

Raising and escalating concerns

**Guidance for nurses
and midwives**

We are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.

- We exist to safeguard the health and wellbeing of the public.
- We set the standards of education, training and conduct that nurses and midwives need to deliver high quality healthcare consistently throughout their careers.
- We ensure that nurses and midwives keep their skills and knowledge up to date and uphold the standard of their professional code.
- We ensure that midwives are safe to practise by setting rules for their practice and supervision.
- We have fair processes to investigate allegations made against nurses and midwives who may not have followed the code.

Introduction

We, the Nursing and Midwifery Council (NMC), are the nursing and midwifery regulator for England, Wales, Scotland, Northern Ireland and the Islands.¹ We exist to safeguard the health and wellbeing of the public. We do this through maintaining a register of all nurses, midwives and specialist community public health nurses eligible to practise within the UK, and by setting standards for their education, training and conduct. One of the most important ways of serving the public interest is through providing advice and guidance to nurses and midwives about professional issues. The purpose of this guidance is to establish principles for best practice in the raising and escalating of concerns (also known as whistleblowing).² It explains the processes you should follow when raising a concern, provides information about the legislation in this area, and indicates where you can access confidential support and advice.

As a nurse or midwife, you have a professional duty to put the interests of the people in your care first and to act to protect them if you consider they may be at risk. Where we use the term **in your care** throughout this document, it is used to indicate those people you encounter or know about because of your work as a nurse or midwife, not just those people for whom you deliver specific care.

This guidance is underpinned by *The code: Standards of conduct, performance and ethics for nurses and midwives* (the code) (NMC, 2008). Therefore, no matter where you work, it is important that you know how to raise and escalate concerns appropriately. This guidance cannot cover every single situation that you may encounter, but it sets out the principles that will enable you to think through the issues and take appropriate action in the public interest.

This guidance should be used in conjunction with whistleblowing policies issued by your employer, and with local clinical governance and risk management procedures, which will provide information on early notification of adverse incidents or near misses. You should also ensure that you understand and follow your local authority safeguarding policies.³ Safeguarding the health and wellbeing of those in your care means these people should not be exposed to abuse, which is defined as “a violation of an individual’s human and civil rights by any other person or persons” (*No Secrets* (2000) Department of Health). Abuse may occur as the result of deliberate intent, negligence or ignorance, and includes (but is not limited to) physical, psychological or sexual abuse; financial or material abuse; neglect and acts of omission or institutional abuse. Immediate concerns related to abuse should be dealt with under safeguarding procedures first. For further information regarding this subject, please refer to your local safeguarding policies and to the further reading indicated at the end of this guidance.

This guidance is for all nurses, midwives and pre-registration nursing and midwifery students, no matter where you might work. The principles underpinning this guidance are also applicable to all healthcare professionals and thus this guidance may be helpful to other staff within the workplace. However, if you are a self-employed nurse or midwife or working as a volunteer, we recommend that you seek additional advice (see the section ‘Where can I get help or advice?’ on page 18).

We recognise that it is not always easy to report concerns. You may be unaware of how to do so, or may worry that you are being disloyal, or fear reprisals from your employer. This may be particularly difficult for those of you who work and live within remote and small communities. However, the health and wellbeing of the people in your care must always be your primary concern. Raising or escalating your concern early can prevent minor issues becoming serious ones, thus protecting the public from harm and improving standards of care.

If you are unsure about how this guidance applies to your situation, or if you want some confidential advice before you proceed or at any stage during the process, we recommend that you seek advice from your professional body, trade union or the independent whistleblowing charity, Public Concern at Work (PCaW). Professional bodies⁴ and trade unions⁵ can play a vital role in offering local support and guidance to staff who have concerns about elements of their work, including fears about patient or client care. They also have the ability to raise matters formally with your organisation on your behalf and can access additional forums within your organisation. Raising a concern can often seem quite isolating and intimidating; access to this support can enable you to fulfil your professional code with more confidence. PCaW provides confidential advice to employees who witness wrongdoing or malpractice in the workplace and who are unsure whether or how to raise their concern.

Where we say **seek advice** in this document, we have given full details of the above organisations and other independent organisations that can provide confidential help and advice in the section 'Where can I get help or advice?' on page 18. This information is also available from the NMC Advice Centre.

Your role in raising concerns

- 1 As a nurse or midwife, you have a professional duty to report any concerns from your workplace which put the safety of the people in your care or the public at risk.
- 2 The code stipulates:
 - 2.1 you must act without delay if you believe that you, a colleague or anyone else may be putting someone at risk
 - 2.2 you must inform someone in authority if you experience problems that prevent you working within this code or other nationally agreed standards
 - 2.3 you must report your concerns in writing if problems in the environment of care are putting people at risk
 - 2.4 as a professional, you are personally accountable for actions and omissions in your practice, and must always be able to justify your decisions.
- 3 Speaking up on behalf of people in your care and clients is an everyday part of your role, and just as raising genuine concerns represents good practice, 'doing nothing' and failing to report concerns is unacceptable. Nurses and midwives who raise a genuine concern, and act with the best of intentions and in accordance with the principles laid down in this guidance, will be recognised by us as upholding their professional responsibilities and adhering to the code. Failure to report concerns may bring your fitness to practise into question and endanger your registration. If you experience a reprisal within your workplace after raising a concern appropriately, you should contact your professional body or trade union without delay for support and advice.

- 4 In line with the code, we expect nurses and midwives to work with others to safeguard the health and wellbeing of those in their care. Therefore, this guidance is applicable to a wide range of situations, not just where a concern relates to the practice of individual nurses and midwives.⁶ Examples may include:
 - 4.1 danger or risk to health and safety, such as health and safety violations
 - 4.2 issues regarding staff conduct, such as unprofessional attitudes or behaviour, including concerns related to equality and diversity
 - 4.3 issues regarding care delivery involving nurses, midwives or other staff members
 - 4.4 issues related to the environment of care in the broadest sense, such as resources, products, people, staffing or organisation-wide concerns
 - 4.5 issues related to the health of a colleague, which may affect their ability to practise safely
 - 4.6 misuse or unavailability of clinical equipment, including lack of adequate training
 - 4.7 financial malpractice, including criminal acts and fraud.
- 5 You do not need to have all the facts to prove your concern but you will have a reasonable belief that a wrongdoing is either happening now, took place in the past, or is likely to happen in the future.

6 If you witness or suspect there is a risk to the safety of people in your care and you consider that there is an immediate risk of harm, you should report your concerns without delay to the appropriate person or authority.

Nursing and midwifery students

- 7 The principles in this guidance are applicable to you and are underpinned by our *Guidance on professional conduct for nursing and midwifery students* (NMC, 2009). This states that you should:
 - 7.1 inform your mentor, tutor or lecturer immediately if you believe that you, a colleague or anyone else may be putting someone at risk of harm
 - 7.2 seek help immediately from an appropriately qualified professional if someone for whom you are providing care has suffered harm for any reason
 - 7.3 seek help from your mentor, tutor or lecturer if people indicate that they are unhappy about their care or treatment.
- 8 We recognise that it might not be easy for you to raise a concern; you may be unsure what to do or the process may seem quite daunting. If you want some advice at any stage, we recommend that you talk it through with your university tutor or lecturer, your mentor, another registered nurse or midwife, or the supervisor of midwives in your practice area. You can also speak to your professional body, trade union or PCaW who can offer you valuable confidential advice and support. Where this document refers to seeking advice, all of these possible options apply to you.

The difference between raising a concern and making a complaint

9 If you are raising a concern, you are worried generally about an issue, wrongdoing or risk which affects others. You are acting as a witness to what you have observed, or to risks that have been reported to you, and are taking steps to draw attention to the situation which could adversely affect those in your care, staff or the organisation. Conversely, if you are making a complaint to your employer, you are complaining about how you personally have been treated at work (such as conditions of employment) and are seeking resolution for yourself. In these circumstances, you should follow your employer's complaints or grievance procedure.

10 If you are unsure what to do or cannot find the relevant policy, you should **seek advice** (see page 18).

Respecting an individual's right to confidentiality

11 The code states that people in your care have the right to confidentiality and the right to expect that the information they have given to a nurse or midwife is only used for the purpose for which it was given. You should only disclose information to a third party outside the healthcare team⁷ if you have received their consent. In very exceptional circumstances, disclosures without consent may be justified if you believe someone may be at risk of harm and you are acting in their best interests. These decisions are complex and you must assess each case individually. Before reporting a concern which might reveal an individual's identity, you should **seek advice** (see page 18). Further advice can be found in our confidentiality advice sheet or in *Confidentiality: NHS Code of Practice* (2003), the principles of which can be applied equally to the independent and voluntary sectors in healthcare.

Can I be guaranteed confidentiality when raising a concern?

12 We recommend that you raise your concern openly, by which we mean that you give your name when raising the concern. This makes it easier for your concern to be investigated and is the best way for you to be protected under the law. However, we recognise that there may be circumstances when you would like to keep your identity confidential. In this case, you should say so at the outset. You should understand that there may be practical or legal limits to this confidentiality where the concern cannot be resolved without revealing your identity, or that others may guess who has raised the concern. If you raise your concern anonymously, it will be much more difficult for the matter to be addressed, which in turn, impacts on public safety.

How do I raise a concern?

- 13 Normally you will be able to raise your concern directly with the person concerned or your line manager, and in many instances, the matter will be easily addressed and resolved. However, there may be times when this approach fails and you need to raise your concern through more formal processes. The various stages of this process are outlined below and are based on the tiered approach reflected in the Public Interest Disclosure Act (PIDA) (see the section 'What legislation is in place to protect me?' on page 17). A flow chart illustrating this process is also included.

- 14 Wherever possible, you should follow your employer's raising concerns or whistleblowing policy. This should provide advice on how to raise your concern and give details of a designated person who has responsibility for dealing with concerns in your organisation. Sometimes, if you are worried about how or whether to raise your concern or if you cannot find the policy, it can help to discuss things informally with a senior, impartial member of staff who should ideally be an NMC registered nurse or midwife, such as your:
 - 14.1 clinical supervisor
 - 14.2 supervisor of midwives
 - 14.3 lead nurse, lead midwife or other professional or clinical lead
 - 14.4 university tutor or lecturer (if a student)
 - 14.5 mentor or practice placement manager (if a student)
 - 14.6 health and safety team (when concern is related to health and safety)
 - 14.7 risk, quality assurance or clinical governance team (when the issue is quality or risk).

- 15 Your concerns may not be limited to the care of a particular individual, but about the overall standards of care or practice in an area. In these cases, you may find it helpful to approach a clinical or professional lead (who may be a consultant, or specialist nurse or midwife) as they will be concerned with professional standards and quality of care, and thus will be interested in knowing if things are not as they should be.
- 16 A person in the role of 'lead professional' will be concerned about practice as a professional role model with organisational responsibility for the quality of nursing or midwifery practice, and so will often investigate and work actively to resolve concerns practitioners raise about practice and risk in their work environments. They also might be able to help you better understand the standards or practice about which you are concerned, and offer the support you might need to raise your concerns.
- 17 In addition, it is valuable to seek advice on how to raise a concern from a representative of your professional body, trade union or PCaW. They have a wealth of expertise, and can provide independent and confidential support during this process.

18 Immediate concerns

If you witness or suspect that there is a risk of immediate harm to a person in your care, you should report your concerns to the appropriate person or authority without delay. You must act immediately to protect their safety.

Stage 1: Raising your concern internally with your line manager

- 19 Normally, you will be expected to raise your concern internally first, such as with your line manager.⁸ You can do this verbally or in writing.

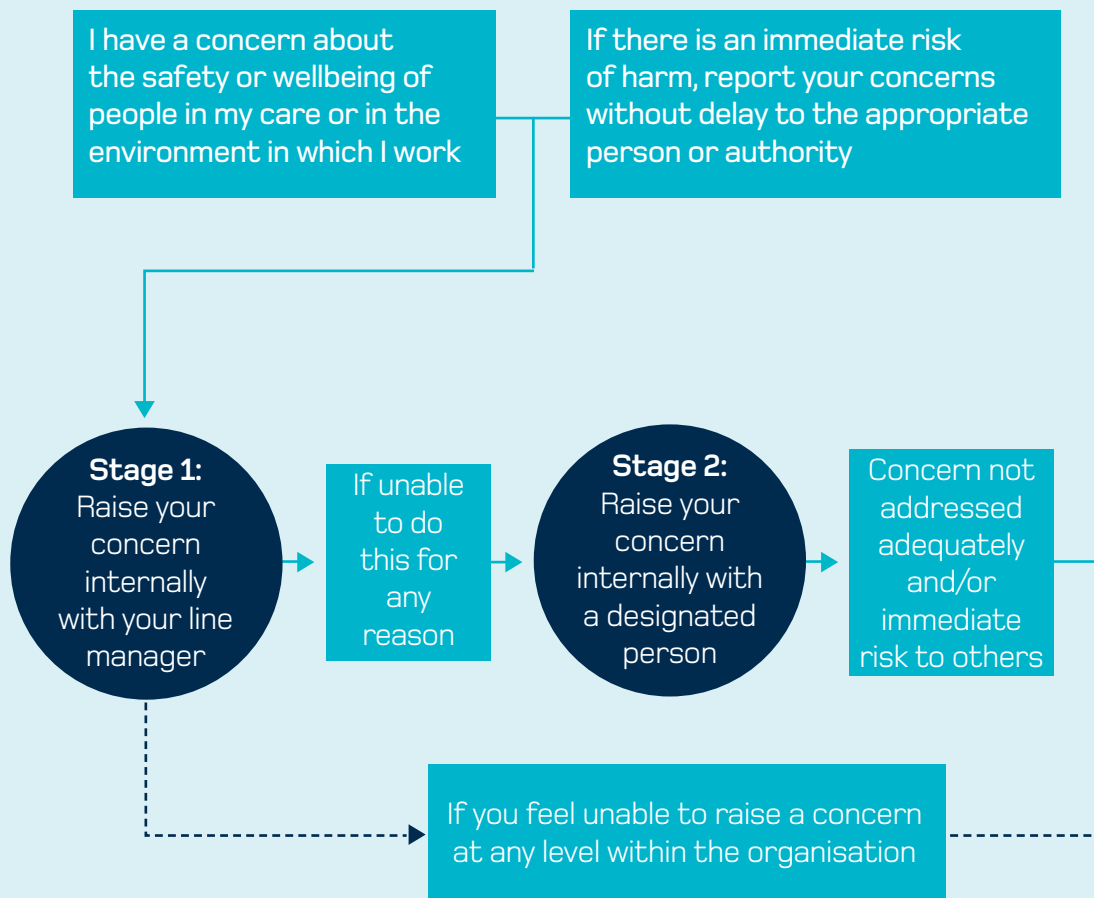
- 20 You should keep a clear written record of your concern and any steps that you have taken to resolve it, including who the concern was raised with, on what date, and an outline of the concern. Whilst you should also keep a record of any written or verbal communication that you send or receive from your employer, be aware of the need to protect confidentiality. For example, if you need to refer to an incident with a particular patient or client, record details of the event and take appropriate steps to maintain confidentiality.

Stage 2: Raising your concern internally with a designated person

- 21 If for any reason you feel unable to raise your concern with your line manager, you should raise your concern with the designated person in your organisation. You should be able to find out who this is by looking at your employer's raising concerns or whistleblowing policy. This will normally be a person who has been given special responsibility and training in dealing with employees' concerns. If you want your identity to remain confidential, you should say so at this stage.

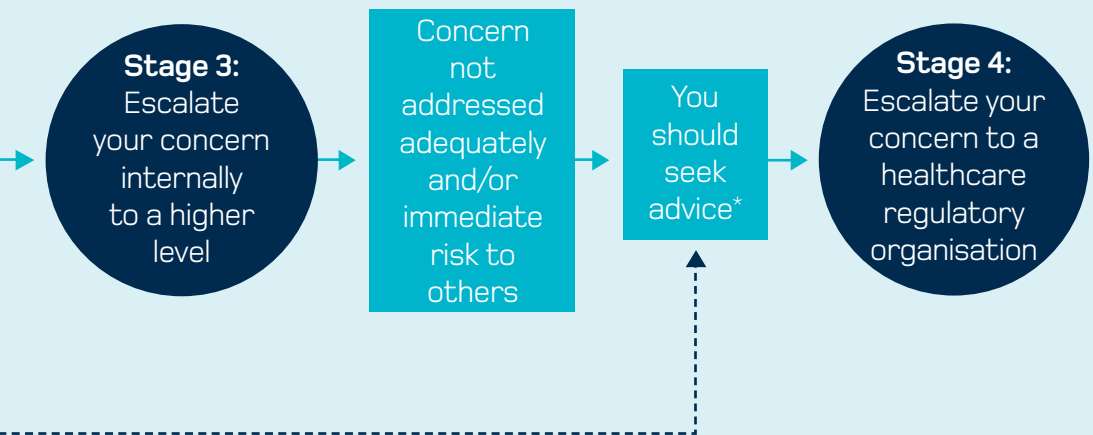
Stages for raising and escalating concerns

This flow chart should be read in conjunction with the whole guidance.



Key points

- Take immediate or prompt action.
- Protect client confidentiality.
- Refer to your employer's whistleblowing policy.
- Keep an accurate record of your concerns and actions taken.



* Independent, confidential advice is available from your professional body, trade union or PCaW. Students can also speak to their university tutor, lecturer or mentor.

Stage 3: Escalating your concern internally

22 If you have raised a concern with your line manager or with the designated person within your organisation, but feel it has not been addressed properly or that inadequate action has been taken, you should raise your concern with someone higher within your employing organisation. For example, in the NHS you could escalate your concern to your department manager, head of midwifery, director of nursing or chief executive. You may also choose to take this action from the outset if, for whatever the reason, you feel unable to raise your concern with the internal staff mentioned in stages 1 and 2.

Stage 4: Escalating your concern to a regulatory organisation

23 If you have raised your concern internally but feel it has not been addressed properly, or if you feel unable to raise your concern at any level in your organisation, you may consider that you need to raise your concern outside your place of work. For example, clinical leaders may choose this route if they feel their concerns have not been addressed adequately within their organisation.

24 In order that your concern can be investigated and for your own protection under current legislation (see page 17), this should be with a recognised healthcare organisation that has the authority to investigate the issue. This could be a regulator of health and social care services, or a regulator of health professionals (see pages 18-21).

25 Before reporting your concerns to a regulatory organisation, we recommend that you **seek advice** (see page 18). This will enable you to receive appropriate support and guidance in these difficult circumstances. We also suggest that you inform your employer of your actions.

Raising your concerns externally

26 You should only consider this route if you have exhausted all of the above procedures and inadequate action has been taken to address your concern. Raising your concerns externally (for example to the media or an MP) without clear evidence of first raising the concern internally or with a regulatory organisation, would only be considered appropriate and provide you with protection under the terms of the PIDA, in the most extreme circumstances. For more details of the PIDA, see the section 'What legislation is in place to protect me?' on page 17.

27 If you are thinking of taking this course of action, you should always seek advice **before you act** from the NMC, your professional body, trade union or PCaW.

The role of clinical leaders

28 We recognise the important role that clinical leaders play within the process of raising concerns, particularly those who are nurses and midwives. Promoting an open and accountable environment in which staff are encouraged to raise concerns about the safety of people in their care will increase the identification and prevention of problems, and will be a positive step towards safeguarding the public.

- 29 If you are a clinical leader or hold a position where others may bring their concerns to you, you should make sure that:
- 29.1 appropriate systems for raising concerns are in place and made accessible to all staff; consider whether staff can gain access confidentially to your organisation's whistleblowing or raising concerns policy
 - 29.2 staff can see all concerns are taken seriously, even if they are later seen to be unfounded
 - 29.3 you inform the employee who raised the concern how you propose to handle the concern, and state a timeframe in which you will feedback to them, both verbally and in writing following your employer's policies
 - 29.4 concerns are investigated promptly and include a full objective assessment
 - 29.5 you keep the employee who raised the concern advised of progress; this will give them and others confidence in the system
 - 29.6 action to resolve a concern is taken, recorded and monitored
 - 29.7 staff who raise concerns are protected from unwarranted criticism or actions
 - 29.8 processes are in place to support employees raising concerns; this support may need to be offered confidentially from outside the organisation
 - 29.9 where harm has already been caused to a person in your care, a full and prompt explanation of what has happened and the likely effects is given to the person affected. This duty is clearly underpinned by the code.

30 We recognise that nurses and midwives in leadership positions or managers of nurses and midwives are not always in a position to resolve the concerns raised to them, or may themselves feel that inadequate action has been taken by senior managers to resolve the concern. Support and confidential advice for clinical leaders at all levels is available from the NMC, professional bodies, trade unions or PCaW. Furthermore, guidance for employers on implementing whistleblowing arrangements has been produced by the Social Partnership Forum and is entitled *Speak up for a healthy NHS* (NHS, 2010).⁹

What legislation is in place to protect me?

31 The Public Interest Disclosure Act (1998) (PIDA) was introduced to provide protection for those who honestly raise genuine concerns about wrongdoing or malpractice in the workplace, when they do so in good faith, are acting in the public interest and not for personal gain, and subsequently are victimised and/or dismissed for doing so. The act has a tiered approach to disclosures which most easily gives workers protection for raising a concern internally. Protection is also available for disclosures to regulatory bodies, and in exceptional circumstances, wider disclosures (for example to an MP or the media) may also be protected. However, before following these routes, we strongly recommend that you **seek advice** (see page 18). Further information about the act can be found at www.pcaw.co.uk/law/uklegislation.htm

Where can I get help or advice?

Trade unions

Royal College of Nursing (RCN)

0345 772 6300

www.rcn.org.uk/raisingconcerns

Royal College of Midwives (RCM)

020 7312 3535

www.rcm.org.uk

UNISON

0845 355 0845

www.unison.org.uk

CPHVA/Unite

020 7611 2500

www.unite-cphva.org

Medical Defence Union

Freephone 24-hour advisory helpline 0800 716 646

www.the-mdu.com

Independent organisations

Public Concern at Work (PCaW)

020 7404 6609

helpline@pcaw.co.uk

www.pcaw.co.uk

Regulator of nurses and midwives

Nursing and Midwifery Council (NMC)

Advice Centre, confidential service 020 7333 9333

08:00-18:00 Monday-Friday

advice@nmc-uk.org

www.nmc-uk.org

Regulatory organisations

Regulators of other healthcare professionals

General Medical Council

Regulator for medical doctors throughout the UK
in all healthcare sectors

0161 923 6602

www.gmc-uk.org

Health Professions Council

Regulator for the allied health professions

020 7582 0966

www.hpc-uk.org

A full list of other regulators of healthcare professionals
is available at

www.nmc-uk.org/general-public/other-healthcare-regulators

Regulators of health and social care services

These organisations regulate healthcare systems
and environments

England

Care Quality Commission

03000 616161

www.cqc.org.uk

Department of Health (England)

020 7210 4850

www.dh.gov.uk

Wales

Care and Social Services Inspectorate Wales
Responsible for social services and care homes
01443 848450

www.cssiw.org.uk

Health Inspectorate Wales
Responsible for all NHS funded care
(including independent hospitals)
029 2092 8850

www.hiw.org.uk

Department for Health and Social Services (Wales)
English 084 5010 3300
Welsh 084 5010 4400

www.wales.gov.uk

Scotland

Scottish Commission for the Regulation of Care
0845 603 0890

www.carecommission.com

NHS Quality Improvement Scotland
Edinburgh 0131 623 4300
Glasgow 0141 225 6999

www.nhshealthquality.org

The Scottish Government
0131 556 8400 or 08457 741741

www.scotland.gov.uk

Northern Ireland

Regulation and Quality Improvement Authority Northern Ireland
028 9051 7500
www.rqia.org.uk

Department of Health, Social Services and Public Safety
(Northern Ireland)
028 9052 0500
www.dhsspsni.gov.uk

Crown dependencies

Jersey

States of Jersey, Health and Social Services Department
01534 442000
www.gov.je

Guernsey

States of Guernsey, Health and Social Services Department
01481 725241
www.gov.gg

Isle of Man

Isle of Man Government, Department of Health
01624 685004
www.gov.im

Further reading

You should read this guidance in conjunction with the following:

NMC publications

- The code: Standards of conduct, performance and ethics for nurses and midwives (2008)
- Guidance on professional conduct for nursing and midwifery students (2009)
- Advice and information for employers of nurses and midwives (2010)
- Advice sheet on confidentiality
- Advice sheet on environment of care

External publications

- Adults with Incapacity Scotland Act: A short guide to the Act (2000) The Scottish Government
- Being open: communicating patient safety incidents with patients, their families and carers (2009) National Patient Safety Organisation
- Data Protection Act 1998
- Human Rights Act 1998
- Mental Capacity Act 2005
- Confidentiality: NHS Code of Practice (2003) Department of Health
- NHS Constitution (2009) Department of Health
- No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse (2000) Department of Health

- Safeguarding adults: A national framework of standards for good practice and outcomes in adult protection work (2005) Association of Directors of Social Services (Northern Ireland, Wales and England)
- Speak up for a healthy NHS (2010) Department of Health, the Social Partnership Forum and Public Concern at Work
- The report on the consultation on the review of 'No Secrets' (2009) Department of Health

Notes

¹ The Islands include the Channel Islands and the Isle of Man.

² Whistleblowing is the term often used when a worker witnesses wrongdoing or malpractice in the workplace, and raises a concern with the appropriate authority either internally and/or externally, in the public interest.

³ Safeguarding is a range of activities aimed at upholding an adult's, child's or young person's right to be safe. It incorporates the concepts of prevention, empowerment and protection, and involves all agencies taking all appropriate actions to address potential concerns, working to agreed local policies and procedures in full partnership with other local agencies.

- ⁴ This is a body that exists to provide professional advice to and support for good practice for specific professionals. Examples are the Royal College of Nursing and the Royal College of Midwives. A professional body is different from a professional regulator, which is a body with legislative powers to regulate the practice and conduct of professionals in certain groups. Examples include the Nursing and Midwifery Council (which regulates nurses and midwives) and the General Medical Council (which regulates medical doctors).
- ⁵ This is a body that provides advice and support for issues related to your place of employment and legal issues pertaining to employment; it may or may not be part of a professional organisation. It is often restricted in membership to certain professional groups or people working in certain areas of employment. Examples are UNISON, the Royal College of Nursing, the Royal College of Midwives and Unite.
- ⁶ Employers who have concerns about the fitness to practise of a nurse or midwife should refer to our publication *Advice and information for employers of nurses and midwives* (NMC, 2010).
- ⁷ When considering confidentiality, the 'healthcare team' extends wider in your organisation than just those who work directly in your clinical area; you are not breaching confidentiality if you raise concerns to professionals in your organisation who have accountability for patient care and standards as they are considered part of the healthcare team.
- ⁸ Where we use the term 'line manager', we are referring to your immediate manager. Examples may include your ward manager, practice manager, or professional or clinical lead.
- ⁹ This guide aims to help employers working in partnership with trade unions to achieve best practice when devising, implementing and auditing their whistleblowing arrangements.

This publication is available to view or order on
our website at www.nmc-uk.org/publications

Approved: September 2010
Published: November 2010
Review: September 2013

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This document is also available in large print,
audio or Braille on request

