



Royal College
of Nursing
Northern Ireland

A practical guide to raising concerns for registered nurses.

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RCN Northern Ireland
Working With You

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Introduction

The primary role of every registered nurse, regardless of work setting is to deliver high-quality, evidence based, safe, effective and compassionate nursing care. However, the complexities and pressures within the current world of health and social care can challenge the successful delivery of that nursing care.

This document has been developed to help registered nurses identify and communicate concerns about issues which may impact on their ability to deliver safe, effective, and compassionate care to patients and clients in their care and/or within their area of responsibility.

Any registered nurse who believes that their ability to ensure delivery of safe effective and compassionate care is being compromised must communicate these concerns to their line manager or the person that they report to. They must do this to make that person aware of the situation and to give them the opportunity to resolve the issue or escalate the concerns to the next level.

Raising concerns about issues that impact on patient/client care is not about trying to shift problems or abdicate responsibility for the issues being raised. Rather, it should allow all concerned to work together to develop solutions to address the issues and potential risks to the delivery of safe, effective and compassionate nursing care.

Registered nurses must be able to raise their concerns about patient care and safety without fear of repercussions and within a culture of psychological safety, and all organisations must have processes in place that support this. Organisations must also have a whistle blowing policy, which registered nurses can refer to if other processes for raising concerns have not resolved the issues. Employers and managers also have a duty of care to their employees and staff and should ensure that they can work in an environment that allows them to carry out their duties according to their professional code of conduct.

This guidance does not focus on issues in relation to adult safeguarding or child protection. Reporting these issues must be in line with regional and organisational policy and procedures.

The Code

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018) is explicit in the requirement for registered nurses to act without delay to raise concerns where they believe there is a risk to patient safety or public protection. This sits under the key theme of “Preserve Safety”. The Code places an obligation on registered nurses to:

16.1 raise and, if necessary, escalate any concerns you may have about patient or public safety, or the level of care people are receiving in your workplace or any other health and care setting and use the channels available to you in line with our guidance and your local working practices.

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018)

This means that to fulfil the requirements for continued professional registration, registered nurses must raise concerns where they see or become aware of risks to, and/or deficits in, the delivery of safe, effective and compassionate patient and client care. It is not optional.

Support for delivery of safe, effective and compassionate nursing care

There are actions that registered nurses, and in particular, the nurse in charge can take to support the delivery of safe, effective and compassionate nursing care.

These include:

- Clearly communicated and understood expected standards for delivery of safe, effective and compassionate nursing care.
- Provision of support to maintain expected standards of nursing care.
- Ensuring that the nursing team can identify areas of concerns related to safe, effective and compassionate delivery of nursing care, and what to do to address those concerns.
- Use of a range of tools that monitor the quality of nursing care.

- Ensuring the overall registered nurse and nursing assistant/healthcare assistant staffing numbers support the delivery of safe, effective and compassionate nursing care – that means the right number of staff, with the right knowledge and skill sets (referring to the relevant phase of Delivering Care – Safe Staffing Model, where applicable)
- Ensuring that registered nurses and nursing assistants/healthcare assistants focus on delivery of nursing care, making best use of their knowledge, skill sets and experience.
- Ensuring that registered nurses and nursing assistants/healthcare assistants are provided with relevant and appropriate training and development.
- Ensuring access to the appropriate resources that support the delivery of safe, effective and compassionate care.
- Ensuring the environment is safe and fit for purpose.
- Asking for advice and support when necessary

The nurse in charge

If standards of care within their area of responsibility are deteriorating, it is likely to be the nurse in charge who will escalate these concerns. It is vital that the nurse in charge has an early alert system in place that can quickly identify if standards of care are deteriorating. This will involve having an assurance framework or a dashboard which sets out the agreed and expected standards and resources for their service/setting so they can clearly articulate how care delivery is falling below that standard. They must be familiar with areas such as:

- The agreed staffing complement in terms of number and skill mix (as set out in the relevant Delivering Care phase, where applicable).
- Actual numbers of staff in post/available to work – with consideration of vacant posts, all types of planned and unplanned leave, and the required skill mix.
- The difference in number of staff required and the number of staff available to meet patient/client need and complexity – detailing any deviation from the agreed staffing complement, skill mix, and experience of staff within that number.

- Any vacancy control policy/ issues and how it affects their particular service/setting.
- Percentage of bank/agency staff on each shift.
- The numbers of funded beds and average occupancy levels.
- The number of extra patients and/or inpatient beds, over and above what the ward is resourced to have.
- Significant fluctuations in community caseload or outpatient attendance numbers.
- Changes in patient/client dependency.
- Changes to workload not related to patient/client dependency and/or staffing concerns e.g. nurses having to carry out non nursing duties to fill vacancies in other roles/ professions.
- Numbers of incidents reported, with analysis of same.
- Outcomes from audits and analysis of quality indicators.
- Access to risk assessments that detail the mitigations for harm to both patients and staff – for example,
 - extra inpatient beds situated in a corridor with no oxygen point,
 - lack of privacy or ability to deliver dignified nursing care.
 - no bed availability with use of armchairs and couches or trolleys as bed substitutes
 - lack of availability of core nursing staff necessitating continued use of agency staff,
 - lack of support staff who help to keep work environments infection free.

Where concerns are specifically related to workforce, the RCN Nursing Workforce Standards (2021) may help the nurse in charge to articulate the issues in terms of levels of accountability and what should be expected in terms of responsiveness by decision-makers.

The word “normal” and notion of what is “normal” should be avoided. In many situations the reality of health and social care delivery is that some services/settings are “normally” operating in circumstances where agreed levels of safe and effective service provision are routinely not achieved.

This could quickly be accepted as “normal” but cannot be excused as a tolerable consequence of sustained pressures. The nurse in charge must articulate any concerns using the language of “agreed standards, and the indicators that these standards are not achieved”, not what they “normally” have to accept as the challenges and pressures experienced across all of health and social care service delivery persist.

The Code explicitly requires the nurse in charge to respond appropriately if issues of concern are brought to their attention. This places a dual responsibility on the nurse in charge to both identify issues of concern and respond to issues of concern raised by staff.

16.4 acknowledge and act on all concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so

The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (2018)

The nurse in charge has an important role in ensuring staff are empowered to openly raise concerns, constructively question decisions and put forward ideas that can improve working environments or improve patient safety or experience. The nurse in charge must support a culture of psychological safety where staff at all levels are able to discuss and raise issues that are of concern to them without fear.

Support is available at [Looking after ourselves | RCN](#) and [Resource Hub | Regional Workforce Website \(hscni.net\)](#)

When concerns are identified

Step 1

Before formally raising concerns in writing, consider the following questions:

- What am I concerned about specifically?
- What have I done to try to address the situation within my own resources?
- Could I prioritise things to reduce the impact on the patient/client?
- Are there any other options open to me?
- Is there anything more that I can do before I involve my manager?
- What do I want from my manager/person I report to?
- What do I need to help me deal with this situation safely?

When these questions have been asked and answered and everything possible has been done to alleviate the immediate situation, but the concerns remain or are likely to recur, these should be officially reported.

Step 2

Concerns should be raised formally in writing. Where concerns have been verbally discussed, they should be followed up in writing using a formal process. Formal reporting can be by email and/or by using the employer's incident reporting system if that is appropriate.

Incident report forms: these forms are used to gather data about untoward incidents, accidents, and near misses. They help organisations look at patterns and trends and can be a great source of evidence to support the raising of concerns, for example, in relation to numbers of patient falls; incidence of hospital acquired infections; or numbers of medication errors.

The difficulty with relying on incident reporting systems to raise concerns is that responses are not immediate, they do not always capture the urgency that a situation requires, and often do not generate remedial action as a single incident report.

A direct email: this method of raising concerns is more immediate and allows for a quick response. Email is available to all trust managers, and it allows other people to be copied into the correspondence. The downside to an email is that it is instant, therefore think carefully about what is written and why it is being sent.

In the busy, complex world of healthcare many managers are overwhelmed by emails, and it is easy for urgent emails to be overlooked. It is important to ensure that the person the email is sent to is actually on duty and not on leave. Always mark as urgent and request a 'read receipt' for an email identifying issues of concern.

Evidencing your concerns: evidencing concerns and their impact on the delivery of safe effective or compassionate nursing care is essential. It adds substance and context to individual and cumulative concerns. It may be helpful to use the template at page 9 as a guide to formulating the letter or email.

Finally, make sure that you keep your RCN representative informed of how the issue progresses.

Remember that no one can prevent a member of staff from raising concerns that affect the delivery of safe, effective, or compassionate care. However, it should be done constructively and professionally, through line management/reporting structures and should always protect the confidentiality and dignity of the patient/client.

The line manager/the person receiving the report should be asked to acknowledge receipt of formally submitted concern, and to respond within a reasonable timeframe. What is considered reasonable will depend on the nature of the concerns raised. If the line manager/person receiving the report does not deal with the concerns within that reasonable time frame, then a registered nurse is obliged to escalate concerns to the next level.

If concerns have been raised internally and the employer fails to address legitimate concerns adequately (or at all) registered nurses are professionally obliged to progress the matter further. This may mean using the organisation's whistleblowing policy, or formally raising with an external organisation such as the Regulation and Quality Improvement Authority (RQIA). Whistleblowing policies should list a number of external organisations with whom you could raise a concern. In this event you may wish to seek advice from RCND on 0345 772 6100.

When you are ready to put your concerns in writing, you may find the following template helpful in framing an email.

To: your line manager/person you report to

Suggested copy to: Service manager/Registered provider (registered care homes), and/or Director of Nursing (where applicable), RCN Officer

Start your correspondence with this paragraph:

As an NMC registrant I act to deliver high quality nursing care to every patient/client. I strive to uphold the highest professional standards possible. However, it is my professional opinion that patient/client care is being compromised. Whilst I continue to do everything I can to try to ensure the delivery of safe, effective and compassionate nursing care, as an NMC registrant I am obliged today to bring the following concern(s) to your attention:

What issue is specifically causing the concern? For example:

Staffing shortages in terms of numbers and skill mix – this might not just be about registered nurse or nursing assistant/healthcare assistant numbers – it can be about any staff required to deliver care, treatment or support services and might be compounded by increased patient acuity/dependency, and/or increased inpatient, outpatient or community caseload numbers.

Staff competency – this could be staff in substantive posts, temporary staff, or bank/agency staff.

- Service design/delivery
- Lack of resources – what is lacking and in what numbers.
- Unsafe environment or something inappropriate about the environment.
- Suspected malpractice – what, when, who was involved.
- Suspected fraud – what, when, who was involved.
- Repeated requirement to raise similar concerns.

I have tried to address this/these concern(s) by taking the following

action(s):

List the actions you have taken – this should include discussing issues of concern with your line manager/person you report to.

However, despite taking this/these action(s), concerns around the ability to deliver safe, effective and compassionate nursing care persist. I provide the following evidence that has led to me formally raising this/these concern(s):

This could include things like:

Details of the agreed staffing complement in terms of number and skill mix (as set out in the relevant Delivering Care phase, where applicable) vs actual numbers of staff in post/available to work, including details of continued vacancies, all types of planned and unplanned leave, and the required skill mix.

The number of times duty rotas have been changed at short notice, including cancelling annual leave and planned training to fill shifts - provide a defined time-period, for example, x times in the last week(s)/month(s).

The number of shifts without the required number of staff with specialist knowledge/experience/training to deliver safe and effective care - provide a defined time-period, for example, x times in the last week(s)/month(s).

Details of increased patient acuity/dependency, and/or increased inpatient, outpatient, or caseload numbers.

Difficulties in ensuring staff can keep up to date with mandatory and skills development training- provide details from a defined time-period, for example, x times in the last week(s)/month(s) – how many staff require training in a specific area/topic etc.

Noted increases in errors, accidents, or adverse incidents – provide comparative data from periods where the concerns you have raised were not an issue.

Noted decreases in audit and quality indicator outcomes, for example, infections, falls, patient nutrition - provide comparative data from periods where the concerns you have raised were not an issue.

Noted task driven performance and inability to deliver nursing care as set out in care plans – provide examples of care left undone and details of the frequency this occurs.

An inappropriate reliance on relatives to deliver aspects of personal care to patients – provide a defined time-period, for example, x times in the last week(s)/month(s).

Noted increases in the number of complaints (verbal and written) related to delivery of safe, effective and/or compassionate care - provide comparative data from periods where the concerns you have raised were not an issue.

Increased levels of sickness/absenteeism, low morale or an increase in signs of work-related stress within the team.

Details of the number of times (and dates where available) that similar or compounding concerns have been raised both verbally and in writing (including via incident reporting processes).

This/These concern(s) is/are having the following impact on the delivery of safe, (and/or) effective, (and/or) compassionate nursing care:

This could include things like:

- Staff performance, morale and delivery of safe, effective and compassionate nursing care compromised by changes to duty rotas.
- Safe and effective nursing care and patient/client experience compromised by deficits in staff numbers with the required specialist knowledge/experience/training/competence.
- Safe and effective nursing care and patient/client experience compromised by difficulties in ensuring staff have completed required mandatory and skills development training.
- Compassionate, dignified and respectful holistic nursing care compromised with potential impact on patient/client human rights - note particular human rights articles that must be considered.
- Actual or potential harm as a result of an inappropriate or unsafe

environment.

- Implications for registered nurses in meeting the requirements for their continued registration as set out in The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates (NMC 2018).

If you know what could help, provide details. This could include things like:

- Reduced workload by revising caseload numbers, number of scheduled appointments, removing unfunded beds
- Improved staffing levels or skill mix (try to be specific about the grades of required: is it a nursing/health care assistant or a registered nurse? Are specialist skills and experience required)
- Provision of the required equipment or resources
- Authorisation for any works to address concerns regarding the environment.
- Confirmation that significant and relevant concerns are noted on the organisational risk register with details on how risk is being mitigated/managed/reviewed at Board level

If applicable consider adding the following sentence:

As my employer health and safety legislation places duty of care on you for your staff and the people they care for, and as such requires you to take all reasonable and practicable steps to address the concerns I have detailed.

Finish your correspondence with this paragraph:

I would be grateful if you would confirm receipt of this correspondence and provide me with a response that details the actions you will take that address/rectify this/these concern(s) and that will support me and the team in the delivery of safe, effective and compassionate nursing care. I understand the pressures of service delivery, but I would appreciate an urgent response.

Please note, I have copied this correspondence to (specify the roles of those cc'd)

Signature

Supporting information

[Adult Safeguarding: Prevention and Protection in Partnership key documents | Department of Health \(health-ni.gov.uk\)](#)

Delivering Care

[Looking after ourselves | RCN](#)

[NHS Terms and Conditions of Service Handbook | NHS Employers](#)
[Public Interest Disclosure Act 1998 \(legislation.gov.uk\)](#)

Public Health Agency <https://www.publichealth.hscni.net/>

[RCN Workforce Standards | Publications | Royal College of Nursing](#)

[Resource Hub | Regional Workforce Website \(hscni.net\)](#)

[The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

[Safeguarding Board for Northern Ireland Procedures Manual \(proceduresonline.com\)](#)



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The RCN represents nurses and nursing, promotes excellence in practice and shapes health policies. Should you require any support in relation to this document please contact a local RCN representative via RCN Direct on 0345 772 6100

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