

Northern Ireland Practice and Education Council
for Nursing and Midwifery

***Developing processes and positive cultures to support Nurses and Midwives to Raise Concerns in
accordance with the Nursing and Midwifery Council (NMC) Code (2015)***

Project Initiation Document

December 2017

(Revised May 2018)

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1.0 Introduction

- 1.1 The process of communicating and raising concerns in relation to patient safety incidents in healthcare is of paramount importance. Nurses and midwives must be aware of their responsibilities to do this and must understand the process of escalating those concerns to the relevant people within their organisations. Equally, nursing and midwifery leaders must be seen to take the appropriate action on concerns raised, whilst facilitating feedback and processes for improvement.
- 1.2 The Nursing and Midwifery Council's¹ (NMC, 2013) guidance on *Raising Concerns*, clearly states that concerns should be raised and escalated until the registrant feels that their concerns have been heard and addressed.
- 1.3 However, speaking up or raising concerns is both challenging and complex. If nurses or midwives blow the whistle on poor practice no action may follow or they may experience treatment from others that may make them feel that telling the truth is personally very costly. If they do not take action unethical practices continue and questions could be asked about why they failed in their professional responsibilities. This is perhaps a case of nurses feeling “damned if they do and damned if they don’t” (Gooderham 2009²).
- 1.4 Senior nurses and midwives, whilst recognising their responsibilities to identify, manage and balance risks within their services, also report challenges particularly when they are asked to manage other services in the out of hours periods. Many worry that they are not conforming to their professional code of conduct, or worry about what they are asking staff to do. In managing or trying to balance risk they identify frustration that often their professional advice is either not sought or is ignored by both non-nursing and senior (to them)nursing colleagues. There is a particular need for lead nurses and midwives to understand and be supported to fulfil their professional responsibilities within organisational governance arrangements.

¹ NMC (2013) *Raising Concerns: Guidance for Nurses and Midwives*. London NMC

² Gooderham, P (2009) Changing the face of whistleblowing. *BMJ* 2009;338:b2090

- 1.5 NIPEC has been asked by the CNO, through CNMAC, to develop and agree standardised job roles for 8a Lead Nurses and Lead Midwives which will focus on the professional governance, regulatory, safety and quality requirements of the role. The development of these roles will focus on the principle of supporting bed to boardroom assurance from any NMC registrant through to the appropriate Executive Director of Nursing and to Trust Board as required.

2.0 Background

The literature suggests that concern in relation to health care quality is an international phenomenon. Research studies spanning four continents identified concerns about health care quality in North America, Australasia, Europe and Scandinavia. Under-reporting of quality problems and adverse events was reported to be the norm³.

Within the literature many nurses voiced a perception that the systems and organisations they work within conspire to create and enforce a culture of silence. Robert Francis (2013)⁴ states that in mid Staffordshire it was reported that nurses were pressurised by a “subtle and insidious” culture into thinking they would harm the Trust's bid for foundation status if they spoke out about the issues that concerned them. Many nurses experience what is called “moral distress”, which comes from knowing the right thing to do but feeling unable to do it because of organisational constraints (Gallagher 2010⁵).

Patient safety is dependent on effective and strong professional relationships and on nurses and midwives being able to speak up about any matter that concerns them. This requires nursing and midwifery leaders to ensure that nurses and midwives have clarity about the process of raising concerns; are supported by senior nurses/midwives to raise concerns; experience positive feedback when they do raise concerns and are given timely feedback on what has been done when a concern has been raised. Some of the findings in the literature identifies that concerns raised were not perceived to be dealt with in an appropriate manner with many believing that the management of the service would not treat the issues seriously or would not believe the whistle-blower. This creates a culture

³ Atree, M. (2007) Factors influencing nurses decisions to raise concerns about care quality. *Journal of Nursing Management* 15 (4)392-402

⁴ The Mid Staffordshire_ NHS Foundation Trust, Public Inquiry, Chaired by Robert Francis QC 2013

⁵ Gallagher, A., (2010) Whistleblowing: what influences nurses decisions on whether to report poor practice? *Nursing Times* 106(4)

where nurses don't speak up because they don't feel anything will be done (Lachman, 2008⁶).

Given the requirements of the NMC Code of Conduct⁷ and Agenda for Change⁸ requirements it becomes clear that raising concerns is an imposed situation rather than a chosen situation. Whistleblowing policies and procedure for raising concerns at work have been developed by each of the five HSC Trusts in Northern Ireland and policies exist to protect whistle blowers. Despite this the Northern Ireland Practice and Education Council (NIPEC) and the Royal College of Nursing (RCN) were asked in 2014 by the Northern Ireland Nurse Leaders Network (NLN) to work collaboratively on a project to identify the reasons why nurses and midwives are reluctant to or fail to raise concerns about patient safety and patient care. This request followed media coverage (BBC, Spotlight March 2014) that many staff in the HSC do not feel supported to speak out on issues which impact on their ability to deliver safe high quality care. This view was supported by an HSC staff survey (2012) which found that only 63% of nurses would feel confident to speak up about patient care concerns.

The work was completed in two phases. In phase one facilitated focus groups were held in each of the five HSC Trusts. A total of 237 nurses and midwives, band 5 -8, attended the focus groups. Phase two consisted of four sessions, attended by 120 senior nurses and midwives, which provided feedback on the findings of the previous focus groups and focused on issues raised during the first phase of the project.

A number of consistent messages emerged from both phases of this work;

- a) Nurses and midwives need clarity around the process of raising concerns. They need to understand 'how to do it' in a professional, constructive way.
- b) Nurses and midwives had a better understanding of the 'complaints procedure' in terms of acknowledgment, timescales of responses and any lessons learnt as a result of the complaint.

⁶ Lachman, V. (2008) Wistleblowing: role of organisational culture in prevention and management. *MEDSURG Nursing*, 17(4)

⁷ Nursing and Midwifery Council (2015) *The Code. Professional standards of practice and behaviour for nurse and midwives*. London. Accessed from: <http://www.nmc.org.uk/>

⁸ Agenda for Change Handbook (2014) *NHS Terms and Conditions Handbook*

- c) There was a resounding appeal in most of the focus groups for senior leadership to be more visible. Some expressed the need for management to make themselves more aware of the difficulties staff faced at ground level, which in their view was not always evident.
- d) HSC Trust's need to assess and demonstrate how effective their organisations are in dealing with concerns raised by staff, for example, developing a comprehensive record of the number and types of concerns raised, follow-up action taken and the outcomes of investigations.
- e) HSC Trusts need to work to develop a culture that ensures evidence based and professional advice from senior experienced nurses is understood and valued. Under specific circumstances, professional advice may take precedence and should not be overruled by general managers without further discussion and escalation to a higher professional level.
- f) HSC Trust HR Departments should review their recruitment processes to ensure that all vacant nursing and midwifery positions are filled as soon as possible to ensure managers are able to provide safe staffing levels which support continuity of care.
- g) All of the nurses and midwives who attended the focus groups appeared to be clear about their responsibility to raise concerns about care which they felt was unsafe or unsatisfactory as documented within their code of conduct. They were however unsure when or how or to whom they should raise their concerns and they appeared to have a very poor understanding of the NMC raising and escalating concerns advice and guidance.

The outcome of the work led by NIPEC and RCN was presented through the Chief Nursing officer to the Central Nursing and Midwifery Advisory Committee where it was acknowledged that employers need to address a range of the issues highlighted in the report.

It is not within the scope of this project to address all of these issues but Nurses and Midwives need to understand that raising concerns is a professional responsibility and therefore they need the reassurance that their genuine concerns will be welcomed by their

employing Trust. The NMC⁹ are clear that Nurse/Midwife leaders play an important role in raising concerns. Promoting an open work environment in which staff are accountable and encouraged to raise concerns about the safety of people in their care will help identify and prevent more problems, and will protect the public. They are equally responsible for making sure appropriate systems for raising concerns are in place and that they take action to deal with the concern and record and monitor this action.

3.0 Aim and Objectives

Aim:

To enable and support registrants to effectively raise concerns in accordance with the NMC Code (2015)

Objectives:

1. Utilise the available evidence on raising concerns by nurses and midwives to inform the project.
2. Using a baseline questionnaire identify cultures and behaviours which would support Nurses and Midwives to raise concerns in accordance with the NMC Code.
3. Identify the professional responsibility and accountability for raising and escalating concerns in accordance with the NMC Code within all Nursing and Midwifery job descriptions commencing with the 8 A/8 B Lead Nurse, Lead Midwife role.
4. Scope Trust wide process for raising concerns, logging reported concerns and providing feedback on action taken.
5. Identify any education, development or support needs required to assist nurses or midwives to fulfil their responsibilities and accountability in relation to raising concerns
6. Identify actions and recommendations to inform Phase 2 of the project

⁹ Nursing and Midwifery Council (2015) Raising Concerns: Guidance for Nurses and Midwives. London; NMC.

4.0 Methodology Overview

NIPEC will lead this project in partnership with key stakeholders. Karen Murray, Senior Professional Officer NIPEC, will be the project lead. A steering group will be established chaired by Bob Brown, Executive Director of Nursing, to provide the overall direction, management and governance of the project. Membership of the steering group will be drawn from across the HSC (Appendix one). Terms of reference will be developed and agreed by members of the Steering Group.

The Steering Group will agree and oversee the project plan, agreeing the work programme (Appendix two) including any engagement methodologies deemed appropriate to achieve the objectives of the project.

It is proposed that this work will take place over 6 months to be completed by July 2018

- The Literature review, completed in the early work, will be updated.
- A baseline questionnaire will be developed to identify cultures and behaviours which would support Nurses and Midwives to raise concerns in accordance with the NMC Code.
- A scoping exercise will be undertaken to identify Trust wide processes for raising concerns, logging reported concerns and providing feedback on action taken.
- The roles of the 8 A/8 B Lead Nurse, Lead Midwife role nurse or midwife will be reviewed and a standardised job role developed to provide clarity about the professional responsibility and accountability that is inherent in the role to support staff to raise concerns, and take appropriate action.

The on-going progress and evaluation of the project will be available to view on NIPEC's website.

5.0 Resources

5.1 NIPEC will co-ordinate, host and provide professional nursing and midwifery expertise in addition to administrative support to the project, applying a project management approach. Individuals on the Group have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the project.

- 5.2 Participating organisations will undertake that relevant staff be released for all required meetings, for the duration of the project, and to support further participation in activities/groups, if required, to achieve the objectives of the project.

6.0 Equality and Governance Screening

As required by Section 75, Schedule 9, of the Northern Ireland Act, 1998, any equality implications of this project * have been considered. In addition, consideration has been given to the terms of the Human Rights Act 1998.

As a result of these considerations (*please select relevant statement*)

- (a) a screening of the project/workstream/initiative* has been undertaken and can be viewed at <http://www.hscbusiness.hscni.net/services/2166.htm>. Using the Equality Commission's screening criteria, no significant equality implications have been identified. This project/workstream/initiative* will therefore not be subject to an equality impact assessment.
- (b) it was not felt necessary to undertake a screening as this has already been completed by ??? and can be viewed at ???

(*please delete as appropriate)

In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various *Corporate* Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)

- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix

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7.0 Dissemination and Implementation

- 7.1 Communication and consultation will be on-going throughout the project, using various mechanisms such as email, teleconferencing facilities and face-to-face meetings.
- 7.2 Progress of the project will be communicated to key stakeholders using various mechanisms including the NIPEC website and social media platforms. Members of the Steering Group will be encouraged to disseminate information related to the work of the project within their own organisations as appropriate.
- 7.3 On completion, the project will be summarised in a Final Report which will be available to view on NIPEC's website. It will be presented to NIPEC Council and the Chief Nursing Officer, DoH.

8.0 Evaluation

- 8.1 On-going evaluation of the management of the project will be conducted through NIPEC and will ultimately feed into the progress and outcomes of the project. This evaluation will address the achievements of the objectives outlined in the project plan and the project management process.
- 8.2 On-going progress will be reported to the Chief Nursing Officer and Executive Directors of Nursing and Midwifery through Executive Nurse Directors/Chief Nursing Officer meetings and to representatives on the steering group.

Appendix one – Proposed Steering Group Membership

Organisation		Designation
Western Health and Social Care Trust	Dr Bob Brown	Executive Director Of Nursing & Midwifery
Western Health and Social Care Trust	Bob Brown	
South Eastern Health and Social Care Trust	Linda Kelly	Ass Director Nursing
Belfast Health and Social Care Trust	Joanna McCormick	Divisional Nurse
Northern Health and Social Care Trust	Alison Hume	Ass Director Nursing
Southern Health and Social Care Trust	Dawn Ferguson	Nursing Education & Workforce Co-ordinator
HR Directors Forum	Marc Baillie	DoH Workforce Policy Directorate
Department Health Social Services Public Safety	Mary Frances McManus	Nursing Officer
Clinical Education Centre	Fiona Bradley	Senior Education Manager
HSC Leadership Centre	Siobhan Rice	Learning and Development Consultant
RQIA	Sheelagh O'Connor	
Public Health Agency		
Public Health Agency - Safety Forum		
Royal College of Nursing	Rita Devlin	Head of Professional Development
Royal College of Midwifery	Joanne McGlade	
Staff Side		
PCC/service user	Richard Dixon	Complaints Services Manager
NI Practice Education Council for Nursing and Midwifery	Karen Murray	Senior Professional Officer

Draft Terms of Reference for Steering Group Membership

Members of the group will:

TOR1 - Agree a project plan, timescales and methodology for the project

TOR2 - Contribute to the achievement of the project aims and objectives

TOR3 - Undertake on-going monitoring of the project against the planned activity

TOR4 - Participate in activity related to the production of the project outcomes

TOR5 - Participate in respectful, open debate

TOR6 - Welcome and provide constructive challenge

TOR7 - Manage information related to the project responsibly, ensuring confidentiality as required

TOR8 - Disseminate the work of the project within their organisation as appropriate

Appendix two - Programme of Work Dec 2017 - June 2018

Activity	Target	Related objective
1. Establish a Steering Group	Jan 2017	All
2. Agree project plan, terms of reference, programme of work and decide on engagement as appropriate	Jan 2017	All
3. Update the Literature review, completed in the early work.	Dec- Mar 2018	i
4. Scope Trust wide process for raising concerns, logging reported concerns and providing feedback on action taken.	Feb-July 2018	ii
5. Develop a standardised job role for the 8A/8B Lead nurse or midwife role which provides clarity about the professional responsibility and accountability that is inherent in the role to support staff to raise concerns, and take appropriate action.	Jan –July 2018	iii
6. Submission of a project report to DoH which outlines recommendations to be actioned in Phase 2 of the project	Sept 2018	v

Appendix 3

Equality and Governance Screening

Area	Comments
Risk Management questions	
<ul style="list-style-type: none"> • Have any risks been identified? • What is the potential impact of these? • How can these be mitigated or have alternatives options been identified which would have a lower risk outcome? • Where negative impacts are unavoidable, has clarity been given to the business need that justifies them? 	
Equality and Human Rights questions	
<ul style="list-style-type: none"> • What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)? • Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories? • To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)? • Are there opportunities to better promote good 	<p><i>Please see section 7.0 within the PID</i></p>

<p>relations between people of a different religious belief, political opinion or racial group?</p> <p>NB – please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</p>	
<p>Privacy Impact Assessment (PIA) questions</p>	
<ul style="list-style-type: none"> • Will the project use personal information and/or pose genuine risks to the privacy of the individual? • Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way? 	
<p>Personal and Public Involvement (PPI) questions</p>	
<ul style="list-style-type: none"> • Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project? <p>NB – please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</p>	

For further Information, please contact:

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This document can be downloaded from
the NIPEC website
<http://www.nipec.hscni.net>