

Our Ref: NG/RM/25046
Date: 24th February 2025

Nicola Griffiths
Deputy Director of Governance
North Staffordshire Combined Healthcare NHS Trust
Lawton House
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ST4 8HH

Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 28th January 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

Please can you provide answers to the below questions under the FOI act.

1. Please answer yes or no. In January 2025 was your Trust conducting any... internal review / investigation / report being compiled... into a consultant that has had concerns raised about him or her (i.e.. a whistleblower has come forward and named the person)? **No**
2. Please answer yes or no. In January 2025 was your Trust conducting any... internal review / investigation / report being compiled... into a junior doctor that has had concerns raised about him or her (i.e.. a whistleblower has come forward and named the person)? **No**
3. Please answer yes or no. In January 2025 was your Trust conducting any... internal review / investigation / report being compiled... into a nurse that has had concerns raised about him or her (i.e.. a whistleblower has come forward and named the person)? **No**
4. Please answer yes or no. Has your Trust conducted / started or concluded an internal or external review / investigation of a medical member of staff since January 1st, 2023, following a whistleblower or patient raising concerns? **No**
5. Please answer yes or no. If you answered yes to question 4 - did the member of medical staff being investigated continue to have contact with patients whilst the... review/investigation/report being written... was ongoing? **N/A**
6. If you answered yes to Question 4, is the member(s) of staff that was investigated / reviewed still working at your Trust following the review conclusions? **N/A**
7. If you answered yes to Question 4, for those reports that have concluded, was the member of staff that was investigated / reviewed found to have fallen short of the standards your Trust would expect from their medical staff? **N/A**
8. If you answered yes to Question 4, how many members of medical staff were reviewed/ investigated following an internal whistleblower raising concerns? **N/A**
9. If you answered yes to Question 4, was the whistleblower also investigated? **N/A**

Chair: Janet Dawson
Chief Executive: Dr Buki Adeyemo
www.combined.nhs.uk

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10. Please answer yes or no. Do you have any experience with a malicious whistleblower?
If yes, please share further details if able. (An example of a malicious whistleblower is someone that reports a colleague purely because they want to cause that person repetitional harm, not because they have any actual knowledge of them falling below expected standards for the Trust). **No**
11. Please share any review conclusions/ reports/ write ups where possible. **N/A**
12. Please share any further details of your whistleblower policy here. How do you manage whistleblowers when they raise concerns? **Please see Appendix 1 attached.**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

Document level: Trust Wide
Policy Ref No: 3.09
Issue number: V3

Freedom To Speak Up Policy

Lead executive	Chief People Officer
Authors details	Freedom To Speak Up Guardian and Being Open Lead

Type of document	Policy
Target audience	All Trust Staff
Document purpose	To provide guidance

Approving meeting	PCDC	Meeting date(s)	25 th September 2023
Implementation date	1st October 2023	Review date	1 st October 2026

Trust documents to be read in conjunction with	
	Resolution and Grievance
	Inclusion Policy
	Transgender and Inclusion
	Being Open Duty of Candour
	Disciplinary Policy
	Violence and Aggression
	Local Counter Fraud

Document change history		Version	Date
What is different?	<p>The policy resets the thinking and language to be more inclusive, whilst providing staff with additional communication routes to speak up where they may have been reluctant to speak up in the past.</p> <p>The policy places more emphasis on the importance of speaking up, rather than worrying about which process is the right one to use.</p> <p>The policy will help to deliver the People Promise for our people, ensuring they have a voice that counts, and where leaders and managers listen to workers, driving learning and improvement.</p>		

	This policy amalgamates any previous separate versions for primary care and NHS trusts to ensure a consistent approach for our NHS people, and signposts to a wider variety of support available for all.		
Appendices / electronic forms	2 appendices - end of policy		
What is the impact of change?	<p>Greater consistency of FTSU policies for all NHS organisations and others providing primary or secondary care</p> <p>The policy encourages people to speak up at an early stage without worrying about the correct process to use and offers assurance of support</p>		

Training requirements	N/A
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Document consultation	
Directorates	People and OD directorate including: Chief People Officer Non – Executive Director
Corporate services	Associate Director of Education Associate Director of Governance
External agencies	Staff side

Financial resource implications	N/A
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External references
1. FTSU National Guardians Office

Monitoring compliance with the processes outlined within this document	LMS
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact
Does this document affect one or more group(s) less or more favorably than another (see list)?		
<ul style="list-style-type: none"> – Age (e.g., consider impact on younger people/ older people) – Disability (remember to consider physical, mental, and sensory impairments) – Sex/Gender (any particular M/F gender impact; also consider impact on those responsible for childcare) – Gender identity and gender reassignment (i.e., impact on people who identify as trans, non-binary or gender fluid) – Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries, Roma/travelling communities) – Pregnancy and maternity, including adoption (i.e., impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) – Sexual Orientation (impact on people who identify as lesbian, gay, or bi – whether stated as ‘out’ or not) – Marriage and/or Civil Partnership (including heterosexual and same sex marriage) – Religion and/or Belief (includes those with religion and /or belief and those with none) – Other equality groups? (May include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups) 		No issues identified for any of the protected characteristics
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
If you have identified potential negative impact: <ul style="list-style-type: none"> - Can this impact be avoided? Staff are required to complete mandatory education to ensure a safe service provision. - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action? 		
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	No	

If YES, could it still be justifiable e.g., on grounds of promoting equality of opportunity for one group? Or any other reason	
Enter details here if applicable	
<p>Where an adverse, negative, or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact.</p> <p>Discussed the above with the Inclusion & Diversity Lead – adjustments offered and made ensured equality and inclusion.</p> <p>For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@combined.nhs.uk</p>	
Was a full impact assessment required?	No
What is the level of impact?	

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1.0 Policy Statement

This partnership and recognition agreement between the Trust and its recognised Trade Unions, is based on mutual trust and respect for each other's role and responsibilities taking into account local, regional and national context and drivers. With a shared purpose of acting in the best interests of our staff and the communities served by the Trust.

This policy supports the application of our Trust Values which guide our actions and behaviour as an employer and provider of services.

These are Proud to **CARE**:

Compassionate	Caring with compassion, it's about how we listen, what we say and what we do.
Approachable	Friendly, welcoming, sharing ideas and being open.
Responsible	Taking personal and collective responsibility and being accountable for our actions
Excellent	Striving for the best, for high-quality safe care and continually improving

The Trust values are underpinned by the Trusts commitment to 'Just Culture' principles where we endeavour to keep an open mind when incidents occur and do not seek to attribute blame. The primary concern will always be to understand what went wrong and why, with a view to improving processes and supporting employees in an environment and culture of continuous improvement. This enables the learning of valuable lessons so that the same or similar errors can be prevented, minimising the potential for repetition. Ensuring the fair treatment of employees supports a culture of fairness, openness, and learning, helping employees to feel confident to speak up if things do go wrong.

2.0 Diversity and Inclusion Statement

The implementation and application of this policy is intended to ensure that no job applicant or employee receives less favourable treatment because of their race, colour, nationality, ethnic or national origin, or on the grounds of their gender, gender reassignment, marital status, disability, age, sexuality, religion, or trade union membership, or is disadvantaged by conditions or requirements which are not justified by the requirements of the job. Action will always be taken where this occurs. This applies to all aspects of employment for existing staff and potential employees.

The Trust is committed to being an inclusive and anti-racist organisation. An inclusive employer is one which recognises people's different needs, situations and goals, and removes the artificial barriers that limit progress and attainment. It is a place where all people are treated with civility, kindness, and respect.

This policy has had an Equality Impact Assessment which has been completed by the People Operations Team and signed off by the Trust's Diversity and Inclusion Lead.

These procedures should be applied equitably to all employees ensuring that there is no discrimination on the grounds of age, disability, race, ethnicity, gender, gender identity, sexual orientation, religion, belief, offending background, trade union activities, marital or family circumstances or domestic/care arrangements.

3.0 Introduction

This policy is used when someone who works in, has previously worked in, or for an organisation raises a concern about a possible fraud, crime, malpractice, danger, or other serious risk that could threaten clients or patients, colleagues, the public or the organisation's reputation.

North Staffordshire Combined Healthcare NHS Trust is committed to the development of a positive learning and being open culture. We support and empower our people to raise issues and concerns early and we will always be involved in helping to resolve them. Our people are our best early warning system and are integral in ensuring that problems are identified and addressed early, before they have a chance to escalate into something potentially more harmful.

This speaking up route has been developed to support members of staff to bring genuine concerns to the attention of appropriate people within the Trust, who can take the relevant action. This includes bringing the matter to the immediate attention of a suitable person outside the normal line of management.

Raising Concerns is used when an individual has a concern about danger or illegality that has a public interest aspect to it or when there is grievance with a dispute about an employee's own employment position and has no additional public interest dimension.

This process does not replace and should not be used instead of the Resolution and Grievance Policy, which staff should use if they have a concern about their own treatment which they wish to take formally (including where this treatment relates to their own contract of employment).

In the event that a concern is raised that would be more appropriately dealt with under a different policy (e.g., Grievance, Complaints, Bullying & Harassment etc.), the matter will be discussed with you and dealt with in line with the more appropriate policy.

This speaking up route is designed to help staff to follow the appropriate steps to raise their concerns with an appropriate person at an early stage. It also provides a clear process for Trust managers and leaders to respond appropriately to concerns raised, in line with the Trust's responsibility under the Public Interest Disclosure Act 1998.

4.0 Policy Synopsis:

This procedure applies to all Trust employees, ex-workers, ex-employees, students, workers, and volunteers, including permanent, temporary and bank staff, non-executive directors, and sub-contracted staff acting on behalf of the Trust (i.e., agency staff). If an individual has concerns relating to another organisation or the practice or conduct of an individual employed by another organisation, staff may wish to approach the person directly on an informal basis. If this is not possible or appropriate, these concerns should be reported to the line manager of the person the concern relates to, who will escalate as appropriate within their own organisation. Alternatively, the Combined Healthcare employee may raise this concern with their own line manager. In the event that a concern raised is related to potential or actual abuse of any description, the Trust Safeguarding team should be contacted, in line with multi-agency safeguarding policies and procedures. It is recommended that if a concern is raised in another organisation, an individual should notify their own line manager that the disclosure has been made. This allows the Trust to provide whatever support may be required.

Concerns raised by anyone not covered in the section above, (including members of the public and ex-employees) will be investigated, but depending on the nature of the concern raised, may be treated as a complaint, and would therefore not be subject to this policy. Such concerns would still be addressed, albeit through a different process. For some concerns this would not be appropriate, and in these cases, the concerns would be investigated in line with this policy. It is noted that the *Public Interest Disclosure Act 1998* applies to workers only, however the Trust is committed to investigating concerns as raised and will do so through whichever process is deemed most appropriate.

All staff are responsible for ensuring they comply with the requirements of this policy, treating all people with civility, kindness, and respect and mindful of individual differences and preferences, demonstrated through spoken and written word, actions and behaviors.

Any member of staff may at one time or another, have concerns about what is happening at work. Usually, such concerns are easily resolved and supported by the individual discussing them with their line manager.

The Trust recognises however, that raising concerns can be extremely difficult. An individual may be worried about raising issues about fellow healthcare workers, feeling they need hard proof, or that their actions demonstrate disloyalty to colleagues, their manager, or to the Trust.

Individuals are encouraged and expected to raise genuine concerns and should always be advised of support that is available to them.

All staff have a responsibility to raise concerns about the Trust, its activities, or those of any Trust employee or worker, where concerns are serious and involve safety or suspected fraud, staff have a specific duty to raise these concerns immediately.

Concerns should be raised at the earliest stage possible. The Trust encourages staff to raise any matter at the earliest opportunity (i.e., even when it may only be a suspicion), than wait until there is proof or further incidents occur.

No member of staff will be penalised for disclosing genuine concerns about any form of malpractice. Individuals raising concerns under this speaking up route have legislative protection from such victimisation, as set out in the above Act. Where such victimisation occurs, this will lead to disciplinary action by the Trust and may be considered an act of gross misconduct.

Inevitably some concerns raised may be genuinely misconstrued (e.g., due to the individual being unaware of all the facts). In such cases, if the individual raising concerns has a reasonable belief that their concerns are genuine, they will be recognised to have taken the appropriate action.

However, where an individual is found to have maliciously raised unfounded allegations, e.g., for personal gain, or to malevolently damage the reputation of the Trust or a specific individual, such action will be treated as misconduct (potentially gross misconduct) and will lead to disciplinary action against the individual concerned.

5.0 Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment, and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are in an integrated way where this might reduce health inequalities.

6.0 Speak up – we will listen

We welcome speaking up and we will listen. By speaking up at work you will be playing a vital role in helping us to keep improving our services for all patients and the working environment for our staff.

This policy is for all our workers. The [NHS People Promise](https://www.engalnd.nhs.uk) commits to ensuring that “we each have a voice that counts, that we all feel safe and confident to speak up and take the time to really listen to understand the hopes and fears that lie behind the words”. The People Promise can be found online at: <https://www.engalnd.nhs.uk>

We want to hear about any concerns you have, whichever part of the organisation you work in. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. For example, agency workers, bank workers, locums, or students. We also know that workers with disabilities, or those from a minority ethnic background or the LGBTQ+ community do not always feel able to speak up.

This policy is for all employees, and we want to hear all our employee concerns.

We ask all our employees to complete the online training on speaking up. This is available on our learning management system for all staff to book on to and complete. The online module on 'listening up' is specifically for managers to complete and the module on 'following up' is for senior leaders to complete.

You can find out more about what Freedom to Speak Up (FTSU) is in these videos that can also be found online at: <https://www.e-lfh.org.uk/programmes/freedom-to-speak-up>

7.0 This policy

All NHS organisations and others providing NHS healthcare services in primary and secondary care in England, are required to adopt this national policy as a minimum standard to help normalize speaking up for the benefit of patients and workers. Its aim is to ensure that all matters are captured and considered appropriately.

8.0 What can I speak up about?

You can speak up about anything that gets in the way of patient care or anything which affects your working life. This could be something which doesn't feel right to you: for example.

- A way of working or a process that isn't being followed.
- You feel you are being discriminated against or
- You feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients.

Speaking up is about all these things. It therefore captures a range of issues, some of which may be appropriate for other existing processes (for example, people operations or patient safety/quality).

Other policies that may be appropriate for you to review are:

- Resolution and Grievance
- Inclusion at Work Policy
- Transgender and Inclusion
- Being Open Duty of Candour
- Violence and Aggression
- Incident Response
- Local Counter Fraud
- Disciplinary Policy

As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue or concern you raise.

8.1 We want you to feel safe to speak up

Speaking up is valuable to us, because it helps us to identify opportunities for improvement that we might not otherwise know about.

We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.

Anyone who speaks up will be supported with their health and wellbeing taken into account. They will be updated with progress about the actions taken in relation to them speaking up and they will be signposted to the Trusts wellbeing services.

8.2 Who can speak up?

Anyone who works in the NHS healthcare, including pharmacy, optometry, and dentistry. This encompasses any healthcare professional, non-clinical workers, receptionist, directors, managers, contractors, volunteers, students, trainees, junior doctors, locum, bank or agency workers and former workers.

8.3 Who can I speak up to internally?

Most speaking up happens through conversations with supervisors and line managers where challenges are raised, supported, and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters for you.

However, you have other options in terms of who you can speak up to, depending on what feels most appropriate for you.

Please use the link here to access the detailed information and contacts for alternative raising concern routes available to you.

<https://cat.combined.nhs.uk/people-and-support/freedom-to-speak-up/>

Who can I speak up to externally?

Care Quality Commission (CQC) (for quality and safety concerns about services it regulates). You can find out more about how the CQC handle concerns here:

<https://www.cqc.org.uk>

NHS England

For any concerns about:

GP surgeries

Dental practices

Optometrists

Pharmacies

How NHS trusts and foundation trusts are being run (this includes ambulance trusts and community mental health trusts)

NHS Procurement and patient choice.

The national tariff.

NHS England may decide to investigate your concern themselves, ask your employer or another appropriate organisation to investigate (usually within their oversight) and/or use the information you provide to inform their oversight of the relevant organisation. The precise action they take will depend on the nature of your concern and how it relates to their various roles.

Please note that neither the Care Quality Commission nor the NHS England can get involved in individual employment matters, such as a concern from an individual about feeling bullied.

NHS Counter Fraud Agency (for concerns about fraud and corruption) using their online reporting form. This can be found at: <https://reportfraud.cfa.nhs.uk> or freephone line 0800 028 4060.

If you would like to speak up about the conduct of a member of staff, you can do this by contacting the relevant professional body such as the:

- General Medical Council
- Nursing and Midwifery Council
- Health & Care Professions Council
- General Dental Council
- General Optical Council or
- General Pharmaceutical Council.

Appendix B contains information about making a 'protected disclosure'.

9.0 How should I speak up?

You can speak up to any of the people or organisations listed above or by accessing the people or organisations using the QR code in person, by phone or in writing (including email).

Confidentiality

The most important aspect of you speaking up is the information you can provide and not your identity. You have a choice about how you speak up:

Openly

You are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.

Confidentially

You are happy to reveal your identity to the person you choose to speak up to on the condition that they will not share your identity without your consent.

Anonymously

You do not want to reveal your identity to anyone. This can make it difficult for us to ask you for further information about the matter or concern and may make it more complicated to act to help to resolve the issue or support you. It also means that you might not be able to access any extra support you may need or for you to receive any feedback on the outcome of your concern.

In all circumstances, please be ready to explain as fully as you can the information and circumstances that prompted you to speak up.

10.0 Advice and Support

More advice and support can be available for anyone who is a member of a union. Your local staff network contact details are available for you to access using the link below:

<https://cat.combined.nhs.uk/people-and-support/freedom-to-speak-up/>

You can also access a range of health and wellbeing support via NHS England.

- [Support available for our NHS people.](#)
- [Looking after you: confidential coaching and support for the primary care workforce.](#)
- NHS England has a [Speak Up Support Scheme](#). This can also be found online at: <https://www.england.nhs.uk/ourwork/freedom-to-speak-up-support-scheme/>. This is a scheme can apply to for support.

You can also contact the following organizations:

- [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.
- The charity [Protect](#) provides confidential and legal advice on speaking up.
- The [Trades Union Congress](#) provides information on how to join a trade union.
- [The Law Society](#) may be able to point you to other sources of advice and support.
- [The Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

11.0 What will we do?

The matter you are speaking up about may be best considered under a specific existing policy/process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you. If you speak up about something that does not fall into a HR/People

Operations or Patient Safety incident process, this policy ensures that the matter is still addressed. What you can expect to happen after speaking up is shown in Appendix B.

12.0 Resolution and investigation

We support our managers/supervisors to listen to the issue you raise and take action to resolve it wherever possible. In most cases, it's important that this opportunity is fully explored, which may be with facilitated conversations and/or mediation.

Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside your organisation or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

Any employment issues that have implications for you/your capability or conduct or conduct identified during the investigation will be considered separately.

13.0 Communicating with you

We will always treat you with respect and we will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

14.0 How we learn from your speaking up

We want speaking up to improve the services we provide for patients and the environment that you, our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation or more widely, as appropriate.

15.0 Review

We will seek feedback from employees about your experience of speaking up. We will review the effectiveness of this policy and our local process annually, with the outcome published and changes made as appropriate.

16.0 Senior leaders' oversight

Our most senior leaders will receive a report at least annually, providing a thematic overview of speaking up by our staff through our FTSU Guardian.

Appendix A:

What will happen when I speak up?

We will:

- Thank you for speaking up.
- Help you identify options for resolution.
- Signpost you to health and wellbeing support.
- Confirm what information you have provided consent for us to share.
- Support you with any further next steps and keep in touch with you.



Steps towards resolution:

- Engagement with relevant senior managers (where appropriate)
- Referral to HR process (where appropriate)
- Referral to patient safety process (where appropriate)
- Undertake other types of appropriate investigation, mediation. etc.



Outcomes:

The outcomes will be shared with you wherever possible, along with learning and improvement identified.



Escalation:

If resolution has not been achieved, or you are not satisfied with the outcome, you can escalate the matter to the senior lead for FTSU or the non-executive lead for FTSU.

Alternatively, if you think there are good reasons not to use internal routes, you may wish to speak up to an external body, such as the CQC or NHS England

Appendix B:

Making a protected disclosure

Making a 'protected disclosure'

A protected disclosure is defined in the Public Interest Disclosure Act 1998. This legislation allows certain categories of workers to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. The legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from the [Protect](#) or a legal representative.

Training Needs Analysis for the policy for the development and management of Trust wide procedural / approved documents

Please tick as appropriate

There are no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels. (Do not continue to complete this form-no formal training needs analysis required)	✓
There are specific training requirements for staff groups. (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trust wide learning programme for this staff group (✓ if yes)
Career Grade Doctor				
Training Grade Doctor				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non-registered Nurse				
Community Registered Nurse				
Community Non-Registered Nurse / Care Assistant				
Psychologist / Pharmacist				
Therapist				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable)

Please give the source that has informed the training requirement outlined within the policy i.e., National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by

Date