|  |
| Is a referral to Occupational Health required? | Yes |[ ]  No |[ ]
| Have any actions been identified to prevent further issues? | Yes |[ ]  No |[ ]
| If actions have been identified, please provide further details: |