



Royal College
of Nursing
Northern Ireland

A practical guide to raising concerns for registered nurses

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RCN Northern Ireland
Working For You

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Introduction

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

While this guidance has particular relevance to ward sisters, charge nurses and community team leaders, it is anticipated that it will be used by any registered nurse who has concerns about aspects of patient care.

The primary responsibility of the nurse in charge is to ensure that patients and clients within their area of clinical responsibility receive care that is safe and effective.

They do that in a number of ways including:

- communicating, maintaining and monitoring standards
- ensuring they have the right number of staff with the right knowledge and skills to do the job
- ensuring they have the correct resources
- ensuring the environment is safe and fit for purpose
- asking for advice and support when necessary.

If the nurse in charge feels their ability to ensure delivery of safe and effective care is being compromised it is their duty to communicate their concerns to their line manager. They must do this in order to make their line manager aware of the situation and to give him/her the opportunity to resolve the issue or escalate the concerns to the next level.

Nurses and other staff employed in the HSC have a contractual right and a duty to inform their employers of any concerns they may have about malpractice, incompetence, patient safety, financial impropriety or any other serious risk they consider to be in the public interest. This right is contained in the NHS Terms and Conditions of Service Handbook (Section 21: Right to raise concerns in the public interest (Whistle blowing)).

Nurses must be able to raise their concerns about patient care and safety without fear of repercussions. All HSC Trusts have a whistle blowing policy in place which clearly identifies the processes for raising concerns within HSC organisations. Managers also have a duty of care to their staff and should ensure that staff can work in an environment that allows them to carry out their duties according to their professional code of conduct.

Before raising concerns

Raising concerns about issues that impact on patient care is not about trying to shift problems or abdicate responsibility for the issues being raised. Rather, it should allow both parties to work together to develop solutions to address the issues which are causing concern.

It is vital that the nurse in charge is able to recognise when standards of care within their area of responsibility are deteriorating. In order to be able to do that they need to know what is “normal” for their area and when things are deviating from normal. They should be aware of issues such as:

- agreed funded establishment
- actual staff in post/available to work
- numbers of funded and most importantly unfunded beds
- changes in dependency of patients
- audit results
- workload and quality indicators.

This information is readily available in most trusts and can be used as evidence that concerns about patient care and safety are genuine and need addressed urgently.

First steps

Concerns should be raised formally in writing as clearly stated in the *NMC Code (2015)*. They can be raised using either email or letter and/or by using your employer’s incident reporting system if that is appropriate.

Before you think about raising your concerns in writing you should ask yourself a few questions:

- What have I done to try to address the situation within my own resources?
- Are there any other options open to me?
- Is there anything more that I can do before I involve my manager?

- Could I prioritise things to reduce the impact on the patient?
- What am I concerned about specifically?
- What do I need to help me deal with this situation safely?
- What do I want from my manager?

When you have considered these options and done what you can to alleviate the immediate situation, you then need to decide what the appropriate course of action should be.

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, increased numbers of patient falls; increased incidence of hospital acquired infections or increased numbers of medication errors.

The difficulty with relying on incident reporting systems to raise concerns is that they are not immediate and often they are not actionable on their own. They do not always capture the urgency that you may feel a situation requires.

A direct email/letter: 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 you write and why you are sending it.

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 you are sending the email to is actually on duty and not on leave. Always mark as urgent and request a 'read receipt' when you send an email identifying issues of concern.

Evidencing your concerns: the following list provides information and facts you should know before you put your concerns in writing:

- Your funded establishment and the numbers of staff available to you when you are developing your duty roster and the difference in the two.
Factor in maternity leave, career breaks, sickness absence.
- Do you consider that you have a safe skill mix for your area?
Can you achieve safe staffing levels for all shifts?

- Do you constantly have an over-reliance on bank and agency nurses to fill your shifts?
- If a vacancy control policy is in place, what is the percentage vacancy level that the trust has applied? Is it achievable and how much in excess of that are you dealing with?
- How many staff hours are you short?
- What is your bed occupancy/case load?
- What is your patient dependency?
- What audits are ongoing within your ward/caseload and any audit results?
- Do you have extra beds in position, are they short-term or long-term and have they been funded?
- Does the Trust have an escalation policy and how often during the past week has that policy been activated within your ward/department?

When you are ready to put your concerns in writing, identify what specifically you are concerned about.

For example:

- Do not write only about staffing numbers/shortages. Write about the impact that staff shortages/incorrect skill mix is having on your ability to deliver safe care to patients, or on the patient's experience, or staff morale. For example, failure to deliver care/follow care plans for a number of patients over a period of time and on an ongoing basis.
- Any increase in errors or adverse incidents
- Any decrease in the agreed quality indicators e.g. infections, falls, patient nutrition
- Increased levels of sickness/absenteeism, low morale or an increase in signs of work-related stress within the team
- The number of times you have had to change duty rotas at short notice, including cancelling annual leave and mandatory training to fill shifts

- Difficulties in ensuring staff can keep up to date with mandatory training
- Any increase in the numbers of complaints or an increase in numbers of patients and/or relatives raising concerns about care, both written and verbal.
- An inappropriate reliance on relatives to deliver aspects of personal care to patients
- Complaints from the multidisciplinary team about standards of care.

If you work in a community setting your questions may be focused on your overall team caseload, dependency levels, population served and other specific factors that relate to your clinical area.

Identify what actions have you already taken

Clearly describe the actions that you have already taken to try and address your concerns.

For example:

- Discussed the concerns with staff to see if they have any ideas on how to deal with the issues
- Examined duty rotas to ensure you are making the best use of staff (if appropriate give evidence of how many times within this period that you have cancelled holidays, changed off-duty, cancelled training and development sessions and asked staff to change their plans to help you out)
- Examined your workload to identify anything that can be cancelled, postponed or done by someone else that would not impact negatively on the patient. (If appropriate identify where gaps in service provision e.g. lack of administration and clerical staff are taking up nursing staff time)
- Booked bank and agency staff to cover shortages (or attempted to without success!)
- Reported your concerns verbally to your line manager
- Reported your concerns in writing to your line manager.

What specifically do you need your manager to do to help you manage the situation?

If you know what would help then tell your manager what they can do for you.

For example:

- Look at the workload and see if it can be reduced
- Improve staffing levels or skill mix (try to be specific about what grade of staff you need: is it a health care assistant or a registered nurse?)
- Negotiate with other staff/departments to get help
- Get equipment or resources such as laundry etc.
- Give advice and support.

You should always ask your manager to acknowledge receipt of your concern. If they fail to deal with your concerns within a reasonable time frame then it is your duty to escalate your concerns to the next level.

Remember that no one can prevent you from raising your concerns about patient care. However, it should be done constructively and professionally, through your line management structure and should always protect the confidentiality and dignity of the patient.

Finally, make sure that you keep your RCN representative informed of how the issue progresses. If an employer fails to address your legitimate concerns adequately (or at all) you are professionally obliged to progress the matter. In this event you should seek advice from your RCN Officer as to how to proceed further.

References

Nursing and Midwifery Council (2015) *The Code: Professional standards of practice and behaviour for nurses and midwives*.

NHS Terms and Conditions of Service Handbook (2010) Section 21 Right to Raise Concerns in the Public Interest (Whistleblowing)



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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 these guidelines please contact an RCN representative in your area.

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